**OPM FEDERAL EMPLOYEES HEALTH BENEFITS**
**CENTRALIZED ENROLLMENT CLEARINGHOUSE**

# CLER

**National Finance Center (NFC)**
Office of Personnel Management (OPM)
FEHB Centralized Enrollment
Clearinghouse Project

# OPM Federal Employees Health Benefits Centralized Enrollment Clearinghouse (CLER) Carrier Enrollment File Layout

# Version 1.0

Approved by:

| | |
|---|---|
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| | May 2, 2001 |
| Elizabeth W. Rafferty, NFC, Project Manager | Date |
| | May 2, 2001 |
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# 1       CARRIER ENROLLMENT FILE

The National Finance Center (NFC) will accept electronic quarterly input data as a text file from each carrier and each payroll office.  This document describes the layout for the respective transmission files.  It is highly recommended that the CLER Requirements Document be read prior to reading this document.  The requirements document explains how these enrollment files fit in with the reconciliation process that has been proposed for CLER.

Each transmission file will include a header record, detail record(s), and a footer record. These files must be in American Standard Code for Information Interchange (ASCII) text format with no other embedded data types or delimiters.

If you have specific technical questions about this document you can contact:

> Greg Kidd
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For requirements-related questions, please contact:

> Sheila Morgan
> 504-255-6252
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If you have specific technical questions about connectivity to the FEHB Hub at Macon, Georgia, please contact:

> Chris Selle
> 478-744-2115
> E-mail: crselle@opm.gov

The following table describes the format for the record layouts in this section of the design document:

| COLUMN HEADING | COLUMN CONTENT |
| --- | --- |
| # | Field number |
| TYPE/SIZE | The data must be in ASCII format.  This will specify whether the values are alpha, numeric, or alphanumeric and the length of the field. |
| COBOL | COBOL data type and size |
| REQUIRED | Field is Required or Optional |
| VALUE, FORMAT NOTES | Value = indicates permissible field values<br>Format = indicated justification, padding, etc.<br>Note = special field considerations, examples, or miscellaneous |

## 1.1 Header Record Layout - Carrier File

| # | NAME | TYPE/ SIZE | COBOL | VALUE, FORMAT, NOTES | REQUIRED | DEFINITION |
|---|------|-----------|-------|---------------------|----------|------------|
| 1 | RECORD_TYPE | Text, 4 | X(4) | Value = literal "HEAD" | Required | Defines whether the record will be at the top of the file (header), bottom of the file (footer), or just one of the individual enrollment records. |
| 2 | CARRIER_ID | Number, 7 | X(7) | Value = Positions 1-4 assigned by NFC Value = Positions 5-7 000 unless carrier wishes to use for designation of region or state. All entries in this element other than zeros in positions 5-7 must be coordinated with NFC | Required | This is a unique number assigned to every carrier or carrier entity that transmits enrollment data. For each transmitter, NFC will need contact information (i.e. name, phone, E-mail) for operations, telecommunications, and software development in case anything is wrong with the file. |
| 3 | SUBMISSION_DATE | Date, 8 | X(8) | Value = submission date in YYYYMMDD format | Required | Date that the file was sent to the OPM hub in Macon, Georgia by the carrier. |
| 4 | AS_OF_DATE | Date, 8 | X(8) | Format = YYYYMMDD format | Required | The enrollment data that is extracted from the carrier's records must be those enrollments that **are actually in effect that day**. Data will be extracted according to the timeline defined by OPM: For first quarter, extract data effective as of March 1st. For second quarter, extract data effective as of June 1st. For third quarter, extract data effective as of September 1st. For fourth quarter, extract data effective as of December 1st. For example, for fourth quarter 2001 reconciliation, carriers must extract data that is in effect on December 1, 2001. |

| # | NAME | TYPE/ SIZE | COBOL | VALUE, FORMAT, NOTES | REQUIRED | DEFINITION |
|---|------|-----------|-------|---------------------|----------|------------|
| | AS_OF_DATE (Continued) | | | | | Any changes with a future effective date, such as for Open Season, must **not** be included. |
| 5 | RECONCILIATION_YEAR | Number, 4 | X(4) | Value = reconciliation year<br>Format = YYYY | Required | Each enrollment file that is sent to CLER will contain enrollment records that will be reconciled in a particular year and quarter.  The reconciliation year must be the same year as was entered for the As_Of_Date. |
| 6 | RECONCILIATION_ QUARTER | Number, 1 | X(1) | Value = reconciliation quarter 1, 2, 3, or 4<br>1 - data extracted in March<br>2 - data extracted in June<br>3 - data extracted in September<br>4 - data extracted in December | Required | Each enrollment file that is sent to CLER will contain enrollment records that will be reconciled in a particular year and quarter. |
| 7 | PROCESSING_CODE | Text, 1 | X(1) | Values =<br>I - initial file for the quarter<br>A - add to existing enrollments<br>R - replace all files and records that have been previously sent for this quarter with this new file<br><br>If this is left blank, then it will be treated as the initial file for the quarter. | Optional | Indicates how to process this file. |
| 8 | FILE SOURCE | Text, 2 | X(2) | Value = padded with  spaces unless otherwise instructed. Reserved for NFC use. | Optional | Reserved |
| 9 | FILLER | Text, 165 | X(165) | Value = Pad with spaces. | Required | Filler, pad to 200 characters. |
| | TOTAL | 200 Bytes | 200 Columns | | | |

## 1.2    *Footer Record Layout - Carrier File*

| # | NAME | TYPE/ SIZE | COBOL | VALUE, FORMAT, NOTES | REQUIRED | DEFINITION |
|---|------|-----------|-------|----------------------|----------|------------|
| 1 | RECORD_TYPE | Text, 4 | X(4) | Value = Literal "FOOT" | Required | Defines whether the record will be at the top of the file (header), bottom of the file (footer), or just one of the individual enrollment records. |
| 2 | CARRIER_ID | Number, 7 | X(7) | Value = Positions 1-4 assigned by NFC Value = Positions 5-7 000 unless carrier wishes to use for designation of region or state.  All entries in this element other than zeros in positions 5-7 must be coordinated with NFC | Required | This is a unique number assigned to every carrier or carrier entity that transmits enrollment data.  For each transmitter, NFC will need contact information (i.e. name, phone, E-mail) for operations, telecommunications, and software development in case anything is wrong with the file. |
| 3 | RECORD_COUNT | Number, 10 | 9(10) | Value = Record Count, excluding Header and Footer records Format = Right justify, pad with leading zeros. Example: 0000000490 (490) | Required | The total number of enrollment records included in the file.  Do not include  the header or footer records in this count. |
| 4 | FILLER | Text, 179 | X(179) | Value = Pad with spaces. | Required | Filler, pad to 200 characters. |
|   | TOTAL | 200 Bytes | 200 Columns |  |  |  |

## *1.3    Enrollment Record Layout - Carrier File*

In order for a carrier record to be matched to a payroll office record, the carrier record **absolutely must have a value in at least one of the following fields:**

Field 2:        Enrollee_SSN
Field 9:        Annuitant_or_Survivor_SSN
Field 10:       Psuedo_SSN
Field 11:       Other_Payroll_Office_Enrollee_ID

If you have only one SSN (or a number the enrollee has given you in place of an SSN), then put that one SSN in the Enrollee_SSN field.  Do not use Fields 9 or 10 unless you also have a value in Field 2.

If the enrollee is an annuitant and you do not have an SSN, then matching could still be accomplished as long as the record has a value in the Other_Payroll_Office_Enrollee_ID.  Examples of Other_Payroll_Office_Enrollee_ID include:

- Civil Service Annuitant (CSA) number
- Civil Service Final (CSF) number
- Office of Workers' Compensation Program (OWCP) identification number

| # | NAME | TYPE/ SIZE | COBOL | VALUE, FORMAT, NOTES | REQUIRED | DEFINITION |
|---|------|-----------|-------|---------------------|----------|------------|
| 1 | PAYROLL_OFFICE_ID | Text, 8 | X(8) | Value = Payroll Office Identification | Required | The number assigned by Treasury and OPM to the organization that is responsible for coordinating the enrollee's FEHB coverage and premium collections. |
| 2 | ENROLLEE_SSN | Number, 9 | X(9) | Value = Enrollee Social Security Number | Optional | The social security number (SSN) of the person who is signed up for FEHB.<br><br>A carrier may not have an SSN for each enrollee (e.g. non-citizens) and for that reason this field is listed as optional. If you have the SSN of the enrollee then provide it to CLER. |
| 3 | FILLER | Text, 3 | X(3) | Value = Pad with spaces<br>Note: Reserved for future use | Required | |
| 4 | ENROLLMENT_CODE | Text, 3 | X(3) | Value = positions 1 and 2 equal the plan; 3<sup>rd</sup> position is the plan option | Required | This code defines the plan and option of the enrollee. |
| 5 | LAST_NAME | Text, 25 | X(25) | Format = Left justify, pad with trailing spaces | Required | This is the surname of the enrollee. An enrollee must always have a last name. If there is a case of an enrollee having only one name (e.g. Cher), then that one name must be placed in the last name field. |
| 6 | FIRST_NAME | Text, 12 | X(12) | Format = Left justify, pad with trailing spaces | Optional | First name of the enrollee. This must be provided except in the rare circumstance that an individual does not have a first name (e.g., Cher). |
| 7 | MIDDLE_NAME | Text, 12 | X(12) | Format = Left justify, pad with trailing spaces | Optional | Middle name (or initial) of the enrollee. In some cases enrollees do not have a middle name. If you have the middle name, then you must provide it. If not, it can be left blank. |
| 8 | ENROLLMENT_ EFFECTIVE_DATE | Date, 8 | X(8) | Value = Date of current enrollment<br>Format = YYYYMMDD | Optional | If provided, this must be the original date the enrollee was covered under his/her current enrollment code. |
| | ANNUITANT_OR_ | Number, 9 | X(9) | Value = Annuitant Alternate SSN | Optional | This field is available to record the annuitant's SSN if |

| # | NAME | TYPE/ SIZE | COBOL | VALUE, FORMAT, NOTES | REQUIRED | DEFINITION |
|---|------|------------|-------|----------------------|----------|------------|
| 9 | SURVIVOR_SSN | | | | | the coverage has been transferred from a deceased annuitant to his/her survivor.  This field is optional and can be populated if both the annuitant SSN and survivor SSN are known. <br><br> If your system has only one SSN for an enrollee, then put that SSN in the Enrollee_SSN field – do not put anything in this field. <br><br> (NOTE:  It is understood that some systems have both the survivor's SSN and the original annuitant's SSN but don't know which field is which.  In that case, populate both the Enrollee SSN field and the Annuitant or Survivor SSN field as best you can.) |
| 10 | PSEUDO_SSN | Number, 9 | X(9) | Format = Left justify, pad with trailing spaces | Optional | Some enrollees do not want to reveal their SSN for privacy reasons. <br><br> This field contains a made-up number that has been given  to the carrier in place of the enrollee's  real SSN.  This field is optional and can be populated if both the enrollee SSN and psuedo SSN are known. <br><br> If your system has only one SSN for an enrollee and you don't know whether that SSN is real or a psuedo, then put that SSN in the Enrollee SSN field – do not put anything in this field. |
| 11 | OTHER_PAYROLL_ OFFICE_ ENROLLEE_ID | Text, 15 | X(15) | Format = Left justify, pad with trailing spaces | Optional | This is an identifier used by the payroll office  to uniquely identify an enrollee.  For example, OPM has a CSA or CSF number. <br><br> If you have this number, then you should provide it to CLER.  In the case where the enrollment record has no Enrollee_SSN,  then CLER can only match successfully when there is a value in the Other_Payroll_Office_Enrollee_ID field. |
| 12 | OTHER_CARRIER_ | Text, 15 | X(15) | Format = Left justify, pad with trailing spaces | Optional | This is an identifier used by the carrier to uniquely identify an enrollee.  For example, some carriers |

| # | NAME | TYPE/ SIZE | COBOL | VALUE, FORMAT, NOTES | REQUIRED | DEFINITION |
|---|------|-----------|-------|---------------------|----------|------------|
| | ENROLLEE_ID | | | spaces | | assign their enrollees a unique membership number. |
| 13 | SUBMITTER_USE_1 | Text, 20 | X(20) | This is a free-form field for use by the organization creating the enrollment file. | Optional | There are no restrictions or requirements regarding the contents of this field. |
| 14 | SUBMITTER_USE_2 | Text, 20 | X(20) | This is a free-form field for use by the organization creating the enrollment file. | Optional | There are no restrictions or requirements regarding the contents of this field. |
| 15 | SUBMITTER_USE_3 | Text, 20 | X(20) | This is a free-form field for use by the organization creating the enrollment file. | Optional | There are no restrictions or requirements regarding the contents of this field. |
| 16 | FILLER | Text, 12 | X(12) | Value = Pad with spaces Note: Reserved for future use | Required | |
| | TOTAL | 200 Bytes | 200 Columns | | | |