FEHB Program Carrier Letter
All FEHB Carriers

U.S. Office of Personnel Management
Healthcare and Insurance

Letter No. 2020-12   **Date: June 25, 2020**

Fee-for-Service [10]   Experience-rated HMO [10]   Community-rated [10]

SUBJECT: Enrollment Data Reporting Requirements

This Carrier Letter provides guidance to all Federal Employees Health Benefits (FEHB) Carriers on their responsibilities to supply enrollment data to the U.S. Office of Personnel Management (OPM).

Background

OPM recently established an [Agency Priority Goal](https://www.performance.gov/OPM/APG_opm_2.html)[1] to create an FEHB Master Enrollment Index (MEI). The MEI will be established and maintained through data obtained from various sources, and Carrier data is a critical component. Once assembled, the MEI will become an authoritative source for enrollment across the FEHB Program.

Submission Time Frame and Enrollment Data File

FEHB Carriers will now be required to submit enrollment data on an ongoing basis to the OPM MEI.[2] The MEI will be hosted in the OPM Health Insurance Data Warehouse (HIDW).

OPM will work closely with Carriers on the file transfer requirements. A standard file format for submission of enrollment data is included with this Carrier Letter as Attachment 1.

The OPM/HIDW transfer consists of several steps involving, but not limited to, OPM firewall access (whitelisting), OPM/HIDW server user ID and password generation, and providing encryption information. Carriers must contact OPM to begin the process described in Attachment 2 no later than July 15, 2020. OPM staff will work with each Carrier to establish a secure connection to submit FEHB enrollment data to the HIDW using a Secure File Transfer Protocol (SFTP) account and encryption. Carriers must establish this connection no later than October 1, 2020.

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[1] https://www.performance.gov/OPM/APG_opm_2.html
[2] The enrollment data is being submitted to OPM in its capacity as a health oversight agency under HIPAA, for the purposes set forth in 45 C.F.R. § 164.512(d)(1)(i). OPM has determined that the data requested is the minimum necessary to accomplish the purposes outlined in this Carrier Letter. See 45 C.F.R. § 164.514(d)(3)(iii)(A).

No later than January 1, 2021, Carriers must have successfully submitted seven years of historical enrollment data. Carriers that have participated in the FEHB Program for fewer than seven years should send enrollment data dating back to the beginning of their participation. Thereafter, Carriers will submit an enrollment file to OPM on a monthly basis. Carriers may send a full refresh file or updates only.

Conclusion

Thank you for your cooperation in establishing the FEHB Master Enrollment Index. If you have any questions, please contact HIDWSupport@opm.gov with a copy to your Health Insurance Specialist.

Sincerely,

Laurie Bodenheimer
Acting Director
Healthcare and Insurance

Attachment 1:   Enrollment Field Requirements

Note: This is a fixed field format. However, we would prefer to receive it as a pipe-delimited text file.

#	Field Name	Field Type	Length	Description, Valid Values & Definitions
*Current Key Fields to Identify an Insured Person*			
1	Subscriber/Contract - Unique Identification	Character	20	A Subscriber is the primary enrollee (e.g., employee, annuitant, or survivor) under FEHB. This field should include a unique number for a given Subscriber's coverage in the FEHB plan. This ID is used to associate all Members under a multi-person plan option. It should not be a Subscriber's social security number. Left justified with appropriate leading zeros.
2	Member - Relationship Code	Character	2	A Member is any unique individual enrolled under FEHB (i.e., a Subscriber or a family member associated with a given Subscriber). The member Relationship Code can be found in documentation for the SF-2809. (https://www.opm.gov/forms/pdf_fill/sf2809.pdf) It should indicate the Member's relationship to the Subscriber. If the code values differ from OPM's standard relationship code set, please provide a crosswalk. Left justified.
3	Patient Code	Character	2	Unique code identifying a specific Member associated with a specific Subscriber. Values should be sequential but may be alphabetic (A thru Z) or numeric (00, 01, 02…). Left justified.
4	Unique Member ID	Character	20	ID that is unique to each Member. All Subscribers are Members, not all Members are Subscribers. Left justified with appropriate leading zeros.
*Name and Descriptors of the Insured Person*			
5	Member - Last Name	Character	60	Member's last name. Left justified.
6	Member - First Name	Character	60	Member's first name. Left justified.
7	Member - Middle Name	Character	60	Member's middle name. Blank if none or not known. Left Justified.
8	Member - Name Suffix	Character	5	Member's name extension (e.g. Jr, Sr, III). Blank if none or not known.
9	Member - Date of Birth	Date	8	Member's date of birth. Format: YYYYMMDD.
10	Member - Sex Code	Character	1	Member's sex. Valid values are: 'M' = male, 'F' = female, 'U' = unspecified or unknown.
11	Member SSN	Character	9	Member's unique social security number.
12	Subscriber -SSN	Character	9	Subscriber's social security number. This will be the same as the Member SSN for the Subscriber.

#	Field Name	Field Type	Length	Description, Valid Values & Definitions
				Enrollment Information for the Insured Person
13	Event Code for Enrollment	Character	2	Code indicating the qualifying life event which permitted enrollment, a change in enrollment or enrollment cancellation on the SF-2809 Enrollment Form. (https://www.opm.gov/forms/pdf_fill/sf2809.pdf)
14	Transaction Code	Character	2	Code indicating the most recent action that resulted in the creation or change of enrollment. Valid values are: **11** = new enrollment; **12**=change from another carrier, **20** = transfer to another payroll office, **24** = reinstatement, **30** = change of enrollment code, **50** = re-enrollment, **80** = termination, **90** = cancellation, **95** = change to another carrier. **DG**= demographic change, **CV**= conversion date
15	Date Enrollment Record Processed	Date	8	Date the latest enrollment transaction was input into the carrier's system. Format: YYYYMMDD
16	Current FEHB Enrollment Code	Character	3	Current 3-digit FEHB enrollment code
17	Enrollment Coverage Start Date	Date	8	Member's coverage start date. Format: YYYYMMDD
18	Member Eligibility Effective Code	Character	3	Code indicating the reason Member's eligibility became effective. Valid values are: AAC = ADULTS ARE COVERED; ADO = ADOPTION; ANN = ANNULMENT; BIR = BIRTH DATE/NEWBORN; CCI = CHANGE CARRIER IN; DEE = DUAL ENROLLMENT – EFFECTIVE; DIV = DIVORCE; ECC = ENROLLMENT CODE CHANGE; INC = SUSPICIOUS MEMBER; MAR = MARRIAGE; NFC = NOT COVERED FAMILY MEMBER; NEL = NO ELIGIBILITY; NEW = NEW ENROLLMENT; NRV = NO RESPONSE TO VERIFICATION; OCF = OTHER COVERED FAMILY MEMBER; OGE = OTHER GOVT ID – EFFECTIVE; OGT = OTHER GOVT ID – TERMINATION; REE = REINSTATEMENT / REENROLLMENT If Carrier's code differs, please provide crosswalk.
19	Enrollment Coverage Ends Date	Date	8	Member's coverage end date as reported by the Agency Payroll Office on the SF-2809 & SF-2810 Forms. Format: YYYYMMDD

#	Field Name	Field Type	Length	Description, Valid Values & Definitions
*Enrollment Information for the Insured Person (Continued)*				
20	Enrollment Coverage Ends Date, including possible 31 day extension	Date	8	Member's coverage end date, <u>including 31 day extension,</u> when appropriate for terminations. Format: YYYYMMDD
21	Reason Code for Termination	Character	3	Code indicating the reason the Member's enrollment eligibility was terminated. Valid values are: ANC = ADULTS NOT COVERED; ANN = ANNULMENT; CAN = CONTRACT CANCELLATION; CCO = CHANGE CARRIER OUT; DEA = DEATH; DET = DUAL ENROLLMENT – TERMINATION; DIS = DISABLED DEPENDENT; DIV = DIVORCE; ECC = ENROLLMENT CODE CHANGE; INC = SUSPICIOUS MEMBER; MAR = MARRIAGE; NCF = NOT A COVERED FAMILY MEMBER; NEL = NO ELIGIBILITY; NRV = NO RESPONSE TO VERIFICATION; OAD = OVERAGE DEPENDENT; O26 = OVER AGE DEPENDENT (Age 26); OGT = OTHER GOVT ID – TERMINATION; DET = TERMINATE DEPENDENT; TER = CONTRACT TERMINATION; TRO = TRANSFER OUTIf Carrier's code differs, please provide crosswalk.
22	Date of Death	Date	8	Date Member passed away. Format: YYYYMMDD
*Address Information*				
23	Bad Address Indicator	Character	1	Code indicating invalid address. Valid values are: **Y**=address is not deliverable, **N** or **blank**=address is deliverable.
24	Date Address Last Processed	Date	8	Date the Address information was input/last revised. Format: YYYYMMDD
25	Address Line 1	Character	30	Member's or Subscriber's first line of address. <u>Left justified</u>.
26	Address Line 2	Character	30	Member's or Subscriber's second line of address. <u>Left justified</u>.
27	City	Character	35	Member's or Subscriber's city. <u>Left justified</u>.
28	State	Character	2	Member's or Subscriber's state code. Use standard Postal codes, including codes for US territories.
29	Zip Code	Character	9	Member's or Subscriber's zip code. Format as 12345 or 123451234

#	Field Name	Field Type	Length	Description, Valid Values & Definitions
	*Address Information (Continued)*			
30	Country Code	Character	2	Member's country code. Valid values are **US**=50 states & DC, **PR**=Puerto Rico, **VI**=US Virgin Islands, **GU**=Guam, **AS**=American Samoa, **MP**=Northern Mariana Islands, **MH**=Marshall Islands, **AA**=Armed Forces the Americas, **AE**=Armed Forces Europe, **AP**=Armed Forces Pacific, **blanks**=Unknown/Uncertain Country. If carrier's code differs, please provide crosswalk.
	Subscriber Information			
31	Subscriber Employment Status	Character	1	Code indicating the Federal Government employment status of the current Subscriber. Valid values are <u>**0 thru 9**</u>: **0**=unknown; **1**=employee; **2**=employee annuitant; **3**=survivor annuitant; **4**=spouse equity, active employee; **5**=spouse equity, annuitant; **6**=Temporary Continuation of Coverage (TCC), active employee, 18 months; **7**=TCC, active employee dependent, 36 months; **8**=TCC, annuitant, 18 months; **9**=TCC, annuitant dependent, 36 months.
32	CSA/CSF Annuity Number	Character	9	The Civil Service retirement number assigned by OPM to a retiree or survivor.
33	Date Federally Employed Subscriber Retired	Date	8	Date Subscriber retired or re-retired after having been rehired. Format: YYYYMMDD
34	Date Subscriber is Reemployed by the Federal Government	Date	8	Date Subscriber was rehired by the Federal Government. Format: YYYYMMDD
	Medicare Enrollment			
35	Medicare Flag	Character	1	Member Medicare enrollment Flag: "Y" = Yes; "N" = No
36	Date Record Added/Updated	Date	8	Date Medicare Coverage Code Added or Updated in the FEHB carrier's system. Format: YYYYMMDD

37	Medicare Other Group Insurance Coverage Code	Character	1	Valid values for coverage are:
				  "A" = Part A Only;
				  "B" = Part B Only;
				  "C" = Part A and B;
				  "D" = Part D Only;
				  "E" = Part A and D;
				  "F" = Part B and D;
				  "G" = Part A, B, and D;
				  "H" = Medicare Advantage (Part C);
				  "I" = Medicare Advantage (Part C) and Part D

#	Field Name	Field Type	Length	Description, Valid Values & Definitions
				Medicare Enrollment (Continued)
38	Medicare ID Number	Character	13	ID used for Medicare COB. This should be the Medicare Beneficiary Identifier (MBI).
				End of Line Character

Attachment 2:   HIDW SFTP Transfer Steps

All SFTP technical questions or issues should be directed to the HIDW Technical Team at
HIDWSupport@opm.gov.

1. **Initiate Account Set-up** – To request an SFTP account, contact the HIDW SFTP Administrators at HIDWSupport@opm.gov with a Point of Contact (POC) to coordinate set-up.

2. **File Specifications** – All transmitted files must be in ASCII format based on the defined fixed length or pipe-delimited format.

3. **Select Encryption Software** - The HIDW SFTP process requires that all transmitted data be encrypted. The Carrier must use the same software as the HIDW.   File encryption software performs data compression and data encryption. Coordinate with HIDW SFTP Administrators to determine which software will be used.

4. **File Testing** - Coordinate with HIDW SFTP Administrators to transmit test files. Once testing has been completed, a date and time for the initial data transfer and recurring transmissions will be scheduled. OPM prefers that the Carrier send an email to HIDWSupport@opm.gov each time a test file has been transmitted.

5. **File Naming Conventions** – We request the following naming conventions be placed on the transmitted files:

   FEHB_PlanCode_FileType_ExtractStartDate_ExtractEndDate_TransferDate.FileExtention.pgp
   Plan Code: Two-digit alphanumeric plan code
   Filetype: ENR for enrollment
   Dates: YYYYMMDD format

   - Example file name for Initial/one-time seven (7) year file submission
     FEHB_AZ_ENR_20140101_20201231_20210109.txt.pgp

   - Example file names for Monthly/ongoing file submission
     Full refresh:
     FEHB_AZ_ENR_20140101_20210131_20210205.txt.pgp
     Updates only:
     FEHB_AZ_ENR_20210101_20210131_20210205.txt.pgp

   We will not be able to accept any files unless the appropriate naming convention is applied.

6. **Confirmation Email** – Carriers must email HIDWSupport@opm.gov after each file/group of files has been transmitted so that we may confirm receipt of file(s).