

TUFTS  Health Plan

## **Electronic Enrollment & Reconciliation Guide**



Copyright © 2005 by Tufts Associated Health Plans, Inc.

All rights reserved. No part of this book may be reproduced, stored in retrieval system, or transmitted in any form or by any means, electronic, mechanical, photocopying, recording, or otherwise, without the prior written permission from Tufts Associated Health Plans, Inc.

Tufts Health Plan  
333 Wyman Street  
Waltham, MA 02451

<b>Document Revision History</b>			
<b>Revision Number</b>	<b>Content Owner</b>	<b>Approval</b>	<b>Approval Date</b>
1	New		4/14/1998
2	Dave Wilson		1/12/2000
3	Jody Taylor		7/30/2001
4	Todd Savelle		7/30/2001
5	Rachel Aminia		8/20/2001
6	Jody Taylor		7/26/2002
7	Karen Waugh		09/28/2005
8	Karen Waugh		12/29/2005
9	Liana Connors		01/23/2007
10	Ann Keegan		02/12/2008
11	Ann Keegan		09/21/2009
12	Jody Taylor		10/21/2009

# Table of Contents

<b>Introduction .....</b>	<b>3</b>
Process Overview.....	3
<b>General Specifications .....</b>	<b>4</b>
Types of Files .....	4
Update Files .....	4
Reconciliation Files .....	4
<b>The Testing Process.....</b>	<b>5</b>
Definitions .....	5
<b>Test File Mailing Specifications.....</b>	<b>6</b>
<b>Understanding Your Role and Responsibilities .....</b>	<b>6</b>
<b>Information Flows and EDI Processing .....</b>	<b>7</b>
<b>File Specifications.....</b>	<b>7</b>
Required Data Elements .....	7
Update File Format .....	7
Reconciliation File Format .....	8
Tufts Health Plan File Layout .....	9
<b>Electronic Data Exchange Options .....</b>	<b>18</b>
Methods of Physical Connectivity.....	18
File Transfer Methods.....	18
Physical File Media.....	18
Additional Options .....	18
<b>Appendix of Codes .....</b>	<b>19</b>
Relationship Codes .....	19
Plan Type Codes.....	20
Reason Codes.....	21
Language Codes .....	22
<b>Electronic Enrollment/Reconciliation Data Form .....</b>	<b>23</b>



## Introduction

Tufts Health Plan (Tufts HP) offers an Electronic Data Interchange (EDI) program that presents employer groups with an option to send eligibility data electronically.

This document includes general specifications and descriptions of files and file construction. Tufts HP's policy is to work in close cooperation with its employer groups to develop the programs for generating these files.

Tufts HP requests that employer groups submit their data using the Tufts HP proprietary file layout and media format.

At this time, this process does not support the Tufts Health Plan Medicare Preferred product. Therefore, enrollment data for these members must be sent in on paper.

## Process Overview

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

1. At the request of Tufts HP's Sales/Marketing department, Tufts HP provides the employer group with the *Electronic Enrollment & Reconciliation Guide* document, which includes the file layout specifications and file submission instructions.
2. The EDI Analyst and the Sales department contacts the employer group to review the file layout, enrollment processing and test procedures.
3. The *Electronic Enrollment/Reconciliation Data Form* (see page 23) is completed by the employer group and sent to the EDI Analyst. Once received the EDI Analyst will forward a *File Exchange Request Form* to the technical contact at the group. Both forms can be faxed to (617) 923-5898 or sent via email to the assigned analyst.
4. Tufts HP and the employer group prepare an **Implementation** timeline and test plan. It typically takes 1-3 months to complete the testing cycle and begin implementation. (Note: Employer group responsiveness can impact the timeline.)
5. The employer group prepares the programming necessary to create the file layout to meet Tufts HP's specifications and notifies the EDI Analyst when the file is ready for testing.
6. Working with the EDI Analyst, the employer group executes its programs on a sample of enrollment data to generate a test file. The employer group should anticipate the necessity of submitting a minimum of 3-5 test files to ensure a successful test.
7. Testing is complete when both the employer group and Tufts HP are satisfied with the results. At that time, the EDI Analyst sends written confirmation to the employer group. Based on the agreed upon mode of submission, the appropriate submission information will be sent.
8. Tufts HP requires that a full membership reconciliation be completed along with the Electronic Data Interchange (EDI) implementation. This ensures that Tufts HP and the employer group's data are synchronized. (Note: There may be instances where two reconciliations will be recommended.)

**NOTE:** Until production status for electronic submissions is granted, the employer group must submit, via paper, **all** production enrollment information to the Enrollment department.

# General Specifications

## Types of Files

### Update Files

Tufts HP can accept either of the following:

- a. Transaction files (additions, terminations and changes since the last file submission)
- b. Full files with terminations (all members covered by Tufts HP for that employer group)

Both types of files will be updated directly into the Tufts HP membership system. This automated process enables Tufts HP 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 employer group's list of Tufts HP enrollees is consistent with Tufts HP's records

Tufts HP recommends that employer groups submit weekly or bi-weekly update files.

Please refer to the file layout on page 9 for a complete list of required data elements for each type of file submission.

## Reconciliation Files

In addition to the frequent files that are submitted for updating eligibility, Tufts HP requires that a periodic full file also be submitted for reconciliation purposes. The electronic reconciliation file enables Tufts HP to systematically compare the data on the employer group's file to the enrollment data maintained in the Tufts HP system and to identify any discrepancies.

This crosschecking allows Tufts HP and the employer group 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 employer group, but is not active with Tufts HP.
- Member is actively enrolled with Tufts HP, but is not reported as active by the employer group.
- Member coverage information differs between employer group and Tufts HP (including date of birth, relationship code, plan type and address).

Since this process will not make any updates to Tufts HP's system, all discrepancies identified will be reported to the appropriate party at the employer group. Tufts HP and the employer group will work together to resolve any discrepancies identified.

Tufts HP recommends that employer groups submit a quarterly file for reconciliation purposes.

# The Testing Process

Test data will not be used in a production environment. All test data is discarded upon test completion.

Test files should contain no more than 100 records (unless otherwise requested).

The procedures for testing the process are as follows:

1. The employer group supplies the test files to Tufts HP via secure email or compact disc (CD). The employer group should send the final test via the mutually agreed upon mode of submission. Tufts HP assigns test logon and passwords as appropriate for this process.
2. The EDI Analyst examines the file for data quality and file structure compliance. A summary of findings is generally provided within 5 business days.

**During testing, Tufts HP will provide a hard copy report of required test case scenarios to assist with the verification process. *It is critical that this document be filled out 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.
3. The first round of testing focuses on confirming that submitted data meets file layout requirements (field size, position, etc).
  4. Once the test file meets the file layout requirements, testing of files will focus on the format and content of the data provided. These test files should include samples of **additions, changes, and terminations** (for Definitions of these terms see 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 including plan type, group number and demographic changes
    - Terminations using end date field

If subsequent test files identify any discrepancies, then Tufts HP will request additional test files.

5. Once file layout requirements have been tested successfully, a full file membership reconciliation is required. Once the reconciliation is completed and all databases are up-to-date, the employer group is given authorization to submit production files. At that time the EDI Analyst will send written confirmation to the employer group. Based on the agreed upon mode of submission, the appropriate submission instructions will be sent.

## 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,

Term	Definition
	or demographic changes including member name, address, and dependent SSN <b>NOTE:</b> Date of birth changes and subscriber ID changes should be sent via paper or fax. They should not be sent as part of the electronic enrollment process.
Terminations	Subscriber or dependent that terminates health coverage from Tufts HP (when terminating a family policy, all covered dependents should be sent with a termination date).

## Test File Mailing Specifications

Use this procedure to ship test media to Tufts HP:

1. Pack labeled test media (CD) in a standard padded envelope or CD mailer.
2. Label each piece of test media with the following information:
  - Group Name
  - File Size/Records submitted
  - File Name
3. Mail labeled test media, via overnight or next day mail, to the following address:
  - Tufts Health Plan
  - Enrollment and Premium Billing Dept/Mail Stop 30
  - Attn: Tufts HP Testing Contact Name
  - 705 Mount Auburn Street
  - Watertown, MA 02472-9170

## Understanding Your Role and Responsibilities

**Your role in the EDI process is very important. Tufts HP’s ability to process enrollment information depends on the employer group 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.**

Once Tufts HP grants EDI production status, please make sure you do the following:

- Send only records for those members who are eligible and who have selected coverage with Tufts HP.
- Make sure all member data is accurate (including demographic information, member SSN, effective enrollment dates, spelling, etc.).
- Send member data and respond to discrepancy reports in a timely manner.
- Send termination records when coverage ends.
- Retain copies of all necessary supporting member documentation.

Tufts HP will process the member data you submit, issue member ID cards, and provide services based on the data sent and in accordance with the employer group's benefit plan. In addition, Tufts HP will investigate situations where the data is questioned and take appropriate steps to correct any data.

## Information Flows and EDI Processing

The following key points apply to the EDI process:

- When an employer group submits employee address and phone number changes electronically, Tufts HP suppresses the employees' ability to change this information directly with us. Employees who attempt to make address or phone number changes through the Tufts HP Member Services department or by visiting the Tufts HP website will be directed back to the employer group. This step should eliminate the processing of inconsistent information. In addition to the above, if Tufts HP receives any returned mail, the member's address record will not be updated. Instead, the mail will be sent to member's employer group for verification purposes and should then be added to the employer group's next file submission.
- Tufts HP 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 the Tufts HP Member Services department or visit the Tufts HP website (<http://www.tuftshealthplan.com/>).
- Tufts HP enforces 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, and all terminations will be processed accordingly.
- Tufts HP does not screen for qualifying events and is 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 Tufts HP or received by the member.
- Newborn additions to existing family plans must be submitted on the employer group's file. Employees who attempt to add newborns by calling the Tufts HP Member Services department will be directed back to their employer group.

## File Specifications

### Required Data Elements

Required data elements are denoted on the file layout table on page 9. When developing your program for file submission, please observe the points below:

### Update File Format

The following are formatting requirements for update files:

1. Transaction File Submissions

- Require that 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

2. Full File Submissions

- Require that a full file, including terminations, of all membership with Tufts HP be 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 Tufts HP 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.
- When submitting files, identification of the type of file (UPDATE or RECONCILIATION file) is part of the submission procedure. Refer to the Submission Instructions provided for the agreed upon method.

## Tufts Health 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 <b>(NO DASHES or SLASHES)</b>
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 <b>(IF NOT AVAILABLE, FILL WITH ALL ZEROS)</b>
7	DOB	8	64-71	NUMERIC	Required	Member date of birth (YYYYMMDD) <b>(NO DASHES or SLASHES)</b> .
8	RELATIONSHIP CODE	2	72-73	CHAR/NUMERIC	Required	Member relationship code (See Relationship Codes Table on page 19)
9	GENDER	1	74	CHAR	Required	Member gender: M = Male F = Female
10	GROUP ID#	20	75-94	NUMERIC LJ	Required	Tufts Health Plan client 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 20)
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	Optional	Member address line two (no punctuation) limited to updating 24 characters only.

\* LJ denotes left justified

Field #	Field Name	Length	Position	Format*	Req/Opt	Description
				-LJ		
14	ADDRESS CITY	18	167-184	CHAR-LJ	Required	Member city (no punctuation)
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 <b>ONLY</b> (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 21). When moving to Liberty by Tufts Health Plan a termination reason code is required.
22	PRIMARY LANGUAGE	3	226-228	CHAR-LJ	Optional/ 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 22)
23	PCP NUMBER (1)	15	229-243	NUMERIC LJ	Optional/ Recommended on new adds	Tufts Health Plan unique 6 digit PCP number, or 10 digit NPI number; if applicable for product selection Refer to <a href="#">provider-index</a> on the Tufts HP website.
24	PCP LAST NAME (1)	20	244-263	CHAR-LJ	Optional/ Recommended on new adds	Member's PCP last name; If applicable for product selection. Refer to <a href="#">provider-index</a> on the Tufts HP website.
25	PCP FIRST NAME (1)	13	264-276	CHAR-LJ	Optional/ Recommended on new adds	Member's PCP first name; if applicable for product selection. Refer to <a href="#">provider-index</a> on the Tufts HP website.
26	PCP HOSPITAL AFFILIATION	30	277-306	CHAR-LJ	Optional	Member's PCP hospital affiliation; if applicable for product selection. Refer to <a href="#">provider-index</a> on the Tufts HP website.
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	Member fitness site; use first 4 characters of site location. Refer to <a href="#">fitcenters index</a>

Field #	Field Name	Length	Position	Format*	Req/Opt	Description
					adds	on the Tufts HP website.
29	EMPLOYER ID	13	312-324	CHAR/NUMERI C-LJ	Optional	Internal Employer ID
30	OTHER ID	9	325-333	CHAR/NUMERI C-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	FILLER 1	16	336-351	CHAR/NUMERI C-LJ	Optional	Reserved for group specific needs
33	FILLER 2	14	352-365	CHAR/NUMERI C-LJ	Optional	Reserved for Tufts HP-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 Tufts HP to select a PCP. Until the member selects a valid Tufts HP 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 <sup>1</sup>	LTHP Req/Opt <sup>1</sup>	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	Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured.  Use the SSC when describing a non-spouse dependent whose age requires a qualifying condition for enrollment.  F = Full-Time N = Not a student P = Part-Time student
37	HANDICAP INDICATOR	1	370	CHAR	Yes/No Condition or Response Code		O	Required if the member is handicapped or to correct previous report of handicapped status.

<sup>1</sup> R = Required data element; O = Optional data element

Field #	Field Name	Length	Position	Format	Description	COB Req/Opt <sup>1</sup>	LTHP Req/Opt <sup>1</sup>	Field Values
					Handicapped Indicator			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
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.

Field #	Field Name	Length	Position	Format	Description	COB Req/Opt <sup>1</sup>	LTHP Req/Opt <sup>1</sup>	Field Values
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
55	DEPENDENT SCHOOL ADDR 1	34	612-645	CHAR/NUMERIC-LJ	Address Information		0	Member School Address Line1
56	DEPENDENT SCHOOL	34	646-679	CHAR/NUMERIC	Address Information		0	Member School Address Line 2

Field #	Field Name	Length	Position	Format	Description	COB Req/Opt <sup>1</sup>	LTHP Req/Opt <sup>1</sup>	Field Values
	ADDR 2			-LJ				
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		<a href="#">Custodial Parent Social Security Number</a> 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
69	CUSTODIAL PARENT ADDR CITY	18	872-889	CHAR-LJ	City Name	0	0	Custodial Parent City Name
70	CUSTODIAL PARENT	2	890-891	CHAR	State or Province Code	0	0	Custodial Parent State Code

Field #	Field Name	Length	Position	Format	Description	COB Req/Opt <sup>1</sup>	LTHP Req/Opt <sup>1</sup>	Field Values
	ADDR STATE							
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.  NOTE: Current Liberty plans call for this to be used for PMF Dollar Election
77	OTHER INSURANCE ID	30	976-1005	CHAR/NUMERIC-LJ	Reference Identification	0		Other Insurance Policy or Group ID
78	OTHER INSURANCE ID TYPE 2	3	1006-1008	CHAR/NUMERIC-LJ	Reference Identification Qualifier	0		Secondary COB ID Code Qualifier 60 = Account Suffix Code 6P = Group Number A6 = Employee Identification Number

Field #	Field Name	Length	Position	Format	Description	COB Req/Opt <sup>1</sup>	LTHP Req/Opt <sup>1</sup>	Field Values
								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

Tufts HP supports the following Electronic Data Exchange solutions:

### Methods of Physical Connectivity

The following are Tufts HP supported methods of physical connectivity:

- Manual Submission
- Automated Submission, i.e. machine to machine transmission
- Web User Interface

### File Transfer Methods

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

1. SSH/ SFTP
2. SSL/FTPS
3. HTTPS

### Physical File Media

With prior approval from Tufts HP, physical file media submissions may be sent via secure email or on CD via USPS. Unless exception status is granted, all production files should be received via one of the above agreed upon methods.

- Production media should be labeled with the following information:
  - Group name
  - File name
  - Eligibility time period (date)
  - File size/records submitted
- Production media should be packed in a standard padded envelope or CD mailer and sent either via overnight or next day mail to the following address:

Tufts Health Plan  
EEPB Department/Electronic Enrollment/Mail Stop 30  
705 Mount Auburn Street  
Watertown, MA 02472-9170

### Additional Options

The EDI Analyst can provide details and work with the submitter to determine the best option.

- If you do not see the option you would like to use listed, the EDI Analyst can facilitate a meeting to discuss other solutions.

## Appendix of Codes

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

### Relationship Codes

This section correlates to field #8 under the section Tufts Health Plan File Layout starting on page 9.

Code	Relationship
01	Subscriber/Policyholder
02	Spouse of subscriber
03	Dependent under age 21 (or an age otherwise defined by your employer group)
04	Dependent stepchild
05	Certified Dependent under age 26 (or an age otherwise defined by your employer group)
06	Disabled dependent –Verified (use only when Tufts HP approval is provided)
07	Former spouse
13	Student – Unverified
14	Dependent grandchild
16	Disabled Dependent –Unverified
17	Spousal equivalent/Domestic Partner
18	Dependent of spousal equivalent
DD	Deceased sponsor
DO	Non covered sponsor

**Plan Type Codes**

This section correlates to field #11 under the section Tufts Health Plan File Layout starting on page 9.

Use the following Plan Type Codes appropriate for the product type.

<b>HMO/EPO Code</b>	<b>Description</b>	<b>POS/PPO Code</b>	<b>Description</b>
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: Tufts HP 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 Sales Representative.

## Reason Codes

This section correlates to field #21 under the section Tufts Health Plan File Layout starting on page 9.

Code	Action	Description
100	ADD	New Business
101	ADD	New Hire
102	ADD	Open Enrollment
103	ADD	Dependent Addition
107	ADD	Administrative Reinstate
108	ADD	COBRA Reinstatement
301	TERM	Covered under another Tufts HP 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	Tufts Health Plan Medicare Preferred
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 File Layout starting on page 9.

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 <sup>1</sup>	
File Schedule <sup>2</sup>	
Reconciliation File Frequency <sup>3</sup>	
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.

<sup>1</sup> Frequency: weekly, bi-weekly, monthly

<sup>2</sup> Schedule: exact date if possible

<sup>3</sup> Frequency: monthly, bi-monthly, quarterly



