



# HR-XML Implementation Guide V2.5



# I. Introduction

HR-XML stands for Human Resource – Extensible Markup Language. This open data exchange standard was developed by the HR-XML consortium to enable the automation of human resource-related transactions. Using HR-XML, any company can transact with another without having to establish, engineer, and implement an interchange mechanism to do so. IBC uses this standard to enable third-party systems to communicate enrollment transactions in a near-real time environment.

## Features:

- Real-time transmissions: As transactions are entered into your HR system, they are sent within seconds to Independence Blue Cross.
- Supports individual transactions
- Transactions are confirmed immediately, via acknowledgments
- Extensive testing ensures successful implementation, which are generally accomplished within six months.
- With the use of IBC's EDI portal application, IBC provides this application tool to ensure end-to-end reconciliation.

IBC use of HR-XML through the WebServices connection is a constant one-to-one feed of eligibility data between a Vendor and IBC.

As the WebServices, connection is used on the Vendor side to transfer the eligibility data file to IBC, acknowledgment responses are being sent for each eligibility file by IBC to the vendor. Once a vendor sends a file through WebServices, IBC responds with a receipt acknowledgement to the vendor as indication of a successful transmission for the file. This first acknowledgment is called the Receipt Acknowledgment.

Once a successful first acknowledgment was sent by IBC to the HR-XML customer, there should be a scheduled "call" back by the customer to IBC to receive the second acknowledgment. This "call" is initiated by the customer in order to retrieve the outcome of the eligibility file if it was loaded into the IBC source system. The customer uses the HR-XML tracking ID (detailed in the HR-XML schema specs below) to call back the outcome. The two outcomes are successful or failure. The failure messages are detailed with the Business Rules Engine's (BRE) code and description on why the transaction failed. A list of the most common BRE codes is given to the customer at the time of deployment.



Below are the tag details for the Receipt Acknowledgment file for real time customers.

Elements and Attributes	IBC SPECIFICATIONS	Example
Application Acknowledgment		
<UniquePayloadTrackingID>		
<UniquePayloadTrackingID> IDValue name Tracking ID	This value is populated by IBC based on the incoming file's HR-XML tracking ID value	HRXML_123456789.xml
</UniquePayloadTrackingID>		
<TransactionReceiptTimestamp>	Inbound file received by IBC timestamp	2007-10-19T03:32:30-05:00
<Processed Timestamp>	Timestamp for when the Inbound file was processed by IBC.	2007-10-19T03:32:39-05:00
AcknowledgmentCreationTimestamp	Timestamp for when the Acknowledgment file was generated by IBC	2007-10-19T03:32:39-05:00
<ReceivedPayloadSummary>		
<ReceivedPayloadSummary> EntityInfo	Information that is generated by IBC about the Enrollment Organization that the file is sent by and a high level count on the status of the transaction(s). This tag is populated by IBC and is for IBC use only. Storing this information is not required	<EntityInfo> <EntityInstanceXPath>/Enrollment/Organization</EntityInstanceXPath> <Count>1</Count> <EntityShortName>ABC - 123456</EntityShortName> </EntityInfo>
<ReceivedPayloadSummary> EntityInfo	Information that is generated by IBC about the Enrollment Organization that the file is sent by and a high level count on the status of the transaction(s).	<EntityInfo> <EntityInstanceXPath>/Enrollment/Organization/Subscriber</EntityInstanceXPath> <Count>1</Count> <EntityShortName>Subscriber Successes</EntityShortName> </EntityInfo>
<ReceivedPayloadSummary> EntityInfo	Information that is generated by IBC about the Enrollment Organization that the file is sent by and a high level count on the status of the transaction(s).	<EntityInfo> <EntityInstanceXPath>/Enrollment/Organization/Subscriber</EntityInstanceXPath> <Count>0</Count> <EntityShortName>Subscriber Failures</EntityShortName> </EntityInfo>
<ReceivedPayloadSummary> EntityInfo	Information that is generated by IBC about the Enrollment Organization that the file is sent by and a high level count on the status of the transaction(s).	<EntityInfo> <EntityInstanceXPath>/Enrollment/Organization/Subscriber</EntityInstanceXPath>



Elements and Attributes	IBC SPECIFICATIONS	Example
		<Count>1</Count> <EntityShortName>Total Enrollments</EntityShortName> </EntityInfo>
</ReceivedPayloadSummary>		
<PayloadDisposition>		
<PayloadDisposition> EntityDisposition EntityIdentifier IDValue name= Status	Describes the status of the submitted XML file.	<IdValue name="Status">Your Enrollment was successfully received.</IdValue>
<PayloadDisposition> EntityDisposition EntityInstanceXPath	This tag is populated by IBC and is for IBC use only. Storing this information is not required	<EntityInstanceXPath>/Enrollment</EntityInstanceXPath>
</PayloadDisposition>		
</ApplicationAcknowledgement>		



Below are the tag details for the second Acknowledgment file for real time customers.

Elements and Attributes	IBC SPECIFICATIONS	Example
Application Acknowledgment		
<PayloadResponseSummary>		
<Transport MessageID>		
<Transport MessageID> MessageIDType	IBC generated internal information. This tag is populated by IBC and is for IBC use only. Storing this information is not required	<MessageIDType>MQSeriesTransactionID</MessageIDType>
<Transport MessageID> MessageID	IBC generated internal information. This tag is populated by IBC and is for IBC use only. Storing this information is not required	<IdValue>ID:1234</IdValue>
</Transport MessageID>		
<UniquePayloadTrackingID>		
'<UniquePayloadTrackingID> IDValue name= Filename	IBC generated internal information. This tag is populated by IBC and is for IBC use only. Storing this information is not required	EDI.INBOUND.T.COLBURN01.C071019.T142952.99839480.xml
<UniquePayloadTrackingID> IDValue name ChuckIdentifier	IBC generated internal information. This tag is populated by IBC and is for IBC use only. Storing this information is not required	<IdValue name="ChunkIdentifier">1</IdValue>
<UniquePayloadTrackingID> IDValue name Tracking ID	This value is populated by IBC based on the incoming file's HR-XML tracking ID value	ID:1234
</UniquePayloadTrackingID>		
<TransactionReceiptTimestamp>	Inbound file received by IBC timestamp	2007-10-19T03:32:30-05:00
<Processed Timestamp>	Timestamp for when the inbound file was processed by IBC.	2007-10-19T03:32:39-05:00
<AcknowledgmentCreationTimestamp>	Timestamp for when the Acknowledgment file was generated by IBC	2007-10-19T03:32:39-05:00
<ReceivedPayloadSummary>		
<ReceivedPayloadSummary> EntityInfo	Information that is generated by IBC about the Enrollment Organization that the file is sent by and a high level count on the status of the transaction(s). This tag is populated by IBC and is for IBC use only. Storing this information is not required	<EntityInfo> <EntityInstanceXPath>/Enrollment/Organization</EntityInstanceXPath> <Count>1</Count> <EntityShortName>ABC Co – 123456</EntityShortName> </EntityInfo>
<ReceivedPayloadSummary> EntityInfo	Information that is generated by IBC about the Enrollment Organization that the file is sent by and a high	<EntityInfo>



Elements and Attributes	IBC SPECIFICATIONS	Example
	level count on the status of the transaction(s).	<pre>&lt;EntityInstanceXPath&gt;/Enrollment/Organization/Subscriber&lt;/EntityInstanceXPath&gt; &lt;Count&gt;1&lt;/Count&gt; &lt;EntityShortName&gt;Subscriber Successes&lt;/EntityShortName&gt; &lt;/EntityInfo&gt;</pre>
<pre>&lt;ReceivedPayloadSummary&gt; EntityInfo</pre>	Information that is generated by IBC about the Enrollment Organization that the file is sent by and a high level count on the status of the transaction(s).	<pre>&lt;EntityInfo&gt; &lt;EntityInstanceXPath&gt;/Enrollment/Organization/Subscriber&lt;/EntityInstanceXPath&gt; &lt;Count&gt;0&lt;/Count&gt; &lt;EntityShortName&gt;Subscriber Failures&lt;/EntityShortName&gt; &lt;/EntityInfo&gt;</pre>
<pre>&lt;ReceivedPayloadSummary&gt; EntityInfo</pre>	Information that is generated by IBC about the Enrollment Organization that the file is sent by and a high level count on the status of the transaction(s).	<pre>&lt;EntityInfo&gt; &lt;EntityInstanceXPath&gt;/Enrollment/Organization/Subscriber&lt;/EntityInstanceXPath&gt; &lt;Count&gt;1&lt;/Count&gt; &lt;EntityShortName&gt;Total Enrollments&lt;/EntityShortName&gt; &lt;/EntityInfo&gt;</pre>
<pre>&lt;/ReceivedPayloadSummary&gt;</pre>		
<pre>&lt;/PayloadResponseSummary&gt;</pre>		
<pre>&lt;PayloadDisposition&gt;</pre>		
<pre>&lt;PayloadDisposition&gt; EntityDisposition EntityIdentifier</pre>	This tag is populated with the SSN of the member that the transaction was created for.	<pre>&lt;EntityIdentifier idOwner="111223333"&gt;</pre>
<pre>&lt;PayloadDisposition&gt; EntityDisposition EntityIdentifier IDValue name= TransactionType</pre>	Describes what kind of transaction was created for the member on the file	<pre>&lt;IdValue name="TransactionType"&gt;Change Personal/6763078/20622979/1192766400000&lt;/IdValue&gt;</pre>
<pre>&lt;PayloadDisposition&gt; EntityDisposition EntityShortName</pre>	This tag is populated with the Name of the member that the transaction was created for	<pre>&lt;EntityShortName&gt;JOHN DOE&lt;/EntityShortName&gt;</pre>
<pre>&lt;PayloadDisposition&gt; EntityDisposition EntityInstanceXPath</pre>	This tag is populated by IBC and is for IBC use only. Storing this information is not required	<pre>&lt;EntityInstanceXPath&gt;/Enrollment&lt;/EntityInstanceXPath&gt;</pre>
NOTE: EntityException tag will only appear to detail when there is an error or warning on the file.		
<pre>&lt;PayloadDisposition&gt; EntityDisposition</pre>	This tag is populated by IBC to detail the error that has occurred for the file that the acknowledgment was	<pre>&lt;ExceptionIdentifier&gt;BUSINESS_RULES_VALIDATION_FAILED&lt;/ExceptionIdentifier&gt;</pre>



Elements and Attributes	IBC SPECIFICATIONS	Example
EntityException	created for.	<ExceptionSeverity>Fatal</ExceptionSeverity> <ExceptionMessage>BRE00100: Effective Dates must be the same</ExceptionMessage>
NOTE: EntityNoException tag will only appear to detail when there is NO error on the file.		
<PayloadDisposition> EntityDisposition EntityNoException	This tag is populated by IBC and is for IBC use only. Storing this information is not required. NOTE: This tag will only appear when there is no error on the file.	<EntityNoException>>true</EntityNoException>
</EntityDisposition>		
</PayloadDisposition>		
</ApplicationAcknowledgement>		



## II. Scope

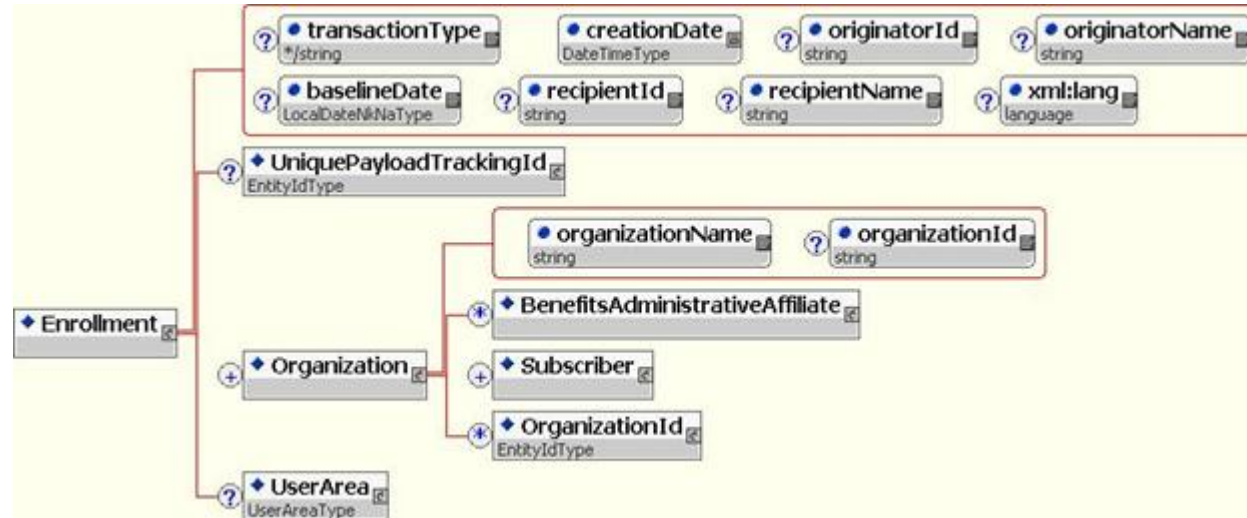
The Benefits Enrollment schema, detailed below, supports enrollment and maintenance of human resources data in tier-based coverage (such as medical, drug, dental and vision), including spending accounts (HSA, FSA, DCA and HRA)

The major components of an enrollment transaction are Subscriber, Dependent and Coverage. Please note, all HR-XML eligibility files should at all times contain full contracts. A contract is defined as all active members under the subscriber.

### III. Elements and Attributes

#### 1.1 The Enrollment Schema

The enrollment schema is the root of the Benefits Enrollment schema



\*Note – This diagram was taken from the HR-XML.org spec document and may contain schemas that are not required by IBC.

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
ENROLLMENT CONTAINER	The root element of the benefits enrollment specification.	<pre>&lt;Enrollment xmlns="http://ns.hr-xml.org/2007-04-15" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:schemaLocation="http://ns.hr-xml.org/2007-04-15 Enrollment.xsd" creationDate="2004-02-04T12:00:00-05:00"&gt; &lt;UniquePayloadTrackingId&gt; &lt;IdValue name="TrackingID"&gt;HRxml12.xml&lt;/IdValue&gt; &lt;/UniquePayloadTrackingId&gt;</pre>	Required



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
/ Enrollment/ Schema Validator	This is used to valid the XML that is listed on the file. HR-XML consortium values.	<pre>&lt;Enrollment xmlns="http://ns.hr-xml.org/2007-04-15" xmlns:xsi="http://www.w3.org/2001/XMLSchema-instance" xsi:schemaLocation="http://ns.hr-xml.org/2007-04-15 Enrollment.xsd"</pre>	Required
/ Enrollment/ UniquePayloadTrackingId	An identifier to tie the original transmission to the acknowledgement of that transmission. Broker or TPA assigned. Unique Payload Tracking ID will be returned to Broker or TPA on the functional acknowledgement to identify the employer/client	<pre>&lt;UniquePayloadTrackingId&gt; &lt;IdValue name="TrackingID"&gt; HRxml12.xml&lt;/IdValue&gt; &lt;/UniquePayloadTrackingId&gt;</pre>	Required



## 1.2 Organization Container

Organization container inserted within the Enrollment element

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
ORGANIZATION CONTAINER	Information identifying the organization for which the enrollment data is being transmitted.	<pre>&lt;Organization organizationName="ABC Company"&gt; &lt;BenefitsAdministrativeAffiliate&gt;   &lt;OrganizationName&gt;XYZ LLC&lt;/OrganizationName&gt;   &lt;EntityRole&gt;Third Party Administrator&lt;/EntityRole&gt;   &lt;IdentificationCode&gt;     &lt;IdValue name="MutuallyDefined"&gt;123456&lt;/IdValue&gt;   &lt;/IdentificationCode&gt; &lt;/BenefitsAdministrativeAffiliate&gt;</pre>	Required
/ Enrollment/ Organization/ organizationName	Contains the client name that the Broker or TPA and carrier are supporting. Ex. <Organization organizationName="BROKER/TPA/CARRIER's Client Name"	<Organization organizationName="ABC Co"	Required
/ Enrollment/ Organization/ BenefitsAdministrativeAffiliate	Contains a health plan-defined value to identify the client. Ex: organizationId="ABC123"  Carrier Customer Identification Number	<pre>&lt;BenefitsAdministrativeAffiliate&gt;   &lt;OrganizationName&gt;XYZ LLC&lt;/OrganizationName&gt;   &lt;EntityRole&gt;Third Party Administrator&lt;/EntityRole&gt;   &lt;IdentificationCode&gt;     &lt;IdValue name="MutuallyDefined"&gt;123456&lt;/IdValue&gt;   &lt;/IdentificationCode&gt; &lt;/BenefitsAdministrativeAffiliate&gt;</pre>	Required
/ Enrollment/ Organization/ BenefitsAdministrativeAffiliate	Name of the Organization	<OrganizationName>XYZ LLC</OrganizationName>	Optional
/ Enrollment/ Organization/ BenefitsAdministrativeAffiliate	Role of the Organization	<EntityRole>Third Party Administrator</EntityRole>	Optional
/ Enrollment/ Organization/ organizationId	Broker/TPA taxpayer ID format: 999999999	<pre>&lt;IdentificationCode&gt;   &lt;IdValue name="Mutually Defined"&gt;123456&lt;/IdValue&gt; &lt;/IdentificationCode&gt;</pre>	
END BenefitsAdministrativeAffiliate		</BenefitsAdministrativeAffiliate>	



### 1.3 The Subscriber Element

The Subscriber element is a required element containing information about the individual with an ability to enroll in the benefits program

**'Subscriber' container within Organization container within Enrollment Element**

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
SUBSCRIBER CONTAINER	Contains information pertaining to the individual whose ability to enroll in the communicated benefits is predicated on their relationship to the Organization.	<pre>&lt;Subscriber&gt;   &lt;SubscriberType&gt;&lt;/SubscriberType&gt;   &lt;Person&gt;&lt;/Person&gt;   &lt;Coverage&gt;&lt;/Coverage&gt;   &lt;Employment&gt;&lt;/Employment&gt;   &lt;Hippa&gt;&lt;/Hippa&gt;   &lt;Medicare&gt;&lt;/Medicare&gt;   &lt;Dependent&gt;&lt;/Dependent&gt; &lt;/Subscriber&gt;</pre>	Required
/ Enrollment/ Organization/ Subscriber/ SubscriberType	Contains information about the person whose ability to enroll in benefits is based on his/her relationship to the organization.	<pre>&lt;Subscriber&gt;   &lt;SubscriberType&gt;   &lt;SubscriberTypeCode&gt;Employment&lt;/SubscriberTypeCode&gt;   &lt;StartDate&gt;2003-05-03&lt;/StartDate&gt; &lt;/SubscriberType&gt;</pre>	Required
/ Enrollment/ Organization/ Subscriber/ SubscriberType/ SubscriberTypeCode	This code indicates why this individual can enroll in benefits provided by the organization.	<pre>&lt;SubscriberTypeCode&gt;Employment&lt;/SubscriberTypeCode&gt;</pre>	Required
/ Enrollment/ Organization/ Subscriber/ SubscriberType/ StartDate	Contains Start Date/Hire Date of Subscriber Type Code.	<pre>&lt;StartDate&gt;2003-05-03&lt;/StartDate&gt;</pre>	Required
END SUBSCRIBER TYPE		<pre>&lt;/SubscriberType&gt;</pre>	Required



### 1.3.1 The Person container

Person Container inserted within Subscriber Container within Organization Container within Enrollment Container

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
PERSON CONTAINER /Person	This person container identifies the employee or contract holder.	<pre>&lt;Person&gt; &lt;IdentificationCode&gt;&lt;/IdentificationCode&gt; &lt;PriorIncorrectIdentificationCode&gt;&lt;/PriorIncorrectIdentificationCode&gt; &lt;PersonName&gt;&lt;/PersonName&gt; &lt;PriorIncorrectPersonName&gt;&lt;/PriorIncorrectPersonName&gt; &lt;Gender&gt;&lt;/Gender&gt; &lt;PriorIncorrectGender&gt;&lt;/PriorIncorrectGender&gt; &lt;DateofBirth&gt;&lt;/DateofBirth&gt; &lt;PriorIncorrectDateofBirth&gt;&lt;/PriorIncorrectDateofBirth&gt; &lt;DateofDeath&gt;&lt;/DateofDeath&gt; &lt;ContactInformation&gt;&lt;/CommunicationInformation&gt; &lt;MaritalStatus&gt;&lt;/MaritalStatus&gt; &lt;Disability&gt;&lt;/Disability&gt; &lt;/Person&gt;</pre>	Required
/Person/ IdentificationCode	Constant Value of "SocialSecurityNumber"	<pre>&lt;IdentificationCode&gt; &lt;IdValue name="SocialSecurityNumber"&gt;123456789&lt;/IdValue&gt; &lt;/IdentificationCode&gt;</pre>	Required
END IdentificationCode		</IdentificationCode>	Required
/Person/ PersonName	The name of a person.	<pre>&lt;PersonName&gt; &lt;GivenName&gt;Jane&lt;/GivenName&gt; &lt;MiddleName&gt;A&lt;/MiddleName&gt; &lt;FamilyName&gt;Sample&lt;/FamilyName&gt; &lt;Affixtype="familyNameSuffix"&gt;Jr.&lt;/Affix&gt; &lt;/PersonName&gt;</pre>	Required
/ PersonName/ GivenName	Contains the participant's First Name	<GivenName>Jane</GivenName>	Required
/ PersonName/ MiddleName	Contains the participant's Middle Initial	<MiddleName>A</MiddleName>	Required
</PersonName>	Contains the participant's Last Name	<FamilyName>Sample</FamilyName>	Required



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
LastName			
/ PersonName/ Affix	Description of affix ex: FamilyNamePrefix or familyNameSuffix etc.	<Affixtype="familyNameSuffix">	
/ PersonName/ Affix/ type	Contains the participant's Last Name suffix, if applicable.	Jr.</Affix>	
END PersonName		</PersonName>	Required
Gender		<Gender>2</Gender>	Required
/Person/ Gender	Contains the participant's Gender. Use values defined by HR-XML Consortium. 1 = Male; 2 = Female	<Gender>2</Gender>	Required
END Gender		</Gender>	Required
DateOfBirth		<DateOfBirth>1968-03-24</DateOfBirth>	Required
/Person/ DateOfBirth	Contains the participant's Date of Birth	<DateOfBirth>1968-03-24	Required
END DateOfBirth		</DateofBirth>	Required
Contact Information		<ContactInformation> <Use>business</Use> <Telephone> <FormattedNumber>5551234567</FormattedNumber> </Telephone> <PostalAddress> <CountryCode>US</CountryCode> <PostalCode>63219</PostalCode> <Region>MO</Region> <Municipality>St. Louis</Municipality> <DeliveryAddress> <AddressLine>123 Main Street</AddressLine> <AddressLine>Apt. 5B</AddressLine> </DeliveryAddress> </Postal Address> </ContactInformation>	Required
/ContactInformation/ Use	Possible Values: business and personal	<Use>business</Use>	



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
/ContactInformation/ Telephone		<Telephone> <FormattedNumber>5551234567</FormattedNumber>	
END Telephone		</Telephone>	
PostalAddress		<PostalAddress type="streetAddress"> <CountryCode>US</CountryCode> <PostalCode>631295263</PostalCode> <Region>MO</Region> <Municipality>St. Louis</Municipality>	Required
/ PostalAddress/ CountryCode	Contains the participant's postal Country Code (ISO Code)	<CountryCode>US</CountryCode>	Required
/ PostalAddress/ PostalCode	Contains the participant's postal ZIP Code.	<PostalCode>631295263</PostalCode>	Required
/ PostalAddress/ Region	Contains the participant's postal State Code.	<Region>MO</Region>	Required
/ PostalAddress/ Municipality	Contains the participant's postal City.	<Municipality>St. Louis</Municipality>	Required
/ PostalAddress/ DeliveryAddress	Contains the participant's postal Mailing Address. Repeat as needed.	<DeliveryAddress> <AddressLine>123 Main Street</AddressLine> <AddressLine>Apt. 5B</AddressLine> </DeliveryAddress>	Required
/ PostalAddress/ DeliveryAddress/ AddressLine	Maximum Address Lines = 2 Include Street Address, Apartment Number, P.O. Box Numbers etc.	<AddressLine>123 Main Street</AddressLine> <AddressLine>Apt. 5B</AddressLine>	Required
END DeliveryAddress		</DeliveryAddress>	Required
END PostalAddress		</Postal Address>	Required
END ContactInformation		</ContactInformation>	Required
END Person		</Person>	Required



### 1.3.2 Tier Coverage type

This element contains all information needed to identify the person's coverage type.

Insert 'Coverage' Container within Subscriber Container within Organization Container within Enrollment Container

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
/Coverage/ TIERCOVERAGE	This tier coverage container is for the employee or contract holder.	<pre>&lt;Coverage&gt;   &lt;TierCoverage type="Health"&gt;     &lt;TransactionCode&gt;&lt;/TransactionCode&gt;     &lt;GroupNumber&gt;&lt;/GroupNumber&gt;     &lt;COBRAStatus&gt;&lt;/COBRAStatus&gt;     &lt;StartDate&gt;&lt;/StartDate&gt;     &lt;COBRAInformation&gt;&lt;/COBRAInformation&gt;     &lt;EndDate&gt;&lt;/EndDate&gt;     &lt;CoverageLevel&gt;&lt;/CoverageLevel&gt;     &lt;Provider&gt;&lt;/Provider&gt;   &lt;/TierCoverage&gt; &lt;/Coverage&gt;</pre>	Required
/TierCoverage / TierCoverage type	Contains a value corresponding to the participant's enrolled coverage. Use the Consortium's defined valid values.	<pre>&lt;TierCoverage type="Health"&gt;</pre>	Required
/[TierCoverage]/ TransactionCode	<p>Contains a value corresponding to the participant-level transaction. Valid values used by Hewitt are:</p> <ul style="list-style-type: none"> <li>- Add</li> <li>- Audit</li> <li>- Change</li> <li>- Delete</li> <li>- Reinstatement</li> <li>- Termination</li> </ul>	<pre>&lt;TransactionCode&gt;Change&lt;/TransactionCode&gt;</pre>	Required
/[TierCoverage]/ GroupNumber	Contains a value representing the health plan account structure for the participant. Values are defined by the health plan. The Group Number element consists of multiple coverage information values concatenated together as follows:	<pre>&lt;GroupNumber&gt;555123/551421/P765/MRV&lt;/GroupNumber&gt;</pre>	Required



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
	Made up of GroupNumber for (6 to 8 characters)/ Account Number for (6 to 8 characters)/ Benefit Package for (4 characters) Coverage Type (1 character) per coverage: The Coverage Type values are as follows: M = Medical R = Drug V = Vision		
/[TierCoverage]/ COBRAStatus	Contains the participant's COBRA status.  Values of COBRA or Non-COBRA.	<COBRAStatus>COBRA</COBRAStatus>	Required
/[TierCoverage]/ StartDate	Contains the participant's benefit effective date for coverage, coverage level and group number changes  This date should also match the Cobra Start Date when member is being enrolled in Cobra as PQB	<StartDate>2003-0501</StartDate>	Required
/[TierCoverage]/ COBRAInformation	Contains information on the period of COBRA coverage and on the type and date of the qualifying event triggering COBRA eligibility.	<COBRAInformation> <QualifyingEventDate>2001-10-31</QualifyingEventDate> <QualifyingEventCode>Termination</QualifyingEventCode> </COBRAInformation>	Situational for IBC
/[TierCoverage]/ COBRAInformation/ COBRAStartDate	Contains the PQB's benefit effective date for Cobra coverage.  This date should also match the Start Date above.		Situational for IBC
/[TierCoverage]/ COBRAInformation/ COBRAEndDate	Contains the PQB's benefit cancel date for Cobra coverage.		Situational for IBC
/[TierCoverage]/ COBRAInformation/ QualifyingEventDate	Contains the COBRA Qualifying Event date -- which can be different the Cobra Enrollment Date..  Ex: Date employee was termed or lost eligibility.	<QualifyingEventDate>2001-10-31</Qualifying EventDate>	Situational for IBC
/[TierCoverage]/ COBRAInformation/	Contains the participant's COBRA Qualifying Event code. Use the Consortium's defined valid values.	<QualifyingEventCode>Termination</Qualifying EventCode>	Situational for IBC



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
QualifyingEventCode			
END COBRA INFORMATION		</COBRAInformation>	Situational for IBC
/ [TierCoverage]/ EndDate	Report cancel date of the participant's coverage.  This date should match the Cobra end date for a Cobra PQB  format ccyy-mm-dd	<EndDate>2003-06-30</EndDate>	Required
/ [TierCoverage]/ CoverageLevel		<CoverageLevel> <CoverageLevelCode>Employee Only</CoverageLevelCode> <StartDate>2003-05-01</StartDate> </CoverageLevel>	Required
/ [TierCoverage]/ CoverageLevel/ CoverageLevelCode	Contains the value that represents the number of covered family members. Use the Consortium's defined valid values.	<CoverageLevelCode>Employee Only</CoverageLevelCode>	Required
/ [TierCoverage]/ CoverageLevel/ StartDate	Contains the date of the most recent coverage level code. <u>HR-XML valid CoverageLevelCode terms</u>  Employee and Children Employee and One Dependent Employee and Spouse Employee Only Family	<StartDate>2003-05-01</StartDate>	Required
END CoverageLevel		</CoverageLevel>	Required
/ [TierCoverage]/ Provider		<Provider providerType="Primary Care Provider" providerTypeQualifier="Person"> <StartDate>2007-08-01</StartDate> <OrganizationName>CT MEDICAL ASSOCIATES </OrganizationName> <ProviderId providerIdQualifier="Federal Taxpayer Identification Number">0031342001</ProviderId> </Provider>	Optional
/ [TierCoverage]/	PCP information is only applied for new adds or adds to	<Provider>	Optional



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
Provider	new group numbers. If the member exists the PCP sent on maintenance files will not overwrite the system PCP		
/ [TierCoverage]/ Provider/ providerType	Indicates the type of provider.	<Provider providerType="Primary Care Provider"	Optional
/ [TierCoverage]/ Provider/ providerTypeQualifier		providerTypeQualifier="Person">	Optional
/ [TierCoverage]/ Provider/OrganizationName	Name of the Provider Organization	<OrganizationName>CT MEDICAL ASSOCIATES </OrganizationName>	Optional
/ [TierCoverage]/ Provider/ ProviderId providerIdQualifier	PCP are numeric and are 10 characters in length Do not pass Alpha Characters	<ProviderId providerIdQualifier="Federal Taxpayer Identification Number">0031342001</ProviderId>	Optional
END PROVIDER		</Provider>	Optional
END TierCoverage		</TierCoverage>	Required
END Coverage		</Coverage>	Required



### 1.3.3 Employment Container

Insert Employment Container within Subscriber Container within Organization Container within Enrollment Container

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
EMPLOYMENT CONTAINER  /Employment	Global Complex type used to represent employee information.  Employee Level Only	<pre> &lt;Employment employeeid="12345"&gt;   &lt;EmploymentStatus&gt;     &lt;EmploymentStatusCode&gt;Active&lt;/EmploymentStatusCode&gt;     &lt;StartDate&gt;2004-05-01&lt;/StartDate&gt;   &lt;/EmploymentStatus&gt;   &lt;EmploymentLevel&gt;     &lt;EmploymentLevelCode&gt;Full Time&lt;/EmploymentLevelCode&gt;     &lt;StartDate&gt;2004-05-01&lt;/StartDate&gt;   &lt;/EmploymentLevel&gt;   &lt;EmploymentOrganization&gt;     &lt;EmploymentOrganizationGroup&gt;Midwest&lt;/EmploymentOrganizationGroup&gt;     &lt;EmploymentOrganizationGroupType&gt;Region&lt;/EmploymentOrganizationGroupType&gt;   &lt;/EmploymentOrganization&gt;   &lt;EmploymentOrganization&gt;     &lt;EmploymentOrganizationGroup&gt;Management&lt;/EmploymentOrganizationGroup&gt;     &lt;EmploymentOrganizationGroupType&gt;JobCode&lt;/EmploymentOrganizationGroupType&gt;   &lt;/EmploymentOrganization&gt;   &lt;HireDate&gt;2001-03-01&lt;/HireDate&gt; &lt;/Employment&gt; </pre>	Required
/ Enrollment/ EmploymentId	Container for all employment-related information as it relates to the person.	<pre> &lt;Employment employeeid="12345"&gt; </pre>	Optional
/Employment/ EmploymentStatus	Contains employment status information.	<pre> &lt;EmploymentStatus&gt;   &lt;EmploymentStatusCode&gt;Active&lt;/EmploymentStatusCode&gt;   &lt;StartDate&gt;2004-05-01&lt;/StartDate&gt; &lt;/EmploymentStatus&gt; </pre>	Required



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
/Employment/ EmploymentStatusCode	Contains the participant's employee status. Use the Consortium's defined valid values. Ex Active, Retired, Terminated	<EmploymentStatusCode>Active</EmploymentStatusCode>	Required
/Employment/ EmploymentStatus/ StartDate	Contains the effective date of participant's employment status. This is not the benefits effective date.	<StartDate>2004-05-01</StartDate>	Required
END EmploymentStatusCode		</EmploymentStatus>	Required
/Employment/ EmploymentLevel	Container for employment level information.	<EmploymentLevel> <EmploymentLevelCode>Full Time</EmploymentLevelCode> <StartDate>2003-05-01</StartDate> </EmploymentLevel>	Optional
/Employment/ EmploymentLevel/ EmploymentLevelCode	Contains the participant's Full Time/Part Time status, if available.	<EmploymentLevelCode>Full Time</EmploymentLevelCode>	Optional
/Employment/ EmploymentLevel/ StartDate	Contains the effective date of participant's employment level.	<StartDate>2003-05-01</StartDate>	Optional
END EmploymentLevel		</EmploymentLevel>	Optional
/Employment/ EmploymentOrganization	Contains the information regarding how the subscriber belongs to the employer.	<EmploymentOrganization>  <EmploymentOrganizationGroup>Midwest</EmploymentOrganization Group>  <EmploymentOrganizationGroupType>Region</EmploymentOrganizationGroupType> </EmploymentOrganization>	Optional
/Employment/ EmploymentOrganization/ EmploymentOrganizationGroup	Value PayrollLocation Value PayrollNumber	<EmploymentOrganizationGroup>Midwest</EmploymentOrganization Group> Or <EmploymentOrganizationGroup>01</EmploymentOrganizationGroup > OR <EmploymentOrganizationGroup>09389843343</EmploymentOrganiz	Optional



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
/EmploymentData/ EmploymentOrganization/ EmploymentOrganizationGroup Type	Indicates the particular organization group type.  PayrollLocation or PayrollNumber	ationGroup>  <EmploymentOrganizationGroupType>Region</EmploymentOrganiza tionGroupType>  Or  <EmploymentOrganizationGroupType>PayrollLocation</EmploymentO rganizationGroupType> OR <EmploymentOrganizationGroupType>PayrollNumber</EmploymentOr ganizationGroupType>	Optional
END EmploymentOrganization		</EmploymentOrganization>	Required
/Employment/ HireDate	Contains the participant's date of hire, if available.	<HireDate>2003-05-01</HireDate>	Optional
/Employment/ EmploymentTerminationDate	Contains the actual employment termination date, if applicable.	<EmploymentTerminationDate>2004-0-01</EmploymentTerminationDate>	Optional
END EmploymentContainer		</Employment	Required



### 1.3.4 Dependent Container

#### Insert Dependent Container within Subscriber Container within Organization Container

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
DEPENDENT CONTAINER		<pre>&lt;Dependent   &lt;Person&gt;&lt;/Person&gt;   &lt;Coverage&gt;&lt;/Coverage&gt; &lt;/Dependent&gt;</pre>	Situational
/ Enrollment/ Organization/ Subscriber/ Dependent/ relationshipCode and fullTimeStudent	<p>xsd:restriction base: xsd:string [Enumerations]: Adopted Child, Brother or Sister, Brother-in-Law or Sister-in-Law, Child, Collateral Dependent, Court Appointed Guardian, Cousin, Dependent of a Minor Dependent, Ex-Spouse, Father, Father or Mother, Father-in-Law or Mother-in-Law, Foster Child, Grandfather or Grandmother, Grandson or Granddaughter, Guardian, Life Partner, Mother, Nephew or Niece, Self, Son-in-Law or Daughter-in-Law, Sponsored Dependent, Spouse, Stepfather, Stepmother, Stepson or Stepdaughter, Uncle or Aunt, Ward</p>	<pre>&lt;Dependent relationshipCode="Spouse" fullTimeStudent="false"&gt;</pre> <p>Note: Indicates the relationship between subscriber and dependent.  <b>[Example(s): Spouse, Father, Brother-in-Law ]</b></p>	Situational
DEPENDENT PERSON CONTAINER	This person container identifies the covered dependent.	<pre>&lt;Person&gt;   &lt;IdentificationCode&gt;&lt;/IdentificationCode&gt;   &lt;PersonName&gt;&lt;/PersonName&gt;   &lt;Gender&gt;&lt;/Gender&gt;   &lt;DateofBirth&gt;&lt;/DateofBirth&gt;   &lt;DateofDeath&gt;&lt;/DateofDeath&gt;   &lt;ContactInformation&gt;&lt;/CommunicationInformation&gt;   &lt;Marital Status&gt;&lt;/MaritalStatus&gt;   &lt;Disability&gt;&lt;/Disability&gt; &lt;/Person&gt;</pre>	Situational
IdentificationCode		<pre>&lt;IdentificationCode&gt;   &lt;IdValue name="SocialSecurityNumber"&gt;123456789&lt;/IdValue&gt; &lt;/IdentificationCode&gt;</pre>	Situational
/ [PersonData]/		<IdentificationCode>	Situational



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
IdentificationCode			
/ [PersonData]/ IdentificationCode/IDValue/ IdentificationCode/IDValue	Constant Value of "SocialSecurityNumber" followed by the dependent SSN formatted: 999999999	<IdValue name="SocialSecurityNumber">123456789</IdValue>	Situational
END IdentificationCode		</IdentificationCode>	Situational
PersonName		<PersonName> <GivenName>Jane</GivenName> <MiddleName>A</MiddleName> <FamilyName>Sample</FamilyName> <Affixtype="familyNameSuffix">Jr.</Affix> </PersonName>	Situational
/ [PersonData]/ PersonName	The name of a person.	<PersonName>	Situational
/ PersonName/ GivenName	Contains the participant's First Name	<GivenName>Jane</GivenName>	Situational
/ PersonName/ MiddleName	Contains the participant's Middle Initial	<MiddleName>A</MiddleName>	Situational
</PersonName> FamilyName	Contains the participant's Last Name	<FamilyName>Sample</FamilyName>	Situational
/ PersonName/ Affix	Description of affix ex: FamilyNamePrefix or familyNameSuffix etc.	<Affixtype="familyNameSuffix">Jr.</Affix>	Situational
END PersonName		</PersonName>	Situational
Gender	Gender of the dependent	<Gender>2</Gender>	Situational
/ [PersonData]/ Gender	Contains the participant's Gender. Use values defined by HR-XML Consortium. 1 = Male; 2 = Female	<Gender>2	Situational
END Gender		</Gender>	Situational
DateOfBirth		<DateOfBirth>1968-03-24</DateOfBirth>	Situational
/ [PersonData]/ DateOfBirth	Contains the participant's Date of Birth Format: YYYY-MM-DD	<DateOfBirth>1968-03-24	Situational
END DateOfBirth		</DateOfBirth>	Situational



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
ContactInformation		<pre> &lt;ContactInformation&gt;   &lt;Telephone&gt;     &lt;FormattedNumber&gt;4074971449&lt;/FormattedNumber&gt;   &lt;/Telephone&gt;   &lt;PostalAddress&gt;     &lt;CountryCode&gt;US&lt;/CountryCode&gt;     &lt;PostalCode&gt;631295263&lt;/PostalCode&gt;     &lt;Region&gt;MO&lt;/Region&gt;     &lt;Municipality&gt;St. Louis&lt;/Municipality&gt;     &lt;DeliveryAddress&gt;       &lt;AddressLine&gt;123 Main Street&lt;/AddressLine&gt;       &lt;AddressLine&gt;Apt. 5B&lt;/AddressLine&gt;     &lt;/DeliveryAddress&gt;   &lt;/Postal Address&gt; &lt;/ContactInformation&gt; </pre>	Situational
/[ContactMethodType]/ Telephone & FormattedNumber	Contains the participant's telephone number, if available. Format: 9999999999	<pre> &lt;Telephone&gt;   &lt;FormattedNumber&gt;3142859863&lt;/FormattedNumber&gt; </pre>	Situational
END Telephone		<pre> &lt;/Telephone&gt; </pre>	Situational
PostalAddress		<pre> &lt;PostalAddress&gt;   &lt;CountryCode&gt;US&lt;/CountryCode&gt;   &lt;PostalCode&gt;631295263&lt;/PostalCode&gt;   &lt;Region&gt;MO&lt;/Region&gt;   &lt;Municipality&gt;St. Louis&lt;/Municipality&gt;   &lt;DeliveryAddress&gt;     &lt;AddressLine&gt;123 Main Street&lt;/AddressLine&gt;     &lt;AddressLine&gt;Apt. 5B&lt;/AddressLine&gt;   &lt;/DeliveryAddress&gt; &lt;/Postal Address&gt; </pre>	Situational
/ PostalAddress/ CountryCode	Contains the participant's postal Country Code (ISO Code)	<pre> &lt;CountryCode&gt;US&lt;/CountryCode&gt; </pre>	Situational
/ PostalAddress/ PostalCode	Contains the participant's postal ZIP Code.	<pre> &lt;PostalCode&gt;631295263&lt;/PostalCode&gt; </pre>	Situational



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
/ PostalAddress/ Region	Contains the participant's postal State Code.	<Region>MO</Region>	Situational
/ PostalAddress/ Municipality	Contains the participant's postal City.	<Municipality>St. Louis</Municipality>	Situational
DELIVERY ADDRESS E&A		<DeliveryAddress> <AddressLine>123 Main Street</AddressLine> <AddressLine>Apt. 5B</AddressLine> </DeliveryAddress>	Situational
/ PostalAddress/ DeliveryAddress	Contains the participant's postal Mailing Address. Repeat as needed.	<DeliveryAddress>	Situational
/ PostalAddress/ DeliveryAddress/ AddressLine	Maximum Address Lines = 2 Include Street Address, Apartment Number, P.O. Box Numbers etc.	<AddressLine>123 Main Street</AddressLine> <AddressLine>Apt. 5B</AddressLine>	Situational
END DeliveryAddress		</DeliveryAddress>	Situational
END PostalAddress		</Postal Address>	Situational
END ContactInformation		</ContactInformation>	Situational
DisabilityIndicator	True or False to Disabled	<DisbaillityIndicator>True or False	Situational
END DISABILITY CONTAINER		</DisbaillityIndicator>	Situational
END DependentPerson		</Person>	Situational
TIER COVERAGE DEPENDENT CONTAINER	This tier coverage container is for the covered dependent.	<Coverage> <TierCoverage type="Health"> <GroupNumber>00390072/00500624/P006/GroupNumber> <COBRASstatus>non-COBRA</COBRASstatus> <StartDate>2005-01-01</StartDate> <CoverageLevel> <CoverageLevelCode>Employee Only</CoverageLevelCode> <StartDate>2003-05-01</StartDate> <CoverageLevel> </TierCoverage> </Coverage>	Situational



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
/[Coverage]/ TierCoverage	Container for information about TierCoverages in which the person is enrolled.	<pre>&lt;Coverage&gt;   &lt;TierCoverage type="Health"&gt;     &lt;TransactionCode&gt;Change&lt;/TransactionCode&gt;     &lt;GroupNumber&gt;555123/678222/P765/MRV&lt;/GroupNumber&gt;     &lt;COBRASStatus&gt;non-COBRA&lt;/COBRASStatus&gt;</pre>	Situational
/TierCoverage / TierCoverage type	Contains a value corresponding to the participant's enrolled coverage. Use the Consortium's defined valid values.	<pre>&lt;TierCoverage type="Health"&gt;</pre>	Situational
/[TierCoverage]/ TransactionCode	<p>Contains a value corresponding to the participant-level transaction. Valid values used by Hewitt are:</p> <ul style="list-style-type: none"> <li>- Add</li> <li>- Audit</li> <li>- Change</li> <li>- Delete</li> <li>- Reinstatement</li> <li>- Termination</li> </ul>	<pre>&lt;TransactionCode&gt;Change&lt;/TransactionCode&gt;</pre>	Situational
/[TierCoverage]/ GroupNumber	<p>Contains a value representing the health plan account structure for the participant. Values are defined by the health plan. The Group Number element consists of multiple coverage information values concatenated together as follows:</p> <p>Made up of GroupNumber for (6 to 8 characters)/ Account Number for (6 to 8 characters)/ Benefit Package for (4 characters) Coverage Type (1 character) per coverage: The Coverage Type values are as follows:</p> <p>M = Medical R = Drug V = Vision</p>	<pre>&lt;GroupNumber&gt;555123/551421/P765/MRV&lt;/GroupNumber&gt;</pre>	Situational
/[TierCoverage]/ COBRASStatus	<p>Contains the participant's COBRA status.</p> <p>Values of COBRA or Non-COBRA.</p>	<pre>&lt;COBRASStatus&gt;COBRA&lt;/COBRASStatus&gt;</pre>	Situational
/[TierCoverage]/	Contains the participant's benefit effective date for	<pre>&lt;StartDate&gt;2003-0501&lt;/StartDate&gt;</pre>	Situational



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
StartDate	coverage, coverage level and group number changes  This date should also match the Cobra Start Date when member is being enrolled in Cobra as PQB		
/[TierCoverage]/ COBRAInformation	Contains information on the period of COBRA coverage and on the type and date of the qualifying event triggering COBRA eligibility.	<COBRAInformation> <QualifyingEventDate>2001-10-31</QualifyingEventDate> <QualifyingEventCode>Termination</QualifyingEventCode> </COBRAInformation>	Situational for IBC
/[TierCoverage]/ COBRAInformation/ COBRASStartDate	Contains the PQB's benefit effective date for Cobra coverage. This date should also match the StartDate above.		Situational for IBC
/[TierCoverage]/ COBRAInformation/ COBRAEndDate	Contains the PQB's benefit cancel date for Cobra coverage.		Situational for IBC
/[TierCoverage]/ COBRAInformation/ QualifyingEventDate	Contains the COBRA Qualifying Event date -- which can be different the Cobra Enrollment Date.. Ex: Date employee was termed or lost eligibility.	<QualifyingEventDate>2001-10-31</Qualifying EventDate>	Situational for IBC
/[TierCoverage]/ COBRAInformation/ QualifyingEventCode	Contains the participant's COBRA Qualifying Event code. Use the Consortium's defined valid values.	<QualifyingEventCode>Termination</Qualifying EventCode>	Situational for IBC
END COBRA INFORMATION		</COBRAInformation>	Situational
/[TierCoverage]/ EndDate	Report cancel date of the participant's coverage. This date should match the Cobra end date for a Cobra PQB format ccyy-mm-dd	<EndDate>2003-06-30</EndDate>	Situational
/[TierCoverage]/ CoverageLevel		<CoverageLevel> <CoverageLevelCode>Family</CoverageLevelCode> <StartDate>2003-05-01</StartDate> </CoverageLevel>	Situational
/[TierCoverage]/ CoverageLevel/ CoverageLevelCode	Contains the value that represents the number of covered family members. Use the Consortium's defined valid values.	<CoverageLevelCode>Employee Only</CoverageLevelCode>	Situational



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
	<p><u>HR-XML valid CoverageLevelCode terms</u></p> <ul style="list-style-type: none"> <li>Children Only</li> <li>Dependents Only</li> <li>Employee and Children</li> <li>Employee and Five or More Dependents</li> <li>Employee and Four or More Dependents</li> <li>Employee and One Dependent</li> <li>Employee and One or More Dependents</li> <li>Employee and Spouse</li> <li>Employee and Three Dependents</li> <li>Employee and Three or More Dependents</li> <li>Employee and Two Dependents</li> <li>Employee and Two or More Dependents</li> <li>Employee Only</li> <li>Family</li> <li>Individual</li> <li>Not Applicable</li> <li>Spouse and Children</li> <li>Spouse Only</li> <li>Two Party</li> <li>Employee and Domestic Partner</li> <li>Domestic Partner and Children</li> <li>Domestic Partner Only</li> <li>Employee and Spouse or Domestic Partner</li> <li>Child or Children of a Domestic Partner</li> </ul>		
/[TierCoverage]/ CoverageLevel/ StartDate	Contains the date of the most recent coverage level code.	<StartDate>2003-05-01</StartDate>	Situational
END CoverageLevel		</CoverageLevel>	Situational
/[TierCoverage]/ Provider		<pre>&lt;Provider providerType="Primary Care Provider" providerTypeQualifier="Person"&gt; &lt;StartDate&gt;2007-08-01&lt;/StartDate&gt; &lt;OrganizationName&gt;CT MEDICAL ASSOCIATES &lt;/OrganizationName&gt; &lt;ProviderId providerIdQualifier="Federal Taxpayer Identification</pre>	Situational



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
		Number">0031342001</ProviderId> </Provider>	
/ [TierCoverage]/ Provider	PCP information is only applied for new adds or adds to new group numbers. If the member exists the PCP sent on maintenance files will not overwrite the system PCP	<Provider>	Situational
/ [TierCoverage]/ Provider/ providerType	Indicates the type of provider.	<Provider providerType="Primary Care Provider"	Situational
/ [TierCoverage]/ Provider/ providerTypeQualifier		providerTypeQualifier="Person">	Situational
/ [TierCoverage]/ Provider/ OrganizationName	Name of the Provider Organization	<OrganizationName>CT MEDICAL ASSOCIATES </OrganizationName>	Optional
/ [TierCoverage]/ Provider/ ProviderId providerIdQualifier	PCP are numeric and are 10 characters in length Do not pass Alpha Characters	<ProviderId providerIdQualifier="Federal Taxpayer Identification Number">0031342001</ProviderId>	Situational
END PROVIDER		</Provider>	Situational
END TierCoverage		</TierCoverage>	Situational
END Coverage		</Coverage>	Situational
END Dependent		</Dependent>	Situational
<b>NOTE: Dependent Container can be used as many times as necessary to identify a full contract.</b>			
END EMPLOYMENT		</Employment>	Required
END SUBSCRIBER CONTAINER		</Subscriber>	Required
Organization ID tag		<OrganizationId> <IdValue name="CID"> </IdValue> </OrganizationId>	Required
IDvalue name="CID"	Contains a health plan-defined value to identify the client. Ex: organizationId="ABC123"  Carrier Customer Identification Number	<IdValue name="CID">AS12345</IdValue>	Required
END ORGANIZATION ID CONTAINER		</OrganizationId>	Required
END ORGANIZATION		</Organization>	Required



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
CONTAINER			
END ENROLLMENT CONTAINER		</Enrollment>	Required



## Sample HR – XML file containing a full family contract

**Note: HR-XML files require full contract**

```
<Enrollment xmlns:xsi="http://schemas.hr-xml.org http://ns.hr-xml.org/2_5/HR-XML-2_5/Enrollment/Enrollment.xsd"
xmlns="http://ns.hr-xml.org/2004-08-02"
transactionType="Change"
creationDate="2006-11-01T13:06:02-05:00"
originatorId="111111"
originatorName="Sample Vendor"
baselineDate="2006-11-01"
recipientId="230370270">
<UniquePayloadTrackingId>
<IdValue name="TrackingID">hrxml_123.xml</IdValue>
</UniquePayloadTrackingId>
<Organization organizationName=" Sample Vendor ">
  <BenefitsAdministrativeAffiliate>
    <OrganizationName>XYZ LLC</OrganizationName>
    <EntityRole>Third Party Administrator</EntityRole>
    <IdentificationCode>
      <IdValue name="Mutually Defined">111111</IdValue>
    </IdentificationCode>
  </BenefitsAdministrativeAffiliate>
</Subscriber>
  <SubscriberType>
    <SubscriberTypeCode>Employment</SubscriberTypeCode>
    <StartDate>2008-06-04</StartDate>
  </SubscriberType>
  <Person>
    <IdentificationCode>
      <IdValue name="SocialSecurityNumber">111223333</IdValue>
    </IdentificationCode>
    <PersonName>
      <GivenName>John</GivenName>
      <MiddleName>A</MiddleName>
      <FamilyName>Doe</FamilyName>
    </PersonName>
    <Gender>1</Gender>
    <DateOfBirth>1952-09-27</DateOfBirth>
  </Person>
  <ContactInformation>
    <Use>Business</Use>
    <Telephone>
      <FormattedNumber>(610) 476-7669</FormattedNumber>
    </Telephone>
    <PostalAddress>
      <CountryCode>US</CountryCode>
      <PostalCode>19103</PostalCode>
      <Region>PA</Region>
      <Municipality>Philadelphia</Municipality>
      <DeliveryAddress>
        <AddressLine>1901 Market Street</AddressLine>
      </DeliveryAddress>
    </PostalAddress>
  </ContactInformation>
</ContactInformation>
<ContactInformation>
```



```
<Use>Personal</Use>
<Telephone>
  <FormattedNumber>(610) 565-9654</FormattedNumber>
</Telephone>
</ContactInformation>
</Person>
<Coverage>
  <TierCoverage type="Health">
    <TransactionCode>Add</TransactionCode>
    <GroupNumber>390193/579572/H193/MR</GroupNumber>
    <COBRAStatus>non-COBRA</COBRAStatus>
    <StartDate>2008-07-01</StartDate>
    <CoverageLevel>
      <CoverageLevelCode>Family</CoverageLevelCode>
      <StartDate>2008-07-01</StartDate>
    </CoverageLevel>
  </TierCoverage>
</Coverage>
<Employment>
  <EmploymentStatus>
    <EmploymentStatusCode>Active</EmploymentStatusCode>
    <StartDate>2008-06-04</StartDate>
  </EmploymentStatus>
</Employment>
  <Dependent relationshipCode="Spouse" fullTimeStudent="false">
    <Person>
      <IdentificationCode>
        <IdValue name="SocialSecurityNumber">222334444</IdValue>
      </IdentificationCode>
    </Person>
  </Dependent>
  <PersonName>
    <GivenName>Jane</GivenName>
    <FamilyName>Doe</FamilyName>
  </PersonName>
  <Gender>2</Gender>
  <DateOfBirth>1962-02-14</DateOfBirth>
</ContactInformation>
  <PostalAddress>
    <CountryCode>US</CountryCode>
    <PostalCode>19101</PostalCode>
    <Region>PA</Region>
    <Municipality>Philadelphia</Municipality>
    <DeliveryAddress>
      <AddressLine>1901 Market Street</AddressLine>
    </DeliveryAddress>
  </PostalAddress>
</ContactInformation>
</Person>
Coverage>
  <TierCoverage type="Health">
    <GroupNumber>390193/579572/H193/MR</GroupNumber>
    <COBRAStatus>non-COBRA</COBRAStatus>
    <StartDate>2008-07-01</StartDate>
    <CoverageLevel>
      <CoverageLevelCode>Family</CoverageLevelCode>
      <StartDate>2008-07-01</StartDate>
    </CoverageLevel>
```



```
</TierCoverage>
</Coverage>
</Dependent>
<Dependent relationshipCode="Child" fullTimeStudent="true">
<Person>
  <IdentificationCode>
    <IdValue name="SocialSecurityNumber">777889999</IdValue>
  </IdentificationCode>
  <PersonName>
    <GivenName>John</GivenName>
    <FamilyName>Doe</FamilyName>
    <Affix type="familyNameSuffix">Jr.</Affix>
  </PersonName>
  <Gender>1</Gender>
  <DateOfBirth>1986-02-16</DateOfBirth>
  <ContactInformation>
    <PostalAddress>
      <CountryCode>US</CountryCode>
      <PostalCode>1901</PostalCode>
      <Region>PA</Region>
      <Municipality>Philadelphia</Municipality>
      <DeliveryAddress>
        <AddressLine>1901 Market Street</AddressLine>
      </DeliveryAddress>
    </PostalAddress>
  </ContactInformation>
</Person>
<Coverage>
  <TierCoverage type="Health">
    <GroupNumber>390193/579572/H193/MR</GroupNumber>
    <COBRASStatus>non-COBRA</COBRASStatus>
    <StartDate>2008-07-01</StartDate>
    <CoverageLevel>
      <CoverageLevelCode>Family</CoverageLevelCode>
      <StartDate>2008-07-01</StartDate>
    </CoverageLevel>
  </TierCoverage>
</Coverage>
</Dependent>
<Dependent relationshipCode="Child">
<Person>
  <IdentificationCode>
    <IdValue name="SocialSecurityNumber">444556666</IdValue>
  </IdentificationCode>
  <PersonName>
    <GivenName>Jamie</GivenName>
    <FamilyName>Doe</FamilyName>
  </PersonName>
  <Gender>2</Gender>
  <DateOfBirth>1988-06-30</DateOfBirth>
  <ContactInformation>
    <PostalAddress>
      <CountryCode>US</CountryCode>
      <PostalCode>19103</PostalCode>
      <Region>PA</Region>
      <Municipality>Philadelphia</Municipality>
```



```
<DeliveryAddress>
  <AddressLine>1901 Market Street</AddressLine>
</DeliveryAddress>
</PostalAddress>
</ContactInformation>
  <DisabilityIndicator>true</DisabilityIndicator>
</Person>
<Coverage>
  <TierCoverage type="Health">
    <GroupNumber>390193/579572/H193/MR</GroupNumber>
    <COBRAStatus>non-COBRA</COBRAStatus>
    <StartDate>2008-07-01</StartDate>
    <CoverageLevel>
      <CoverageLevelCode>Family</CoverageLevelCode>
      <StartDate>2008-07-01</StartDate>
    </CoverageLevel>
  </TierCoverage>
</Coverage>
</Dependent>
</Subscriber>
<OrganizationId>
  <IdValue name="CID">PA02232A</IdValue>
</OrganizationId>
</Organization>
</Enrollment>
```



# IV. Implementation Plan - Overview

Customer Name / Submitter

Electronic Enrollment Implementation Plan / Timeline

Task	Duration / Target Date	Task Owner(s)
<p>Initial Conference Call</p> <ul style="list-style-type: none"> <li>• Discuss Real-Time HR-XML file specification documents and schema specs</li> <li>• Discuss WebServices connection</li> <li>• Review customer specific questions</li> </ul> <p>Weekly or Bi Weekly conference calls will be scheduled to discuss format, edits, and testing results.</p>	<ul style="list-style-type: none"> <li>• 99/99/99</li> </ul>	<ul style="list-style-type: none"> <li>• Broker/Vendor/Association</li> <li>• IBC</li> </ul>
<p>Preparation for testing</p> <ul style="list-style-type: none"> <li>• Set Up and Testing</li> <li>• Send Timeline</li> <li>• Send Meeting notes</li> </ul>	<ul style="list-style-type: none"> <li>• 99/99/99</li> </ul>	<ul style="list-style-type: none"> <li>• Broker/Vendor/Association</li> <li>• IBC</li> </ul>
<p>Testing Cycles</p> <ul style="list-style-type: none"> <li>• Phase 1 – File format/compliance</li> <li>• Phase 2 – Adds/terms scenarios</li> <li>• Phase 3 – Change scenarios (ex: group to group movement, employee only to family coverage) May be combined with adds/terms</li> <li>• Final Phase – Data Synchronization, Pilot and Production signoff</li> </ul> <p>Duration/target date is determined how fast testing timelines are met and the success rate of the test.</p>	<ul style="list-style-type: none"> <li>• 99/99/99</li> </ul>	<ul style="list-style-type: none"> <li>• Broker/Vendor/Association</li> <li>• IBC</li> </ul>
<p>Pilot / Pre "Go Live"</p> <ul style="list-style-type: none"> <li>• 1<sup>st</sup> Pilot file will be a full file from the Vendor (if full file is available)</li> <li>• Acknowledgment signoff</li> </ul> <p>The HR-XML deployment team, Enrollment and the submitter will review the first 3 weeks of Pilot closely. Once signoffs are submitted by all teams then customer is in full production</p>	<ul style="list-style-type: none"> <li>• 99/99/99</li> </ul>	<ul style="list-style-type: none"> <li>• Broker/Vendor/Association</li> <li>• IBC</li> </ul>



# Timeline – sample

Below is a sample timeline that will be sent out to each customer once the first system generated test file successfully passes the compliance test. A typical first time vendor deployment can take up to six months to code the HR-XML schema, complete testing scenarios, establish connectivity and move into Pilot/Production. Please note that this timeline can be condensed to as little as three months depending on the customers’ commitment to daily turnarounds for code updates, regression scenario testing and connectivity issues.

ABC Company 'GO-LIVE' DRAFT Timeline	
Task	Date
Kickoff Meeting	Jan - 01
Customer mapping to HR-XML Schema	Jan – 02 thru Feb - 11
Successful completion of HR-XML Schema Compliance Testing	Feb – 12 thru Feb - 13
Connectivity Testing (WebServices)	Feb – 14 thru Feb - 28
Testing Scenarios 1.0 - Add Transactions	March – 01 thru March – 15
Testing Scenarios 2.0 Changes Transactions	March – 16 thru March - 30
Testing Scenarios 3.0 and 4.0 Changes and Demographic changes	March – 31 thru April - 14
Testing Scenarios 5.0 - 7.0 Term Transactions	April – 15 thru April - 29
Testing Scenarios 8.0 - 10.0 Group to group change Transactions	April - 30 thru May - 14
Testing Scenarios 10.0 - 12.0 Group to group change Transactions	May - 15 thru May - 29
Acknowledgment testing	March – 01 thru May - 29
Regression testing (Test before Pilot phase begins*)	May – 30 thru June - 6
Full file sync (if full file is available)	June - 7
Pilot phase 'Pre-Production'	June – 7 thru June - 10
Production sign off & Webcast training (if applicable)	June - 11
<b>"Go Live" - Production</b>	<b>June - 12</b>

\*(if necessary)



# V. Testing Phases

*Please note: During the first phases of testing, connectivity testing will be conducted while testing scenario files are being submitted via secure Email.*

## Phase 1 – Compliance/Schema validation

The first test files are used as compliance tests. Once it is determined by the IBC deployment team that a file past all schema validation then the first phase of testing is complete. It is also important that these compliance test file be generated from the source system that will be generating the production HR-XML transactions.

## Phase 2 – Adds , Terms and Reinstatements

These test files consist of system generated adds, terms and reinstatements using both positive and negative testing scenarios. Since all these test files will be run against the IBC quality assurance regions (not in Production system) all add files should be new enrollment test members in order to test the add functionality of the HR-XML coding.

Test Transaction Specifications	Positive/Negative
Add Single Contract - Current Date	Pos
Add Subscriber & Spouse Contract - 120 days prior	Neg
Add Subscriber & Domestic Partner - Future Date	Pos
Add Family Contracts - Current Date	Pos
Add Parent & Child Contract	Pos
Add Parent & Children Contract - Future Date	Pos
<b>ADD DEPENDENT TRANSACTION TESTING</b>	
Add Child	Pos
Add Child – Newborn	Pos
Add Child - Overage	Neg
Add Child - Overage Student	Pos
Add Child - Handicap Overage	Pos
<b>ADD SPOUSE/DOMESTIC PARTNER/SIGNIFICANT OTHER</b>	
Add Spouse	Pos
Add Spouse to existing Subscriber & Child(ren) Contract	Pos
Add Spouse to existing Contract that already has a Covered Spouse	Neg
Add DP to existing Contract for groups with or without DP allowance.	Pos/ Neg
Add DP to existing Contract with a covered Spouse	Neg



<b>TERM MEMBER</b>	
Term – Subscriber – sub only coverage	Pos
Term – Husband Wife Contract	Pos
Term – Family Contract	Pos
Term Spouse	Pos
Term - Child	Pos
<b>Reinstatements</b>	
Reinstate Contracts - Single - New Effective Date	Pos
Reinstate Contracts - Family - New Effective Date	Pos
Reinstate Contracts - 60 Day Retro	Pos
Reinstate Contracts - 120 Day Retro	Neg



### Phase 3 – Change scenarios

These test files detail changes to an already existing contract holder. Existing production contracts can be used during this testing phase. The change coverage transactions are determined by the EDI deployment team based on the deployment customer’s coverages.

Test Transaction Specifications	Positive/Negative
<b>DEMOGRAPHIC CHANGES</b>	
Address Change	Pos
Telephone Change	Pos
Last Name Change - Subscriber	Pos
Last Name Change - Subscriber & One other existing covered dependent	Pos
First Name Change - Subscriber	Pos
First Name Change - Subscriber & One other existing covered dependent	Pos
DOB Change - Subscriber	Neg
DOB Change - Subscriber & One other existing covered dependent	Pos
Gender Change – Subscriber	Pos
Gender Change - Subscriber & One other existing covered dependent	Pos
<b>COVERAGE CHANGE - MULTIPLE BENEFIT OPTIONS - GROUP TO GROUP MOVEMENT</b>	
Change Coverage HMO to HMO	Pos
Change Coverage POS to POS	Pos
Change Coverage HMO to POS	Pos
Change Coverage PPO to PPO	Pos
Change Coverage HMO to PPO	Pos
Change Coverage PPO to HMO	Pos
Change Coverage PPO to POS	Pos
<b>COVERAGE CHANGE – with TIER LEVEL CHANGES</b>	
Change Coverage – Add Spouse	Pos
Change Coverage – Add Spouse and Child	Pos
Change Coverage – Add only Child	Pos
Change Coverage – Term Spouse	Pos
Change coverage – Term Spouse and Child	Pos
Change Coverage – Term only Child	Pos
<b>COVERAGE CHANGE – with DEMOGRAPHIC CHANGE</b>	
Change Coverage – Change Address	Pos
Change Coverage – Change last name	Pos
Change Coverage – Change Telephone number	Pos



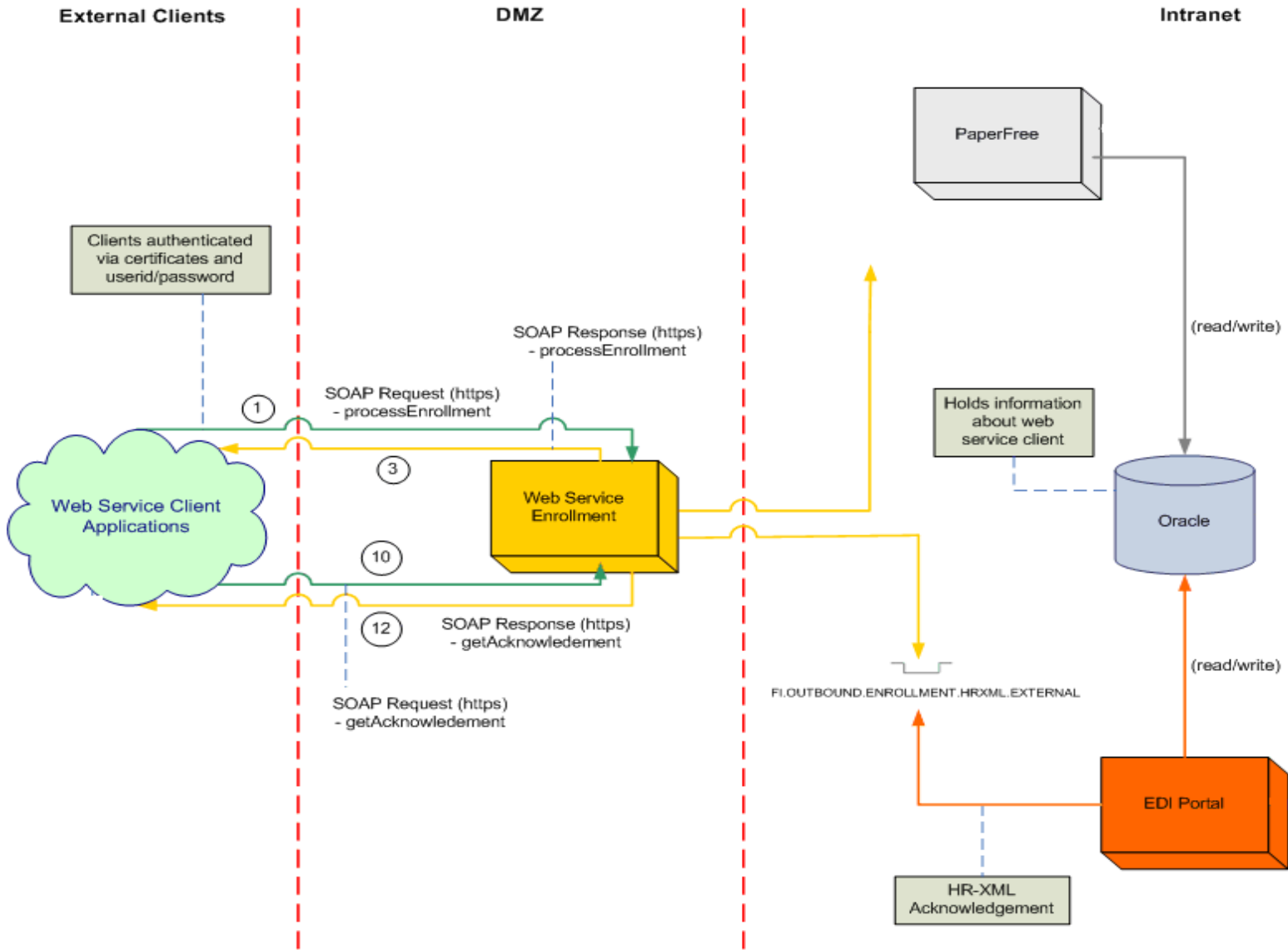
## VI. Connectivity

WebServices is the connection of choice for HR-XML real-time transactions. With WebServices, the vendor has a constant connection with IBC. This .NET platform is used for the transmission of the eligibility transactions and acknowledgement responses. Information regarding the connection to WebServices is provided at the time of deployment.

MQ Series is also available as a connection for real-time HR-XML, however the WebServices .NET platform is the preferred method.

The following is a flow chart showing the transaction process via WebServices.

**Description:** Shows how asynchronous web service will integrate with existing EDI enrollment system. External clients will send HR-XML enrollment via a SOAP request, an acknowledgement is sent back stating that enrollment was received. The client will have to poll web service for HR-XML acknowledgement.





## VII. CDHC Products

Within version 2.5 of the HR-XML consortium spec document, CDHC products can now be handled via the HR-XML eligibility file when applicable. The following tags are placed within the TierCoverage container and are detailed as follows:

### HSA coverages

**Note the elements listed below are only detailing what is needed for the HSA information. All required TierCoverage tags are still required.**

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
TIERCOVERAGE	This tier coverage container is for the employee or contract holder.	<pre>&lt;Coverage&gt;   &lt;TierCoverage type Helath     &lt;TransactionCode&gt;&lt;/TransactionCode&gt;     &lt;GroupNumber&gt;&lt;/GroupNumber&gt;     &lt;COBRAStatus&gt;&lt;/COBRAStatus&gt;     &lt;StartDate&gt;&lt;/StartDate&gt;     &lt;COBRAInformation&gt;&lt;/COBRAInformation&gt;     &lt;EndDate&gt;&lt;/EndDate&gt;     &lt;CoverageLevel&gt;&lt;/CoverageLevel&gt;     &lt;Provider&gt;&lt;/Provider&gt;     &lt;HSAVendor&gt;&lt;/HSAVendor&gt;     &lt;IdCard&gt;&lt;/IdCard&gt;   &lt;/TierCoverage&gt; &lt;/Coverage&gt;</pre>	Situational for IBC
/ [TierCoverage ]/ HSAVendor	Contains identifying information related to the selection of a health care spending account (HSA) vendor. This element is used only if the tier coverage is elected in connection to a HSA offering.	<pre>&lt;HSAVendor&gt;   &lt;OrganizationName&gt;&lt;/OrganizationName&gt;   &lt;IdentificationCode&gt;&lt;/IdentificationCode&gt;   &lt;ContactInformation&gt;&lt;/ContactInformation&gt;   &lt;UseDefaultAccountSponsor&gt;&lt;/UseDefaultAccountSponsor&gt;   &lt;SignatureDate&gt;&lt;/SignatureDate&gt; &lt;/HSAVendor&gt;</pre>	Situational for IBC
/ [TierCoverage ]/ HSAVendor/ OrganizationName	The name of the HSA vendor elected by the subscriber.	<OrganizationName>Bancorp</OrganizationName>	Optional
/ [TierCoverage ]/ HSAVendor/	The ID code assigned to the Organization Name	<IdentificationCode>	Optional



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
IdentificationCode	chosen in the <OrganizationName> tag	<IdValue name="OrganizationNumber">123456</IdValue> </IdentificationCode>	
/[TierCoverage ]/ HSAVendor/ UseDefaultAccountSponsor	This tag is used to identify if the HAS Vendor is Bancorp. 1 = Yes 0 = No	<UseDefaultAccountSponsor>1</UseDefaultAccountSponsor>	Required
/[TierCoverage ]/ HSAVendor/ SignatureDate	Used to indicate that the subscriber's signature selecting the indicated HSA vendor is on file with benefits administrator. Provides the signature date for that election.	<SignatureDate>2008-01-01</SignatureDate>	Optional

### FSA coverages

Note the elements listed below are only detailing what is needed for the FSA information. All required TierCoverage tags are still required.

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
TIERCOVERAGE	This tier coverage container is for the employee or contract holder.	<Coverage> <TierCoverage></ TierCoverage> <SpendingAccountCoverage type = "FSA Health Care"> <GroupNumber></GroupNumber> <StartDate> </StartDate> <EndDate></EndDate> <ContributionData> <GoalAmount></GoalAmount> <PerPayPeriodAmount></PerPayPeriodAmount> <Frequency></Frequency> <FirstPayrollDate><FirstPayrollDate> </ContributionData> <AutoReimbursementIndicator></AutoReimbursementIndicator> </SpendingAccountCoverage> </Coverage>	Situational for IBC



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
/SpendingAccountCoverage type	Contains identifying information related to the selection of a flexible spending account Health Care (FSA). This element is used only if the tier coverage is elected in connection to a FSA offering.	<SpendingAccountCoverage type = "FSA Health Care">	Situational for IBC
[SpendingAccountCoverage]/GroupNumber	Group number that the member is choosing that has the FSA	<GroupNumber>123456</GroupNumber>	Situational for IBC
[SpendingAccountCoverage]/StartDate	The start date of the member's FSA plan. CCYY-MM-DD. Required	<StartDate> 2008-01-01</StartDate>	Situational for IBC
[SpendingAccountCoverage]/EndDate	The end date of the member's FSA plan. CCYY-MM-DD. Required	<EndDate>2008-02-01</EndDate>	Situational for IBC
[SpendingAccountCoverage]/ContributionData	Information about the member's contribution to the FSA plan.	<ContributionData contributor="Employee"> <GoalAmount currency="USD"></GoalAmount> <PerPayPeriodAmount currency="USD"></PerPayPeriodAmount> <Frequency></Frequency> <FirstPayrollDate><FirstPayrollDate> </ContributionData>	Situational for IBC
[SpendingAccountCoverage]/ContributionData/GoalAmount	The employee's total amount pledged for the plan year for FSA. \$\$\$\$cc; Only required when employee chooses FSA plan. Not Applicable for Dependent	<GoalAmount currency="USD">750.00</GoalAmount>	Situational for IBC
[SpendingAccountCoverage]/ContributionData/PerPayPeriodAmount	The employee's per pay deduction for FSA. \$\$\$\$cc; Only required when employee chooses FSA plan. Not Applicable for Dependent.	<PerPayPeriodAmount currency="USD">75.00</PerPayPeriodAmount>	Situational for IBC
[SpendingAccountCoverage]/ContributionData/Frequency	The frequency with which the employee is paid. B (Biweekly) - this is every other week W (Weekly) S (Semi-monthly) - this is 2x/month M (Monthly) A (Annual) O (Other) Required for Employee. Not Applicable for	<Frequency>Bi-Weekly</Frequency>	Situational for IBC



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
	Dependent.		
[SpendingAccountCoverage]/ContributionData/FirstPayrollDate	The employee's First Payroll Date for the effective period (first payroll wherein money should be withdrawn) CCYY-MM-DD. Required for Employee. Not Applicable for Dependent.	<FirstPayrollDate>2008-09-14</ FirstPayrollDate>	Situational for IBC
End ContributionData		</ContributionData>	Situational for IBC
/[SpendingAccountCoverage]/AutoReimbursement	The HRA/FSA claims autoroll option the employee has selected. Option "C" is only available if the Group has chosen to allow Member Choice for autoroll. A (Autoroll All Claims) C (Autoroll Claim by Claim) N (Do not Autoroll) Required if HRA and/or FSA is purchased and Group has purchased the autoroll option.	<AutoReimbursement></ AutoReimbursement>	Situational for IBC
End SpendingAccountCoverage		</SpendingAccountCoverage>	Situational for IBC

### DCA coverages

Note the elements listed below are only detailing what is needed for the DCA information. All required TierCoverage tags are still required.

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
TIERCOVERAGE	This tier coverage container is for the employee or contract holder.	<Coverage> <TierCoverage></ TierCoverage> <SpendingAccountCoverage type = "FSA Dependent Care"> <GroupNumber></GroupNumber> <StartDate> </StartDate> <EndDate></EndDate>	Situational for IBC



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
		<pre> &lt;ContributionData&gt;   &lt;GoalAmount&gt;&lt;/GoalAmount&gt;   &lt;PerPayPeriodAmount&gt;&lt;/PerPayPeriodAmount&gt;   &lt;Frequency&gt;&lt;/Frequency&gt;   &lt;FirstPayrollDate&gt;&lt;FirstPayrollDate&gt; &lt;/ContributionData&gt; &lt;/SpendingAccountCoverage&gt; &lt;/Coverage&gt; </pre>	
/SpendingAccountCoverage type	Contains identifying information related to the selection of a flexible spending Dependent account (DCA). This element is used only if the tier coverage is elected in connection to a DCA offering.	<SpendingAccountCoverage type = "FSA Dependent Care">	Situational for IBC
[SpendingAccountCoverage]/GroupNumber	Group number that the member is choosing that has the DCA	<GroupNumber>123456</GroupNumber>	Situational for IBC
[SpendingAccountCoverage]/StartDate	The start date of the member's DCA plan. CCYY-MM-DD. Required	<StartDate> 2008-01-01</StartDate>	Situational for IBC
[SpendingAccountCoverage]/EndDate	The end date of the member's DCA plan. CCYY-MM-DD. Required	<EndDate>2008-02-01</EndDate>	Situational for IBC
[SpendingAccountCoverage]/ContributionData	Information about the member's contribution to the DCA plan.	<pre> &lt;ContributionData contributor="Employee"&gt;   &lt;GoalAmount currency="USD"&gt;&lt;/GoalAmount&gt;   &lt;PerPayPeriodAmount currency="USD"&gt;&lt;/PerPayPeriodAmount&gt;   &lt;Frequency&gt;&lt;/Frequency&gt;   &lt;FirstPayrollDate&gt;&lt;FirstPayrollDate&gt; &lt;/ContributionData&gt; </pre>	Situational for IBC
[SpendingAccountCoverage]/ContributionData/GoalAmount	The employee's total amount pledged for the plan year for DCA \$\$\$\$cc; Only required when employee chooses DCA plan. Not Applicable for Dependent.	<GoalAmount currency="USD">750.00</GoalAmount>	Situational for IBC
[SpendingAccountCoverage]/ContributionData/PerPayPeriodAmount	The employee's per pay deduction for DCA \$\$\$\$cc; Only required when employee chooses DCA plan. Not Applicable for Dependent.	<PerPayPeriodAmount currency="USD">75.00</PerPayPeriodAmount>	Situational for IBC



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
[SpendingAccountCoverage]/ContributionData/Frequency	The frequency with which the employee is paid. B (Biweekly) - this is every other week W (Weekly) S (Semi-monthly) - this is 2x/month M (Monthly) A (Annual) O (Other) Required for Employee. Not Applicable for Dependent.	<Frequency>Bi-Weekly</Frequency>	Situational for IBC
[SpendingAccountCoverage]/ContributionData/FirstPayrollDate	The employee's First Payroll Date for the effective period (first payroll wherein money should be withdrawn) CCYY-MM-DD. Required for Employee. Not Applicable for Dependent.	<FirstPayrollDate>2008-09-14</ FirstPayrollDate>	Situational for IBC
End ContributionData		</ContributionData>	Situational for IBC
End SpendingAccountCoverage		</SpendingAccountCoverage>	Situational for IBC

### HRA coverages

Note the elements listed below are only detailing what is needed for the HRA information. All required TierCoverage tags are still required.

Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
TIERCOVERAGE	This tier coverage container is for the employee or contract holder.	<Coverage> <TierCoverage></ TierCoverage> <SpendingAccountCoverage type = "Health Reimbursement Account"> <GroupNumber></GroupNumber> <StartDate> </StartDate> <EndDate></EndDate>	Situational for IBC



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
		<pre> &lt;ContributionData&gt;   &lt;GoalAmount&gt;&lt;/GoalAmount&gt;   &lt;PerPayPeriodAmount&gt;&lt;/PerPayPeriodAmount&gt;   &lt;Frequency&gt;&lt;/Frequency&gt;   &lt;FirstPayrollDate&gt;&lt;FirstPayrollDate&gt; &lt;/ContributionData&gt; &lt;AutoReimbursementIndicator&gt;&lt;/AutoReimbursementIndicator&gt; &lt;/SpendingAccountCoverage&gt; &lt;/Coverage&gt; </pre>	
/SpendingAccountCoverage type	Contains identifying information related to the selection of a Health Reimbursement Account (HRA). This element is used only if the tier coverage is elected in connection to a HRA offering.	<SpendingAccountCoverage type = " Health Reimbursement Account ">	Situational for IBC
[SpendingAccountCoverage]/GroupNumber	Group number that the member is choosing that has the HRA	<GroupNumber>123456</GroupNumber>	Situational for IBC
[SpendingAccountCoverage]/StartDate	The start date of the member's HRA plan. CCYY-MM-DD. Required	<StartDate> 2008-01-01</StartDate>	Situational for IBC
[SpendingAccountCoverage]/EndDate	The end date of the member's HRA plan. CCYY-MM-DD. Required	<EndDate>2008-02-01</EndDate>	Situational for IBC
[SpendingAccountCoverage]/ContributionData	Information about the Employers' contribution to the HRA plan.	<pre> &lt;ContributionData contributor="Employer"&gt;   &lt;YTDContributionAmount     currency="USD"&gt;&lt;YTDContributionAmount&gt; &lt;/ContributionData&gt; </pre>	Situational for IBC
[SpendingAccountCoverage]/ContributionData/YTDContributionAmount	The Employers total contribution amount year to date for the plan year for HRA. \$\$\$cc; Only required when employee chooses HRA plan. Not Applicable for Dependent	<YTDContributionAmount currency="USD"><YTDContributionAmount>	Situational for IBC
End ContributionData		</ContributionData>	Situational for IBC
/[SpendingAccountCoverage]/AutoReimbursement	The HRA/FSA claims autoroll option the employee has selected. Option "C" is only available if the	<AutoReimbursement></ AutoReimbursement>	Situational for IBC



Elements and Attributes	IBC SPECIFICATIONS	Example	REQUIRED /Optional/ Situational for IBC
	Group has chosen to allow Member Choice for autoroll. A (Autoroll All Claims) C (Autoroll Claim by Claim) N (Do not Autoroll) Required if HRA and/or FSA is purchased and Group has purchased the autoroll option.		
End SpendingAccountCoverage		</SpendingAccountCoverage>	Situational for IBC