

**MEMBERSHIP ELECTRONIC
TRANSFER SYSTEM
(METS)
IMPLEMENTATION GUIDE**

REVISION 0908

Introduction

METS (Membership Electronic Transfer System) is the process for enrolling new Trading Partners and maintaining their existing eligibility through electronic transfers and feeds. This paperless procedure provides a flexible and efficient approach for accommodating our Trading Partner's needs.

The Implementation Guide is designed to provide the basic information required for initially loading files sent to AmeriHealth (AH). It can also be used to support ongoing administrative activities.

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Section 1 METS TRADING PARTNER PROFILE

The METS Trading Partner Profile sheet provides contact information for all parties involved in the METS process. This form should be completed as soon as the contacts between the Trading Partner and eBusiness Deployment Team are established. Preliminary contact between the eBusiness Deployment Team, Information Services and the Trading Partner is critical to the successful implementation of the METS program.

Note: The attached form is a sample only. The eBusiness Deployment Team Representative will complete the form, provide a copy to the Trading Partner and maintain a copy for our records.

Trading Partner Profile for

Contact Information

CUSTOMER INFORMATION:	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone(s):</i>	
<i>Fax #:</i>	
<i>E-Mail:</i>	
<i>Street Address:</i>	

TPA/VENDOR	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone(s):</i>	
<i>Fax #:</i>	
<i>E-Mail:</i>	
<i>Street Address:</i>	

ERROR REPORTS TO:	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone(s):</i>	
<i>Fax #:</i>	
<i>E-Mail:</i>	
<i>Street Address:</i>	

eBUSINESS TEAM CONTACT:	
<i>Name:</i>	
<i>Title:</i>	
<i>Phone(s):</i>	
<i>Fax #:</i>	
<i>E-Mail:</i>	
<i>Street Address:</i>	

Other Information

SPECIALIST:	NA
CUSTOMER ID:	NA
METS/ANSI ID:	NA
TYPE OF REPORTING:	Electronic Error Reports
FREQUENCY OF FILES:	TBD
FULL/TRANSACTIONAL FILE:	Transactional
PROTECTION START:	NA
PROTECT END:	NA
PAYROLL LOCATION:	NA
OS REMOVAL MONTH:	
OS VERIFIED BY:	
REMOVAL AGE:	
ANNIVERSARY MONTH:	
MARKETING REP:	
TPA/VENDOR	

GROUPS:	
COVERAGE:	
CONTROL PLAN:	
PLAN REPORTS:	

Exceptions:

- This area will contain any submission exceptions that are not part of the standard electronic process.

Special Processing:

- This area will contain all information related to any unique or special processing requirements handled by either the Trading Partner or the Carrier.

Section 2 METS REPORTING GUIDELINES

METS files can be successfully updated provided the following basic guidelines and principles are met.

Format

- Successful electronic reporting requires a distinct Social Security Number in order to match the Trading Partner's file to our eligibility files.
 - This requirement is the same if the Trading Partner is reporting with a unique Identification Number as well.
- Fields should never be replaced with other unlisted information. Special needs may be accommodated, so please check with a Deployment Team Representative to discuss any specific requirements.
- Standard Enrollment is sent in a Full File Format.
- All data noted on the File Layout is required unless labeled as optional. Non-alpha or non-numeric characters should never be used anywhere in the layout. These are not recognized by the system and will cause all or part of a Subscriber's record to reject. The only exception to this is a hyphen in the Last Name field; however, it must be bordered by alpha characters on both sides.
- Fields are left justified unless stated as such on the File Layout document.
- Data should always begin in the start position identified on the File Layout document
- Do not add zeroes or other filler to the beginning or end of a field. The unused portions should be left blank.
- All date and number fields are numeric values; not packed.

Procedural Guidelines

- Sending the DEL on the Subscriber record will terminate the Subscriber and all Dependents. When terminating a contract, do not send the DEL (Transaction Code) at the Dependent level.
- Member terminations must be explicit with a termination date.
- Deceased Subscriber or Dependent:
 - If the termination is sent via the METS electronic process, a HIPPA certificate will be sent to the Subscriber.
 - In order to eliminate a HIPPA certificate from being produced on a deceased Subscriber or Dependent, a manual /non-electronic termination must be arranged with Enrollment Services.
- Retroactivity is allowed with a Transaction Date that can not be earlier than the current month minus 2 months. (*Example:* Transactions sent in July can not be dated earlier than May.)
- Future eligibility is allowed with a Transaction Date that can not be later than current month plus 1 month. (*Example:* Transactions sent in July cannot be dated later than August.)

METS REPORTING GUIDELINES

- Reports are automatically provided every time a file update is run, based on the report needs agreed between the Trading Partner and the eBusiness Deployment Team Representative.
- If electronic information is exchanged using the Secure FTP (*File Transfer Protocol*), electronic error reports will be provided.
- If any of the required data elements in the File Layout cannot be provided, there may be a way to accommodate special needs. Please discuss these needs with your Deployment Team Representative.

Sample Customer

Proposed METS Implementation Plan for (Sample Vendor).

TASK	DURATION/TARGET DATE	TASK OWNER(S)
Initial Conference Call <ul style="list-style-type: none"> ▪ METS Format ▪ Contingency Options 	<ul style="list-style-type: none"> ▪ As soon as possible 	Marketing, Customer, Trading Partner and Deployment Team Representative
Deliver Group/Coverage Grid for Data Mapping and Zip Code File for Out of Area Process	<ul style="list-style-type: none"> ▪ Within ten business days 	Marketing Contact
Connectivity <ul style="list-style-type: none"> ▪ Return Transmission Survey ▪ Set Up and Test 	<ul style="list-style-type: none"> ▪ 4 Weeks 	Customer, Trading Partner & Deployment Team Representative
Testing Process <ul style="list-style-type: none"> ▪ Multiple Cycles ▪ Customer will email test files to Carrier by 8 AM ▪ Customer will email test scenarios on a separate document. <p>The timeframes mentioned are tentative and projected assuming test files are received on time, correct and successful.</p>	<ul style="list-style-type: none"> ▪ Test Cycle One - 2 weeks ▪ Test Cycle Two – 2 weeks ▪ Test Cycle Three – 2 weeks ▪ Test Cycle Four – 2 weeks ▪ Additional cycles (if needed) 2 weeks each. 	Customer, Trading Partner & Deployment Team Representative
Determine Production Readiness/ Contingency Options	<ul style="list-style-type: none"> ▪ After all test cycles are complete. ▪ Our guideline suggest that a new electronic format must be “live” in production with at least three successful maintenance files before the format is used for an open enrollment. 	Customer, Trading Partner & Deployment Team Representative
Data Synchronization Carrier will provide a snapshot of membership eligibility to Customer/ Trading Partner for verification.	<ul style="list-style-type: none"> ▪ 2-4 weeks 	Customer, Trading Partner & Deployment Team Representative
Open Enrollment Test Files	<ul style="list-style-type: none"> ▪ 2-4 weeks 	Customer, Trading Partner & Deployment Team Representative
Signed Electronic Data Exchange Agreement	<ul style="list-style-type: none"> ▪ Must be signed and received prior to implementation. 	Customer, Trading Partner & Deployment Team Representative
Production Implementation <ul style="list-style-type: none"> ▪ METS ▪ DTP 	<ul style="list-style-type: none"> ▪ Target: Date? * 	Customer, Trading Partner & Deployment Team Representative, Enrollment Services.

**Guideline: It is suggested that METS implementation be completed between October 1st and November 1st based on the expected file frequency. The open enrollment file must be received by Carrier no later than December 1st to guarantee ID cards on or before January 1st.*

METS General Testing Requirements

During a start-up implementation for METS, we would like to recommend that you test as many of the following cases as possible before a production-ready file is transmitted. The more scenarios tested, the greater the possibility of successfully simulating a production environment.

These cases are categorized according to transaction type and applicable product. Your Deployment Team Representative will advise of those that are applicable to your benefit plan.

Recommended Sequencing of Test Files

The METS logic is predicated upon explicit *Term* transactions only. All *Add* and *Change* transactions will be determined, based on the data on the input file, compared to our base systems. For test purposes, the test case scenarios are labeled as *Add*, *Change* and *Term* to differentiate them for the Trading Partner. It is recommended that the scenarios noted are sent as separate files, in order to focus on any issues that arise for each type of transaction.

In order to execute all of the logic that drives these transactions, it will be necessary for you to test the *Add* transaction until it is satisfactory and then follow it with a *Change* and *Term* file that uses the same member contracts that were transmitted in the *Add* files. In practice, this denotes that you will have to use the same names, Social Security Numbers, etc. in the *Change / Term* files, as were used in the *Add* files. In this way, we can simulate the files in our test region, with no impact to the Customer's production records.

Test cases should include all product lines and EIN Numbers, as provided by your Deployment Team Representative. Test case scenarios note when to use test data or production data, based on the timing of proposed production implementation.

Please note that these scenarios are intended as samples only. Your Deployment Team Representative will assist in creating a test plan, based on the product lines chosen.

METS REPORTING GUIDELINES

SCENARIO #:	TRANSACTION TYPE	TEST CASE TYPES
Scenario #1 <i>(Test Data)</i>	CONNECTIVITY / START-UP TEST ADD CONTRACT	<ul style="list-style-type: none"> ▪ Add Single Contract ▪ Add Husband & Wife Contract ▪ Add Family Contract
Scenario #2 <i>(Test Data)</i>	ADD CONTRACT	<ul style="list-style-type: none"> ▪ Add Single Contract ▪ Add Husband & Wife Contract ▪ Add Parent & Child Contract ▪ Add Parent & Children Contract ▪ Add Family Contract
Scenario #3 <i>(Test Data)</i>	ADD - ANCILLARY PRODUCTS	<ul style="list-style-type: none"> ▪ Add Drug Product (if applicable) ▪ Add Dental Product (if applicable) ▪ Add Vision Product (if applicable)
Scenario #4 <i>(Test Data)</i>	ADD DEPENDENTS	<ul style="list-style-type: none"> ▪ Add Spouse ▪ Add Child ▪ Add Newborn Child ▪ Add Overage Student
Scenario #5 <i>(Test Data)</i>	DEMOGRAPHIC CHANGE	<ul style="list-style-type: none"> ▪ Change Address Lines 1 & 2 ▪ Change Telephone Number ▪ Change Subscriber's Last Name ▪ Change Subscriber's Last Name, Address, and Telephone Number
Scenario #6 <i>(Test Data)</i>	EIN / PRODUCT CHANGE	<ul style="list-style-type: none"> ▪ Change EINs (NON-HMO EIN To NON-HMO EIN) - Same Product ▪ Change EINs (NON-HMO EIN To NON-HMO EIN) - Different Product ▪ Change EINs (NON-HMO EIN To HMO EIN) - Different Product ▪ Change EINs (HMO EIN To NON-HMO EIN) - Different Product ▪ Add Additional Product Line Of Business (Subscriber only) - Ancillary products (Drug, Dental, Vision) ▪ Add Additional Product Line Of Business (All Dependents) - Ancillary products (Drug, Dental, Vision)

METS REPORTING GUIDELINES

SCENARIO #:	TRANSACTION TYPE	TEST CASE TYPES
Scenario #7 <i>(Test Data)</i>	TERM CONTRACT	<ul style="list-style-type: none"> ▪ Term Single Contract ▪ Term Husband & Wife Contract ▪ Term Family Contract
Scenario #8 <i>(Test Data)</i>	TERM PRODUCT	<ul style="list-style-type: none"> ▪ Term Non-HMO contract - No Ancillary products ▪ Term Non-HMO contract - With Ancillary products ▪ Term HMO Contract & NON-HMO Ancillary product (2 Different EINs) ▪ Term Ancillary product only (if applicable) ▪ Term Multiple products (if applicable)
Scenario #9 <i>(Test Data)</i>	TERM DEPENDENTS	<ul style="list-style-type: none"> ▪ Term Spouse ▪ Term Child ▪ Term Children ▪ Term Spouse & Child(ren) ▪ Term Overage Student

METS REPORTING GUIDELINES

SCENARIO #:	TRANSACTION TYPE	TEST CASE TYPES
Scenario #10 <i>(Production Data)</i>	COMPLETE TEST FILE - ADD, CHANGE, TERM	<ul style="list-style-type: none"> ▪ Add Single Contract ▪ Add Husband & Wife Contract ▪ Add Family Contract ▪ Add Product (NON-HMO ONLY) ▪ Change Address Line 1 & 2 ▪ Change Telephone Number ▪ Change Subscriber's Last Name ▪ Change EINs (NON-HMO EIN To NON-HMO EIN) - Same Product ▪ Change EINs (NON-HMO EIN To NON-HMO EIN) - Different Product ▪ Change EINs (NON-HMO EIN To HMO EIN) - Different Product ▪ Change EINs (HMO EIN To NON-HMO EIN) - Different Product ▪ Add Additional Product (Subscriber only) - Ancillary products (Drug, Dental, Vision) ▪ Add Additional Product (All Dependents) - Ancillary products (Drug, Dental, Vision) ▪ Term Single Contract ▪ Term Husband & Wife Contract ▪ Term Family Contract ▪ Term Product (NON-HMO ONLY)
Scenario #11 <i>(Production Data)</i>	DATA SYNCHRONIZATION FILE	<ul style="list-style-type: none"> ▪ Send a complete file for Your Entire Enrollment Population. We will determine data discrepancies.
Scenario #12 <i>(Production Data)</i>	PRODUCTION READY FILE	<ul style="list-style-type: none"> ▪ Begin Transmission of Real Production Enrollment Eligibility for Adds, Changes, and Terms

Primary Care Physician (PCP) Test Scenarios

The following is a listing of test case scenarios that should be included where the Trading Partner has purchased HMO or POS products.

- New **Add Transactions** with valid PCP, add PCP successfully to MHS
- New **Dependent Add** transactions with valid PCP, add PCP successfully to MHS
- New **Add Transactions** with invalid PCP, add assigned default PCP successfully to MHS
- New **Dependent Add** transactions with invalid PCP, add assigned default PCP successfully to MHS
- **Group/Group Transfers** with same PCP as current group, successfully process PCP into MHS
- **Group/Group Transfers** with same PCP with Dependents as current group, successfully process PCP into MHS
- **Group/Group Transfers** with different PCP as current group, successfully process PCP into MHS
- **Group/Group Transfers** with different PCP with Dependents as current group, successfully process PCP into MHS

Section 3 CONNECTIVITY REQUIREMENTS

The Requirements Document should be completed by the Trading Partner or the Plan Administrator. The document provides basic information necessary for the establishment of the Trading Partner within the METS program.

Unless there are changes made to the Trading Partner's requirements, this document will only need to be completed once. Advanced notice of any change must be given to allow sufficient time for modifications and testing.

Note: The forms shown in this section are representative copies only. Blank forms will be provided by an eBusiness Deployment Team Representative.

The Transmission Capabilities Survey form is to be filled out by Trading Partners that wish to transmit their eligibility electronically. A representative from Network Technical Support will contact the Trading Partner to discuss the technical survey requirements for this process.

Transmission Capabilities Survey

Transmission Capabilities Instructions

1. Please complete the general information section below and all of the questions that apply to your transmission capabilities. Circle the appropriate answers and fill in the blanks.
2. If you require additional space to complete answers, please use the comment section at the end of survey.
3. Return the completed survey to the address supplied by your Deployment Team Representative.
4. We will review the information provided and contact you to discuss the technical requirements for implementation.

Transmission Capabilities Survey

Please complete all Questions below.

CONTACTS FOR

Transmission Confirmation: _____ **Phone:** _____
Problems: _____ **Home:** _____
Name of Person Completing Form: _____ **Date:** _____

SOFTWARE/HARDWARE

1. Do you have access to an IBM compatible mainframe for file transmissions? Yes No

If No, enter the type of computer you will use:

Type: _____
 Model: _____

2. Which of the software packages listed below does your company use?

<input type="checkbox"/> Direct	<input type="checkbox"/> PC	<input type="checkbox"/> IRMA
<input type="checkbox"/> SuperTracs	<input type="checkbox"/> PC-OS/2	<input type="checkbox"/> SIMPC
<input type="checkbox"/> Mailbox	<input type="checkbox"/> MVS	<input type="checkbox"/> IND\$FILE

3. Which of the following telecommunications protocols does your company use?

<input type="checkbox"/> 3770	<input type="checkbox"/> X.25
<input type="checkbox"/> 3780	<input type="checkbox"/> TCP/IP-FTP
<input type="checkbox"/> SDLC	<input type="checkbox"/> Secure FTP

CONNECTIVITY REQUIREMENTS

4. Does your company currently have access to our systems? Yes No

If Yes, please describe your existing access method:

5. Does your company have an SNI connection to a Virtual Accessing Network such as Advantis (Formerly IIN)? Yes No

6. What account number (Trading Partner ID or EIN number) would you like to use for transmissions (if more than one)?

7. What type of modem(s) or DSU/CSUs would you prefer for a leased line?

8. What type of modem(s) do you have available for a dial connection?

9. What version of Windows is your company running for file transmissions?

- | | |
|-----------------------------------|---------------------------------|
| <input type="checkbox"/> WIN/95 | <input type="checkbox"/> WIN/ME |
| <input type="checkbox"/> WIN/98 | <input type="checkbox"/> WIN/NT |
| <input type="checkbox"/> WIN/2000 | <input type="checkbox"/> WINXP |

Data Transmission

10. Has your company ever sent or received a data transmission? Yes No

If Yes, provide name(s) of communications software used:

11. What are your target dates for testing and production?

Testing Date: _____

Production Date: _____

12. Do you plan to send a file, receive a file or both? Send, Receive Both

13. If you will be sending a file, please provide the following information:

Est. Number of Records: _____

Record Length: _____

Block Size: _____

Type of File: Full File Updates Only

Frequency Daily Weekly Monthly

Other: *(specify)* _____

14. Does your company agree that the file transmission should be one hour or less? Yes No

15. What type of business will the file transfer be for?

16. Does your company have Internet Access? Yes No

▪ Do you have a modem at the minimum of 56K? Yes No

▪ Do you have an Internet Browser with 128 bit encryption? Yes No

▪ Are "Cookies" enabled? Yes No

▪ Do you have an e-mail address? Yes No

Comments:

Transmission Capabilities Survey

General Information

Company Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Executive Contact: _____ Phone: _____

Testing Contact: _____ Phone: _____

Technical Contact: _____ Phone: _____

OTHER CONTACTS FOR:

Transmission confirmation: _____ Phone: _____

Problems: _____ Phone: _____

Name of Person Completing Form: _____ Date: _____

Electronic SecureFTP (File Transfer Protocol)

- ✓ Browser based FTP transmission – Client manually transfers file.

WHAT YOU WILL NEED

- ✓ Internet access
- ✓ At minimum a 56k modem
- ✓ An Internet Browser with 128 bit encryption and 'cookies' enabled
- ✓ A User Name and Password assigned to you
- ✓ A group Email address where "Send" notification that a file is ready for pickup.

ACCESS HOURS WHEN A FILE CAN BE SENT

- A dedicated server will be available for File Transfer Activity from 12:01 a.m. Monday through 11:59 p.m. Saturday EST.
- Please use the size of your file to estimate the time it will take to complete its transfer and schedule the transfer so that it will complete during the hours listed above.
 - With a 56k modem speed it should take approximately 4 minutes for each 1 MB of data. This is an estimate only and depends on many variables including time of day sent, traffic on the Internet, conditions of your ISP (Internet Service Provider) etc.

WHAT TO DO IF YOU ENCOUNTER A PROBLEM

If you encounter any problems, the Service Desk is available for online support:

Service Desk 215-241-4200

Monday through Friday – 6:00 a.m. to 8:00 p.m. EST

Saturdays – 8:00 a.m. to 3:30 p.m.

Outside of the times listed above you may call the same number and leave a voice message. Voice messages will be addressed as soon as possible on the following business day.

PLEASE HAVE THE FOLLOWING INFORMATION WHEN YOU CALL:

1. Identify yourself as a remote site Customer.
2. State the Company or Organization name.
3. Give your own name and the phone number so we can contact you regarding the problem, or the name and phone number of another person who can be contacted if you can not be reached.
4. State that you are attempting to use the Internet File Transfer application to transfer a file.

CONNECTIVITY REQUIREMENTS

5. Give as much information related to the problem as you can. State at what point in the process you encountered the problem. It is also helpful if you can perform screen prints of any error messages that appear or of any screens where the problem occurred. This information may be helpful during your support call dialog and would be good to have available in case the Technical Support person assigned to your problem needs them for further investigation or resolution of your problem.
6. Please note the date and time you placed the call and the name of the Help Desk person who logged your call in case this is needed for tracking purposes.

How to Transmit a File

STEP1: Bring up your preferred Internet Browser, (MS Internet Explorer or Netscape Communicator).

In the box for Location: type in the URL > <https://dropbox.amerihealth.com> and hit <ENTER>.

(Note the 's' at the end of the *https://* This means you are accessing a 'secure' server as opposed to the more common Internet URL addresses which begin with *http://*)

STEP 2: You will see the messages regarding the Digital Certificates. AmeriHealth will identify itself. AmeriHealth is not requiring individual Client Certificates as the secure Username and password will fulfill that requirement.

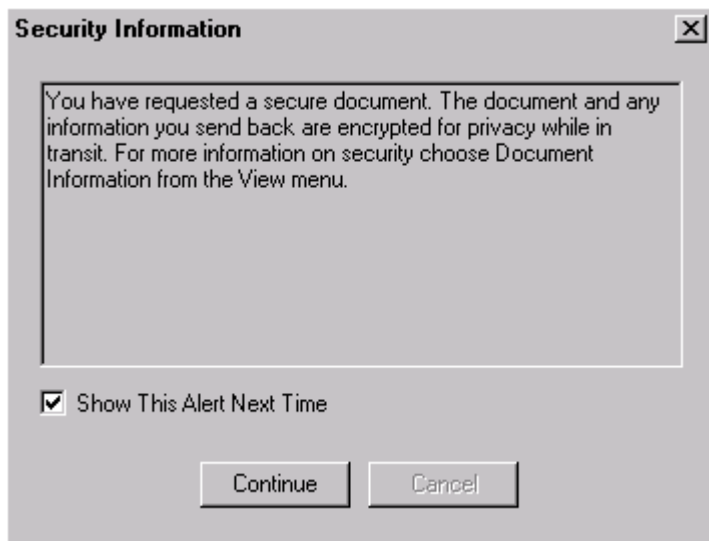
Internet Explorer and Netscape each have their own unique *sequences* of Security certification screens that basically perform the same process. Depending on which browser you use you will go through one of the scenarios below.

- * **I.E. (Internet Explorer) Certification Screens:**
First Screen [Client Authentication] appears: click on [OK]



- * **NETSCAPE Certification Screens:**
First Screen [No User Certificate] appears: click on [OK]

Next Screen [Security Information] appears: Informs you that your information will be encrypted for privacy. Click [Continue]



STEP 3: After the completion of the browser Certification process, you should see the signon screen below for Secure Transport. This function is case sensitive so you must type your User Name and password exactly as it was given to you by AmeriHealth. Key in your AmeriHealth assigned User name and Password and click on [Log In].

Valicert SecureTransport

Welcome to dropbox

Login

Name:

Password:

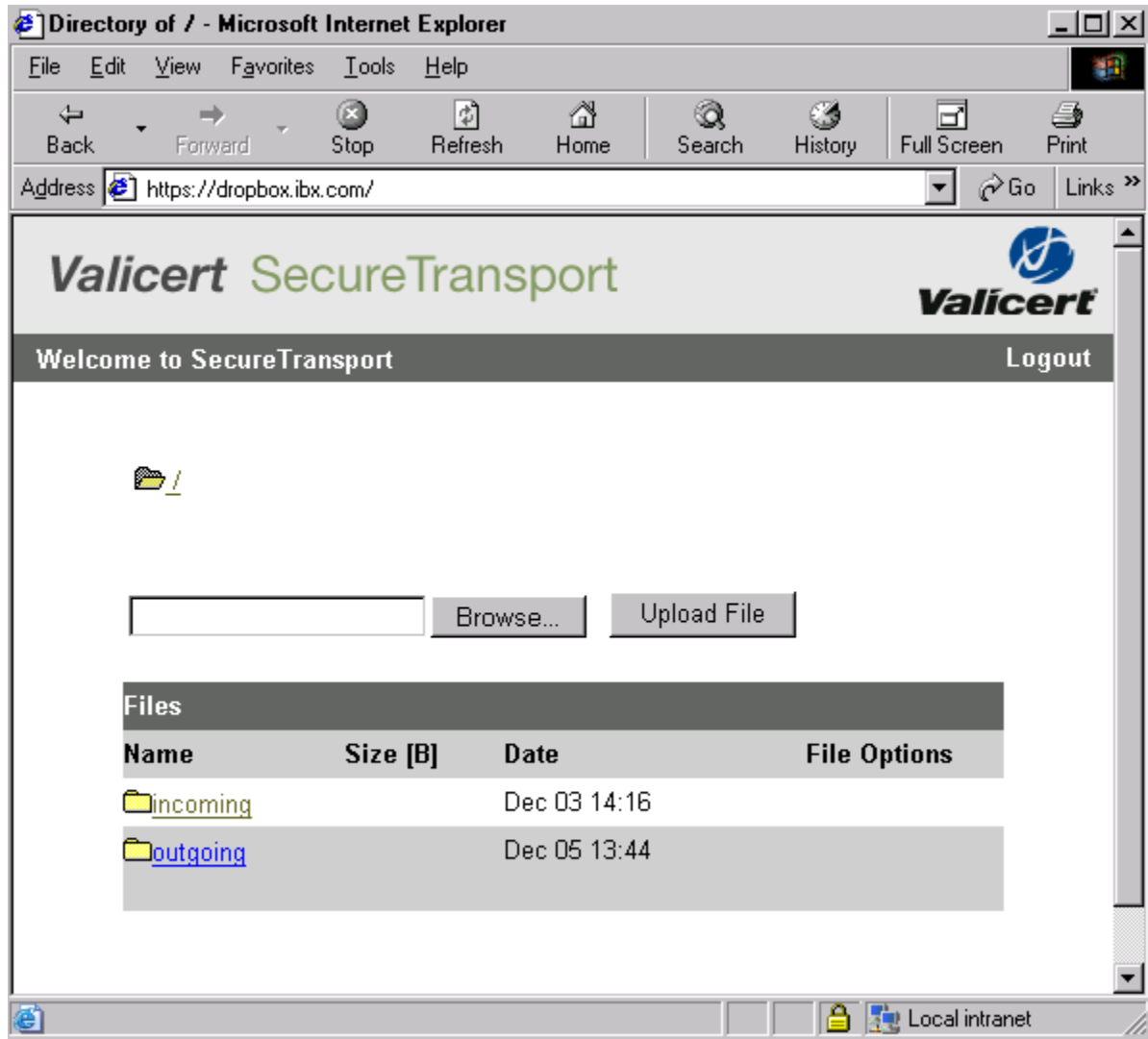
Log In

Welcome to SecureTransport

Valicert SecureTransport is an enterprise file transfer system -- leading the industry in security, reliability, performance, scalability, and extensibility.

Step 4: You will then have access to your individual secure folders. Note the symbol of the closed padlock in the bottom right corner that shows that you are in a secure mode.

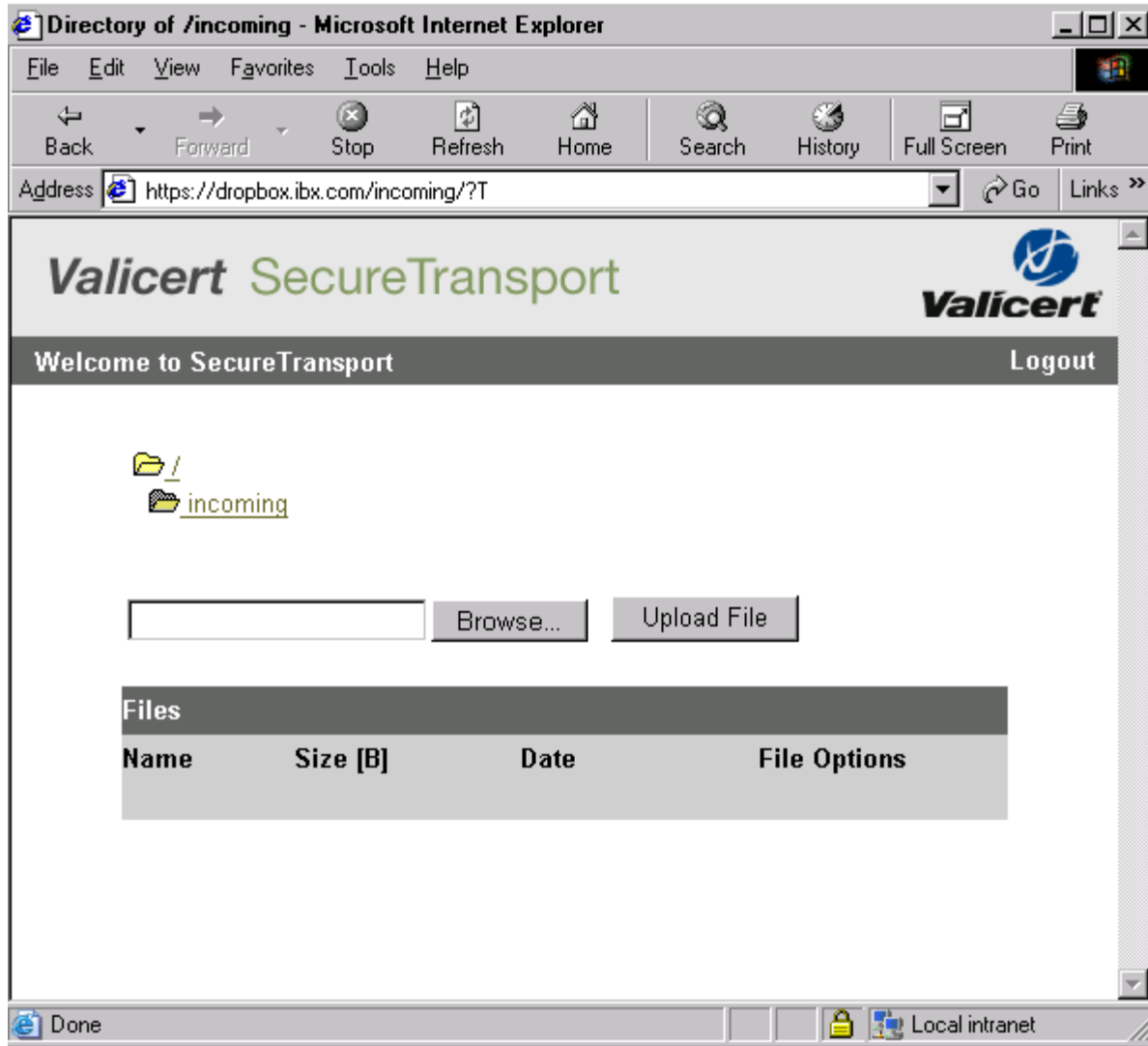
To transfer a file **from** IBC, Single-click on your incoming folder.



Now that you have positioned yourself in your secure incoming folder you have the choice of doing one of the following to select the file that you will then upload:

- You can type the file name on the box to the left of the [Upload File] button.
- < OR >
- You can click on the [Browse] button and follow the path to the folder location where the file resides in your directory structure in your office.

The name of the file that you will upload must always be **amerihealthenroll.txt (AmeriHealth enroll)**. The filename is case sensitive and must be in lower case. After the file is named, please zip the file prior to transferring the file.



After you have entered the file name in the box, click on the [Upload File] button. You will receive an e-mail notification after each successfully completed file transfer in the format below. If you do not receive this email within 3 hours after you believe the file transfer was completed, please contact the Help Desk.

-----Original Message-----

From: Super-User [<mailto:root@ftpsrv02.amerihealth.com>]

Sent: Friday, December 05, 2003 2:57 PM

To: AmeriHealth internal address; 'Customers external email address'

Subject: File transfer Confirmation

ALERT :incoming file transfer

Date :Fri Dec 5 14:57:16 EST 2003

Confirmed: AmeriHealth has received the file amerihealthenroll.zip.

This file contained 310 records.

CONNECTIVITY REQUIREMENTS

**By user : u99xxxx
At Host : 208.59.25.121 (208.59.25.121)**

If this file was not sent to AmeriHealth by you or an authorized representative of your organization, please contact the AmeriHealth Help Desk as soon as possible at 215-241-4200.

Service Desk hours of operation are 6:00am to 8:00pm, Monday through Friday.

Lastly, click on the word logout at the right of the screen to logout, and then exit your browser.

Internet File Pickup Client Guide

HOW TO RETRIEVE A FILE

You will be notified via email that your organization has a file to be picked up. Here is an example of the email.

-----Original Message-----

From: Super-User []

Sent: Friday, December 05, 2003 1:20 PM

To: <<Carrier>> internal email address; 'External Customer email address'

Subject: File Transfer Confirmation

ALERT: incoming file for pickup

Date: Fri Dec 5 13:19:44 EST 2003

Confirmed: <<Carrier>> has placed the file test.txt into the Outgoing folder for pickup by a representative of Filedrive test account at your earliest convenience.

Pursuant to instructions from the Group Health Plan, <<Carrier>> is disclosing this report to the Group Health Plan or its designated and authorized Business Associate.

If this alert was sent to you in error by <<Carrier>>, please contact the Help Desk as soon as possible at 215-341-4200.

Step 1 Bring up your preferred Internet Browser, (MS Internet Explorer or Netscape Communicator).

In the box for Location: type in the URL > <https://dropbox.amerihealth.com> and hit <ENTER>.

Note: the 's' at the end of the https:// This means you are accessing a 'secure' server as opposed to the more common Internet URL addresses which begin with http://.

Step 2. You will see the messages regarding the Digital Certificates. We will identify our company. Individual Client Certificates are not required as the secure Username and password will fulfill that requirement.

Internet Explorer and Netscape each have their own unique sequences of Security certification screens that basically perform the same process. Depending on which browser you use you will go through one of the scenarios below.

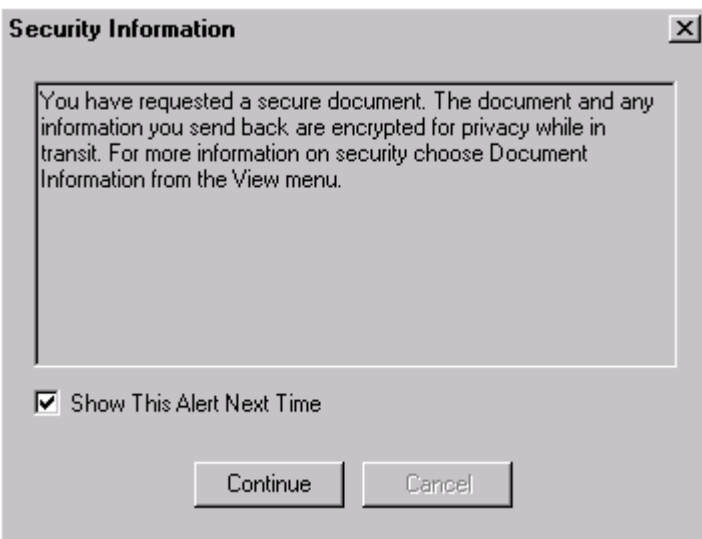
- ***I.E. (Internet Explorer) Certification Screens:***

First Screen [Client Authentication] appears: click on [OK]

- ***NETSCAPE Certification Screens:***

First Screen [No User Certificate] appears: click on [OK]

Next Screen [Security Information] appears: Informs you that your information will be encrypted for privacy. Click [Continue]



Step 3: After the completion of the browser Certification process, you should see the sign-on screen below for Secure Transport. This function is case sensitive so you must type your User Name and password exactly as it was given to you. Key in your assigned User name and Password and click on [Log In].

Valicert SecureTransport

Welcome to dropbox

Login

Name:

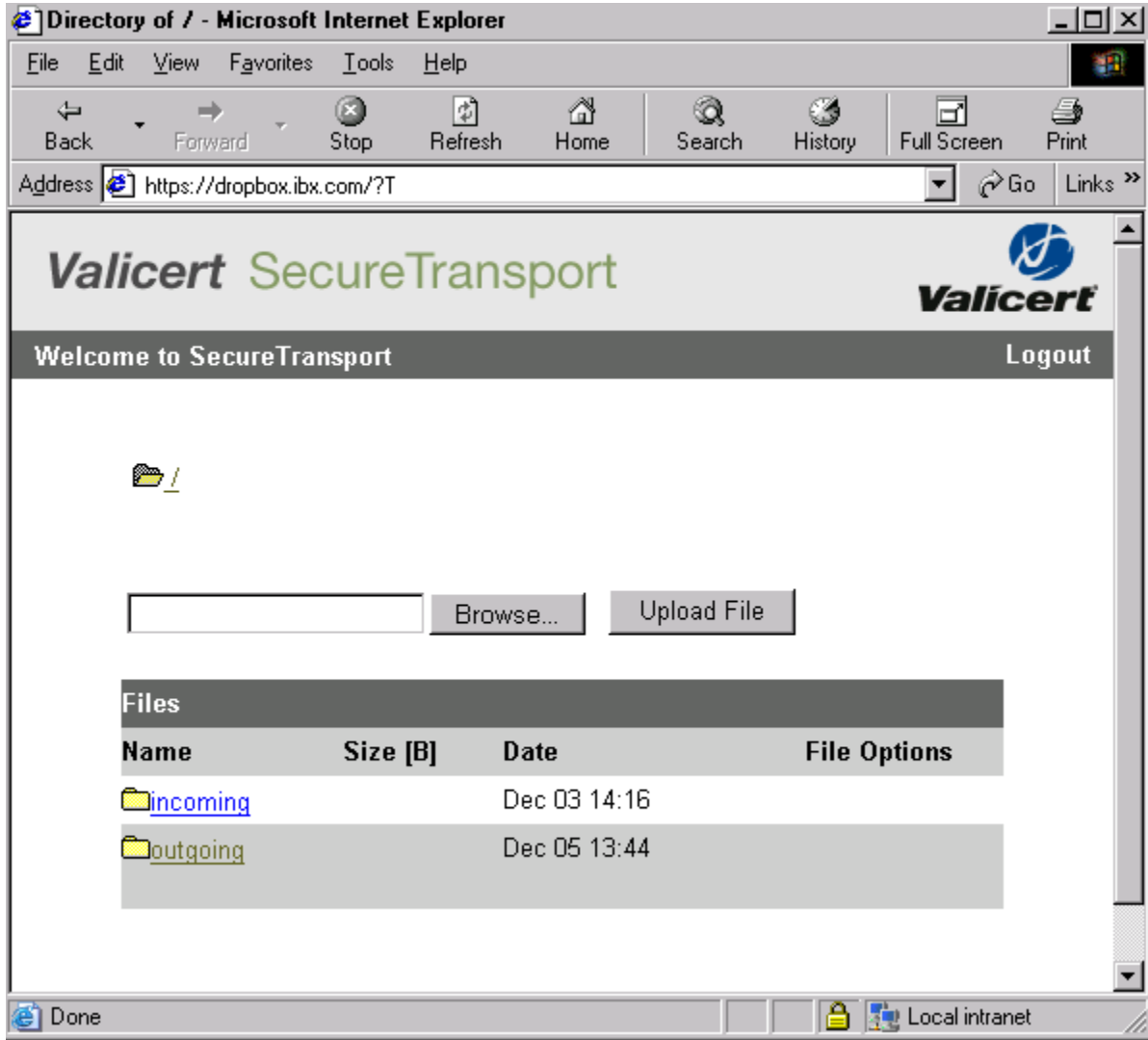
Password:

Log In

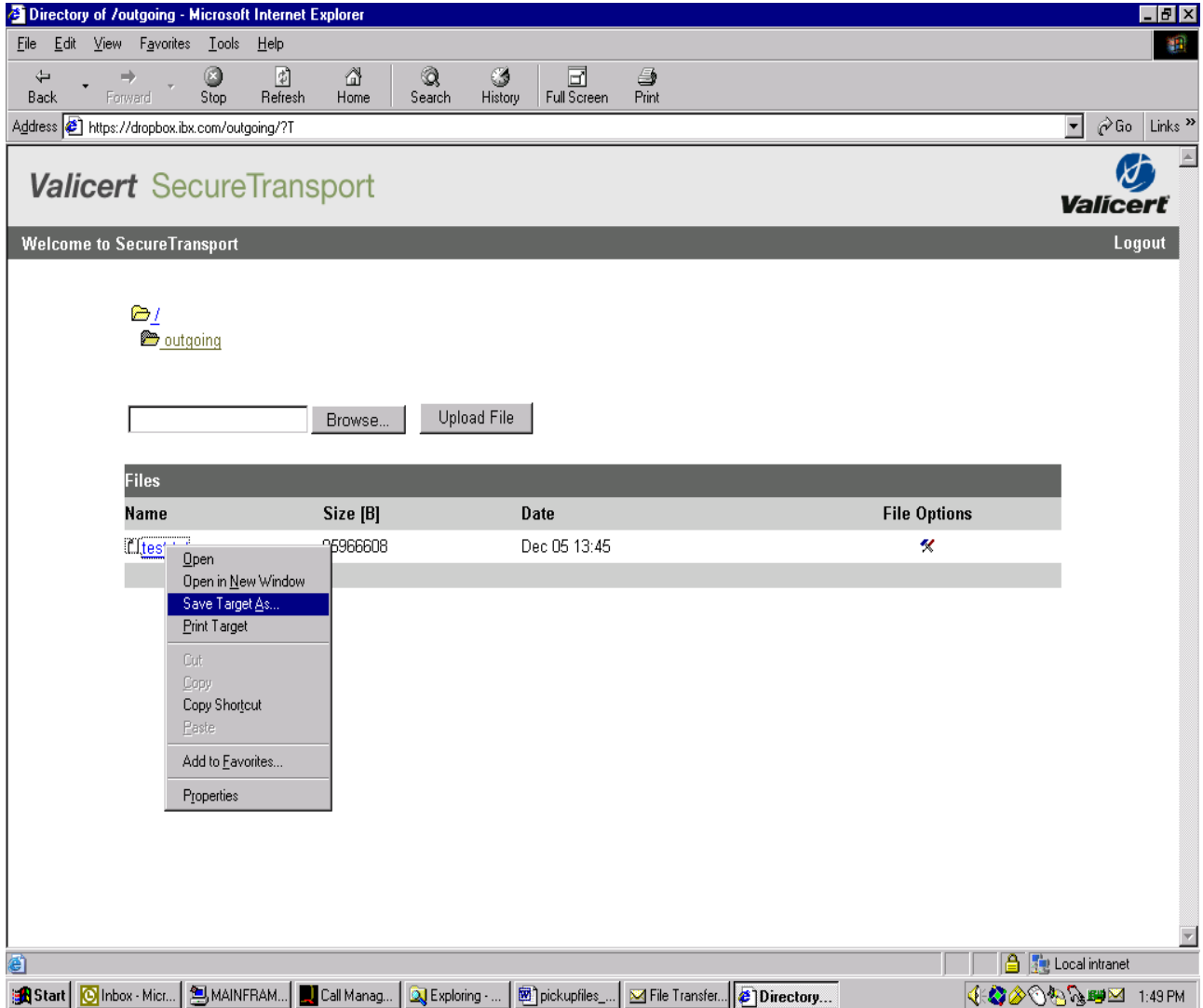
Welcome to SecureTransport

Valicert SecureTransport is an enterprise file transfer system -- leading the industry in security, reliability, performance, scalability, and extensibility.

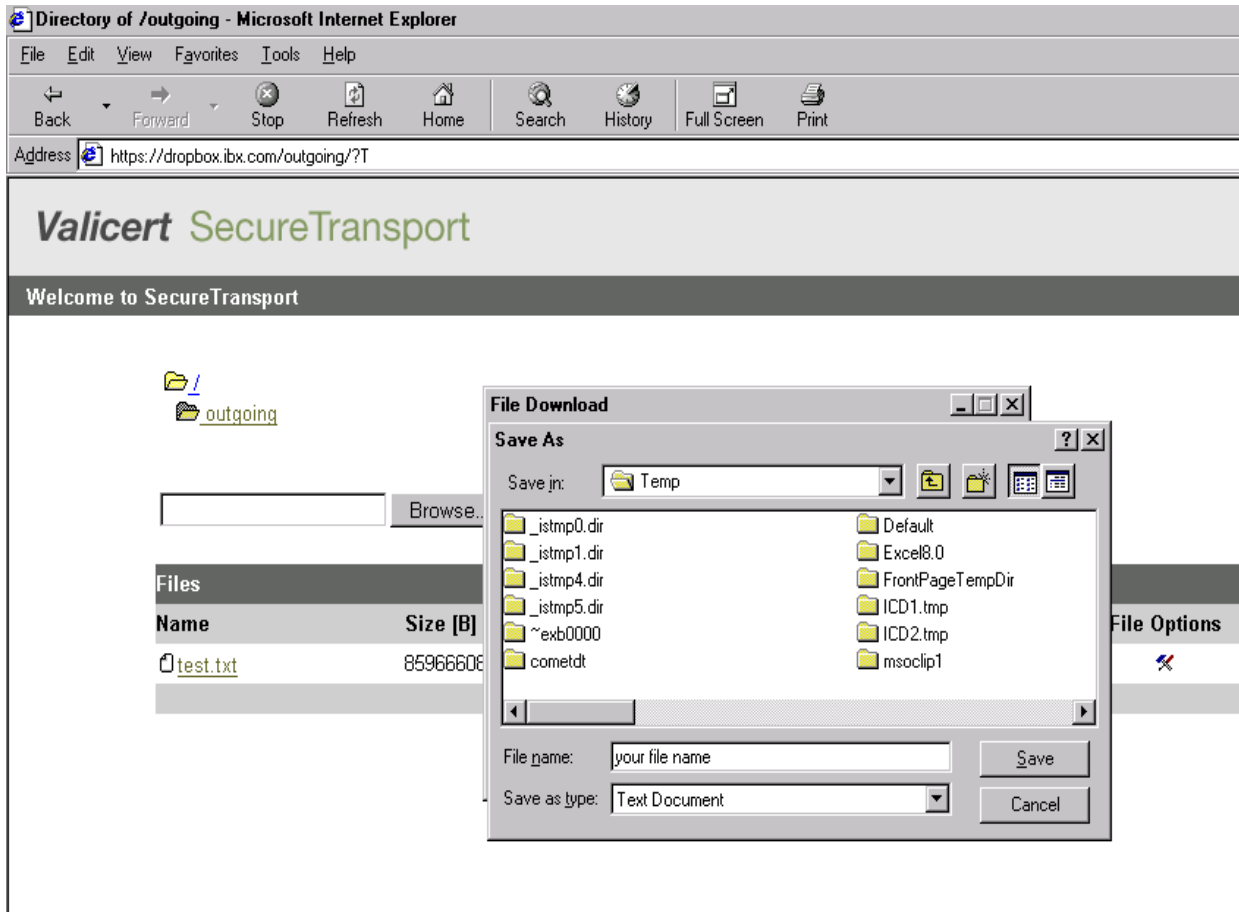
Step 4: You will then have access to your individual secure folders. Note the symbol of the closed padlock in the bottom right corner that shows that you are in a secure mode. To retrieve a **from** file, single-click your outgoing folder.



Now that you have positioned yourself in your secure *outgoing* folder you will see your fiche file.



Step 5 Single click your left mouse button on the **Save Target As** and the following screen will appear.



Step 6 Click on **Save** and your file will be saved to the appropriate drive and folder.

Step 7 Lastly, click on the word **logout** at the right of the screen to logout, and then exit your browser.

File Transfer User Information

This form is intended to be completed by the business area representing the external customer.

Network Systems Administration supports the following file transfer methods:

- **sFTP**

This method is available for external customers who want to receive or have PHI (Personal Health Information) data extracted via sFTP. AmeriHealth will send our SSH key to the external client. It is AmeriHealth's standard to do sFTP through Port 22. AmeriHealth will accept one IP address from the external customer. AmeriHealth must have a signed Business Agreement with the customer on file in the Corporate Compliance Office. The following information is needed:

Customer Name: _____

Customer IP address: _____

Customer server public key finger print: This can be exchanged via email with Network Systems Admin.

- **SECURE TRANSPORT SERVER** (*formerly FILEDRIVE*):

- Browser based interface for external customers to drop and pick up data via a secure lock connection over the Internet.
- Internet Explorer 5.0 and Netscape 4.75 or above are required for 128 bit encryption HIPAA compliancy.
- This method is suitable for those customers you will be sending and receiving PHI data (Personal Health Info).
- Carrier will provide a userid and documentation for the external customer to access and use the Secure Transport Server.

The following information is needed:

Customer Name: _____

Customer email address: _____

Customer requires: ___ File Drop Off ___ File Pick Up

▪ **FTP WITH PGP ENCRYPTION:**

- This method is available for external customers who want to send or receive PHI (Personal Health Information) data via FTP.
- Carrier and the customer will have to swap PGP keys.
- It is the Carrier's standard to do passive FTP through ports 20 and 21.
- Carrier will accept one IP address from the external customer.

The following information is needed.

Customer Name: _____

Customer IP address: _____

Customer PGP key: _____

▪ **FTP WITHOUT ENCRYPTION:**

- This method is available for external customers who will be sending or receiving Non-PHI (Personal Health Information).
- It is Carrier's standard to do passive FTP through ports 20 and 21.
- Carrier will accept one IP address from the external customer.

The following information is needed:

Customer Name: _____

Customer IP address: _____

▪ **CONNECT: DIRECT (NDM):**

- The prospective customer must have an account with AT&T Global Services.

The following information is needed.

Global Services ID: INBC

Applid: _____

Node ID: _____

Net ID: _____

For example, here is Carrier's information:

Global Services ID: INBC

Applid: A28NDM2

Node ID: PENNIBCP.A28NDM2

Net ID: PENNIBCP

Please note: If any of the information received is incorrect, changes will only be made once a week.

Section 4 METS FILE LAYOUT

To successfully format METS, the Trading Partner needs accurate input. This section is designed to assist anyone entering information. The *Field Legend* (below) provides a clear definition of each input section. Following the *Field Legend* is the actual field descriptions and the information needed to properly format METS.

There are a total of 2000 bytes per record. One 2000 byte record is required for each family member.

Remember to check the METS Glossary for further data and field explanations.

Field Legend

FIELD NAME	
Field Number	<i>Sequential number assigned to each field in the record.</i>
Field Position	<i>The starting byte position on the record for each data field.</i>
Field Length	<i>The maximum number of characters or numbers that this field can contain.</i>
Data Type	<i>A Alphabetic</i> <i>AN Alpha Numeric</i> <i>N Numeric</i> <i>DT Date</i>
Required/Optional	<i>Is this field required information or is it optional? It can also be dependent upon the situation.</i>
Description	<i>Brief instructions related to the use of the field.</i>
Comments	<i>Programming information.</i>
Data Elements Summary	<i>Formatting layout.</i>
Code Value	<i>Valid values for the fields.</i>
Relational Edits	<i>Identification of dependencies to other fields.</i>

Field Descriptions

TRANSACTION CODE	
Field Number	1
Field Position	001
Field Length	3
Data Type	AN
Required/Optional	Situational
Description	DEL signifies termination of the Subscriber's entire contract.
Comments	<ul style="list-style-type: none"> ▪ Use DEL (Terminate Contract) on all Subscriber cancellations. ▪ DEL is to be used as an explicit delete for the entire contract. ▪ Blanks used for all Adds and Changes and Dependent cancels.
Data Elements Summary	DEL must be Upper Case.
Code Value	DEL or Blank
Relational Edits	<ul style="list-style-type: none"> ▪ For Dependent cancellations please refer to Dependent Cancel Date (Field 22).

TRANSACTION DATE FOR HMO AND PPO COVERAGES	
(PLEASE SEE NEXT DESCRIPTION FOR FIELD 2 FOR BLUE CROSS BLUE SHIELD MAJOR MEDICAL COVERAGES)	
Field Number	2
Field Position	004
Field Length	8
Data Type	DT
Required/ Optional	Required
Description	The effective date for any Add, Change or Termination reported.
Comments	<ul style="list-style-type: none"> ▪ Required on all transactions for both Subscriber and Dependents. ▪ Newborns – the Transaction Date is equal to the date of birth. ▪ Detail will be provided by your Deployment Team Representative, if needed.
Data Elements Summary	Format = YYYYMMDD
Code Value	n/a
Relational Edits	n/a

TRANSACTION DATE FOR AMERIHEALTH COVERAGES	
(PLEASE SEE PREVIOUS DESCRIPTION FOR FIELD 2 FOR HMO AND PPO COVERAGES)	
Field Number	2
Field Position	004
Field Length	8
Data Type	DT
Required/ Optional	Required
Description	The effective date for any Add, Change or Termination reported.
Comments	<ul style="list-style-type: none"> ▪ Required on all transactions for both Subscriber and Dependents. ▪ Must always be the 1st of the month. ▪ <i>Exception:</i> Newborns – the Transaction Date is equal to the date of birth.
Data Elements Summary	Format = YYYYMMDD
Code Value	n/a
Relational Edits	<ul style="list-style-type: none"> ▪ Transaction Date can not be less than or equal to Protection Starts (Field 45) or Protection Ends (Field 46).

EIN	
(ELECTRONIC INTERCHANGE NUMBER)	
Field Number	3
Field Position	012
Field Length	5
Data Type	N
Required/ Optional	Required
Description	A five position number assigned by Carrier.
Comments	<ul style="list-style-type: none"> ▪ Required on all transactions for both Subscriber and Dependents.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	4
Field Position	017
Field Length	5

CONTRACT ID NUMBER	
Field Number	5
Field Position	022
Field Length	17
Data Type	N
Required/ Optional	Required
Description	The Subscriber's number used to identify the contract in the Carrier's eligibility system (i.e., SSN).
Comments	<ul style="list-style-type: none"> ▪ Identifies the Subscriber and links all Dependents belonging to the Subscriber's contract. ▪ Required on all transactions for both the Subscriber and Dependents.
Data Elements Summary	Left justified, space filled.
Code Value	n/a
Relational Edits	n/a

CONTRACT ID INDICATOR	
Field Number	6
Field Position	039
Field Length	1
Data Type	AN
Required/ Optional	Required
Description	The indicator describing the Contract ID Number (Field 5)
Comments	n/a
Data Elements Summary	n/a
Code Value	<p>Valid values:</p> <p>S Social Security Number</p> <p>Note: Notify Carrier of need to use anything other than Social Security Number.</p>
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	7
Field Position	040
Field Length	121

RELATIONSHIP CODE	
Field Number	8
Field Position	161
Field Length	1
Data Type	N
Required/ Optional	Required
Description	The code that identifies the relationship to the Subscriber.
Comments	<ul style="list-style-type: none"> ▪ The field is required for each family member. ▪ There must be only one Subscriber for each Contract ID Number (Field 5).
Data Elements Summary	n/a
Code Value	Valid Values: 1 Subscriber 2 Spouse 3 Dependent child (regardless of type-adopted, foster, etc.) 5 Sponsored adult dependent
Relational Edits	n/a

SOCIAL SECURITY NUMBER	
Field Number	9
Field Position	162
Field Length	9
Data Type	N
Required/ Optional	Required for Subscriber, Optional for Dependents.
Description	The 9 digit Social Security Number of the member indicated by the Relationship Code (Field 8).
Comments	<ul style="list-style-type: none"> ▪ Do not fill this field with Subscriber's Social Security Number if your Relationship Code (Field 8) is 2, 3 or 5. If you do not have a valid Social Security Number, please leave blank.
Data Elements Summary	Nine digit SSN; no dashes
Code Value	n/a
Relational Edits	<ul style="list-style-type: none"> ▪ If Relationship Code (Field 8) equals 1, then this field must be filled.

LAST NAME	
Field Number	10
Field Position	171
Field Length	20
Data Type	AN
Required/ Optional	<ul style="list-style-type: none"> ▪ Required for Subscriber. ▪ Required for Dependent if different than Subscriber's last name.
Description	Member last name.
Comments	<ul style="list-style-type: none"> ▪ Acceptable to fill even if not required. ▪ Acceptable non-alpha characters reserved only to hyphen with no spaces (i.e. Smith-Jones, etc.). ▪ Embedded spaces are acceptable.
Data Elements Summary	Left justified; first character can not equal a space.
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	11
Field Position	191
Field Length	20

PREFERRED NAME	
Field Number	12
Field Position	211
Field Length	27
Data Type	AN
Required/ Optional	Required
Description	This field combines both first and middle name and must be given for each family member.
Comments	<ul style="list-style-type: none"> ▪ Combines first name (max of 19 characters allowed for first name), name suffix, and middle name or initial separated with standard spacing. ▪ No special characters such as periods, commas, hyphen, apostrophes, etc. are acceptable. ▪ Note: Any differences between the Trading Partner's file and the Carrier's file will result in identification card generation.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	13
Field Position	238
Field Length	53

SEX CODE	
Field Number	14
Field Position	291
Field Length	1
Data Type	A
Required/ Optional	Required
Description	Gender
Comments	n/a
Data Elements Summary	n/a
Code Value	Valid values: M Male F Female
Relational Edits	n/a

BIRTH DATE	
Field Number	15
Field Position	292
Field Length	8
Data Type	N
Required/ Optional	Required
Description	Member's Date Of Birth.
Comments	n/a
Data Elements Summary	Format = YYYYMMDD
Code Value	n/a
Relational Edits	n/a

PAYROLL NUMBER	
Field Number	16
Field Position	300
Field Length	6
Data Type	N
Required/ Optional	Optional
Description	Subscriber payroll number at place of employment.
Comments	<ul style="list-style-type: none"> ▪ Relates only to Subscriber. ▪ Becomes required, if any reports provided by Carrier are sorted by this field.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	17
Field Position	306
Field Length	3

PAYROLL LOCATION	
Field Number	18
Field Position	309
Field Length	5
Data Type	AN
Required/ Optional	Optional
Description	Trading Partner's designation of the member's work location or department.
Comments	<ul style="list-style-type: none"> ▪ Relates only to Subscriber ▪ Becomes required if any reports provided by Carrier are sorted by this field.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	19
Field Position	314
Field Length	5

STUDENT INDICATOR					
Field Number	20				
Field Position	319				
Field Length	1				
Data Type	AN				
Required/ Optional	Situational.				
Description	Indicator used to denote that Dependent child is a student.				
Comments	<ul style="list-style-type: none"> ▪ Only used to extend overage Dependent child(ren) beyond age 19 ▪ If removing an indicator, or resetting to N, a Dependent Cancel Date (Field 22) must be given in order to remove any future termination date set previously. 				
Data Elements Summary	n/a				
Code Value	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Y</td> <td style="width: 50%;">Yes</td> </tr> <tr> <td>N or Blank</td> <td>No</td> </tr> </table>	Y	Yes	N or Blank	No
Y	Yes				
N or Blank	No				
Relational Edits	n/a				

HANDICAP INDICATOR					
Field Number	21				
Field Position	320				
Field Length	1				
Data Type	AN				
Required/ Optional	Situational.				
Description	Indicator used to denote a Dependent child as handicap.				
Comments	<ul style="list-style-type: none"> ▪ Only used to extend overage Dependent child(ren) beyond age 19 				
Data Elements Summary	n/a				
Code Value	<table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">Y</td> <td style="width: 50%;">Yes</td> </tr> <tr> <td>N or Blank</td> <td>No</td> </tr> </table>	Y	Yes	N or Blank	No
Y	Yes				
N or Blank	No				
Relational Edits	n/a				
Field Length	1				

DEPENDENT CANCEL DATE FOR HMO AND PPO COVERAGES	
(PLEASE SEE NEXT DESCRIPTION FOR FIELD 2 FOR AMERIHEALTH COVERAGES)	
Field Number	22
Field Position	321
Field Length	8
Data Type	DT
Required/ Optional	Situational
Description	The termination date for an individual Dependent.
Comments	<ul style="list-style-type: none"> ▪ Required. Used only for termination of individual Dependents; <u>never to be used for Subscriber termination.</u> ▪ Use the actual date of Dependent cancellation. ▪ Must be greater than or equal to the Transaction Date (Field 2).
Data Elements Summary	Format = YYYYMMDD
Code Value	n/a
Relational Edits	n/a

DEPENDENT CANCEL DATE FOR AMERIHEALTH COVERAGES	
(PLEASE SEE PREVIOUS DESCRIPTION FOR FIELD 2 FOR HMO AND PPO COVERAGES)	
Field Number	22
Field Position	321
Field Length	8
Data Type	DT
Required/ Optional	Situational
Description	The termination date for an individual Dependent.
Comments	<ul style="list-style-type: none"> ▪ Required. Used only for termination of individual Dependents; <u>never to be used for Subscriber termination.</u> ▪ Must always be the 1st or 15th of the month. ▪ Must be greater than or equal to the Transaction Date (Field 2).
Data Elements Summary	Format = YYYYMMDD
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	23
Field Position	329
Field Length	100

ADDRESS; LINE 1	
Field Number	24
Field Position	429
Field Length	25
Data Type	AN
Required/ Optional	Required
Description	The first line of Subscriber's mailing address.
Comments	<ul style="list-style-type: none"> ▪ PO Boxes are allowed.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	25
Field Position	454
Field Length	15

ADDRESS; LINE 2	
Field Number	26
Field Position	469
Field Length	25
Data Type	AN
Required/ Optional	Optional
Description	The second line extension of Subscriber's mailing address if needed.
Comments	▪ Use this for apartment number, building number, etc.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	27
Field Position	494
Field Length	15

CITY	
Field Number	28
Field Position	509
Field Length	26
Data Type	AN
Required/ Optional	Required
Description	The city or town used in Subscriber's mailing address.
Comments	n/a
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

STATE	
Field Number	29
Field Position	535
Field Length	2
Data Type	A
Required/ Optional	Required
Description	The state used in Subscriber's mailing address.
Comments	<ul style="list-style-type: none"> ▪ Accepts all standard 2 digit abbreviations.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

ZIP CODE	
Field Number	30
Field Position	537
Field Length	5
Data Type	N
Required/ Optional	Required
Description	The zip code used on the Subscriber's mailing address.
Comments	<ul style="list-style-type: none"> ▪ Carrier accepts 5 digit zip and converts to the zip + 4 standard. ▪ In/Out of Area details will be provided by your Deployment Team Representative.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	31
Field Position	542
Field Length	132

TELEPHONE NUMBER	
Field Number	32
Field Position	674
Field Length	10
Data Type	N
Required/ Optional	Optional
Description	Subscriber's primary contact number.
Comments	<ul style="list-style-type: none"> ▪ Always use the 10 digit field, including the Subscriber's area code.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	33
Field Position	684
Field Length	120

COVERAGE KEY	
Field Number	34
Field Position	804
Field Length	4
Data Type	AN
Required/ Optional	Required (always required for Subscriber)
Description	Identifies the type of coverage(s) selected by the Subscriber for themselves and their Dependents. At least one coverage must be listed for each Subscriber.
Comments	<ul style="list-style-type: none"> ▪ A Deployment Team Representative will supply details regarding Coverage Key. ▪ The Coverage Key is always required for the Subscriber's record. Coverage Key information does not have to be on the Dependent's record if the Dependent has the same coverage as the Subscriber. Setting the coverage on the Subscriber's record alone will allow the same coverage to default to all family members. ▪ Dependent must have at least one of the Subscriber's coverages. Dependent children must have identical coverage to each other.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	35
Field Position	808
Field Length	2

CARRIER CODE	
Field Number	36
Field Position	810
Field Length	3
Data Type	N
Required/ Optional	Required
Description	The carrier code.
Comments	<ul style="list-style-type: none"> ▪ Detail will be supplied by a Deployment Team Representative.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	n/a

FILLER: RESERVED FOR CARRIER USE	
Field Number	37
Field Position	813
Field Length	16

Note: Positions 829 through 1053 allow for duplication of Fields 34 through 37 above when Subscriber has multiple coverages. Spacing allows for a total of 10 coverages.

- The field lengths remain constant as outlined.
- If multiple coverages are not needed, spacing still needs to be maintained.
- Your Deployment Team Representative will supply detail as part of coverage key information.

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	38
Field Position	1054
Field Length	107

PROVIDER TYPE	
Field Number	39
Field Position	1161
Field Length	2
Data Type	N
Required/ Optional	Situational
Description	The type of health care provider identified in Provider Number (Field 40) below.
Comments	<ul style="list-style-type: none"> ▪ Can become required based on coverage selected. ▪ If required, must be given for each family member covered.
Data Elements Summary	n/a
Code Value	Valid values: 01 Primary Care Physician 08 National Provider ID
Relational Edits	<ul style="list-style-type: none"> ▪ Required only when Provider Number (Field 40) and Provider Effective Date (Field 41) are populated. Otherwise, leave blank.

PROVIDER NUMBER (PCP NUMBER OR NPI NUMBER)	
Field Number	40
Field Position	1163
Field Length	10
Data Type	N
Required/ Optional	Situational
Description	The identifying number for the provider selected by each family member.
Comments	<ul style="list-style-type: none"> ▪ Can become required based on coverage selected. ▪ If required, must be given for each family member covered.
Data Elements Summary	n/a
Code Value	n/a
Relational Edits	<ul style="list-style-type: none"> ▪ Required only when Provider Type (Field 39) and Provider Effective Date (Field 41) are populated. Otherwise, leave blank.

PROVIDER EFFECTIVE DATE	
Field Number	41
Field Position	1173
Field Length	8
Data Type	DT
Required/ Optional	Situational
Description	The effective date to be used for the provider in Provider Number (Field 40).
Comments	<ul style="list-style-type: none"> ▪ Will become required based on coverage selected. ▪ If required, must be given for each family member covered.
Data Elements Summary	Format = YYYYMMDD.
Code Value	n/a
Relational Edits	<ul style="list-style-type: none"> ▪ Required only when Provider Type (Field 39) and Provider Number (Field 40) are populated. Otherwise, leave blank.

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	42
Field Position	1181
Field Length	267

HIRE DATE	
Field Number	43
Field Position	1448
Field Length	8
Data Type	DT
Required/ Optional	Optional
Description	The beginning date of Subscriber's employment.
Comments	n/a
Data Elements Summary	Format = YYYYMMDD
Code Value	n/a
Relational Edits	<ul style="list-style-type: none"> ▪ Must be prior to Transaction Date (Field 2).

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	44
Field Position	1456 through 1514
Field Length	59

PROTECTION START DATE FOR HMO AND PPO COVERAGES	
(PLEASE SEE NEXT DESCRIPTION FOR FIELD 45 FOR AMERIHEALTH COVERAGES)	
FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	45
Field Position	1515 through 1522
Field Length	8

PROTECTION START DATE FOR AMERIHEALTH COVERAGES	
(PLEASE SEE PREVIOUS DESCRIPTION FOR FIELD 45 FOR HMO AND PPO COVERAGES)	
Field Number	45
Field Position	1515
Field Length	8
Data Type	DT
Required/ Optional	Optional
Description	Date used only when Adds or Changes begin on a date other than the first or fifteenth of the month.
Comments	<ul style="list-style-type: none"> ▪ Detail will be provided by your Deployment Team Representative, if needed. Relates only to contract level items. ▪ Please refer to the memo titled "Protection Starts and Ends METS Processing Procedures."
Data Elements Summary	Format = YYYYMMDD
Code Value	n/a
Relational Edits	<ul style="list-style-type: none"> ▪ Must be within 30 days prior to date in Transaction Date (Field 2).

PROTECTION END DATE FOR HMO AND PPO COVERAGES	
(PLEASE SEE NEXT DESCRIPTION FOR FIELD 46 FOR TRADITIONAL COVERAGES)	
FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	46
Field Position	1523 through 1530
Field Length	8

PROTECTION END DATE FOR AMERIHEALTH COVERAGES	
(PLEASE SEE PREVIOUS DESCRIPTION FOR FIELD 46 FOR HMO AND PPO COVERAGES)	
Field Number	46
Field Position	1523
Field Length	8
Data Type	DT
Required/ Optional	Optional
Description	Date used only when terminations occur on a date other than the first or fifteenth of the month.
Comments	<ul style="list-style-type: none"> ▪ Detail will be provided by your Deployment Team Representative, if needed. Relates only to contract level items. ▪ Please refer to the memo titled "Protection Starts and Ends METS Processing Procedure".
Data Elements Summary	Format = YYYYMMDD
Code Value	n/a
Relational Edits	<ul style="list-style-type: none"> ▪ Must be within 30 days prior to date in Transaction Date (Field 2).

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	47
Field Position	1531
Field Length	108

COBRA INDICATOR	
Field Number	48
Field Position	1639
Field Length	1
Data Type	AN
Required/ Optional	Optional
Description	Indicator used if Subscriber is continuing under COBRA benefits.
Comments	<ul style="list-style-type: none"> ▪ Relates to Subscriber only; not Dependents;
Data Elements Summary	Format = YYYYMMDD
Code Value	<p style="text-align: center;">Y Yes</p> <p style="text-align: center;">N or Blank No</p>
Relational Edits	<ul style="list-style-type: none"> ▪ Becomes required when COBRA Effective Date (Field 49) is coded.

COBRA EFFECTIVE DATE	
Field Number	49
Field Position	1640
Field Length	8
Data Type	DT
Required/ Optional	Optional
Description	Effective date of Subscriber's COBRA benefits.
Comments	<ul style="list-style-type: none"> ▪ Relates to Subscriber only, not Dependents
Data Elements Summary	Format = YYYYMMDD
Code Value	n/a
Relational Edits	<ul style="list-style-type: none"> ▪ Leave blank unless COBRA Indicator (Field 48) is coded with a "Y".

FILLER: RESERVED FOR CARRIER USE ONLY	
Field Number	50
Field Position	1648
Field Length	353

H S A/BANCORP INDICATOR	
Field Number	57
Field Position	1760
Field Length	1
Data Type	AN
Required/ Optional	Optional
Description	Indicates if Subscriber has elected Bancorp to set up their savings account.
Comments	<ul style="list-style-type: none"> ▪ Relates to Subscriber only, not Dependents
Data Elements Summary	n/a
Code Value	Y = Yes N = No or leave Blank
Relational Edits	<ul style="list-style-type: none"> ▪ "Y" indicator becomes required if subscriber selects Bancorp for their savings account.

Section 5 GLOSSARY OF TERMS

Glossary for Data and Field Explanations

METS has many terms and field names. These terms have been arranged in this glossary in alphabetically.

Address Lines The first lines of Subscriber's mailing address. PO Boxes are allowed. If providing the address of Subscriber is a concern, see your Deployment Team Representative.

Birth Date Member's date of birth.

Carrier Code Information will be provided by your Deployment Team Representative.

COBRA Effective Date Effective date of subscriber's COBRA benefits.

COBRA Indicator Indicator used if subscriber is continuing under COBRA benefits.

Contract I.D. Indicator Identifies the type of number used for the Contract I.D. **Note:** The most common type is Social Security Number; however, allowances may be possible for other configurations. If another type of number is needed, be sure to discuss it with a Deployment Team Representative before using, since this number will feed to other Carrier systems.

Contract I.D. Number The Subscriber's number used to identify the contract in the Carrier's eligibility system (i.e., SSN).

Coverage Key Identifies the type of coverage(s) selected by the Subscriber for themselves and their Dependents. At least one coverage must be listed for each Subscriber. Information will be provided by your Deployment Team Representative.

Dependent Cancel Date The date to terminate individual Dependent(s) under the Subscriber's contract.

EIN (Electronic Interchange Number) A 5-position number assigned to identify a group of Subscribers in a Customer's company.

Hire Date The beginning date of Subscriber's employment.

H S A Bancorp Indicator	Indicates if subscriber elects Bancorp Inc. for their savings account.
Last Name	The last name of each family member. <ul style="list-style-type: none"> ▪ <u>Subscriber</u>: Required, since a record cannot be established without it. ▪ <u>Dependents</u>: Required only if the name is different than the Subscriber. Otherwise, it is assumed to be the same.
Payroll Location	Trading Partner designation of the member's work location or department. May be any Alpha-Numeric combination. Optional, unless any report required by the Trading Partner is sorted by this field. In those cases, the field is mandatory.
Payroll Number	Subscriber payroll number at place of employment. Optional, unless any report required by the Trading Partner is sorted by this field. In those cases, the field is mandatory.
Preferred Name	This field combines both first and middle name and must be given for each family member. Any difference between file updates will cause a change to occur in the way the name is listed on our files and will generate identification cards.
Protection Start Date	Date used only when Adds or Changes begin on a date other than the first or fifteenth of the month (FOR BLUE CROSS BLUE SHIELD MAJOR MEDICAL COVERAGES).
Protection End Date	Date used only when downgrades or terminations occur on a date other than the first or fifteenth of the month (FOR BLUE CROSS BLUE SHIELD MAJOR MEDICAL COVERAGES).
NPI or Provider Effective Date	The Effective Date to be used for the Provider in Provider Number. Note: There is no termination date allowed since our systems will automatically terminate a previous Provider on the day prior to the Effective Date given for a new Provider of the same type.
NPI or Provider Number	NPI – Unique 10 digit identification number issued for Health Care Providers by the Claims Management System (CMS). Used in the same field as a PCP number but with a code value of 08. PCP - The identifying number for the Provider selected by each family member with a code value of 01.
Provider Type	The type of Health Care Provider identified in Provider Number.
Relationship Code	The code that identifies the individual's relation to the Subscriber.

Sex Code	The sex code (M or F) for each family member.
Social Security Number	The number in this field is for each individual family member on their own record.
Student Indicator	Overage student indicator used to denote that the Dependent child is a student.
Subscriber	The employee or the primary party listed under the record reported.
Telephone Number	Subscriber's primary contact number. Must be 10 digits. Do not enter hyphens, brackets or spaces.
Trading Partner	The entity who sends us the customer's files electronically. It may be the customer or the vendor.
Transaction Code	DEL signifies termination of the Subscriber's entire contract.
Transaction Date	The effective date for any Add, Change or Termination reported.

Section 6 CUSTOMER INFORMATION FILE (CIF)

The Customer Information File (CIF) will be reviewed with the Trading Partner by the Deployment Team Representative. The CIF stores the Trading Partner's personalized processing parameters. The CIF contains codes or switches which define:

- Special Reports Needed
- Input Transaction Parameters
- Non-Standard Editing

These codes or switches may be unique to each METS Trading Partner. The personalization permitted by the CIF allows the METS program to remain intact and follow standard routines and flows for all METS Trading Partners, while meeting an individual Trading Partner's special needs.

This section gives all necessary details of a Trading Partner's CIF. It also provides a description of the various sections, data elements and values which make up the CIF.

CIF Data Elements

The CIF is sectioned into three areas. These areas, along with a description and the valid values for each field, are described below.

- **Reporting Parameters**
- **Input Transaction Parameters**
- **Non-Standard Editing**

Note: All fields relate to the entire collection of groups belonging to a Trading Partner; not to individual groups alone. If this functionality is needed, please discuss it with the Deployment Team Representative.

Reporting Parameters

Data Element	Description
<p>METS Input Frequency</p>	<p>Identifies how often the Trading Partner sends files to update their Member records:</p> <ul style="list-style-type: none"> 1 Monthly 2 Bi-weekly 3 Weekly (Requires Enrollment Management approval)
<p>Sequence of Error Reports</p>	<p>Identifies the method used for sorting error reports.</p> <ul style="list-style-type: none"> 1 Social Security Number Order 2 Payroll Number Order
<p>Error Report Format</p>	<p>Identifies if reports are produced as separate items (Edit Errors and File Match Errors) or are a composite of both.</p> <ul style="list-style-type: none"> 1 Composite Report 2 Sectioned Report
<p>Aged Dependent Report</p>	<p>The report identifies all active Dependents beyond the usual Dependent child allowance of age 19. The report allows settings for 2 age parameters; set in years and months; i.e. age 19 = 1900.</p> <ul style="list-style-type: none"> 1 Do not provide report 2 Provide Report
<p>COBRA Subscribers Report</p>	<p>The report lists all active Subscribers tagged as COBRA enrollees in the Carrier's system.</p> <p>Note: Applies only to Non-HMO/POS enrollees in Legacy system.</p> <ul style="list-style-type: none"> 1 Do not provide report 2 Provide Report

Input Transaction Parameters

Data Element	Description
Input File, Full or Partial	Shows the method of reporting used by Trading Partners. <ol style="list-style-type: none"> 1. Transactions Only 2. Full file input (requires Enrollment management approval)
Explicit Delete Code:	The code identifies the action to be taken when a Trading Partner sends DEL (Delete) Code to terminate an entire contract. <ol style="list-style-type: none"> 1. Cancel contract; no Bill Direct offer for Member 2. Cancel contract; no Bill Direct offer for Member <i>and</i> list on error reports for Trading Partner review 3. Show only on error reports (No termination transaction is written) 4. Take no action (will bypass and go to next record)
Implicit Delete Code: (Record not on incoming file)	The code identifies action to be taken when the full file Trading Partner does not send the record and the member is still active in the Carrier's system. <ol style="list-style-type: none"> 1. Show only on error reports (No termination transaction is written) 2. Take no action (will bypass and go to next record) 3. Cancel contract; no Bill Direct offer for Member 4. Cancel contract; no Bill Direct offer for Member <i>and</i> show on error reports
Student Processing	The switch determines if error messages related to Overage Dependents will print. For example, if switch is set to 1 (Carrier verifies students) an error message will print. If the Trading Partner sends a Y in the Student Indicator Field, it will note that the Carrier verifies students. <ol style="list-style-type: none"> 1. Carrier verifies students 2. Trading Partner verifies Students 3. Carrier and Trading Partner verify Students
PCP Processing	This switch determines whether PCP updating should occur. Your Deployment Team Representative will review this need. <ol style="list-style-type: none"> 1. Allow update when no PCP is active on Carrier files 2. Allow update when effective date of PCP on input file is greater than effective date of PCP on Carrier files. 3. Never Allow Update.
PCP Message Indicator	This switch determines if the program will print warning messages for any records not containing PCP information, where appropriate. <p>Y Yes, print messages when PCP information is missing.</p> <p>N No, do not print messages</p>

Non-Standard Editing

This area of the CIF is a way to designate that fields normally considered optional by the Carrier are required for this Trading Partner in order to process transactions, issue Claim Utilization reports, etc. If used consistently by the Trading Partner, they can also be included in any ad-hoc report requested by the Trading Partner.

These indicators will cause warning messages on error reports if the data is invalid or missing, and has been tagged here as necessary. Where appropriate, the items that cause a change to processing are noted. If the item not included is to cause any difference, the program will proceed with routine processing when the item is missing or invalid.

Data Element	Description
Payroll Number	Frequently used for Trading Partner's purpose, Carrier claim report or can be used as the sort of error reports (see Sequence of Error Reports in this section). 1 Not required 2 Required
Payroll Location	Frequently used for Trading Partner's purpose or Carrier claim reports. 1 Not required 2 Required
Hire Date	Used for Claim report sorts, also can be for Customer's purpose. 1 Not required 2 Required
Protection Starts Date	Required when Customer has purchased Protection Starts option. 1 Not required 2 Required. Note: When invalid, the program will use the Transaction Date sent for the record in lieu of this date.
Protection Ends Date	Required when Customer has purchased Protection Ends option. 1 Not required 2 Required. Note: When invalid, the program will use the Transaction Date sent for the record in lieu of this date.
Address Warning Message	Indicates whether warning message will be printed on error reports when Carrier defaults to Customer's address at the contract level. 1 Print warning if address not provided. 2 Do not print warning message.

Section 7 TRADING PARTNER REPORTS

Overview

Reports generated by METS include the following components:

- **Error Reports**
- **Aged Dependents Reports**
- **COBRA Subscriber's Reports**

Each component is a separate item and is numbered for reference. Samples are included in the back of this section.

ERROR REPORT FORMATS

Error reports are offered in two different formats. The layout of the reports will be identical for both formats.

- If the **Composite Format** is chosen, the program collects all errors for each Subscriber and their Dependents from both the Input File edit process and the File Match process and combines them in one set of reports. These will be titled "Composite Error Listing" and "Composite Error Report".
- If the **Sectioned Format** is chosen, the "Edit Errors List" and "Edit Error Report" are segregated from the "File Match Error List" and "File Match Error Reports". The format of the report is identical for both options.

Please refer to your Deployment Team Representative for further clarification.

ERROR LISTING LAYOUT

The Listing portion of the report provides the following information:

Group Number/ EIN	The Trading Partner’s EIN (Electronic Interchange Number) submitted in the METS Input Layout (Field #3).
Contract ID Number	The number referenced for the Subscriber even if the actual error is for a Dependent.
Subscriber Name	Contract Holder
Name of Individual	The Subscriber or Dependent whose record contains the referenced error.
Error Severity	<ul style="list-style-type: none"> ▪ This will contain the fatal or warning designation in addition to tagging the error to Subscriber or Dependent level. ▪ The fatal tag is given to any error that will not allow the program to continue processing, or will not allow the program to determine the proper transaction needed. <ul style="list-style-type: none"> ➤ Note: The severity tag is a critical item. Trading Partners need to realize that a fatal tag indicates that the Add, Change or Termination was not processed, and must be corrected. ▪ A warning tag is given to any error that allows the program to continue processing with default values, but may not determine the proper transaction needed. <ul style="list-style-type: none"> ➤ Note: The Trading Partner must review the warning errors and make the necessary changes to eliminate the warning message on their system.
Error Message	<ul style="list-style-type: none"> ▪ When possible, messages are written in a clear, understandable way so that an Associate or Customer should not have any difficulty with interpretation. ▪ Samples of the most common error messages are attached and note whether the Trading Partner or Carrier need to handle the corrections.

ERROR REPORT LAYOUT

- The Error Report shows the detail of the records submitted in the Trading Partner’s input file. The information is displayed in a user friendly format with field headings.

Sample: Common METS Errors

TRADING PARTNER MUST CORRECT THESE ERRORS

Fatal Sub: Cov-Key Invalid for this group

Reason: Trading Partner sent an invalid coverage code for a particular group.

Fatal Sub: Del Rejected: SSN already canc. outside roster of groups

Reason: Trading Partner is sending a term for a member already canceled in another group.

Fatal Sub: No Record of Sub in Carrier files

Reason: Member was never enrolled with Carrier or record has been purged.

Fatal Dep: Dependent's Age Exceeds Maximum for Group

Reason: Dependent is over the age that the group's benefits allow.

Fatal Dep: Dep over 18, Student Indicator Missing

Reason: Dependent turned 19 and Trading Partner is not sending an overage student indicator.

Fatal Dep: Dependent's first name missing

Reason: Trading Partner sent a Dependent's record without the Dependent's name.

Fatal Sub: SSN Active in your file, Not on input file: Not Deleted.

Reason: Account is on the Carrier file, not on Trading Partner's file, and not terminated. This is normally because Carrier is not processing implied deletes.

Fatal Sub: Group number not valid for the account

Reason: Trading Partner sent an invalid group number EIN for their roster of groups.

Fatal Sub: Transaction Date is > current date by more than 1 month

Reason: Trading Partner sent a future transaction date on the file

Action: Transactional File – Carrier will process the transaction.

Full File without Protection Start Date – No action necessary. The Transaction will automatically process with the future effective date at the beginning of the next month.

Full File with Protection Start Date - If Protection Start Date is prior to the submission of the next production file, Trading Partner must send emergency enrollment to Enrollment Services for processing.

TRADING PARTNER MUST CORRECT THESE ERRORS

Fatal Sub: Rel-Code Invalid: May not be more than 1 sub per contract

Reason: Trading Partner either sent the Subscriber twice on the file or they sent two separate records for the same Subscriber transaction.

Warning Sub: Hire Date must be less than or equal to trans-date

Reason: Trading Partner is sending a hire date that is after the effective date.

Warning Sub: First name contains invalid characters: Must be alpha.

Reason: Trading Partner is sending a first name with symbols. (*Examples:* apostrophe, commas and periods.)

Warning Sub: Zip Code Inconsistent with Postal Directory; Please verify.

Reason: Member's zip code does not match the code on the finalist software supplied by the US Postal Service.

Warning Sub: Street Inconsistent with Postal Directory; Please verify

Reason: Member's street and zip code doesn't match the finalist software supplied by the US Postal Service.

Warning Sub: Provider PCP Information Required for this group

Reason: Member has HMO or POS coverage and the PCP number was not provided.

Warning Sub: SSN Active in your file, Not On Input file: Contract Deleted

Reason: Trading Partner removed member from their records without giving us a term date or term code. Trading Partner has requested that the Carrier notify them of these terminations.

Warning Dep: Birth-Date Invalid: Must be less than Trans-Date

Reason: Trading Partner is sending a Date of Birth which is later than the Transaction Date provided.

Warning Dep: First or last name contains invalid characters: Must be Alpha.

Reason: Trading Partner is sending a name with symbols. (*Examples:* apostrophe, commas and periods.)

Warning Dep: Transaction date less than curr-date by more than 11 months

Reason: Trading Partner is attempting to add a Dependent more than 11-month retroactively.

Warning Dep: Student Indicator Invalid; Carrier Verifies Student Eligibility

Reason: Trading Partner is sending a Student Indicator but Carrier does the verification.

TRADING PARTNER MUST CORRECT THESE ERRORS

Warning Dep: Student Indicator Invalid; Dependent Under 19

Reason: Trading Partner is sending a Student Indicator for a Dependent under 19.

Warning Dep: Trans date missing or invalid: Must be valid yyymmdd

Reason: Trading Partner is sent a Dependent without an Effective Date or sent a Dependent with an invalid date. System will default to current month and year.

Warning Dep: Cov-Key Invalid: Each dep child must have identical cov

Reason: Trading Partner is sending a different coverage for one Dependent vs another Dependent.

Warning Dep: Provider PCP Information Required for this group

Reason: Trading Partner added a Dependent with HMO or POS coverage without a PCP number.

Warning Dep: Cov-Key Invalid for this group

Reason: Trading Partner is adding a Dependent with an invalid coverage for the group. This error is usually created because the Subscriber has the same error.

CARRIER MUST CORRECT THESE ERRORS

Fatal Sub: Transaction date less than current date by more than 11 months

Reason: Trading Partner is sending an Add, Change or Term more than 11 months retroactive.

Action: Review error for a more current date and make necessary correction.

Fatal Sub: Transaction date < last change date for group transfer

Reason: Trading Partner is reinstating a member in a different group prior to the last change date.

Action: Transfer member to the new group with the effective date of the term

Fatal Sub: Del Rejected: SSN already canceled in same group

Reason: Trading Partner is sending a different term date than previously sent.

Action: Correct the term date to the new term date on the file.

Fatal Sub: Chg Rejected: SSN Active in same group for diff person

Reason: Member's last name is changing. Name changes cannot be done in METS.

Action: Correct the member's name and make any other change on that file. e.g.: add spouse

Fatal Sub: Trans date < last change date for reinstatement

Reason: Trading Partner is trying to reinstate a member but they are using an incorrect transaction date.

Action: Reinstate member in the group with the effective date of the term

Fatal Sub: Add Rejected: SSN active for a different person

Reason: Trading Partner is adding a member with a record on our files in another group but the member's name is different.

Action: Add member to the group with the correct name.

Fatal Sub: Del Rejected: SSN Already canc. in same group for diff person

Reason: Trading Partner sent a term for a member with a different last name from what was on our file after they had previously sent the term.

Action: Correct the term date to the new term date on the file. No action needed for name.

Fatal Sub: SSN Active in Same Group For Different Person

Reason: Trading Partner attempting to make a name change

Action: Carrier will check the enrollment database and make correct. If necessary, contact Trading Partner.

CARRIER MUST CORRECT THESE ERRORS

Fatal Sub: Transaction Date is > current date by more than 1 month

Reason: Trading Partner sent a future transaction date on the file

Action: Transactional File – Carrier will process the transaction.

Full File without Protection Start Date – No action necessary. The transaction will automatically process with the future effective date at the beginning of the next month.

Full File with Protection Start Date – If Protection Start Date is prior to the submission of the next production file, Trading Partner must send emergency enrollment to Enrollment Services for processing.

Fatal Sub: Birth-Date Invalid: Must be less than Trans-Date

Reason: The transaction date or effective date is before the dependent's date of birth (usually newborns)

Action: Add dependent with the effective date that matches their date of birth

ET___126

1 RUN DATE: 08/06/2004
 2 ET200.1
 3

CARRIER COMPANY
 FILE MATCH ERROR LIST

PAGE 1

ANYCOMPANY, INC						
GROUP NBR	CONTRACT ID NUMBER:	SUBSCRIBER NAME	NAME OF INDIVIDUAL	ERROR SEVERITY	ERROR MESSAGE	
88888	011111111	WASHINGTON, GEORGE	GEORGE	FATAL SUB	SSN ACTIVE IN YOUR FILE, NOT ON INPUT FILE:NOT DELETED	
88888	022222222	ADAMS	JOHN	FATAL SUB	SSN ACTIVE IN YOUR FILE, NOT ON INPUT FILE:NOT DELETED	
88888	033333333	JEFFERSON, THOMAS	THOMAS	FATAL SUB	SSN ACTIVE IN YOUR FILE, NOT ON INPUT FILE:NOT DELETED	
88888	044444444	MADISON, JAMES	JAMES	FATAL SUB	SSN ACTIVE IN YOUR FILE, NOT ON INPUT FILE:NOT DELETED	
88888	055555555	MONROE, JAMES	JAMES	FATAL SUB	CHG REJECTED:SSN ACTIVE IN SAME GROUP FOR DIFF PERSON	
88888	066666666	ADAMS, JOHN QUINCY	JOHN QUINC	FATAL SUB	SSN ACTIVE IN YOUR FILE, NOT ON INPUT FILE:NOT DELETED	
88888	077777777	JACKSON, ANDREW	ANDREW	FATAL SUB	SSN ACTIVE IN YOUR FILE, NOT ON INPUT FILE:NOT DELETED	
88888	088888888	VAN BUREN, MARTIN	MARTIN	FATAL SUB	SSN ACTIVE IN YOUR FILE, NOT ON INPUT FILE:NOT DELETED	
88888	099999999	HARRISON, WILLIAM	WILLIAM	FATAL SUB	SSN ACTIVE IN YOUR FILE, NOT ON INPUT FILE:NOT DELETED	
88888	010101010	TYLER, JOHN	JOHN	FATAL SUB	SSN ACTIVE IN YOUR FILE, NOT ON INPUT FILE:NOT DELETED	

