
FEHB Program Carrier Letter

All FEHB Carriers

U.S. Office of Personnel Management
Healthcare and Insurance

Letter No. 2021-10

Date: May 19, 2021

Fee-for-Service [8] Experience-rated HMO [8] Community-rated [8]

Subject: Enrollment Data Reporting Requirements (Revised)

The purpose of this Carrier Letter is to clarify and revise 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). This letter builds on reporting requirements first outlined in Carrier Letter 2020-12: Enrollment Data Reporting Requirements.

Background

Carrier Letter 2020-12 included initial requirements for FEHB Carriers to support the development of an FEHB Master Enrollment Index (MEI). As introduced in that letter, the MEI is intended to be an authoritative source for enrollment information across the FEHB Program. It is derived from various OPM administrative sources, along with the critical addition of Carrier data. The Carrier data serves as both a source of family member detail and as a check on the data retained across OPM and Carrier enrollment systems. FEHB Carriers are required to submit enrollment data on an ongoing basis to the MEI, which is hosted in the OPM Health Insurance Data Warehouse (HIDW).

Carriers have been required to submit seven years of historical enrollment data based on the file format first included in Carrier Letter 2020-12. Once the seven-year history has been established, Carriers will be required to submit monthly update files. The initial due date for submitting historical data was January 1, 2021, and most Carriers have now submitted some approximation of the data required. Based on OPM's extensive communication with Carriers, it is evident that many Carriers continue to struggle to report some of the detail on enrollment that was initially required. In response to that communication, this Carrier Letter identifies a reduced set of data fields that will comprise the monthly update file. The data fields that will be reported on a monthly basis are a subset of those included in the history along with additional fields described below. Because a limited number of Carriers are still working to report some basic fields appropriately, special emphasis will continue to be placed on the integrity of Subscriber and Member ID fields in order to ensure proper linkage between the history files reported and the monthly update files.

Monthly Update Enrollment Data File and Submission Time Frame

In order to clarify ongoing reporting requirements, Attachment 1 is a revised file format that indicates which data fields are to be included in the history data and which data fields will now be required on a monthly basis starting in July 2021. The first 38 data fields are the same as those included in Carrier Letter 2020-12, except for a wider maximum field length for address lines. Fields that are not required on a monthly file should be left blank. Several fields have been added at the end of the file format that are drawn from existing requirements for quarterly Centralized Enrollment Clearinghouse System

(CLER) data reporting. These fields will help in the identification of the primary subscriber/enrollee over time.

Monthly update files must be submitted by the eighth day of each month starting in July 2021. Each monthly file should reflect current information on all enrollees and associated family members as it appears in the Carrier enrollment system as of the first day of that month. The update file should also include a record of any change in previous enrollment data that occurred or was registered in the previous month. For example, the file due July 8, 2021 should include a record for all active enrollees and associated family members as of July 1, 2021, as well as a record for any change in previous enrollment information, such as a termination that was registered in June of 2021. Historical data should be reported through June 2021.

Files should be submitted in the general form now defined for all files: ASCII-encoded, pipe-delimited text files with no padded characters; one record per line, a header record in the first row with field labels in the same order as in Attachment 1.

The same general file naming convention should be followed with the addition of an M before ENR (e.g. FEHB_ATOZ_MENR_YYYYMMDD_YYYYMMDD_YYYYMMDD.TXT). The first and second date represent the beginning and end of the reporting period (month), while the third date represents the date of transmission.

Conclusion

Thank you for your cooperation in the ongoing development of 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
Associate Director
Healthcare and Insurance

Attachment 1: Enrollment Field Requirements (Revised)

Note: Files should be ASCII-encoded, pipe-delimited text files with header labels and maximum field lengths defined by OPM.
No data fields, other than those for Name or Address information, should include special characters.

#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
1	Subscriber/Contract - Unique Identification	CHAR	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. <i>Left justified with leading zeros only where appropriate.</i>	Required Monthly and History	SUBSCR_ID
2	Member - Relationship Code	CHAR	2	A Member is any unique individual enrolled under FEHB (i.e., a Subscriber or a family member associated with a given Subscriber). It should indicate the Member's relationship to the Subscriber as reflected on the electronic or paper SF-2809. Valid values: 18 = Subscriber; 01 = Spouse; 09 = Adopted Child; 10 = Foster Child; 17 = Stepson or Stepdaughter; 19 = Child; 99 = Disabled child age 26 or older who is incapable of self-support; (03 = Father or Mother; 14 = Brother or Sister for Survivor relationships). <i>If the Carrier's code values differ from OPM's standard relationship code set, please apply your crosswalk and provide a copy to OPM. Left justified.</i>	Required Monthly and History	MBR_RLSHP_CD
3	Patient Code	CHAR	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...), and should be consistent for each Member under a given subscriber ID. Left justified.	Required Monthly and History	PAT_CD
4	Unique Member ID	CHAR	20	ID that is unique to each Member. All Subscribers are Members, not all Members are Subscribers. Left justified with appropriate leading zeros to match with other files.	Required Monthly and History	MBR_ID
5	Member - Last Name	CHAR	60	Member's last name. Left justified.	Required Monthly and History	LAST_NM

#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
6	Member - First Name	CHAR	60	Member's first name. Left justified.	Required Monthly and History	FIRST_NM
7	Member - Middle Name	CHAR	60	Member's middle name. Blank if none or not known.	Required Monthly and History	MI_NM
8	Member - Name Suffix	CHAR	5	Member's name extension (e.g. Jr, Sr, III). Blank if none or not known.	Required Monthly and History	SFX_NM
9	Member - Date of Birth	Date	8	Member's date of birth. Format: YYYYMMDD.	Required Monthly and History	BIRTH_DT
10	Member - Sex Code	CHAR	1	Member's sex. Valid values are: 'M' = male, 'F' = female, 'U' = unspecified or unknown.	Required Monthly and History	SEX_CD
11	Member SSN	CHAR	9	Member's unique social security number.	Required Monthly and History	MBR_SSN_NUM
12	Subscriber SSN	CHAR	9	Subscriber's social security number. This will be the same as the Member SSN for the Subscriber.	Required Monthly and History	SUBSCR_SSN_NUM
13	Event Code for Enrollment	CHAR	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)	History Only - if available	EVENT_CD
14	Transaction Code	CHAR	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	History Only - if available	TRANS_CD
15	Date Enrollment Record Processed	Date	8	Date the latest enrollment transaction was input into the carrier's system. Format: YYYYMMDD	History Only - if available	RECD_PRCSS_DT

#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
16	FEHB Enrollment Code	CHAR	3	3-digit FEHB enrollment code. The same as CLER Reporting Field ENROLLMENT_CODE if reflecting current enrollment code, or previously reported enrollment code if reflecting a change in a prior record such as a termination.	Required Monthly and History	PLAN_CD
17	Enrollment Coverage Start Date	Date	8	Member's coverage start date under the 3-digit FEHB enrollment code reported in Field 16. Format: YYYYMMDD	Required Monthly and History	COV_START_DT
18	Member Eligibility Effective Code	CHAR	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.	History Only - if available	ELG_EFF_CD
19	Enrollment Coverage End Date	Date	8	Member's coverage end date associated with enrollment code reported in Field 16. Leave blank if currently enrolled. Format: YYYYMMDD	Required Monthly and History	COV_END_DT
20	Enrollment Coverage Ends Date, including possible 31-day extension	Date	8	Member's coverage end date, including 31-day extension, when appropriate for terminations. Format: YYYYMMDD	History Only - if available	EXTN_COV_END_DT

#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
21	Reason Code for Termination	CHAR	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; TDE = TERMINATE DEPENDENT; TER = CONTRACT TERMINATION; TRO = TRANSFER OUT. If Carrier's code differs, please provide crosswalk.	History Only - if available	TERM_RSN_CD
22	Date of Death	Date	8	Date Member passed away. Format: YYYYMMDD	Required Monthly and History	DEATH_DT
23	Bad Address Indicator	CHAR	1	Code indicating invalid address. Valid values are: Y =address is not deliverable, N or blank =address is deliverable.	History Only - if available	BAD_ADDR_IND
24	Date Address Last Processed	Date	8	Date the Address information was input/last revised. Format: YYYYMMDD	History Only - if available	ADDR_PRCSS_DT
25	Address Line 1	CHAR	60	Member's or Subscriber's first line of address. Left justified.	Required Monthly and History	ADDR_LN1_NM
26	Address Line 2	CHAR	60	Member's or Subscriber's second line of address. Left justified.	Required Monthly and History	ADDR_LN2_NM
27	City	CHAR	35	Member's or Subscriber's city. Left justified.	Required Monthly and History	CITY_NM
28	State	CHAR	2	Member's or Subscriber's state code. Use standard Postal codes, including codes for US territories.	Required Monthly and History	STATE_CD

#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
29	Zip Code	CHAR	9	Member's or Subscriber's zip code. Format as 12345 or 123451234	Required Monthly and History	ZIP_CD
30	Country Code	CHAR	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.	Required Monthly and History	CNTRY_CD
31	Subscriber Employment Status Code	CHAR	1	Code indicating the Federal Government employment status of the current Subscriber. Valid values are 0 thru 9 : 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.	History Only - if available	SUBSCR_EMPL_STAT_CD
32	CSA/CSF Annuity Number	CHAR	9	The Civil Service retirement number assigned by OPM to a retiree or survivor.	Required Monthly and History	ANNUITANT_NUM
33	Date Federally Employed Subscriber Retired	Date	8	Date Subscriber retired or re-retired after having been rehired. Format: YYYYMMDD	History Only - if available	SUBSCR_RTR_DT
34	Date Subscriber is Reemployed by the Federal Government	Date	8	Date Subscriber was rehired by the Federal Government. Format: YYYYMMDD	History Only - if available	SUBSCR_REMPL_DT
35	Medicare Flag	CHAR	1	Member Medicare enrollment Flag: "Y" = Yes; "N" = No	Required Monthly and History	MCARE_FLG
36	Date Record Added/Updated	Date	8	Date Medicare Coverage Code Added or Updated in the FEHB carrier's system. Format: YYYYMMDD	History Only - if available	MCARE_LAST_UPD_DT
37	Medicare Other Group Insurance Coverage Code	CHAR	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	Required Monthly and History	MCARE_CVRG_CD

#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
38	Medicare ID Number	CHAR	13	ID used for Medicare COB. This should be the Medicare Beneficiary Identifier (MBI).	Required Monthly and History	MCARE_ID
39	Payroll Office Number	CHAR	8	Government payroll office servicing the Subscriber/Contract Holder. CLER Reporting Field PAYROLL_OFFICE_ID	Required Monthly Only	PYRL_OFC_NUM
40	Deceased Annuitant SSN	CHAR	9	Annuitant Alternate SSN CLER Reporting Field DECEASED_ANNUITANT_SSN	Required Monthly if used in CLER	DEC_ANN_SSN
41	Pseudo SSN	CHAR	9	Alternate SSN provided to the Carrier in some instances CLER Reporting Field PSEUDO_SSN	Required Monthly if used in CLER	PSEUDO_SSN
42	Other Payroll Office ID	CHAR	15	Alternate ID provided to the Carrier in some instances CLER Reporting Field OTHER_PAYROLL_OFFICE_ENROLLEE_ID	Required Monthly if used in CLER	ALT_PYRL_OFF_ID
43	Date Monthly File Created	Date	8	As of Date for Monthly File. Format: YYYYMMDD	Required Monthly Only	FILE_PRCSS_DT