



Data Definitions

**Import Data Definition**

FIELD DESCRIPTIONS	VALUES	MAND / OPT	FIELD SIZE	ALPHA/ NUMERIC	EDITS/FORMAT	SPECIAL INSTRUCTION
Last Name		M	20	A		Mandatory for subscriber and dependent rows
First Name		M	20	A		Mandatory for subscriber and dependent rows
Middle Initial		O	1	A		
SSN		M	9	N	9 Digits, No Dashes	Mandatory for subscriber rows and optional for dependent rows
Date of Birth		M	10	N	MM/DD/YYYY	Mandatory for subscriber and dependent rows
Gender	F - Female M-Male	M	1	A	F M	Mandatory for subscriber and dependent rows
Hire Date (Hire Date of Employee)		M	10	N	MM/DD/YYYY	Mandatory for subscriber row only
E-Mail (Employee's e-mail address)		O	50	A/N		
Emp Status (Status of Employee at time of enrollment)	A - Active C-Cobra R-Retiree	M	1	A	A C R	Mandatory for subscriber row only
Cobra Start Date		O	10	N	MM/DD/YYYY	If Cobra participants are included on file, this will be required data
Cobra Reason Code	DV - Divorce ET-Employee Death RT-Retirement BS-Bankruptcy/Surviving Spouse DS-Loss of Dependent status JT-Job Termination/Discharge LO-Layoff LS-Legal Separation ME-Employees Medicare Entitlement RH-reduction in Hours SS-Loss of Student status	O	2	N	DV ET RT BS DS JT LO LS ME RH SS	If Cobra participants are included on file, this will be required data
Street Line 1		O	25	A/N		
Street Line 2		O	25	A/N	Cannot be exact duplicate of Street Line 1	
City		O	25	A		
State		O	2	A	Standard 2 Digit State Codes	
Zip Code		O	10	N	5 Digit + 4 Digit Zip Code	
Relationship (Used to identify the employee & dependents relationship to the employee)	SUB (Subscriber) - EMP ONLY SPS (Spouse) DEP (Dependent) STD (Student) DP (Domestic Partner, if supported by account)	M*	3	A	SUB SPS DEP STD DP	*Mandatory only if dependents are included on import and is applicable to subscriber and all dependent rows

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Employee SSN (Used to identify what employee dependent belongs to)		M*	12	N	9 Digits, No Dashes	*Mandatory only if dependents are included on import and is applicable to subscriber and all dependent rows
Health coverage and Dental coverage		O	4	N	Based on Benefit Agreement number assigned by BlueStar (Unique 4 digit #)	The 4 digit value is assigned by BlueStar (HCSC membership system) If the 4 digit value is not available at the time of data collection this field can be temporarily populated with the plan selected for each member
Health/Dental Plan Tier (Coverage tier that will be applied to the selected plan coverage)	EO (Employee Only) EC (Employee + Child(ren)) ES (Employee + Spouse) EF (Employee + Family)	M*	2	A	EO EC ES EF	*Mandatory only if dependents are included on import and is applicable to subscriber and all dependent rows
Name Prefix		O	5	A		
name Suffix		O	3	A		
PCP (Primary Care Physician number for HMO/POS)		O	20	A/N		PCP number can be the legacy or NPI (NPI # is all numeric and 10 characters) number
Medicare Eligible (Coverage)	Y - Yes N - No U - Unknown	O	1	A	Y N U	
Medicare Part A Effective Date		O	10	N	MM/DD/YYYY	
Medicare Part B Effective Date		O	10	N	MM/DD/YYYY	
Medicare Status (Medicare Status in relation to BCBS coverage)	P - Primary S - Secondary	O	1	A	P S	
Medicare HIC (Assigned Medicare Number)		O	12	A/N		
Medicare Reason (Reason to become Medicare eligible)	ESRD - End Stage Renal Disease AGED -Aged DIS - Disabled		4	A	ESRD AGED DIS	
Other Insurance (Additional coverage for employee/dependents)	Y- Yes N- No U- Unknown	O	1	A	Y N U	
Other Insurance Carrier Name		O	40	A		
Other Insurance: Health; Dental Hearing; Vision	Y - Yes N - No	O	1	A	Y N	These indicators are used in conjunction with the Other Insurance column. This will tell us what other insurance the subscriber has.
Categories If the account has multiple categories defined, then a column is needed for each category usage (product,billing,reporting,mailing) that is available.		M	4	N	4 digit numeric # assigned by BlueStar.	The 4 digit value is assigned by BlueStar (HCSC membership system) If the 4 digit value is not available at the time of data collection this field can be temporarily populated with the appropriate category description for each member
Characteristics		O		A/N	Must match BlueStar values	
Characteristics Actively Employed	Y- Yes N- No	M	1	A	Y N	All Tx accounts have this set as a mandatory characteristic and is required

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HIPAA COCC data supplied	Y- Yes N- No	O	1	A	Y N	
HIPAA eff Date		O	10	N	MM/DD/YYYY	
HIPAA end Date		O	10	N	MM/DD/YYYY	
HIPAA Select the individual that the COCC data applies	A - Apply	O	1	A	A	Note: If the value field is left blank on a member row then the COCC data will not be applied. Example: tier of membership is ES and the sub has A in the value field and the spouse is blank only the sub will be given credit for the COCC data.