



Presbyterian Enrollment Standard Flat File (SFF) Layout Specification

Version 1.7

PHP Enrollment Standard Flat File Layout (SFF) **Specification**

Specification Overview:

The goal of this standard flat file layout is to:

1. Enable future new Trading Partners that cannot create X12-834 files to be able to submit electronic enrollment data that can take full advantage of Facets (MMS) for processing enrollment data
2. Enable submitters to send PHP additional enrollment data elements than previous other proprietary formats allowed that will reduce or eliminate as much of the post data load reconciliation work needed
3. Enable current other proprietary submitters (that cannot create X12-834 files) to transition to a Common Facets-based flat-file format

General Information:

1. File Type: Daily/Weekly Change Files and Monthly Full files
For Change files, "Action Code" field is mandatory
2. If any required field is sent with only blank spaces for a Subscriber, the entire family record will be rejected and send back for correction
3. If any required field is sent with only blank spaces for a Dependant, only the dependant record will be rejected and send back for correction
4. For full files, Dependant record should not come alone, They should always follow the Subscriber record
5. File Name: <<TP Name>>.<<Full/Change>>.<<P/T>>.<<CCYYMMDD>>.sff

Where TP Name → Short name of the TP who submits the file
Full/Change → "Full" for full file; "Change" for change file
P/T → "P" for production file; "T" for test file
CCYYMMDD → File date in that format

6. Record Format: Fixed block
7. Record Length: 1250

Member Data

Field #	Data Item	Size	Start	End	Type	Required/Optional	Style	Values	Notes
1.	Trading Partner ID	15	1	15	Alpha-numeric	Required			Trade Partner Sender ID. Mutually agreed ID
2.	Record Type	1	16	16	Alpha	Required		S or D	Flags record as a S-subscriber or D-dependent
3.	Action Code	1	17	17	Alpha	Required		A – Add U – Update R – Reinstate T – Terminate coverage O – Ongoing F – Full file	
4.	Coverage Type	2	18	19	Alpha			AC – Active CB – COBRA RT - Retiree	If blank, will default to "AC"
5.	Subscriber ID	11	20	30	Numeric	Optional		All numeric	
6.	Subscriber SSN	9	31	39	Numeric	Optional	NNNNNNNNN	All numeric	SSN of Subscriber — no spaces and no hyphens allowed.
7.	Sub Last Name	35	40	74	Alpha	Required			Last name of the subscriber by which member has group coverage eligibility.
8.	Sub First name	15	75	89	Alpha	Required			First name of the subscriber by which member has group coverage eligibility.
9.	Sub Middle Initial	1	90	90	Alpha	Optional			Middle initial of the subscriber by which member has group coverage eligibility.
10.	Sub Title	10	91	100	Alpha	Optional			Title (if any) of the subscriber by which member has group coverage eligibility.
11.	Subscriber Relation	1	101	101	Numeric	Required		H = Husband W = Wife S = Son D = Daughter O = Other	Indicates relation to subscriber. For MP Medicare, this will be blank
12.	Handicap Status	1	102	102	Alpha	Optional		Y = Yes N = No	
13.	Handicap effective date	8	103	110	Date	Required if Handicap Status is "Y"	YYYYMMDD		
14.	Marital Status	1	111	111	Alpha	Optional		S = Single M = Married D = Divorced X = Legally Separated P = Life Partner W = Widow U = Unknown	
15.	Coverage Level Code	3	112	114	Alpha	Optional		FAM = Family EMP = Employee Only IND = Individual ESP = Employee and Spouse ECH = Employee and Children SPC = Spouse	If blank, default will be "FAM"

PHP Enrollment Standard Flat File Layout(SFF)

Field #	Data Item	Size	Start	End	Type	Required/Optional	Style	Values	Notes
								and Children SPO = Spouse Only DEP = Dependants Only	
16.	Medicare ID (HIC No)	12	115	126	Alphanumeric	Required for MP - Medicare			
17.	Medicare Part A Beg Date	8	127	134	Date	Required for MP - Medicare members with Action code = A	YYYYMMDD		
18.	Medicare Part A End Date	8	135	142	Date	Optional	YYYYMMDD		
19.	Medicare Part B Beg Date	8	143	150	Date	Required for MP - Medicare members with Action code = A	YYYYMMDD		
20.	Medicare Part B End Date	8	151	158	Date	Optional	YYYYMMDD		
21.	Medicare Part D Beg Date	8	159	166	Date	Optional	YYYYMMDD		
22.	Medicare Part D End Date	8	167	174	Date	Optional	YYYYMMDD		
23.	Member SSN	9	175	183	Numeric	Optional	NNNNNNNNN	All numeric	SSN of member — no spaces and no hyphens allowed. SSN is used to validate the distinct person enrolling with the plan. Helps to reduce possible confusion of cross-member data with similar names or other identifying data.
24.	Member Last Name	35	184	218	Alpha	Required			For Subscriber himself, this will be same as “Sub Last Name” field For Dependants, this will his/her Last Name
25.	Member First name	15	219	233	Alpha	Required			For Subscriber himself, this will be same as “Sub First Name” field For Dependants, this will his/her First Name
26.	Mbr Middle Initial	1	234	234	Alpha	Optional			For Subscriber himself, this will be same as “Sub Middle Initial” field For Dependants, this will his/her Middle Initial
27.	Mbr Title	10	235	244	Alpha	Optional			For Subscriber himself, this will be same as “Sub Title” field For Dependants, this will his/her Title
28.	Sex	1	245	245	Alpha	Required		M or F	
29.	Date of Birth	8	246	253	Numeric	Required	YYYYMMDD	All numeric	Date of birth — no punctuation allowed
30.	PCP Provider ID	12	254	265	Alpha-Numeric	Optional			
31.	PCP existing Patient Indicator	1	266	266	Alpha	Optional		Y or N	Denotes whether this member is an existing patient of the PCP specified in previous field. A “Y” indicates an existing patient.
32.	Package ID	16	267	282	Alpha numeric	Required only for MP			
33.	Employer Group ID	8	283	290	Alpha-Numeric	Required			For MP Medicare, this position will be blank
34.	Employer SubGroup ID	4	291	294	Alpha-Numeric	Required			For MP Medicare, this position will be blank

PHP Enrollment Standard Flat File Layout(SFF)

Field #	Data Item	Size	Start	End	Type	Required/Optional	Style	Values	Notes
35.	Class ID	4	295	298	Alpha-Numeric	Optional			For MP Medicare, this position will be blank
36.	Medical Plan ID	8	299	306	Alpha	Required			Include the plan ID, beg and end dates as applicable on all member records. For MP Medicare, this position will be blank
37.	Member Effective Start Date	8	307	314	Date	Required only when Action code <=> TM	YYYYMMDD	All numeric	This is the start date of medical plan coverage (if any).
38.	Member Effective Term Date	8	315	322	Date	Required only when Action code = TM	YYYYMMDD	All numeric	This is the last day of medical plan coverage (if any).
39.	Pharmacy Plan ID	8	323	330	Alpha	Optional			Include the plan ID, beg and end dates as applicable on all member records.
40.	Pharmacy Effective Start Date	8	331	338	Date	Optional	YYYYMMDD	All numeric	This is the start date of Drug plan coverage (if any).
41.	Pharmacy Effective Term Date	8	339	346	Date	Optional	YYYYMMDD	All numeric	This is the last day of Drug plan coverage (if any).
42.	Dental Plan ID	8	347	354	Alpha	Optional			Include the plan ID, beg and end dates as applicable on all member records.
43.	Dental Effective Start Date	8	355	362	Date	Optional	YYYYMMDD	All numeric	This is the start date of Dental plan coverage (if any).
44.	Dental Effective Term Date	8	363	370	Date	Optional	YYYYMMDD	All numeric	This is the last day of Dental coverage (if any).
45.	Vision Plan Id	8	371	378	Alpha	Optional			Include the plan ID, beg and end dates as applicable on all member records.
46.	Vision Effective Start Date	8	379	386	Date	Optional	YYYYMMDD	All numeric	This is the start date of Vision plan coverage (if any).
47.	Vision Effective Term Date	8	387	394	Date	Optional	YYYYMMDD	All numeric	This is the last day of Vision plan coverage (if any).
48.	Maternity Plan Id	8	395	402	Alpha	Optional			Include the plan ID, beg and end dates as applicable on all member records.
49.	Maternity Effective Start Date	8	403	410	Date	Optional	YYYYMMDD	All numeric	This is the start date of Maternity plan coverage (if any).
50.	Maternity Effective Term Date	8	411	418	Date	Optional	YYYYMMDD	All numeric	This is the last day of Maternity plan coverage (if any).
51.	Home Street Address Line One	40	419	458	Alpha-Numeric	Required			Required for subscriber, include on dependent records only if different from Subscriber address.
52.	Home Street Address Line Two	40	459	498	Alpha-numeric	Optional			
53.	Home Street Address Line Three	40	499	538	Alpha-numeric	Optional			
54.	Home City	19	539	557	Alpha-numeric	Required			Required for subscriber, include on dependent records only if different from Subscriber address.
55.	Home State	2	558	559	Alpha	Required	XX		2 character USPS state abbreviation Required for subscriber, include on dependent records only if different from Subscriber address.
56.	Home Zip Code	5	560	564	Numeric	Required	NNNNN		Required for subscriber, include on dependent records only if different from Subscriber address.
57.	Home Zip Code Etxn	4	565	568	Numeric	Optional	NNNN		
58.	Home Country	4	569	572	Alpha	Optional			
59.	Home County COde	3	573	575	AlphaNumeric	Required for MP - SCI			
60.	Mailing Street	40	576	615	Alpha-	Optional			Required only if different from Home address

PHP Enrollment Standard Flat File Layout(SFF)

Field #	Data Item	Size	Start	End	Type	Required/Optional	Style	Values	Notes
61.	Address Line One	40	616	655	numeric	Optional			
62.	Mailing Street Address Line Two	40	656	695	Alpha-numeric	Optional			
63.	Mailing Street Address Line Three	40	696	714	Alpha-numeric	Optional			Required only if different from Home address
64.	Mailing City	19	696	714	Alpha-numeric	Optional			Required only if different from Home address
65.	Mailing State	2	715	716	Alpha	Optional	XX		Required only if different from Home address
66.	Mailing Zip Code	5	717	721	Numeric	Optional	NNNNN		Required only if different from Home address
67.	Mailing Zip Code Etxn	4	722	725	Numeric	Optional	NNNN		
68.	Mailing Country	4	726	729	Alpha	Optional			
69.	Mailing County Code	3	730	732					
70.	Home Phone	10	733	742	Numeric	Optional	NNNNNNNNNN		Do not include slashes, hyphens, periods, spaces and other punctuation.
71.	Work Phone	10	743	752	Numeric	Optional	NNNNNNNNNN		Do not include slashes, hyphens, periods, spaces and other punctuation.
72.	Work Extn	5	753	757	Numeric	Optional	NNNNN		Left Padded with zeroes
73.	E-Mail	40	758	797	Alpha numeric	Optional			
74.	Employee Hire Date	8	798	805	Date	Optional	YYYYMMDD		Hire date of the subscriber
75.	Employee ID	10	806	815	Numeric	Required for MP - SCI			This is Omnicaid ID for MP - SCI
76.	Department Number	10	816	825	Alpha- numeric	Optional			Employer assigns this optional employee identifier for cross referencing purposes
77.	Employee Status	2	826	827	Alpha- numeric	Optional		IU = Individual Unemployed IE = Individual Employed GE = Group Employed	
78.	Student Status	1	828	828	Alpha	Optional	F, P, N		F - Full time student P – Part time student N – Not a student
79.	Student Beg date	8	829	836	Date	Optional	YYYYMMDD		
80.	Student End date	8	837	844	Date	Optional	YYYYMMDD		
81.	Pre X Effective date	8	845	852	Date	Optional	YYYYMMDD		
82.	Pre X credit days	3	853	855	Numeric	Optional	NNN		Left padded with zeroes
83.	Other Medical plan coverage provider Name	80	856	935	Alpha	Optional			Name of Insurance plan member has other medical coverage with.
84.	Other medical plan coverage member ID	20	936	955	Alpha	Optional			Subscriber/member id assigned by other medical coverage plan.
85.	Other insurance Effective date	8	956	963	Date	Optional	YYYYMMDD		Begin date of other insurance plan coverage.
86.	Other Insurance End date	8	964	971	Date	Optional	YYYYMMDD		Date other insurance plan coverage ends.
87.	Rate Smoker	1	972	972	Alpha	Optional		"Y" or "N"	

PHP Enrollment Standard Flat File Layout(SFF)

Field #	Data Item	Size	Start	End	Type	Required/Optional	Style	Values	Notes
87.	Indicator Rate Data	10	973	982	Alphanumeric	Optional			1. Required for MP – SCI 2. Required for IKA Iplan and certain Groups. For Iplan, values will be IABQ, NABQ or SOLO and for Group will be either P001 or P002
88.	Billing Profile ID	20	983	1002	Alphanumeric	Optional			
89.	Salary / Pay amount	8	1003	1010	Numeric	Optional	Whole dollars		
90.	Code of Eligibility (CoE)	3	1011	1013	AlphaNumeric	Required for MP - SCI			
91.	Term Reason	4	1014	1017	AlphaNumeric	Required for MP - SCI			
92.	Notes	80	1018	1097	Free form text	Optional			
93.	Filler	153	1098	1250				Blank Spaces	