

Employees Group Insurance Division

TPA Export Companion Guide

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For

Business Associates



OKLAHOMA
Office of Management
& Enterprise Services

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Introduction

Disclosure

This material contains confidential, proprietary information. Unauthorized use or disclosure of the information is strictly prohibited. The information in this document is furnished by the Office of Management and Enterprise Services Employees Group Insurance Division (“EGID”) for Business Associate (“BA”) use only. Changes are periodically made to the information in this document; these changes will be incorporated in new editions of this publication. EGID may make improvements and/or changes in the product and/or program described in this publication at any time. This document may not be changed, copied, photocopied, reproduced, translated, or reduced to any electronic medium or machine readable form without the prior consent of EGID.

Scope

The purpose of the document is to set expectations on data transmission guidelines between EGID and business partners. Security and compliance is always a concern and therefore EGID strives to ensure that all data that is sent or received has stringent protocols placed upon the files, even at rest. Data transmission can contain both PHI/PII and/or other HIPAA related elements which will be monitored and treated with the highest security possible.



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Export Overview

Business Overview

The export file will contain enrollment eligibility records for member and dependent(s) enrolled in benefits offered by HealthChoice. A daily incremental file will be sent to TPA for claims processing. A reconciliation full file will be sent as scheduled per the agreement between both parties.

- File layout:** Fixed length 650
- Save As options:** Text file
- Files generated:** 1 file for each parameter
- Records per member:** Multiple
- Data formatting:** Specified in the field details and/or description
- Transmission times:** Incremental files: Sunday-Thursday between 6:00PM-9:00PM
Reconciliation files: Agreeable between both parties

Export Sections and Sequence

Sort Order:

Records will be sorted in ascending order by SSN, followed by person code, followed by record type, followed by effective date.

Sequence	Record Type	Description	Optional/Required
1	Header	Uniquely identified the export	R
2	Detail	Person eligibility data	R
3	Trailer	Tracking and verification information	R

Export Parameters

Variables	Type	Description (include default values)	Format
File Name	Text	File Name	
As of Date	Date	Time stamp of export execution. Default to current date and time for incremental file.	MM/DD/YYYY
File Type	Text		

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Section Criteria

1. Each eligible member and dependent will have his or her own line per benefit he or she is enrolled in for the covered period.
2. Files in which send historical data will be sent with enrollment information that pertains to the coverage which existed within the last two (2) years.
3. The member and their elected dependents for each file type must be selected as followed:

File Type: Active

An 'Active File' will include all ACTIVE members and their ELECTED dependents as of the date of the export. ACTIVE is defined as members and ELECTED dependents whose enrollment termination date is greater than the export 'As of Date' OR blank. The file may contain future enrollment.

File Type: Full

A 'Full File' will include all members and their ELECTED dependents with coverage as of the date of the export. Full is defined as Members and ELECTED dependents who have termed coverage, current coverage, or future coverage within the historical timeframe.

File Type: Incremental

Eligibility is being tracked at a benefit level for each covered person. The benefit being tracked includes the coverage, the level of coverage, the tier code and the start and stop dates of the coverage. Any change, creation or term of a TPA eligible benefit will be communicated on the file.

The incremental export will send termed, current and future coverage for individual(s) who has or did have an offered benefit by HealthChoice within the historical timeframe, if a change has been made to any of the following:

Indicative changes or Custom field changes: made to *SSN(dependent only)*, First Name, Last Name, Middle Name, Sex, Birth Date, Marital Status, Student, Disabled, Apply Pre-Existing, Dental Limitation Date, HICN, Alternate Insurance Indicator, Person Code, Alternate Id Code, Alternate Id Number, Converted Original Effective Date, Override Alternate Insurance Indicator, Pend Claim (*member only*), Request Pharmacy Card(*member only*), Alternate Effective Date(*member only*), Alternate Termination Date(*member only*), OK Health Initiative Plan Year(*member only*).

Address changes: made to the Correspondence address of the primary member, or if no correspondence address exists, an address change made to the residential address.

Life amount changes: in which the amount is updated within the same period with no new period being created – the export will show the period with the changed/corrected amount.

Due to a recent application upgrade; if a change occurs on a record in which the member is a direct pay member, the initial change will trigger additional history to be sent. After the initial change all future changes will be sent as normal as described in this document.

4. Identification of record type

Record Type 2:

If this is the first time the member/dependent has been communicated, then the Record type will equal 2.

Record Type 3:



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If the member/dependent has been communicated previously to the TPA then the Record type will equal 3.

Record Type 4:

For record type 4 only the following fields will be populated

- Carrier
- Account
- Group
- Member ID
- From Account
- From Group
- From Member ID+ prior person code
- Effective Date
- Person Code

Record Type 4 is created for the following events:

- When a dependent becomes a primary member:
The Carrier, Account, Group, Division, Member ID, Person code will contain the Dependents data and from group, from Account and From Member ID, person code will contain primary member's data under whom this person was a dependent.
- Primary member becomes a dependent:
The Carrier, Account, Group, Division, Member ID, person code will contain the new member's data under whom this person has become dependent and From group, from Account and From Member ID, person code will contain primary member's data.
- When the SSN of a member or dependent is changed:
The Carrier, Account, Group, Member ID will contain the new Account, Group and Member ID information and From Account, From Group, From Member ID will indicate the old Account, Group and member ID from which they moved. Effective date should contain the effective date of change. All the other fields for the record type 4 should be blank.
- Group to Group transfer:
The Carrier, Account, Group, Member ID will contain the new Account, Group and Member ID information and From Account, From Group, From Member ID will indicate the old Account, Group and member ID from which they moved. Effective date should contain the effective date of change. All the other fields for the record type 4 should be blank.

5. Deletes:

When coverage has been deleted or opted-out for an existing enrollment period, the record(s) will be identified as a change and sent over on the file. These records will have a termination date populated

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with an effective date minus one (1) day. That is, the termination date must be one day less than the effective date.

6. Tier Code

The following are the description and codes that will be sent for each covered benefit pertaining to the enrollment period. These tier codes cover 'Active' and 'Inactive' benefit records:

M = Member Only

M1 = Member & Spouse

M2 = Member, Spouse & Child

M3 = Member, Spouse & Children (More than one child)

M4 = Member & Child

M5 = Member & Children (More than one child)

S = Spouse Only

S1 = Spouse & Child

S2 = Spouse & Children (more than one child)

C = Child Only

C1 = Children (More than one child)

For deleted or opt-out records, the prior tier code will be populated for the benefit.

Example: Inactive dependent life: a member is covering a spouse and 2 children on dependent life, all the dependents will have an export line for dependent life with a tier code of 'S2'.

Record Layout

Header

Field	Start	Stop	Name	Length	Data Type	Required	Format	Value/Default	Description
1	1	1	Record Type		A/N	Y		1	Indicates header file
2	2	10	Carrier		A/N	Y			Number assigned by TPA
3	11	35	Address1		A/N	N			2401 N. Lincoln Blvd.
4	36	60	Address2		A/N	N			Suite 300
5	61	80	City		A/N	N			Oklahoma City
6	81	82	State		A/N	N			OK
7	83	92	Zip		A/N	N			73105
8	93	102	Phone		A/N	N			405-717-8888
9	103	110	Creation Date		N	Y	YYYYMMDD		Creation date
10	111	650	Filler						



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Detail

Field	Start	Stop	Name	Length	Data Type	Required	Format	Value/ Default	Description
1	1	1	Record type	1	A/N	Y		2, 3, 4, A for active file or F for full file	Indicates the record type.
2	2	10	Carrier	9	A/N	Y			Number assigned by TPA.
3	11	20	Account	10	A/N	Y		ST = State ED = Education LG = Local Govt.	Indicates Group Association.
4	21	30	Group	10	A/N	Y			Member's employer code.
5	31	39	Member_SSN	9	A/N	Y			If SSN is less than 9 digits, left justify and pad leading zeroes.
6	40	41	Person Code	2	A/N	Y			Unique identifier for this person record as he/she relates to the member. Member or Dependent Custom field.
7	42	43	Relationship	2	A/N	Y			Relationship code of the person to the member. Ex: S-spouse, C-child
8	44	93	Last Name	50	A/N	N			The last name of person transmitted.
9	94	143	First Name	50	A/N	N			The first name of person transmitted.
10	144	144	Middle Initial	1	A/N	N			The middle initial of person transmitted.
11	145	145	Sex	1	A/N	Y			The sex of person transmitted.
12	146	153	Date of Birth	8	N	Y	YYYYMMDD		The birth date of person transmitted.
13	154	161	Effective Date	8	N	Y	YYYYMMDD		The enrollment start date for person's coverage transmitted.
14	162	169	Termination Date	8	N	Y	YYYYMMDD		The enrollment stop date for person's coverage transmitted.
15	170	229	Address1	60	A/N	N			Correspondence address line1of the linked primary member.
16	230	259	Address2	30	A/N	N			Correspondence address line2 of the linked primary member.



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Field	Start	Stop	Name	Length	Data Type	Required	Format	Value/ Default	Description
17	260	309	City	50	A/N	N			City of the linked primary member.
18	310	311	State	2	A/N	N			State of the linked primary member.
19	312	321	Zip	10	A/N	N			Zip of the linked primary member. The first character should be a space. If zip code is less than 9 than pad trailing zeroes. If Country Not= 'US' then use postal code
20	322	331	Home Phone	10	A/N	N			Home Phone of the linked primary member. If not available leave blank or use '000000000'
21	332	332	Alt Ins Indicator	1	A/N	N			Identifies whether member has alternate insurance. "Y" or "N" or <blank>, used for coordination of benefits. Member or Dependent Custom field
22	333	342	Alt Ins Code	10	A/N	N			Name of alternate insurance responsible for payment of products dispensed. Member or dependent Custom Field
23	343	360	Alt Ins ID	18	A/N	N			The alternate insurance member id for the transmitted person. Member or dependent Custom Field
24	361	369	Alt physician Id						Member Custom Primary Care Provider. Not used - leave blank
25	370	379	Status	10	A/N	N			Member or dependents rate status code. Example: Active, Medicare, COBRA, etc.



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Field	Start	Stop	Name	Length	Data Type	Required	Format	Value/ Default	Description
26	380	389	Plan	10	A/N	N			Selected benefit level, elected by the member. Example: HealthChoice High option, HealthChoice Low option etc.
27	390	397	Plan Eff Date	8	N	N			Not Used.
28	398	398	New card Flag	1	A/N	Y			Indicates whether new prescription card should be sent, Member Custom field. This field should be reset to blank after the export file has been generated. Not Used
29	399	400	Marital Status	2	A/N	Y			The marital status of this person record.
30	401	410	Work Phone	10	A/N	N			The work phone for the primary Member transmitted. If not available leave blank or use '000000000'.
31	411	418	Hire Date	8	N	N	YYYYMMDD		Not Used
32	419	427	Dependent Social	9	A/N	Y			For member record leave blank. For dependent record put dependents SSN. If dependent SSN is not available leave blank or use '000000000'. DO NOT PUT MEMBER SSN
33	428	428	ID Handicap Code	1	A/N	N		Y, N or Null	Flag if dependent is handicapped. Disabled Child Indicator
34	429	429	Student Code	1	A/N	N		Y, N or Null	Flag if dependent is a student. Applies to dependents only. Blank for member
35	430	439	Tier code	10	A/N	Y			Indicates who is covered (Coverage Level). Refer to note for populating tier code. Example: Member only, member and spouse, spouse and children etc.
36	440	449	Division	10	A/N	Y			Member's employer-division code (Billing entity code)



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Field	Start	Stop	Name	Length	Data Type	Required	Format	Value/ Default	Description
37	450	457	Alt Ins From Date	8	N	N			Should be populated with the alternate insurance effective date, if alternate insurance used. Can be equal to or different from the member's effective date. Member or dependent custom field
38	458	465	Alt Ins Thru Date	8	N	N			Should be populated with the alternate insurance termination date, if alternate insurance used. Can be equal to or different from the member's effective date. Member or dependent Custom field
39	466	466	Pend Claim	1	A/N	N		Y, N or Null	Flag if claims pending. Member custom field
40	467	467	Pre Ex	1	A/N	N		Y or N	Not Used
41	468	478	HICN	11	A/N	N			HCIN Number, SSN+ 1 or 2 special code to ID Medicare person. Member/Dependent Custom
42	479	488	From Group	10	A/N	N			Moved from group (group info)
43	489	498	From Account	10	A/N	N			Moved from account (account info)
44	499	509	From Member ID	11	A/N	N			SSN + Person code concatenated.
45	510	517	Original Eff Date	8	N	N	YYYYMMDD		Original health effective date with no lapse in coverage. Member custom field
46	518	525	Dental Penalty	8	N	N	YYYYMMDD		Late dental enrollee Member Custom Field
47	526	533	Life Insurance Amt	8	N	N	999999.99		Elected amount of Life Insurance
48	534	548	Country	15	A/N	N			Country Code of the Address
49	549	551	Change_Type	3	A/N	N			1 st Position-Eligibility 2 nd Position-Address 3 rd Position-Indicative
50	552	561	Member_Code	10	N	N	Right-Justified		System Generated member code (aka member id)
51	562	563	Other Insurance in Place	2	A/N	N	Right-Justified	Y = Yes N = No Null	Other insurance coverage flag. Linked to "Other Insurance?" under Member Info.
52	564	572	Date Other Insurance Verified	9	A/N	N	YYYYMMDD Right-Justified		Date that other insurance coverage flag was updated.



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Field	Start	Stop	Name	Length	Data Type	Required	Format	Value/ Default	Description
									Linked to "Date Other Insurance Verified" under Member Info.
53	573	581	WW Debit Card	9	A/N	N	YYYYMMDD (Ex. A20120901)	A=Active I=Inactive Blank	Not Used
54	582	589	Date of Death	8	N	N	YYYYMMDD		Date of death of the individual sent
55	590	590	Release of Info	1	A/N	N		Y, N or Null	Flag indicating release of information on file with entity
56	591	640	Email Address	50	A/N	N			Email Address for Member
57	641	641	Medefy Pilot Group Flag	1	N	N		Y, N or Null	Flag indicating participation in the Medefy Pilot Program
58	642	650	Filler	9					For future Additions.

Trailer

Field	Start	Stop	Name	Length	Data Type	Required	Format	Value/ Default	Description
1	1	1	Record Type	1	A/N			9	Trailer record indicator
2	2	10	Carrier	9	A/N				Assigned by TPA
3	11	19	Total Records	9	N				Total count of records on the file of: Adds + Changes + History + Accums + Replace. Do not include header and trailer.
4	20	28	Total Adds	9	N				Total Number of Add Records. Total count of record type 2
5	29	37	Total Changes	9	N				Total Number of Change Records. Total count of record type 3
6	38	46	Total Move History	9	N				Number of Records performing a History Move. Total Count of record type 4
7	47	650							



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Open Issues

Additional Information

Change Log

Date of change	Author	Change Description
1/27/2005	Aaron H. Taylor	Document Created
12/5/2005	Patti Claxton	Added new field – Pos 562-563
06/01/2006	Kevin Dollins	Updated the Contact Information.
06/07/2006	Kevin Dollins	Updated to bring the file layout up to date, etc.
1/23/2008	Patti Claxton	Updated the Contact Information.
8/21/2008	Patti Claxton	Removed 'NOT USED' from POS 518-525
1/14/2010	Patti Claxton	Add new field 'EBC Debit Card' POS 564
4/8/2010	Patti Claxton	Updated EBC Debit Card field – Changed length of field and added Start/Stop Date format
8/16/2012	Patti Claxton	Add new field 'WW Debit Card' POS 573
7/11/2013	Todd Marney	Contact email information updated.
3/16/2015	Todd Marney	<ul style="list-style-type: none"> - Updated the section <u>For type of file = Incremental</u> to include the section concerning additional history being sent for initial changes for Direct Pay records. - Updated the section <u>For type of file = Incremental</u> to include the section concerning history being sent for changes/corrections to Life Amounts. - Updated the notes section and provided example under <u>Calculate Tier Code</u> concerning Active and Inactive records. - Updated the expected values for the field 'Account' to reflect the new codes for State, Education and Local Government. - Updated the descriptions for the fields 'Home Phone' and 'Work Phone' to include the use of '000000000' value. - Updated the description for the field 'Dependent Social' to include the use of '000000000' value. - Updated the expected values for the field 'Pend Claim' to include option for null values. - Updated the description for the field 'Pre Ex' to 'Not Used'.
10/7/2015	Todd Marney	Added 'Field' column.
1/31/2017	Todd Marney	<ul style="list-style-type: none"> - Updated EDS to TPA - Updated examples from 2006/2007 to 2016/2017 - Updated contact information to OMES ISD Helpdesk
7/27/2017	Todd Marney	- Added fields: Date of Death and Release of Info



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		- Updated filler length to accommodate new fields
6/25/2019	Todd Marney	- Repurposed fields 51 and 52 illustrated below: - 51 'OK Health Plan Yr' > 'Other Insurance in Place' - 52 'EBC Debit Card' > 'Date Other Insurance Verified'
11/14/2019	Todd Marney	- Added 'Medefy Pilot Group Flag'
02/08/2021	Todd Marney	- Changed EGID's address

Contact Info

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