

Employees Group Insurance Division

Carrier Eligibility Companion Guide

v2021.02.08

For

Business Associates



Prepared by:
OMES-ISD

Contents	
Export Overview	3
I. Business Overview	3
II. Export Sections and Sequence.....	6
III. Export Parameters	6
IV. Steps to create export:	6
Record Layouts	7
Header	7
Detail	7
General Info	19
Open Issues	19
Assumptions	19
Document Change Log.....	19
Sign-off	20
Contact Info	20

Export Overview

I. Business Overview

This export file will contain eligibility data for members and dependents enrolled in HMOs and DMOs. A weekly incremental file will be sent to each HMO and DMO. A reconciliation Active file will be sent quarterly if requested.

This export file will contain eligibility data for members and dependents enrolled in VMOs, also. A weekly Active file will be sent to each VMO.

File layout: Fixed length 1500

Save as options: Text File

Of Files Generated: 1 File –For each carrier based on the Fund plan combination

of records per member: Multiple

Data formatting:

Alphanumeric – left justified and padded with trailing spaces

Dates – YYYYMMDD format

Numeric fields – should be right justified and padded with leading spaces

General:

Fields without values must be left blank and space filled should not contain zeros

Selection Criteria:

General:

1. Each eligible member and dependent will have its own record. Fields with demographic information should be specific to the member or dependent, i.e. the dependent record will contain the dependent name, address, date of birth and gender.
2. Each Export Parameter Carrier file should only contain the covered person for that Carrier. For example, if a member is on Health HMO-Senior and the spouse is on Health HMO-High, then the Health HMO-Senior file will contain only the member record and the Health HMO file will contain only the dependent.

For Each Export Parameter:

1. *For Export Parameter type of file = Active File*

- The file must include all ACTIVE members and their elected dependents as of the date of the export.
 - **FOR 2015 and BEFORE:** ACTIVE is defined as Members and elected dependents whose enrollment termination date is > the export as of date or blank and whose billing_entity.billing_group <> 'EBC' (Non-EBC groups only).
 - **FOR 2016 and AFTER:** ACTIVE is defined as Members and elected dependents whose enrollment termination date is > the export as of date or blank.

(The full file will contain future enrollment. For example, if member is enrolled 1/1/2019 – 12/31/2019 and 1/1/2020 – open. On the export file of 11/1/2019, both records will be included.) Only members and elected legal dependents enrolled in each listed plans should be included. One active file for each plan should be created based on the export parameter.

2. *For Export Parameter type of file = Incremental*

- **FOR 2015 and BEFORE:** Get all new members and dependents who have been added to the selected parameter Carrier between the last export and 'as of date' of the export and whose billing_entity.billing_group <> 'EBC' (Non-EBC groups only).
- **FOR 2016 and AFTER:** Get all new members and dependents who have been added to the selected parameter Carrier between the last export and 'as of date' of the export

1) Get the Export Parameter Carrier Name and Export Date and follow steps 2 – 6 for each Carrier.

2) **If Member or Dependent indicative information is changed with enrollment change,**

A type 3 record for the termination will be sent for the terminated coverage and a type 3 record will be sent for the new coverage with that coverage's start date. The records will be sent with the current indicative information for the affected individual(s).



3) **If Member or Dependent indicative information (name, address, phone, dep ssn etc.) is changed without enrollment change,**

Send current indicative information for the affected individual. Send any current and future eligibility information.

Effective date on file = effective date of coverage

4) **If Current Coverage is terminated and New Coverage is created,**

If coverage terminates and new coverage for this carrier does not start the day following the termination, a type 3 record is sent with the termination date.

If new coverage starts the following day where changes were made to the plan, then a type 3 record will be sent with the termination date and a type 3 record will be sent for the new coverage with that coverage's start date.

Retro change – Send eligibility changes and any subsequent eligibility data for the affected individual.

5) **Member Custom/Dependent Custom Change**

If Export Parameter Carrier is in Health Fund or Dental Fund, then include if the Primary Care Physician and Primary Dental Provider updated date or inserted date > last export date. Custom field will be null after export is ran.

NOTE: If PCP/PCD is populated, then it will be sent on the file. Carrier should only load the data if the person is a new add or a reinstate to their plan.

6) **Delete Coverage, alter coverage dates or opt-out dependent in period (Data entry error or correction)**

If Period is deleted, benefit is deleted or dependent is opted out within the current period, the record should be transmitted as a record type 3 where the termination date is one day less than the effective date. For example, effective date = 1/1/2020
termination date = 12/31/2019.

If a benefit is changed within the same plan but to a different option, the old plan option will be sent with a termination date. The new plan option will be sent with the new effective date.

If a dependent is opted in within the current period then only the dependent will be transmitted with the original effective date of coverage with the new tier code if affected – if not affected the original tier code will be sent.

If the date for a termination is adjusted then the file will transmit the original effective date along with the new adjusted terminated date.

II. Export Sections and Sequence

Records must be sorted in ascending order by SSN, opt out records (if any), then by person code, then by effective date. However, Vision plans have the effective date sorted descending.

Seq #	Record Type	Description/Selection Logic	Optional / Required
1	Header	Uniquely identifies the export	R
2	Detail	Person eligibility data	R
3	Trailer	Tracking and verification information for the export	R

III. Export Parameters

Label	Type	Description (include default value)	Format
As of Date	Date	Date of the export – default to today's date for incremental file	MM/DD/YYYY
File Type	Varchar2	Indicate whether to send changes only, All Active members and dependents, or Full historical members, dependents, and active members, dependents. Values = 'I', 'A', 'F'	
Fund/Plan	Varchar2	Indicate which fund/plan export is to be created. FUND TYPE: PLAN NAME: Health Vendor Name Senior Vendor Name Dental Vendor Name Vision EE Vendor Name	

IV. Steps to create export:

Step #	Description
1	Execute oseeigib.pkg_eligibility.p_export_carrier('carrier name', 'filename',as_of_date,'file-type');

Record Layouts

Header

Field Number	Start Position	Stop Position	Field 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		9010	Indicates this file is from EGID
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				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 of this file.
10	111	111	File Type		A	Y			The file type. A = Active I = Incremental F = Full
11	112	1500	Filler						

Detail

Field Number	Start Position	Stop Position	Field Name	Length	Data Type	Required	Format	Value Default	Description
1	1	1	Record type	1	A/N	Y		2, 3, 4, or A for Active file	Indicate if the record type is an add record or a change record.
2	2	10	Carrier	9	A/N	Y		9010	9010 Hard coded for every record, stands for EGID
3	11	20	Account	10	A/N	Y		ST – State	Populated for Vision Carriers only



								ED – Educati on LG – Local Govt	
4	21	30	Group	10	A/N	Y			Group Number
5	31	39	Member_SSN	9	A/N	Y			Member SSN
6	40	41	Person Code	2	A/N	Y			Member or dependent custom field
7	42	43	Relationship	2	A/N	Y			Relationship of this person to the member. Ex: S-spouse, C-child
8	44	93	Last Name	50	A/N	N			The last name of this person record.
9	94	143	First Name	50	A/N	N			The first name of this person record.
10	144	144	Middle Initial	1	A/N	N			The middle initial of this person record.
11	145	145	Sex	1	A/N	Y			The sex of this person record.
12	146	153	Date of Birth	8	N	Y	YYYYMMDD		The birth date of this person record.
13	154	161	Effective Date	8	N	Y	YYYYMMDD		The effective date for this person's coverage
14	162	169	Termination Date	8	N	Y	YYYYMMDD		The termination date for this person's coverage
15	170	229	Mailing Address1	60	A/N	Y			Address_Line1 of this person record, if it doesn't exist then use the Member Address_Line1. Address Type = 'R'
16	230	259	Mailing Address2	30	A/N	Y			Address_Line2 of this person record, if it doesn't exist then use the Member Address_Line2. Address Type = 'R'
17	260	309	Mailing City	50	A/N	Y			City of this person record, if it doesn't exist then use the Member City Address Type = 'R'

18	310	311	Mailing State	2	A/N	Y		State of this person record, if it doesn't exist then use the Member State Address Type = 'R'
19	312	321	Mailing Zip	10	A/N <i>*See Description</i>	Y		Zip of this person record, if it doesn't exist then use the Member Zip Address Type = 'R' <i>*Zip code will be right justified and padded with leading spaces.</i>
20	322	331	Phone	10	A/N	N		(Home) Phone of this person record, if it doesn't exist then use the Member phone Address Type = 'R' If not supplied: Null or '0000000000'
21	332	332	Alt Ins Indicator	1	A/N	N		Not Used
22	333	342	Alt Ins Code	10	A/N	N		Not Used
23	343	360	Alt Ins ID	18	A/N	N		Not Used
24	361	371	Filler	11				For Future Additions
25	372	381	Status	10	A/N	N		Member or dependents status code. For example, Active, Medicare, Cobra etc.
26	382	391	Plan	10	A/N	N		Selected benefit level, elected by the member. Examples Healthchoice Hi option, Healthchoice Low option etc. Enrollment_type_id
27	392	399	Plan Eff Date	8	N	N		Not used
28	400	400	New card Flag	1	A/N	Y		Not used
29	401	402	Martial Status	2	A/N	Y	M = Married N = Single	Member/dependents marital status. If not supplied: Null

								U = Undefin ed	
30	403	412	Alt Phone	10	A/N	N			Member/dependents alternate (work) phone. If not supplied: Null or '0000000000'
31	413	420	Hire Date	8	N	N	YYYYMMDD		Not Used
32	421	429	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. DO NOT PUT MEMBER SSN
33	430	430	ID Handicap Code	1	A/N	N			If dependent is handicapped, just a Y or N or blank, Only applies to dependents. (Incapacitated Child)
34	431	431	Student Code	1	A/N	N			Not Used
35	432	441	Tier code	10	A/N	Y			Coverage level – such as Member, member and spouse etc
36	442	451	Division	10	A/N	Y			Division Number
37	452	459	Alt Ins From Date	8	N	N			Not used
38	460	467	Alt Ins Thru Date	8	N	N			Not used
39	468	468	Pen Claim	1	A/N	N		Y or N	Not used
40	469	469	Pre Ex	1	A/N	N		Y or N	Not used
41	470	480	HICN	11	A/N	N			HCIN Number, SSN+ 1 or 2 special code to ID Medicare person. Member Custom
42	481	490	Disenrollment Code	10	A/N	N			Disenrollment Code This is for MAPD/PDP plans
43	491	500	Signature Date	10	A/N	N	MMDDYYYY		Signature Date on MAPD/PDP enrollment form
44	501	509	From Member SSN	9	A/N	N			Old Member SSN

45	510	511	From Person_ Code	2	A/N	N			Old Person Code
46	512	519	Original Eff Date	8	N	N	YYYYMMDD		Not used
47	520	527	Dental Penalty	8	N	N	YYYYMMDD		Not used
48	528	535	Life Insurance Amt	8	N	N	999999.99		Not used
49	536	550	Country	15	A/N	N			Country of Address. Populate the country
50	551	553	Reason	3		N		Y or N	Change Type: 1 st Position – Eligibility, 2 nd Position – Address, 3 rd Position – Indicative
51	554	561	Date of Death	8	N	N	YYYYMMDD		The death date of this person record
52	562	571	Member_Code	10	A/N	Y			Unique Member Number Right Justified
53	572	621	Employer Name	50	A/N	N			Employer Name
54	622	681	Permanent Address_1	60	A/N	Y			Address_Line1 of this person record, if it doesn't exist then use the Member Address_Line1. Address Type = 'C' If 'C' is null, use 'R'
55	682	711	Permanent Address_2	30	A/N	Y			Address_Line2 of this person record, if it doesn't exist then use the Member Address_Line2. Address Type = 'C' If 'C' is null, use 'R'
56	712	761	Permanent City	50	A/N	Y			City of this person record, if it doesn't exist then use the Member City Address Type = 'C' If 'C' is null, use 'R'
57	762	763	Permanent State	2	A/N	Y			State of this person record, if it doesn't exist then use the Member State Address Type = 'C' If 'C' is null, use 'R'

58	764	773	Permanent Zip	10	A/N *See Description	Y			Zip of this person record, if it doesn't exist then use the Member Zip Address Type = 'C' If 'C' is null, use 'R' *Zip code will be right justified and padded with leading spaces.
59	774	798	County	25	A/N	N			County of Permanent Residence of this person record Member Medicare Info Datasheet
60	799	848	Email	50	A/N	N			Email Address of this person record Address Type = 'R'
61	849	849	Plan Premium Payment Option	1	A/N	Y		1	1=EGID will bill the member
62	850	850	ESRD	1	A/N	Y		Y=Yes N=Blank	Member is ESRD Medicare Info Datasheet
63	851	851	Request Materials in Language Other Than English	1	A/N	Y		Y=Yes N-No	Default=N or <Blank> Language preference or another format other than English MAPD will contact the Beneficiary if the box on the enrollment form is marked 'Yes' Medicare Info Datasheet
64	852	852	Language Preference and Alternative Formats	1	A/N	Y		N=No	Default=N NOT USED

65	853	853	Beneficiary Signature and/or Authorized Representative Signature	1	A/N	Y	Y=Yes	Form is signed. Default to Y since no enrollments will be sent if form is not signed.
66	854	903	Authorized Representative Last Name	50	A/N	Y		1) Medicare Info Datasheet 2) Person record is dependent child – use Primary Member’s Indicative Info 3) <blank>
67	904	953	Authorized Representative First Name	50	A/N	Y		1) Medicare Info Datasheet 2) Person record is dependent child – use Primary Member’s Indicative Info 3) <blank>
68	954	954	Authorized Representative Middle Initial	1	A/N	Y		1) Medicare Info Datasheet 2) Person record is dependent child – use Primary Member’s Indicative Info 3) <blank>
69	955	1014	Authorized Representative Address1	60	A/N	Y		1) Medicare Info Datasheet 2) Person record is dependent child – use Primary Member’s Indicative Info 3) <blank>
70	1015	1044	Authorized Representative Address2	30	A/N	N		1) Medicare Info Datasheet 2) Person record is dependent child – use Primary Member’s Indicative Info 3) <blank>
71	1045	1094	Authorized Representative City	50	A/N	Y		1) Medicare Info Datasheet 2) Person record is dependent child – use

									Primary Member's Indicative Info 3) <blank>
72	1095	1096	Authorized Representative State	2	A/N	Y			1) Medicare Info Datasheet 2) Person record is dependent child – use Primary Member's Indicative Info 3) <blank>
73	1097	1106	Authorized Representative Zip	10	A/N *See Description	Y			1) Medicare Info Datasheet 2) Person record is dependent child – use Primary Member's Indicative Info 3) <blank> *Zip code will be right justified and padded with leading spaces.
74	1107	1116	Authorized Representative Phone	10	A/N	N			1) Medicare Info Datasheet 2) Person record is dependent child – use Primary Member's Indicative Info 3) <blank> NOT USED
75	1117	1124	Employer or Union Name	8	A/N	Y		OSEEGI B	
76	1125	1128	Employer or Union Group Number	4	A/N	Y		9010	
77	1129	1129	Plan Change?	1	A/N	Y		Y=Yes N=Blank	Yes=info is completed on form. Used when changing from one plan to another under same carrier. NOT USED
78	1130	1130	Info Provided Under "Please Read and Sign Below"?	1	A/N	Y		Y=Yes N=No	Default is Y because info is on the form and member signed the form



79	1131	1131	Release of Information Elements Provided?	1	A/N	Y		Y=Yes N=No	Default is Y because info is on the form and member signed the form
80	1132	1132	PCP/PCD Status	1	A/N				PCP/PCD Patient Status: N = New C = Current If the Fund is Health then populate Primary Care Provider. If the Fund is Dental then populate Dental Provider. <i>*Only provided in Incremental file.</i>
81	1133	1182	PCP/PCD First Name	50	A/N				PCP/PCD Provider First Name If the Fund is Health then populate Primary Care Provider. If the Fund is Dental then populate Dental Provider. <i>*Only provided in Incremental file.</i>
82	1183	1232	PCP/PCD Last Name	50	A/N				PCP/PCD Provider Last Name If the Fund is Health then populate Primary Care Provider. If the Fund is Dental then populate Dental Provider. <i>*Only provided in Incremental file.</i>
83	1233	1258	RX OGI	26	A/N				Other Group Insurance Plan Name
84	1259	1278	RX ID# For OGI	20	A/N				Other Group Insurance Member ID#
85	1279	1293	RX Group# For OGI	15	A/N				Other Group Insurance Group #

86	1294	1303	EBC Debit Card	9	A/N	N	YYYYMMDD (Ex. A20100401)	A=Active I=Inactive Blank	EBC Debit Card Indicator and Start/Stop Date
87	1304	1500	Filler	198					For Future Additions

Note 1:

To identify the record type is 2 or 3

All member and dependent records need to be identified as record type 2 (add record) or record type 3 (change record).

A member or dependent that is enrolled in a given plan for the *first* time is an ADD record and should be indicated as a record type 2. For example, a member/dependent is active in Health Healthchoice from 1/1/2018 to 12/31/2019. On 1/1/2020 they move to HealthCare X then the member record should be identified as record type 2.

To identify the record type 4.

For record type 4 only the following fields will be populated

- i. Carrier
- ii. Member SSN
- iii. From Member SSN
- iv. Effective Date
- v. Person Code

Record Type 4 is created for following events:

a) **When a dependent becomes a primary member**

The Carrier, Member SSN, and Person Code will contain the Dependents data and the From Member SSN and Person Code will contain primary member's data under which this person was a dependent.

b) **Primary member becomes dependent**

The Carrier, Member SSN, and Person Code will contain the new member's data under whom this person has become dependent and the From Member SSN and Person Code will contain the primary member's data under which this person was a member.

c) **When a dependent moves from one member to another member**

The Carrier, Member SSN, and Person Code will contain the primary Member's data and the From Member SSN and Person Code will contain the old member's data under which this person was a dependent.

d) When the SSN of member is changed

The Carrier, Member SSN, and Person Code will contain the new SSN information and the From SSN and Person Code will indicate the old SSN from which they moved. All the other fields for the record type 4 should be blank.

Trailer

Field Number	Start Position	Stop Position	Field Name	Length	Data Type	Required	Format	Value Default	Description
1	1	1	Record Type	1	A/N			9	Indicates trailer record
2	2	10	Carrier	9	A/N				
3	11	19	Total records	9	N				Do NOT include header and trailer = Adds+ Changes+ Total count of records on the file
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				Total Number of Move Records. Total count of record type 4.
7	47	1500	Filler						



OKLAHOMA
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General Info

Open Issues

#	Author	Date Opened	Issue	Resolution	Closed

Assumptions

#	Author	Assumptions

Document Change Log

Date of change	Author	Change Description
8/18/2004	Patti Claxton	Document Created w/New Logic
8/25/2005	Patti Claxton	Updated Fund/Plan for new HMOs
9/7/2005	Patti Claxton	Removed language – Record Type 4 d
6/17/2008	Patti Claxton	Remove Tricare. Add New DMO
9/25/2009	Patti Claxton	Update Fund/Plan for Name Changes
3/24/2010	Patti Claxton	Update language throughout layout and update Fund/Plan for Name Changes
6/9/2011	Patti Claxton	Updated Fund/Plan for Name Changes
12/20/2011	Patti Claxton	Updated Fund/Plan for Name Changes
3/14/2012	Patti Claxton	Updated Fund/Plan & added field names (Disenrollment Code & Signature Date)
6/12/2012	Patti Claxton	Added additional length to file; add Permanent Address fields, other Medicare required fields and update changes to PCP/PCD field(s)
7/11/2012	Patti Claxton	Added additional new fields; RxOGI, RX ID# for OGI, and RX Group# for OGI.
7/20/2012	Patti Claxton	Removed 'LTC' field, Updated Plan Premium Payment Option field, Updated Request Materials in Language Other Than English field, and Updated Language Preference and Alternative Formats field.
8/19/2012	Patti Claxton	Update verbage for Language Preference in Description
4/15/2015	Todd Marney	Updated the following: - Expected value/default codes for field name 'Account'; - Description for field name 'Phone'; - Expected value/default codes & description for field name 'Marital Status'; - Description for field name 'Alt Phone'; - Updated details under the section 'Contact Information'
9/2/2015	Todd Marney	Updated to include EBC members for files created 2016 and after.
10/12/2015	Todd Marney	Added 'Field Number' column.



11/23/2015	Todd Marney	Modified the following Incremental bullet points due to V3 Browser differences: - If Current Coverage is terminated and New Coverage is created - Delete Coverage, alter coverage dates or opt-out dependent in period (Data entry error or correction)
1/19/2016	Todd Marney	Modified the 'Description' and 'Data Type' for fields #19, #58 and #73 to include: ' <i>See Description</i> ' and ' <i>*Zip code will be right justified and padded with leading spaces.</i> '
1/31/2017	Todd Marney	- Updated examples from 2008/2009/2010 to 2015/2016/2017 - Updated contact information to OMES ISD Helpdesk - Updated Fund/Plan
1/8/2019	Todd Marney	- Added note " <i>*Only provided in Incremental file.</i> " For PCP information.
2/21/2020	Chad Davis	- Updated Fund/Plan requirement in Export section - Updated date examples to reflect current year
2/08/2021	Todd Marney	- Updated EGID address

Sign-off

Reviewed By: _____

Date: _____

Approved By: _____

Date: _____

Contact Info

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