

# Health Insurance Enrollment Data Call Instructions

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Please read carefully

## Submission

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### ***Submitter***

Data is to be submitted for each company with current enrollment in the large group, small group, or individual healthcare coverage markets. For purposes of this data call, the term 'company' refers to each separate issuer admitted to offer health coverage in the state. Submissions representing multiple companies in a single file are not permitted.

### ***Deadline***

Data as of the last calendar day of each month is due no later than the 15<sup>th</sup> calendar day of the following month or the first business day following the 15<sup>th</sup> calendar day.

### ***Data Submission***

Submit all data for the Enrollment Data Call to OIC's Secure File Transfer (SFT) Server. No other submissions will be accepted. (See detailed instructions at the end of the document.)

### ***File Format***

All files submitted for the Enrollment Data Call must be submitted as plain text Comma Separated Values (CSV) with a .csv extension. Do not surround fields with quotation marks. Other forms of delimited files are not acceptable (e.g., TSV). CSV files with a .txt extension are not acceptable.

### ***File Naming Convention***

The name of the file is considered part of the Enrollment Data Call submission requirements. It must follow the format below:

EnrollmentData\_[NAIC Number]\_YYYYMMDD.csv

Where NAIC Number is the NAIC number of the company for which the data is being reported, YYYY is the year for which data is being reported, MM is the month for which data is being reported, and DD is the day for which data is being reported. Data should always be reported

as the last day of the month. Single digit day's and month's should be left-padded with '0' to ensure two digits values.

Here is an example: EnrollmentData\_98532\_20180331.csv

## Data

All of the fields in the following section must be included for the Individual, Small Group, and Large Group markets in accordance with the formatting specifications and guidance provided. **If data is not available for a given attribute, the attribute should be filled with 'NA' (without quotes) for the record in the dataset. Every record in the dataset should represent a separate individual.**

### Index Number

<b>Column Name</b>	rec
<b>Format</b>	#
<b>Notes</b>	<ul style="list-style-type: none"> <li>This should be a number generated for each record of each submission. This value is used to reference specific records within a data submission.</li> <li>This value should begin at 1 and increment by 1 for each record in the submission.</li> <li>Do not include ',' or other formatting characters in the value reported.</li> <li>There shouldn't be any 'NA' records in this column.</li> </ul>
<b>Example</b>	1

### Social Security Number

<b>Column Name</b>	ssn
<b>Format</b>	#####, A#####
<b>Max Field Size</b>	
<b>Notes</b>	<ul style="list-style-type: none"> <li>This value may be the individual's social security number or, if that number is not available, the individual's alien registration number.</li> <li>For each covered individual, submit all digits of the SSN.</li> <li>Include only numerical digits of the SSN. Submit all digits included in the official A-Number preceded by an A. Lower case A ('a') is not acceptable.</li> <li>Do not include any dashes or hyphens ('-' or '—').</li> </ul>
<b>Example</b>	012345678, A01234567

## Plan ID

<b>Column Name</b>	<b>plan_id</b>
<b>Format</b>	#####XX#####-##
<b>Notes</b>	<ul style="list-style-type: none"><li>For the individual and small group health plan, use the HIOS ID and Variant as filed in the plan annual filings.</li><li>For the group plans other than small group, identify the contract form number.</li><li>This value must remain stable as long as the individual remains in the plan and the plan is in force (month to month) and should reflect any variant of the plan for which the member is subscribed.</li><li>There shouldn't be any 'NA' records in this column.</li></ul>
<b>Example</b>	53162WA1870003-00

## Employer ID

<b>Column Name</b>	<b>emp_id</b>
<b>Format</b>	#####
<b>Notes</b>	<ul style="list-style-type: none"><li>Employer EIN value. Do not include embedded formatting characters such as hyphens, dashes, or whitespace.</li></ul>
<b>Example</b>	012345678

## Group ID

<b>Column Name</b>	<b>group_id</b>
<b>Format</b>	
<b>Notes</b>	<ul style="list-style-type: none"><li>Unique identifier for the group for which there is a shared qualifying entity for group coverage, i.e., one employer may have several group ID's. As an example, one employer may have two groups, one for management and one for non-management.</li></ul>
<b>Example</b>	000001, G-3C17

## Subscriber ID

<b>Column Name</b>	<b>sub_id</b>
<b>Format</b>	#####
<b>Notes</b>	<ul style="list-style-type: none"><li>Submit the SSN of the subscriber of the policy under which an individual is covered or, if that number is not available, the individual's alien registration number.</li></ul>

	<ul style="list-style-type: none"> <li>For some individuals, this value will match the value submitted under the ssn field (when information on an individual who is both covered by and the policyholder).</li> <li>For spouses and dependents, this field will differ from the ssn field. Include only numerical digits of the SSN. Submit all digits included in the official A-Number preceded by an A. Lower case A ('a') is not acceptable. Do not include any dashes or hyphens ('-' or '—').</li> </ul>
<b>Example</b>	012345678, A01234849

## County

<b>Column Name</b>	<b>county</b>
<b>Format</b>	OUT, [53001]-[53077]
<b>Notes</b>	<ul style="list-style-type: none"> <li>County in which the individual is assigned benefits.</li> <li>Use the FIPS code (State and County) to identify the county. OUT must be used for out of state.</li> </ul>
<b>Example of FIPS</b>	53027
<b>Example of out of state</b>	OUT

## Zip code

<b>Column Name</b>	<b>zipcode</b>
<b>Format</b>	#####
<b>Notes</b>	<ul style="list-style-type: none"> <li>Zip code in which the individual is assigned benefits. OUT must be used for out of state.</li> </ul>
<b>Example</b>	99344

## Gender

<b>Column Name</b>	<b>gender</b>
<b>Format</b>	M, F, X, NP
<b>Notes</b>	<ul style="list-style-type: none"> <li>Value must be capitalized. X is for use when the individual has identified as such on their birth certificate or reported this value on their application.</li> <li>If the individual did not provide this information, use NP.</li> </ul>
<b>Example</b>	M, X

## Date of Birth

<b>Column Name</b>	<b>dob</b>
<b>Format</b>	YYYYMMDD
<b>Notes</b>	<ul style="list-style-type: none"><li>The individual's date of birth. For single digit month's and days, left-pad the value with '0' to ensure two digits.</li></ul>
<b>Example</b>	19680613, 20031103

## Tobacco Premium Credit

<b>Column Name</b>	<b>tobacco</b>
<b>Format</b>	0, 1
<b>Notes</b>	<ul style="list-style-type: none"><li>If the individual received tobacco premium credit in the reporting month, 1. Otherwise 0.</li></ul>
<b>Example</b>	1

## Exchange Status

<b>Column Name</b>	<b>exchange</b>
<b>Format</b>	0, 1
<b>Notes</b>	<ul style="list-style-type: none"><li>If the plan was sold through the Washington Health Benefit Exchange, 1. Otherwise 0.</li></ul>
<b>Example</b>	0

## Market Indicator

<b>Column Name</b>	<b>market</b>
<b>Format</b>	I, L, S, OTH-STUDENT
<b>Notes</b>	<ul style="list-style-type: none"><li>I = Individual</li><li>L = Large Group</li><li>S = Small Group</li><li>OTH-[enter name] = Any other market type</li><li>Value must be capitalized. Indicate the market type of the line item.</li></ul>
<b>Example</b>	L, S

## Payment Status

<b>Column Name</b>	<b>status</b>
<b>Format</b>	SEL, CUR, L00, L30, L60, L90, L12, OTH.
<b>Notes</b>	<p>The payment status of the subscriber as of _____.</p> <ul style="list-style-type: none"> <li>• SEL = Selected plan and has not paid</li> <li>• CUR = Selected plan, has paid, is current on payments</li> <li>• L00 = 1-30 days late on payment</li> <li>• L30 = 31-60 days late on payment</li> <li>• L60 = 61-90 days late on payment</li> <li>• L90 = 91-120 days late on payment</li> <li>• L12 = 121 or more days late on payment</li> <li>• OTH = other status, contact OIC for further information on this option</li> </ul>
<b>Example</b>	SEL, L60

## Premium

<b>Column Name</b>	<b>Premium</b>
<b>Format</b>	###.##
<b>Notes</b>	<ul style="list-style-type: none"> <li>▪ Total monthly premium rate as defined in RCW 48.43.005. Do not include '\$' or ','. Always include cents (two values after decimal place).</li> <li>▪ There shouldn't be any 'NA' records in this column.</li> </ul>
<b>Example</b>	1234.56, 82.20

## APTC

<b>Column Name</b>	<b>aptc</b>
<b>Format</b>	##.##
<b>Notes</b>	<ul style="list-style-type: none"> <li>▪ Total monthly tax credit granted (if applicable). Do not include '\$' or ','. Always include cents (two values after decimal place). Use 'NA' if not applicable.</li> </ul>
<b>Example</b>	34.56, 82.20

## Rating Tier

<b>Column Name</b>	<b>tier</b>
<b>Format</b>	SINGLE, SINSPS, SINDEP, FAMILY
<b>Notes</b>	<p>The rating tier under which the subscriber enrolled stated as one of the categories listed below:</p> <ul style="list-style-type: none"> <li>• SINGLE = self only</li> </ul>

	<ul style="list-style-type: none"><li>• SINSPS = self and spouse</li><li>• SINDEP = self and dependents</li><li>• FAMILY = self, spouse and dependents</li></ul>
<b>Example</b>	SINGLE, SINDEP

# SFT Upload Instructions

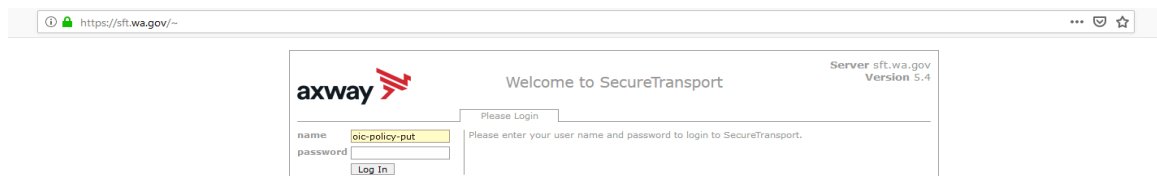
HOW TO UPLOAD A FILE TO OIC'S AXWAY SECURE TRANSPORT SITE For customers sending files to the OIC (incoming mail)

1. Open Google Chrome and enter <https://sft.wa.gov> in the address bar.
2. Type in the provided credentials, and then select the Log In button.

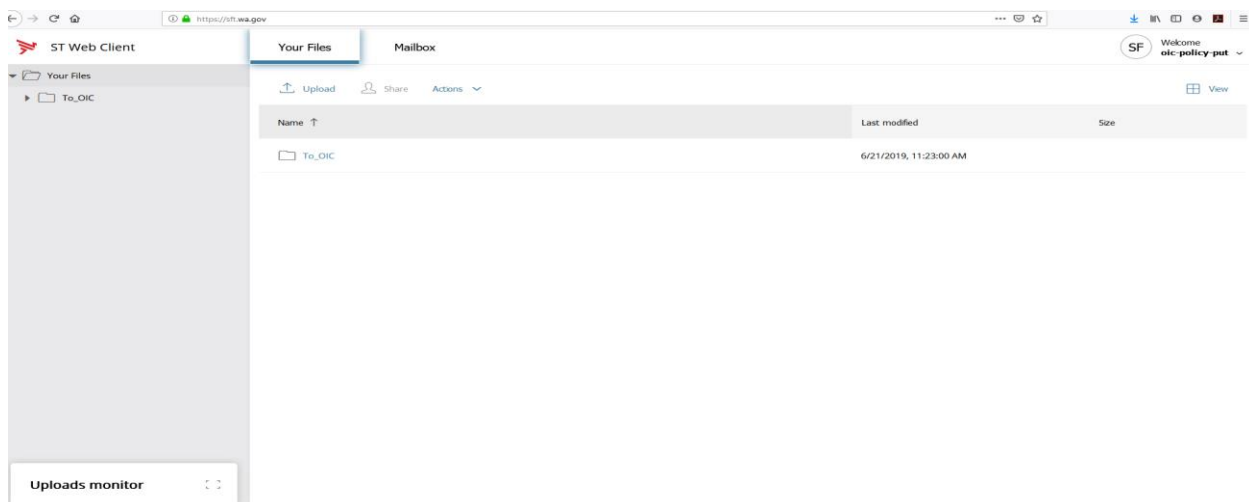
Username: oic-policy-put

**Password: Sweetassugar99\$\$** (DO NOT CHANGE/RESET THIS PASSWORD)

Naming convention: EnrollmentData\_[NAIC Number]\_YYYYMMDD.csv



3. Select the Choose Files button, select the file that is to be uploaded, then select the Upload File button.



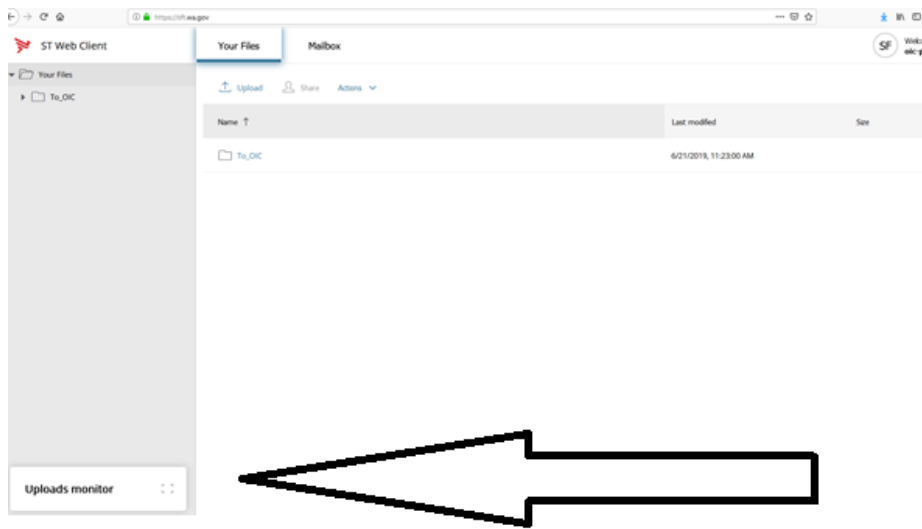


5. As files are uploaded to the oic\_policy\_put folder they are automatically moved to a secure folder and only the most recent uploaded file will be displayed.

6. Pay attention to the **upload monitor** for *confirmation of successful submission*.

Your uploaded file will disappear (this means we have received your submission).

**Do not resubmit any file unless OIC contacts you for non-submission.**



6. When all files have been uploaded, select the Logout link, located in the upper right-hand corner of the Window, to end the transfer session. You'll be taken back to the login screen.

7. Uploaded files will be kept in the secure folder for fourteen (14) days, then they will be automatically deleted. In order to avoid your submission from being deleted, be sure to **notify your contact (bodem@oic.wa.gov)** at the OIC that you have completed uploading your submission.