## ATTACHMENT 16



## Enrollment File RFP entitled: "Patient Protection and Affordable Care Act Compliance Services"

Sort Ore	der Field Name	Data Type	Heading on Return File	Required Field	Field Description Unique client code provided by the Vendor at onset of	Comments
	1 Controlled Group Code	bigint	CGID	Required	Implementation	
	·			·		For example, from a COBRA administrator, health plan administrator, etc. Will identify the sources when an individual is reported on multiple files. Enables reconciliation of the records and identify if/when a duplicate record.
	2 Source Code	varchar(30)	SOURCE	Required		Recommend different source codes for different populations, even if both populations are in the same system (e.g., Active employee enrollments vs Cobra enrollments).
		varenai(50)	SOURCE	Kequireu		This would be the employee in the payroll data file, or the primary insured if not an employee. The SSN is treated as the key.
						If enrollment is in a retiree medical plan, this is the retiree (if living) regardless of the retiree's Medicare eligibility. If the retiree is deceased for the entire calendar year, this is the non- Medicare eligible surviving dependent.
	3 Responsible Individual SSN	char(9)	RISSN	Required	or special characters. Leading zero(s) required.	wedicate engine surviving dependent.
	4 Responsible Individual First Name	nvarchar(50)		Required	Responsible individual's first name	
	5 Responsible Individual Middle Name	nvarchar(50) nvarchar(50)		Optional Descriptional	Responsible individual's middle name Responsible individual's last name	
	6 Responsible Individual Last Name	nvarchar(50)	KILINAME	Required	•	Please enter a 1 or a 0. If an active employee enter 1, if
						enrolled as a non-employee (COBRA, retiree, etc.) enter 0.
	7 Responsible Individual Type	bit(1)	INDTYPE	Required	0 if Other	This value should be as of the date the file is generated. If previous field Sort Order 7, INDTYPE is provided as a 1 for employee, this field should be blank.
					COBRA (COB)	
						If the previous field is a 0, please indicate the non-employee
					• • •	description with the code listed in the legend (see field G8). (Example: If the responsible individual type is 'Other' and a 0
						is listed, this field would be populated with a non-employee
						description such as 'RET' for Retiree. This field provides
		1 (2)	NEDESC		Parent (PAR)	additional information that will be helpful in validating the final forms.
	8 Non-Employee Description	char(3)	NEDESC	Required	Other (OTH)	Updated with each payroll file. Home or Mailing Address.
	9 Responsible Individual Home Address 1	nvarchar(100	HOME1	Required	Responsible individual's home address	Note: The IRS AIR system only accepts address fields of 35 characters or less. Taxport will truncate addresses longer than 35 characters. Updated with each payroll file. Home or Mailing Address.
	10 Responsible Individual Home Address 2	nvarchar(100	) HOME2	Optional		Note: The IRS AIR system only accepts address fields of 35 characters or less. Taxport will truncate addresses longer than 35 characters.

					In data denitik as ak Franclins at file Hanne an Mailing
11 Responsible Individual Home City	nvarchar(100	)) CITY	Required	Responsible individual's home city	Updated with each Enrollment file. Home or Mailing Address.
		- / -	1		Updated with each Enrollment file. Home or Mailing
12 Responsible Individual Home State	char(2)	STATE	Required	Responsible individual's home state	Address.
13 Responsible Individual Home Postal Coc	le_varchar(10)	ZCODE	Required	Responsible individual's home postal code	Updated with each Enrollment file. Home or Mailing Address.
15 Responsible marviadar Home Postar Coc	ie varenar(10)	LCODE	Required	responsible mai radai s nome postal code	Updated with each Enrollment file. Home or Mailing
14 Responsible Individual Home Country C	od char(2)	COUNTRY	Required	Responsible individual's home country code	Address.
				Self (SEL)	If a responsible individual is also a covered individual, must use the relationship code of "self", for all other the Client can
				Spouse (SPO) Domestic Partner (DOM)	choose to use each code in the way that works best for them (e.g., put domestic partners into spouse). This field is offered
				Child (CHI)	to assist with validation of the reporting at year-end.
				Parent (PAR)	
15 Covered Individual Relationship	char(3)	CIREL	Required	Other (OTH)	Note: Record will be rejected if field is left blank. If Responsible Individual is also enrolled, this field must
					match the RISSN field on the Responsible Individual's data
					row.
					If this is not available, this field may be passed as a null if the
					SSN is not available if the date of birth is provided.
					(see line 20).
16 Covered Individual SSN	char(9)	CISSN	Required	Provide the SSN of the covered individual	If Responsible Individual is also enrolled, this field must
					match the RIFNAME field on the Responsible Individual's
17 Covered Individual First Name		CIFNAME	Required	Covered individual's first name	data row.
18 Covered Individual Middle Name	nvarchar(50)	CIMNAME	Required	Covered individual's middle name	If Responsible Individual is also enrolled, this field must
					match the RILNAME field on the Responsible Individual's
19 Covered Individual Last Name	nvarchar(50)	CILNAME	Required	Covered individual's last name	data row.
20 Covered Individual Date of Birth	date	CIDOB	Required	Covered individual's date of birth	Required if no SSN is available If a name correction were to be reported, the Vendor would
					need to know which individual to apply it to.
					Employer selects appropriate coding, e.g. could be the
					sequence code assigned by the benefits administration system
					or other unique identifier.
					Note: This sequence code is unique to the responsible
21 Covered Individual Sequence Code	. ,	CISEQCODE	Required	Required for all covered individuals.	individual and cannot change.
22 Calendar Year Reporting	bigint	PCY	Required	Calendar year record applies to.	Example: Enter 2015 or 2016 For months prior to employee's hire date, rehire date, or after
					termination, enter 0 to indicate not enrolled for the month.
					Only prior months should be reported. All future months
				Enter 1 if enrolled in a self-insured plan Enter 2 if enrolled in an insured plan	should remain null.
				Enter 0 for months not enrolled or if previously reported in	For retiree/retiree surviving dependent(s), only report 1 or 2
				the calendar year as enrolled and is not enrolled for this	when the covered individual is not Medicare eligible for the
23 January Enrollment	tinyint	EJAN	Required	month	month. For months prior to employee's hire date, rehire date, or after
					termination, enter 0 to indicate not enrolled for the month.
					Only prior months should be reported. All future months
				Enter 1 if enrolled in a self-insured plan Enter 2 if enrolled in an insured plan	should remain null.
				Enter 0 for months not enrolled or if previously reported in	For retiree/retiree surviving dependent(s), only report 1 or 2
				the calendar year as enrolled and is not enrolled for this	when the covered individual is not Medicare eligible for the
24 February Enrollment	tinyint	EFEB	Required	month	month.

				Enter 1 if enrolled in a self-insured plan Enter 2 if enrolled in an insured plan	For months prior to employee's hire date, rehire date, or after termination, enter 0 to indicate not enrolled for the month. Only prior months should be reported. All future months should remain null.
25 March Enrollment	tinyint	EMAR	Required	Enter 0 for months not enrolled or if previously reported in the calendar year as enrolled and is not enrolled for this month	For retiree/retiree surviving dependent(s), only report 1 or 2 when the covered individual is not Medicare eligible for the month. For months prior to employee's hire date, rehire date, or after
				Enter 1 if enrolled in a self-insured plan	termination, enter 0 to indicate not enrolled for the month. Only prior months should be reported. All future months should remain null.
				Enter 2 if enrolled in an insured plan Enter 0 for months not enrolled or if previously reported in	For retiree/retiree surviving dependent(s), only report 1 or 2
26 April Enrollment	tinyint	EAPR	Required	the calendar year as enrolled and is not enrolled for this month	when the covered individual is not Medicare eligible for the month.
	-				For months prior to employee's hire date, rehire date, or after termination, enter 0 to indicate not enrolled for the month.
				Enter 1 if enrolled in a self-insured plan	Only prior months should be reported. All future months should remain null.
				Enter 2 if enrolled in an insured plan	
	, ,			Enter 0 for months not enrolled or if previously reported in the calendar year as enrolled and is not enrolled for this	For retiree/retiree surviving dependent(s), only report 1 or 2 when the covered individual is not Medicare eligible for the
27 May Enrollment	tinyint	EMAY	Required	month	month. For months prior to employee's hire date, rehire date, or after
					termination, enter 0 to indicate not enrolled for the month. Only prior months should be reported. All future months
				Enter 1 if enrolled in a self-insured plan Enter 2 if enrolled in an insured plan	should remain null.
				Enter 0 for months not enrolled or if previously reported in the calendar year as enrolled and is not enrolled for this	For retiree/retiree surviving dependent(s), only report 1 or 2 when the covered individual is not Medicare eligible for the
28 June Enrollment	tinyint	EJUN	Required	month	month. For months prior to employee's hire date, rehire date, or after
					termination, enter 0 to indicate not enrolled for the month. Only prior months should be reported. All future months
				Enter 1 if enrolled in a self-insured plan Enter 2 if enrolled in an insured plan	should remain null.
				Enter 0 for months not enrolled or if previously reported in the calendar year as enrolled and is not enrolled for this	For retiree/retiree surviving dependent(s), only report 1 or 2 when the covered individual is not Medicare eligible for the
29 July Enrollment	tinyint	EJUL	Required	month	month.
					For months prior to employee's hire date, rehire date, or after termination, enter 0 to indicate not enrolled for the month. Only prior months should be reported. All future months
				Enter 1 if enrolled in a self-insured plan Enter 2 if enrolled in an insured plan	should remain null.
				Enter 0 for months not enrolled or if previously reported in	For retiree/retiree surviving dependent(s), only report 1 or 2
20 August Engellment	tingint	EAUG	Dequired	the calendar year as enrolled and is not enrolled for this month	when the covered individual is not Medicare eligible for the month.
30 August Enrollment	tinyint	EAUG	Required	monu	For months prior to employee's hire date, rehire date, or after
					termination, enter 0 to indicate not enrolled for the month. Only prior months should be reported. All future months
				Enter 1 if enrolled in a self-insured plan	should remain null.
				Enter 2 if enrolled in an insured plan Enter 0 for months not enrolled or if previously reported in	For retiree/retiree surviving dependent(s), only report 1 or 2
31 September Enrollment	tinyint	ESEP	Required	the calendar year as enrolled and is not enrolled for this month	when the covered individual is not Medicare eligible for the month.
51 September Emonment	unymu	LOLI	Required	monui	montii.

				Enter 1 if enrolled in a self-insured plan Enter 2 if enrolled in an insured plan	termination, enter 0 to indicate not enrolled for the month. Only prior months should be reported. All future months should remain null.
				Enter 0 for months not enrolled or if previously reported in the calendar year as enrolled and is not enrolled for this	For retiree/retiree surviving dependent(s), only report 1 or 2 when the covered individual is not Medicare eligible for the
32 October Enrollment	tinyint	EOCT	Required	month	month.
					For months prior to employee's hire date, rehire date, or after termination, enter 0 to indicate not enrolled for the month.
				Enter 1 if enrolled in a self-insured plan	Only prior months should be reported. All future months should remain null.
				Enter 2 if enrolled in an insured plan	
				Enter 0 for months not enrolled or if previously reported in the calendar year as enrolled and is not enrolled for this	For retiree/retiree surviving dependent(s), only report 1 or 2 when the covered individual is not Medicare eligible for the
33 November Enrollment	tinyint	ENOV	Required	month	month. For months prior to employee's hire date, rehire date, or after
					termination, enter 0 to indicate not enrolled for the month.
					Only prior months should be reported. All future months
				Enter 1 if enrolled in a self-insured plan Enter 2 if enrolled in an insured plan	should remain null.
				Enter 0 for months not enrolled or if previously reported in	For retiree/retiree surviving dependent(s), only report 1 or 2
34 December Enrollment	4114	EDEC	Di J	the calendar year as enrolled and is not enrolled for this month	when the covered individual is not Medicare eligible for the month.
54 December Enronment	tinyint	EDEC	Required	monu	This is optional. Should client be planning to use different
					distribution methods by different groupings of employees, or
					will distribute at work sites, this field will provide the information necessary to complete the sorting. May also be
35 Distribution Grouping	varchar(100)		Optional	This field has been retired. Field should remain null.	used for form validation.
36 File Generation Date	datetime	FILEGENTS	Required	Date of file generation; Used to indicate newest information	

For months prior to employee's hire date, rehire date, or after