



Electronic Enrollment & Reconciliation Guide



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Introduction

Tufts Health Plan and Tufts Health Freedom Plan offer an Electronic Data Interchange (EDI) program that presents trading partners with an option to send eligibility data electronically.

Please note: “Tufts Health Plan and Tufts Health Plan Freedom Plan” are herein collectively referred to as “the Plans”, or singularly as “the Plan”.

This document includes general specifications and descriptions of files and file construction. The Plans’ policy is to work in close cooperation with their trading partners to develop the programs for generating these files.

The Plans request that trading partners submit their data using the Plans’ proprietary file layout and media format.

At this time, this process does not support the Plans’ commercial Medicare products. Enrollment data for these members must be submitted via existing processes.

Process Overview

The process for initiating electronic enrollment submissions to the Plans is as follows:

- At the request of the Plans’ Sales/Marketing department, the Plans provide the trading partner with the Electronic Enrollment & Reconciliation Guide, which includes the file layout specifications and file submission options, along with our File Exchange Request Form (FERF).
- The EDI Analyst, Enrollment Supervisor and the Sales department contact the trading partner to review the specifications, enrollment processing and test procedures.
- The Electronic Enrollment/Reconciliation Data Form (see page 24) and the FERF are completed by the trading partner and sent to the EDI Analyst. They can be faxed to 617-923-5898 or sent via email to the assigned analyst.
- The Plans and the trading partner prepare an Implementation timeline and test plan. It typically takes 2 - 4 months to complete the testing cycle and begin implementation.
Note: Trading Partner responsiveness can directly impact the timeline.
- The trading partner prepares the programming necessary to create the file layout in accordance with the Plans’ specifications and notifies the EDI Analyst when the file is ready for testing.
- Working with the EDI Analyst, the trading partner executes its program with a sample of enrollment data to generate a test file. The trading partner should plan to submit a minimum of 4 test files to ensure a successful test. This number may increase, depending on how successful the trading partner is in satisfying each scenario.
- Testing includes structural compliance as well as the quality content of actual transactions. In addition, the final test is used to verify the submission method.
- A full file reconciliation is initiated midway through the testing process (usually commenced once file structure is successful). The reconciliation process enables the trading partner and the Plans to synchronize their databases in preparation for the electronic submissions. Note: additional reconciliations may be requested, if necessary.
- For trading partners that use the Plans’ web applications to update their membership, once the reconciliation process begins, the ability to update membership using

this application will be suppressed. Trading partner access to on-line billing and enrollment roster will still be available.

- Testing is complete when both the trading partner and the Plans are satisfied with the test results. Note: the reconciliation must also be completed which includes resolution of all data discrepancies. At that time, the EDI Analyst sends written confirmation to the trading partner. Based on the agreed upon mode of submission, the appropriate file submission information will be sent.
- Until production status for electronic submissions is granted, the trading partner must continue to use their existing enrollment process when sending production data to the Enrollment Department.

General Specifications

Types of Files

Update Files

The Plans can accept either of the following:

- Transaction files (additions, terminations and changes since the last file submission)

OR

- Full files with terminations (all members covered by the Plans for that trading partner)

Both types of files will be updated directly into the Plans' membership system. This automated process enables the Plans to:

- Process most transactions without manual intervention (add new members, post terminations and update existing members).
- Produce a confirmation report of transactions performed through this process.
- Produce a report of transactions that require manual intervention and follow-up.
- Confirm that the trading partner's list of the Plans' enrollees is consistent with our records.

The Plans recommend that trading partners submit weekly or bi-weekly update files.

Please refer to the file specifications beginning on page 9 as well as the File Exchange Request Form (FERF) for details on how to send each type of file submission.

Reconciliation Files

In addition to the frequent files that are submitted for updating eligibility, the Plans require that a periodic full file also be submitted for reconciliation purposes. The electronic reconciliation file enables us to systematically compare the data on the trading partner file to the enrollment data maintained in our system and to identify any discrepancies.

This crosschecking allows the Plans and the trading partner to identify members with different enrollment information. The process will also identify all transactions that might not have been submitted and will also identify all open and unresolved issues.

The following types of discrepancies will be identified and reported:

- Member is reported as actively enrolled by the trading partner, but is not active with the Plans.
- Member is actively enrolled in our system, but is not reported as active by the trading partner.
- Member coverage information differs between the trading partner and the Plans (including date of birth, relationship code, group ID, plan type and address).

The reconciliation process does not make any updates to the Plans' system. All identified discrepancies are reported to the appropriate party at the trading partner. The Plans and the trading partner work together to resolve the identified discrepancies.

It is recommended that trading partners submit a quarterly file for reconciliation purposes.

Note: For full file submitters, the weekly file will be resubmitted for reconciliation purposes, based on the agreed upon frequency.

The Testing Process

Test data is not used in our production environment. Test files should contain no more than 100 records (unless otherwise requested).

The procedures for testing the process are as follows:

1. *Test Files:* The trading partner supplies the test files to the Plans via secure email. The trading partner should send the final test via the mutually agreed upon mode of submission. **Please note:** the EDI Analyst will request additional test files as needed for each phase of testing and until all testing is successfully completed.
2. *Structural Compliance Testing:* The EDI Analyst examines the initial test file(s) for structural compliance and data quality in accordance with the Plans' specifications. In addition, employer specific business requirements are validated. A summary of findings is generally provided within 5 business days. Once file structure is approved, scenario testing and file submission testing can begin. Additionally, the data reconciliation can be initiated.
3. *Scenario Testing:* These test files should include samples of additions, changes and terminations (see definitions of these terms below) for each group/subgroup and plan type. The test data should include the following types of records:
 - Additions (new subscriber, new dependent to an existing plan).
 - Changes (plan type, group number and demographic changes).
 - Terminations (entire family and a termination of a single dependent) using the end-date field.

The Plans will provide a hard copy report of the required test case scenarios to assist with the verification process. It is critical that this document be completed and returned with each test file submitted. The test data report ensures that:

- a. The turnaround time of 5 business days can be met.
 - b. The EDI Analyst will be able to thoroughly examine the test cases submitted for each scenario on the file and determine the need for subsequent tests.
4. *File Submission Testing:* The Plans assign and communicate the test login and password for this process. Once the trading partner is able to login to our test environment, we coordinate an end-to-end test whereby the trading partner submits a structurally compliant test file via their chosen method. Please note: a submission test is completed for each file type submitted. A summary of findings is provided upon completion of the file submission test.
 5. Once the file structure and scenario testing have been successfully completed, a full file membership reconciliation is required. Once the reconciliation is completed and all databases are up-to-date, the trading partner is given authorization to submit production files. At that time, the EDI Analyst sends written confirmation to the trading partner. The appropriate submission instructions to our production server are also provided.

Definitions

The following table lists the terms relevant to the Electronic Enrollment & Reconciliation Guide.

Term	Definition
Additions	New employee, newborn, newly acquired dependents, or new group
Changes	Plan type change, (i.e., individual to family, family to individual), group number change, or demographic changes including member name, address, and dependent SSN NOTE: Date of birth and subscriber ID changes as well as effective and termination date changes should be sent via paper or fax. These types of changes must first be corrected manually and then included in the electronic enrollment process.
Terminations	Subscriber or dependent that terminates health coverage from the Plans (when terminating a family policy, all covered dependents should be sent with a termination date).

Test File Mailing Specifications

Send via secure email using one of the options listed below:

- a. EDI Analyst will send trading partner contact a secure email, which will be used to send each test file.
- b. Trading partners can send test files using their own secure email sites.

Understanding Your Role and Responsibilities

Your role in the Electronic Data Interchange (EDI) process is very important. The Plans' ability to process enrollment information depends on the trading partner providing accurate and timely data.

Please read the following carefully. **Submission of your first production file means that you agree to the terms and conditions outlined below.**

After the Plans grant EDI production status, please make sure you do the following:

- Send only records for those members who have selected either Tufts Health Plan or Tufts Health Freedom Plan and are eligible for coverage.
- Send termination records when coverage ends.
- Once a termination date has been sent for a member(s), these members should be removed from the following eligibility files.
- An updated (new) effective date is required with qualifying events that result in coverage changes (such as group ID, subgroup ID and coverage level).
- Make sure all member data is accurate (including demographic information, enrollment effective dates, spelling, etc.).
- Send member data and respond to discrepancy reports in a timely manner.
- Retain copies of all necessary supporting member documentation.
- Please contact your EDI Analyst if changes have been made to your system that affects the creation of your eligibility files or transmission of the file. The Plans will then determine if structural or submission testing is necessary.

The Plans will process the member data submitted, issue member ID cards, and provide services based on the data sent and in accordance with the trading partner's benefit plan. In addition, The Plans will investigate situations where the data is questioned and take appropriate steps to correct errors.

Key Points

- When submitting files, identification of the type of file (Update or Reconciliation) is part of the submission procedure. Refer to the Submission Instructions provided for the agreed upon method.
- Enrollment files must be sent in accordance with the requirements of the file specifications. If the incoming file is not in the required format, it will fail in the validation process. In this situation, an EDI Analyst will contact the submitter typically within one business day after receipt of the file. The entire file will need to be corrected and resubmitted.
- Subscriber information must precede dependent information in a transmission, or the subscriber information must have been submitted to the receiver in a previous transmission.
- Membership data should be sorted by subscriber ID, with the subscriber listed first, followed by spouse and then by dependents in date of birth order (oldest to youngest).

- Under IRS Section 6055 reporting requirements, health insurance issuers providing coverage through fully-insured group health plans must report information to the IRS and to covered individuals (using Form 1095-B) so that the individual may report on their income tax statements they had qualifying coverage (referred to as minimum essential coverage). Reporting of tax identification numbers or TINs (typically social security numbers or SSNs) for all covered individuals is required by the IRS to verify an individual's coverage. The IRS regulations require that health plans make reasonable attempts to obtain TINs from all covered members for whom TINs are missing.
- To best serve the healthcare needs of our members, we strongly recommend the inclusion of Member Language on the EDI enrollment files.
- The Plans follow the live/work rule; an employee must live, work or reside in the service area to be eligible to enroll.
- The ten (10) digit NPI number assigned by the National Provider and Payer Enumeration System (NPPES) should be sent with all new additions.
- The Plans recommend that the trading partner submit data for Coordination of Benefits (COB) if it is available.
- Date of birth and subscriber ID changes as well as effective date and termination date changes should be sent via paper or fax and prior to the corrected electronic enrollment file. **Note:** these types of changes/corrections must first be manually corrected.
- As a submitter, your role in the EDI process is critical. Please refer to the section: *Understanding Your Role and Responsibilities*.

Information Flows and EDI Processing

- When the trading partner submits employee address and phone number changes electronically, the Plans suppress the employees' ability to change this information directly with us. Employees who attempt to make address or phone number changes through the Plans' Member Services department or by visiting the Plans' websites will be directed back to their trading partner. This step should eliminate the processing of inconsistent information.
- In addition to the above, if the Plans receive any returned mail, the member's address record will not be updated. Instead, the mail will be sent to member's trading partner for verification purposes and should then be verified and included with the next file submission.
- The Plans will process primary care physician (PCP) and fitness center designations electronically only for new members. Existing members who wish to change their PCP and/or fitness center designation should contact our Member Services department or visit www.tuftshealthplan.com or www.thfp.com.
- The Plans enforce a 60-day retroactivity policy for all enrollment transactions.
- Members whose coverage terminates on the first day of the month are covered through midnight of the last day of the previous month. All other terminations are processed accordingly.
- Newborn additions to existing family plans must be submitted on the employer's file. Employees who attempt to add newborns by calling the Member Services department will be directed back to their trading partner.
- The Plans do not screen for qualifying events, this is the responsibility of the trading partner. The Plans are not responsible for identifying spelling errors or typographical errors prior to enrolling a member. Any necessary corrections may occur after the member ID card has been sent by the Plans or received by the member.

File Specifications

Required Data Elements

Required data elements are denoted on the file layout table starting on page 10. When developing your program for file submission, please observe the points below:

Update File Format

The Plans can accept either of the following:

- Transaction Files
 - Include only additions, changes and terminations since the last file submission be sent
 - The type of transaction should be indicated as an A, C or T on the first field of the file layout

OR

- Full Files with end dates
 - A full file of all membership enrolled with the Plans, including terminations is sent with each submission
 - The first field on the file should be populated with an R for every record on the file

Reconciliation File Format

The following are formatting requirements for the reconciliation file:

- A full file of the Plans' membership must be sent for comparison purposes.
- The first field on the file should be populated with an R for every record on the file.

Important notes

- All files must be in American Standard Code for Information Interchange (ASCII) format.
- All fields not filling the entire position must be back filled with spaces and any field that does not contain data should also be filled with spaces.
- Files should not contain any control characters (i.e. should not contain any carriage returns at the end of each record or at the end of the file).
- All alpha characters should be in upper case.
- The file should not contain punctuation.

Tufts Health Plan / Tufts Health Freedom Plan File Layout

Field #	Field Name	Length	Position	Format*	Req/Opt	Description
1	TRANSACTION TYPE	1	1	CHAR	Required	A, ADD – New member C, CHANGE – Change member T, TERM – Terminate member R, RECON/FULL UPDATE FILE – All members (use for full file updates and reconciliation files)
2	SUB ID#	12	2-13	NUMERIC-LJ*	Required	Social Security number of subscriber (NO DASHES or SLASHES)
3	MEMBER LAST NAME	20	14-33	CHAR-LJ	Required	Member last name
4	MEMBER FIRST NAME	19	34-52	CHAR-LJ	Required	Member first name
5	MIDDLE INITIAL	2	53-54	CHAR-LJ	Optional	Member middle initial
6	MEMBER SOCIAL SECURITY NUMBER	9	55-63	NUMERIC LJ	Required	Member social security number is required for all members in accordance with IRS Section 6055 reporting requirements (IF NOT AVAILABLE, FILL WITH ALL ZEROS) .
7	DOB	8	64-71	NUMERIC	Required	Member date of birth (YYYYMMDD) (NO DASHES or SLASHES) .
8	RELATIONSHIP CODE	2	72-73	CHAR/NUMERIC	Required	Member relationship code (See Relationship Codes Table on page 20)
9	GENDER	1	74	CHAR	Required	Member gender: M = Male F = Female
10	GROUP ID#	20	75-94	NUMERIC LJ	Required	The Plans' employer group identification number
11	PLAN TYPE	4	95-98	CHAR/NUMERIC-LJ	Required	Type of coverage selected code (See Plan Type Code Table for values on page 21)
12	ADDRESS LINE 1	34	99-132	CHAR/NUMERIC-LJ	Required	Member address (no punctuation) limited to updating 24 characters only.
13	ADDRESS LINE 2	34	133-166	CHAR/NUMERIC-LJ	Optional	Member address line two (no punctuation) limited to updating 24 characters only.
14	ADDRESS CITY	18	167-184	CHAR-LJ	Required	Member city (no punctuation)

* LJ denotes left justified

Field #	Field Name	Length	Position	Format*	Req/Opt	Description
15	ADDRESS STATE	2	185-186	CHAR	Required	Member state (no punctuation)
16	ADDRESS ZIP	9	187-195	NUMERIC-LJ	Required	Member zip code or zip + 4
17	AREA CODE	3	196-198	NUMERIC	Optional	Member home area code (NO DASHES or SLASHES)
18	TELEPHONE	7	199-205	NUMERIC	Optional	Member home telephone number (NO DASHES)
19	EFFECTIVE DATE	8	206-213	NUMERIC	Required	Member effective date of the current transaction (YYYYMMDD)
20	END DATE	8	214-221	NUMERIC	Required, if applicable	Member end date to be used for employee or dependent terminations ONLY (YYYYMMDD); zero fill if active member.
21	REASON CODE	4	222-225	NUMERIC-LJ	Optional/Recommended	Reason for transaction (See Reasons Code table for values on page 22).
22	PRIMARY LANGUAGE	3	226-228	CHAR-LJ	Optional/Strongly Recommended	Language code for member, if other than English. English is defaulted if this field is populated with spaces. (See Language Code table for values on page 23)
23	PCP NUMBER (1)	15	229-243	NUMERIC LJ	Optional/Strongly Recommended on new adds	The Plans' unique 6 digit PCP number or 10 digit NPI number. Refer to provider-index on our websites.
24	PCP LAST NAME (1)	20	244-263	CHAR-LJ	Optional/Recommended on new adds	Member's PCP last name. Refer to provider-index our websites.
25	PCP FIRST NAME (1)	13	264-276	CHAR-LJ	Optional/Recommended on new adds	Member's PCP first name. Refer to provider-index on our websites.
26	PCP HOSPITAL AFFILIATION	30	277-306	CHAR-LJ	Optional	Member's PCP hospital affiliation. Refer to provider-index on our websites.
27	ESTABLISHED PATIENT FLAG	1	307	CHAR	Optional	Y = Established Relationship N = New Relationship
28	FITNESS SITE	4	308-311	CHAR-LJ	Optional on new adds	Member fitness site; use first 4 characters of site location. Refer to fitcenters index on the Plans' websites.

Field #	Field Name	Length	Position	Format*	Req/Opt	Description
29	EMPLOYER ID	13	312-324	CHAR/NUMERIC-LJ	Optional	Internal Employer ID (no punctuation) limited to updating 10 characters only
30	OTHER ID	9	325-333	CHAR/NUMERIC-LJ	Optional	Other Member ID
31	COB INDICATOR	2	334-335	CHAR-LJ	Optional	Y = Employee has other insurance N = employee does not have other insurance Space filled if information is not available
32	MEDICARE BENEFICIARY IDENTIFIER (MBI)	16	336-351	CHAR/NUMERIC-LJ	Required, if applicable	Assigned Medicare Beneficiary Identifier (MBI). Required when enrolling into a Medicare Plan.
33	FILLER 1	14	352-365	CHAR/NUMERIC-LJ	Optional	Reserved for the Plans' specific needs

(1) For HMO & EPO coverage if Primary Care Physician (PCP) information is not received for new additions, the member will be enrolled without a PCP. The member is then sent an ID Card and asked to call us to select a PCP. Until the member selects a valid Tufts Health Plan/ Tufts Health Freedom Plan PCP, coverage will be restricted to emergency services only.

Fields 34-80 are used if coordination of benefits (COB) is sent. If no COB information is sent, then add 732 spaces of filler after Field 33 to the file.

Field #	Field Name	Length	Position	Format	Description	COB Req/Opt ¹	LTHP Req/Opt ¹	Field Values
34	MEDICARE PLAN CODE	1	366	CHAR	Medicare Plan Code Code identifying the Medicare Plan	O		Required if a member is being enrolled or disenrolled in Medicare A = Medicare Part A B = Medicare Part B C = Medicare Part A and B D = Medicare Part Unknown E = No Medicare
35	EMPLOYMENT STATUS	2	367-368	CHAR	Employment Status Code Valid Values are FT for Full Time Active and CO for COBRA	O		Required for Subscriber/Dependents Enrolled in Connector Product FT = Full time active employee CO= COBRA enrollee
36	STUDENT STATUS	1	369	CHAR	Student Status Code		O	This field is no longer used. Eligible dependents are covered until end of month of their 26 th birthday regardless of their student status.

¹ R = Required data element; O = Optional data element

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Field #	Field Name	Length	Position	Format	Description	COB Req/Opt ¹	LTHP Req/Opt ¹	Field Values
37	HANDICAP INDICATOR	1	370	CHAR	Yes/No Condition or Response Code Handicapped Indicator		0	Required if the member is handicapped or to correct previous report of handicapped status. Y = Handicapped N = Not handicapped
38	MARITAL STATUS	1	371	CHAR	Marital Status Code	0	0	B = Registered Domestic Partner D = Divorced I = Single M = Married R = Unreported S = Separated U = Unmarried W = Widowed X = Legally Separated
39	WORK HOURS	3	372-374	CHAR-LJ	Quantity		0	Weekly work hours count Transmitted only when transmission is required under the insurance contract
40	EMPLOYER NAME (LINE 1)	35	375-409	CHAR-LJ	Organization Name of enrolled member	0	0	Employer Name - Required for Subscriber /Dependents Enrolled in Connector product
41	EMPLOYER NAME (LINE 2)	20	410-429	CHAR-LJ	Organization Name of enrolled member	0	0	Employer Name - Required for Subscriber /Dependents Enrolled in Connector product
42	EMPLOYER NAME (LINE 3)	19	430-448	CHAR-LJ	Organization Name of enrolled member	0	0	Employer Name - Required for Subscriber /Dependents Enrolled in Connector product
43	TAFT HARTLEY	2	449-450	CHAR-LJ	Valid Values are Y= Taft Hartley Group, N=Non-Taft-Hartley Group – left aligned, followed by one space	0	0	Taft Hartley Identifier

Field #	Field Name	Length	Position	Format	Description	COB Req/Opt ¹	LTHP Req/Opt ¹	Field Values
44	EMPLOYER TAX ID (TIN)	9	451-459	NUMERIC	Nine Digit Employer Tax ID	0	0	Employer Tax Identification # - Required for Subscriber /Dependents Enrolled in Connector product.
45	EMPLOYER CONTRIBUTORY STATUS	3	460-462	CHAR-LJ	Valid Values are "Y" for Contributory Group, "N" for Non-Contributory Group – left aligned, followed by 2 spaces.	0	0	Required for Subscriber /Dependents Enrolled in Connector product.
46	EMPLOYER SIZE	7	463-469	NUMERIC-LJ	Total Number Of Employees. Left aligned, followed by spaces up to 7 total character length	0	0	Employer Size - Required for Subscriber /Dependents Enrolled in Connector product.
47	EMPLOYER ADDRESS LINE 1	34	470-503	CHAR/NUMERIC-LJ	Address Information	0	0	Employer Address Line 1 - Required for Subscriber /Dependents Enrolled in Connector product.
48	EMPLOYER ADDRESS LINE 2	34	504-537	CHAR/NUMERIC-LJ	Address Information	0	0	Employer Address Line 2 - Required for Subscriber /Dependents Enrolled in Connector product.
49	EMPLOYER ADDRESS CITY	18	538-555	CHAR-LJ	City Name	0	0	Employer City Name - Required for Subscriber /Dependents Enrolled in Connector product.
50	EMPLOYER ADDRESS STATE	2	556-557	CHAR	State or Province Code	0	0	Employer State Code - Required for Subscriber /Dependents Enrolled in Connector product.
51	EMPLOYER ADDRESS ZIPCODE	9	558-566	NUMERIC-LJ	Postal Code	0	0	Employer Postal Zone or Zip Code - Required for Subscriber /Dependents Enrolled in Connector product.
52	DEPENDENT SCHOOL NAME	35	567-601	CHAR/NUMERIC-LJ	Name Last or Organization Name		0	Member School Name
53	DEPENDENT SCHOOL TELEPHONE AREA	3	602-604	NUMERIC-LJ	Area Code		0	Member School Area Code
54	DEPENDENT SCHOOL TELEPHONE NO	7	605-611	NUMERIC-LJ	Phone Number		0	Member School Phone Number

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Field #	Field Name	Length	Position	Format	Description	COB Req/Opt ¹	LTHP Req/Opt ¹	Field Values
55	DEPENDENT SCHOOL ADDR 1	34	612-645	CHAR/NUMERIC-LJ	Address Information		0	Member School Address Line1
56	DEPENDENT SCHOOL ADDR 2	34	646-679	CHAR/NUMERIC-LJ	Address Information		0	Member School Address Line 2
57	DEPENDENT SCHOOL ADDR CITY	18	680-697	CHAR-LJ	City Name		0	Member School City Name
58	DEPENDENT SCHOOL ADDR STATE	2	698-699	CHAR	State or Province Code		0	Member School State
59	DEPENDENT SCHOOL ADDR ZIP	9	700-708	NUMERIC-LJ	Postal Code		0	Member School Postal Zone or Zip Code
60	CUSTODIAL PARENT LAST OR ORG NAME	35	709-743	CHAR/NUMERIC-LJ	Name Last or Organization Name	0	0	Custodial Parent Last Name
61	CUSTODIAL PARENT NAME FIRST	20	744-763	CHAR-LJ	First Name	0	0	Custodial Parent First Name
62	CUSTODIAL PARENT NAME MIDDLE	19	764-782	CHAR-LJ	Middle Name	0	0	Custodial Parent Middle Name
63	CUSTODIAL PARENT NAME SUFFIX	2	783-784	CHAR-LJ	Suffix	0	0	Custodial Parent Name Suffix
64	CUSTODIAL PARENT ID	9	785-793	CHAR/NUMERIC-LJ	Identification code	0		Custodial Parent Social Security Number until the National Identifier for Individuals is available
65	CUSTODIAL PARENT TELEPHONE AREA	3	794-796	NUMERIC-LJ	Area Code	0	0	Custodial Parent Area Code
66	CUSTODIAL PARENT TELEPHONE NO	7	797-803	NUMERIC-LJ	Phone Number	0	0	Custodial Parent Phone Number
67	CUSTODIAL PARENT ADDR 1	34	804-837	CHAR/NUMERIC-LJ	Address Information	0	0	Custodial Parent Address Line1
68	CUSTODIAL PARENT ADDR 2	34	838-871	CHAR/NUMERIC-LJ	Address Information	0	0	Custodial Parent Address Line2

Field #	Field Name	Length	Position	Format	Description	COB Req/Opt ¹	LTHP Req/Opt ¹	Field Values
69	CUSTODIAL PARENT ADDR CITY	18	872-889	CHAR-LJ	City Name	0	0	Custodial Parent City Name
70	CUSTODIAL PARENT ADDR STATE	2	890-891	CHAR	State or Province Code	0	0	Custodial Parent State Code
71	CUSTODIAL PARENT ADDR ZIP	9	892-900	NUMERIC-LJ	Postal Code	0	0	Custodial Parent Postal Zone or Zip Code
72	DISABILITY TYPE	1	901	NUMERIC	Disability Type Code	0		Disability Type Code 1 = Short Term Disability 2 = Long Term Disability 3 = Permanent of Total Disability 4 = No Disability
73	DISABILITY DIAG	8	902-909	NUMERIC-LJ	Medical Code Value	0		Use this field to indicate if the reason for disability is end stage renal disease (ESRD). The only allowed value is 585 - End Stage Renal Disease.
74	DISABILITY EFFECTIVE DATE	8	910-917	NUMERIC	Effective Date of Disability			Effective Date of Disability
75	DISABILITY END DATE	8	918-925	NUMERIC	End Date of Disability	0		End Date of Disability
76	PLAN ADDL DESCRIPTION	50	926-975	CHAR/NUMERIC-LJ	Plan Coverage Description		0	Free Form Text Use when additional information is needed by the insurer to describe the exact type of coverage being provided.
77	OTHER INSURANCE ID	30	976-1005	CHAR/NUMERIC-LJ	Reference Identification	0		Other Insurance Policy or Group ID
78	OTHER INSURANCE ID	3	1006-1008	CHAR/NUMERIC	Reference Identification	0		Secondary COB ID Code Qualifier

Field #	Field Name	Length	Position	Format	Description	COB Req/Opt ¹	LTHP Req/Opt ¹	Field Values
	TYPE 2			-LJ	Qualifier			60 = Account Suffix Code 6P = Group Number A6 = Employee Identification Number SY = SSN ZZ = Mutually Defined
79	OTHER INSURANCE ID 2	30	1009-1038	CHAR/NUMERIC -LJ	Reference Identification	0	0	Secondary Insured Group or Policy #
80	OTHER INSURANCE CARRIER NAME	34	1039-1072	CHAR/NUMERIC -LJ	Name	0	0	Other Insurance Carrier Name
81	OTHER INSURANCE CARRIER ID	9	1073-1081	CHAR/NUMERIC -LJ	Identification Code	0		Other Insurance Identification Code TIN should be used until NPID is available
82	OTHER INSURANCE EFF DATE	8	1082-1089	NUMERIC	Date/Time Qualifier	0		Coordination of Benefits Date
83	OTHER_INSURANCE END DATE	8	1090-1097	NUMERIC	Date/Time Period	0	0	Coordination of Benefits Date

Electronic Data Exchange Options

The Plans support the following Electronic Data Exchange solutions:

Methods of Physical Connectivity

The following are Plan-supported methods of physical connectivity:

- Automated Submission, i.e. machine to machine transmission
- Web User Interface
- Manual Submission (on exception basis)

File Transfer Methods

The following are acceptable file transfer methods in order of preference:

- SSH/ SFTP
- SSL/FTPS
- HTTPS

Physical File Media

With prior approval from the Plans, physical file media submissions may be sent via secure email.

Appendix of Codes

This section contains the different codes required for submitting data to the Plans.

Relationship Codes

This section correlates to field #8 under the section **Tufts Health Plan / Tufts Health Freedom Plan File Layout** starting on page 10.

Code	Relationship
01	Subscriber/Policyholder
02	Legal spouse of subscriber
03	*Dependent to end of the month of age 26 (or an age otherwise defined by the employer group)
04	*Dependent stepchild to end of the month of age 26
06	Disabled dependent –over age 26; verified (use only when the Plans’ approval is provided)
07	Former spouse
14	Dependent grandchild
16	Disabled Dependent –over age 26; unverified
17	Spousal equivalent/Domestic Partner
18	Dependent of spousal equivalent
DD	Deceased sponsor (used with dependent only coverage)
DO	Non covered sponsor (used with dependent only coverage)

*With the extension of dependent coverage through Healthcare Reform, dependent children are covered through the end of the month of their 26th birthday.

Plan Type Codes

This section correlates to field #11 under the section **Tufts Health Plan / Tufts Health Freedom Plan File Layout** starting on page 10. Use the following Plan Type Codes appropriate for the product type.

HMO Code	Description	POS/PPO Code	Description
IND	Individual	P1IN	Individual
2SSP	Employee + adult	P12S	Employee + adult
2SCH	Employee + child	P12C	Employee + child
FAM1	Employee + children	P1F1	Employee + children
FAM	Family	P1FA	Family

Note: The Plans will assign any special plan type codes needed that are not listed above. If you have a question about a current plan type code not listed, consult your EDI Analyst.

Reason Codes

This section correlates to field #21 under the section **Tufts Health Plan / Tufts Health Freedom Plan File Layout** starting on page 10.

Code	Action	Description
100	ADD	New Business
101	ADD	New Hire
102	ADD	Open Enrollment
103	ADD	Dependent Addition
107	ADD	Administrative Reinstatement
108	ADD	COBRA Reinstatement
301	TERM	Covered under another Tufts HP or THFP policy
302	TERM	Transfer to other insurer (used for open enrollment only)
303	TERM	Subs premium not paid
305	TERM	Dissatisfied with Plan
308	TERM	Medicare products
349	TERM	Unknown
350	TERM	Moved out of area
351	TERM	Reduction in work hours
352	TERM	Subscriber/Member deceased
353	TERM	No longer employed in this group
357	TERM	Subscriber/Member over 65 years
360	TERM	Laid off more than 39 weeks
361	TERM	Dependent child married
362	TERM	Divorced
363	TERM	Administrative termination
366	TERM	Cobra cancellation
368	TERM	Coverage never effective
406	CHANGE	Use for all Change transactions sent via electronic enrollment

Language Codes

This section correlates to field #22 under the section **Tufts Health Plan / Tufts Health Freedom Plan File Layout** starting on page 10.

Code	Description	Code	Description
(no code/ pass null)	English	KH	Khmer
AB	Arabic	KO	Korean
AM	Amharic	LA	Laotian
AR	Armenian	LI	Lithuanian
AS	American sign language	MN	Mandarin
BU	Burmese	OT	Other
CA	Cambodian	PE	Persian
CH	Chinese	PH	Phillipino
CM	Cambodian	PO	Polish
CO	Croatian	PR	Portuguese
CR	Haitian	RM	Romanian
CT	Cantonese	RU	Russian
DA	Danish	SC	Serbo-Croatian
DU	Dutch	SE	Serbian Cyrillic
FA	Farsi	SI	Swahili
FR	French	SP	Spanish
GI	Gujarati	SW	Swedish
GK	Greek	TH	Thai
GR	German	TL	Telugu
HA	Haitian Creole	TM	Tamil
HE	Hebrew	TO	Togalog
HI	Hindi	TS	Toisanese
HU	Hungarian	TU	Turkish
IN	Indian	UR	Urdu
IT	Italian	VT	Vietnamese
JP	Japanese	YD	Yiddish



Electronic Enrollment/Reconciliation Data Form

Account Executive/Sales Representative	
Account Name	
Group Number	
Plan Type Codes	
Group Primary Contact Name	
Email address	
Phone Number	
Address: Street, State, Zip	
Fax Number	
Group IS Contact Name	
Email	
Phone Number	
Address: Street, State, Zip	
Update File Frequency ¹	
File Schedule ²	
Reconciliation File Frequency ³	
Open Enrollment Period	
Electronic Enrollment expected Start Date	
Performance Agreements (details)	
What Human Resource Information system (HRIS) are you currently using?	

This information should be sent back to the EDI Analyst assigned either by fax (617) 923-5898 or e-mail, prior to the initial conference call.

¹ Frequency: weekly, bi-weekly, monthly

² Schedule: exact date if possible

³ Frequency: monthly, bi-monthly, quarterly