Enrollment Census Completion Guide

Table of Contents

The Difference Card

General Overview

Thank you for choosing The Difference Card. This document will help provide you the tools needed to create your Census File.

Your Census File

- The census file conveys the population of users who should have access to the service (everyone should be in the file).
- The reports are dependent upon the information contained in the census files. Please be sure to include information such as Location, Department, or other organizational breakouts.

Special Instructions for Health Savings Accounts

- When transmitting Plan Type codes specific to Health Savings Accounts (WCS Account Type Codes) and the member is also enrolled in a post deductible HSA qualified MERP (Medical Expense Reimbursement Plan), The Difference Card will require one record for each Account (WCS and MERP).
- The Difference Card will provide Employees the Terms & Conditions for their Health Savings Accounts via email. If an email is not provided, then the Employer must distribute. The following fields are required for all Health Savings Accounts:
  - Employee SSN
  - Email Address
- If you provide a PO Box for Address Line 1 values the member will fail the CIP process and be requested additional documentation to open their HSA account. The best practice is to provide a physical address.

Transmitting Eligibility Files

Submitting your census securely via our sFTP server is of the utmost importance to The Difference Card due to the sensitive nature of this information, under NO circumstances will we accept a file via email.

You may submit your file via the following methods:
- SECURE DATA UPLOAD: All transmissions between the client's computer and our server utilize HTTPS/SSL encryption. (See instructions on next page for Secure Data Upload.)
- sFTP (SECURE FILE TRANSFER PROTOCOL): This method of submitting your file requires implementation. Please contact your Account Manager to request this setup.

Follow the below steps to submit your file via Secure Data Upload:
1. Click this link:
   https://services.wellintune.com/AttuneApps/BackOffice/Web/SecureDataUpload.aspx
2. You will be directed to a form. You must complete all of the fields. Once you have entered all of your information, the Select File button will appear.
3. Choose your file. Your upload may take several minutes depending on the file size. Once the green bar appears, you will know your file has uploaded correctly. You will also receive a confirmation email upon successful receipt of your file.

Secure Data Uploads

Use this page to securely submit data files to be processed by EB Employee Solutions. All fields shown below are required. This page contains strict validation rules to ensure proper ownership of the file being submitted. So, as you enter your information for each field, verification occurs and the page may flash. Consequently, be sure to give the page time to reload as you enter each field. Once all the fields are complete, you'll see the upload button to submit your file.

Always be sure that the file is in the agreed upon format. Depending on the size of your file and internet speed, uploads may take several minutes. Do not leave this page until the file selector color changes to green. You will receive an email confirmation upon successful receipt of your file - be sure to check your spam/junk folders if you don't see the email within a few minutes.

Type of Data: Eligibility File

Your name: Taylor Britt

Company/Account: The Difference Card

Your email: test@differencecard.com

Your phone: 8883432110

Comments:

Select the file you want to upload (max file size is 10 MB).

Select File

C:\fakepath\ABC Compant- Financial Exhbit Dual Option- 2015.xlsx

Format of Eligibility Files

We accept data in either tab-delimited or comma separated structures transmitted in either of the below file formats:
- .csv
- .txt

Naming Convention of Eligibility File

Name your census file based upon the example listed below:
OE_EmployerID_YYYYMMDD.txt (Ex. OE_AbcCompany_20201130.txt)

File Structure

The descriptions for each of the columns are listed below. All columns and column headers are required. Only the column names marked with an asterisk require a value for each record. For non-required fields, values should only be transmitted when applicable and, when not applicable, transmit a blank value.

Column Number	Column Name	Max Field Length	Format	Description
1	Employer ID*	12	Alpha-numeric	Unique identifier for the Employer. This will be provided to you.
2	Employee ID*	30	Alpha-numeric	Unique identifier for the employee. Alpha-numeric value used by employees to register for our portals. Many employers use Social Security Number.
3	Employee Social*	9	Numeric	Employee social security number. No dashes.
4	Dependent ID	26	Alpha-numeric	Unique identifier for the dependent. Leave blank if the record is for the employee. This is a required field for dependent records and should be left blank on employee records.
5	Dependent Social	9	Numeric	Dependent social security number. No dashes. Leave blank if the record is for the employee. This is a required field for dependent records and should be left blank on employee records.
6	Last Name*	26	Alpha	Employee/dependent's Last Name. No special characters.
7	First Name*	19	Alpha	Employee/dependent's First Name. No special characters.
8	Middle Initial	1	Alpha	Employee/dependent's Middle Initial.
9	Address Line 1*	75	Alpha	First line of the employee/dependent's mailing address. For HSA Accounts, PO Boxes are not recommended.
10	Address Line 2	75	Alpha	Second line of the employee/dependent's mailing address.
11	City*	30	Alpha	Employee/dependent's city address.
12	State*	2	Alpha	Two-character state code associated with the employee/dependent's address.
13	Zip*	9	Numeric	ZIP code associated with the employee/dependent's address.

14	Relationship*	1	Numeric	0 = Employee 1 = Spouse 2 = Child 3 = Domestic partner/other
15	Gender*	1	Numeric	0 = Unknown 1 = Male 2 = Female
16	Birthdate*	8	MM/DD/YYYY	Date of birth of the employee/dependent
17	Email*	100	example@example.com	Employee's email address. A blank value does not overwrite a valid email address. If email address is not provided for HSA accounts, Employer must distribute terms and conditions.
18	Phone Number	19	xxx-xxx-xxxx	Employee's phone number, including area code.
19	Plan Type	3	Alpha	Three-digit code for type of benefit plan or account, such as FSA, DCA, TRN, or HR2. These values will be provided to you.
20	Plan Start Date	8	MM/DD/YYYY	This date must match the corresponding date set for the employer's benefit plan. This will be provided to you. For WCS Plan Types the Plan Start Date will be 01/01/2015.
21	Plan End Date	8	MM/DD/YYYY	This date must match the corresponding date set for the employer's benefit plan. This will be provided to you. For WCS Plan Types the Plan End Date will be 12/31/2199.
22	Plan ID*	50	Alpha-numeric	Unique value given to the benefit plan. This will be provided to you.
23	Eligibility Date*	8	MM/DD/YYYY	Date upon which the employee is eligible for an account. Date must be prior to the Account Termination date if applicable. This date should not be updated upon renewal. Changes should only be submitted if there is a change in the member's eligibility date.

24	Plan Effective Date	8	MM/DD/YYYY	Date upon which the employee's individual account is active for use. Date must be prior to the Account Termination date if applicable. This date needs to be updated after each renewal.
25	Termination Date	8	MM/DD/YYYY	Date upon which the employee's plan(s) is no longer eligible for benefits (last date of eligible benefits). Date must be after Plan Effective Date. The participant's account is considered terminated at 11:59:59 pm CT on the date of termination and claim authorization request after that time will be denied. For Plan Type code WCS (Health Savings Accounts) only send termination date upon termination of employment. A termination date must be included for a termination to be processed. Terming by omission is not accepted. Leave this blank unless the employee is terminating a plan(s).
26	Account Status	1	Numeric	Activity status. 1 = New 2 = Active 3 = Temporarily Inactive 4 = Permanently Inactive 5 = Terminated
27	Pre Funded Amount	19	Numeric	For FSA/DCA provide the annual election. For all other plans, submit 0.00, no dollar signs.
28	Individual Amount	19	0.00	For all plans submit 0.00, no dollar signs.

29	Employee Pay Period Amount	19	Numeric	Amount to be contributed by the employee, this is the per pay period employee-contributed for FSA/commuter benefits. For medical plans (HR2, HRA, etc) submit 0.00, no dollar signs.
30	Employer Pay Period Amount	19	Numeric	Amount to be contributed by the employee, this is the per pay period employee-contributed for FSA/commuter benefits. For medical plans (HR2, HRA, etc) submit 0.00, no dollar signs.
31	Shipping Address Code	1	1	1 = send cards to employee's home address
32	Division	50	Alpha-numeric	Enter the division name. To add to an existing division, enter the division name exactly as displayed in The Difference Card system. This action adds the employee to the existing division. To create a new division and assign this employee to it, enter the new division name. This action both creates the new division and adds this employee to it. If there are no Divisions, leave blank.
33	Coverage Tier ID*	1	Alpha	This value should identify the coverage tier level of an employee's benefits for each account The Difference Card is administering for a respective member. Values should be one of the following: 'Employee' 'Family'

Avoiding Common Problems

Here are a few areas of vulnerability that you should be aware of and help to prevent:

- Extra delimiters – an extra comma or delimiter within an employee/dependent's address will cause data rows to shift columns and fail to be processed
- Newborn dependents – Dependent ID and Dependent SSN are sometimes not initially available for newborn dependents. The best practice is to leave these values blank while leaving all other applicable fields populated. Please attempt to obtain them and resubmit at a later date

We look forward to working with you and we appreciate your cooperation as we implement the Difference Card program!