DEPENDENT UPLOAD - DATA FEED SPECIFICATION

Document Information

Document Title	SEBB My Account Dependent Upload
Document Owner	Martha Cortes Leon
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OVERVIEW

This document describes how SEBB Organizations will send employee's dependent demographic information to SEBB My Account.

Feed Purpose

This data feed is to allow for early bulk upload of dependent demographic information to SEBB My Account. Employees must still provide proof of eligibility either to SEBB Organization benefit administrators or upload dependent verification documents into SEBB My Account during the open enrollment period.

Contact Information

HCA SEBB IT support: hcasebbitsupport@hca.wa.gov

FILE INFORMATION

File Name

Files must be named in the following format:

dependent-99999-YYYYMMDD.txt

part of name	purpose
dependent	Denotes the file as a dependent upload file. Use the actual string "dependent".
99999	The school district "Local Education Agency" (LEA) code. See https://eds.ospi.k12.wa.us/DirectoryEDS.aspx. The specified LEA code must match the district to which the user is assigned. Users are assigned access permissions within SEBB My Account. If the specified LEA code does not match the district to which the user is assigned, SEBB My Account will reject the file.
YYYYMMDD	The year (YYYY), month (MM), and day (DD) denoting when the file is produced.
.txt	Used to specify the file as a plain text file.

Expected Format

The expected format is pipe-delimited ("|"), plain text. Alternatively referred to as a vertical bar, the pipe is a computer keyboard key "|" that is two vertical lines above one another and commonly looks like a full vertical line. This symbol is found on the same United States QWERTY keyboard key as the backslash key.
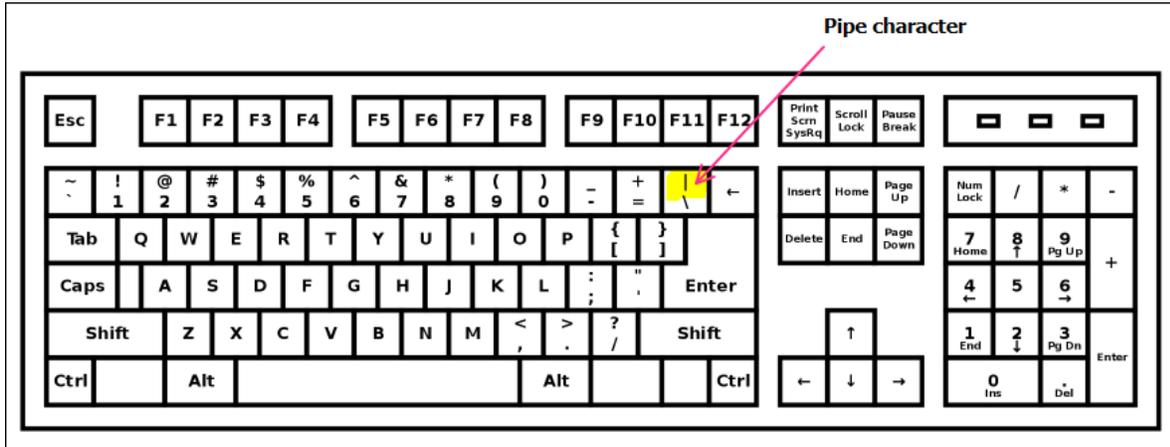

Column headings are not accepted.

Data elements are not fixed width, no need to pad values with spaces or zeroes.

File Transfer Instructions

Use these steps to transfer a dependent eligibility file to HCA.

1. To transfer/upload a dependent file to HCA, access the SEBB My Account dashboard page "Eligibility File" widget.

   Eligibility File
   Last eligibility file uploaded mm/dd/yyyy at HH:MM
   The file contained __ errors
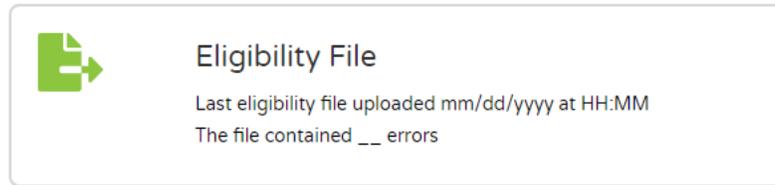
2. Click the "Eligibility File" button from the dashboard, or 'Eligibility' from the top navigation bar.

3. Click the "Manage Dependent Uploads" check box.

4. Click 'Select files' and Use the internet browser dialog to select the file you want to upload then 'Open'

5. This page will display the file upload date & time, and that SEBB My Account has the file in queue to process.

6. When SEBB My Account is finished processing the file, the page will display whether or not the file contained any errors. File processing time may vary, not to exceed 24 hours.

RECORD INFORMATION

Field Name	Description	Maximum Length	Rules	Required?
Dependent Social Security Number or Individual Taxpayer Identification Number	Dependent Social Security Number or Individual Taxpayer Identification Number	9	Must be 9 numerical characters.	No
Subscriber Social Security Number or Individual Taxpayer Identification Number	Subscriber social security number or Individual tax payer identification number.	9	Must be 9 numerical characters	Yes
Last Name	Dependent's last name	20	Valid values are A - Z, space, and dash.	Yes
First Name	Dependent's first name	15	Valid values are A - Z, space, and dash.	Yes
Middle Name	Dependent's middle name or initial	15	Valid values are A - Z, space, and dash.	No
Suffix	Dependent's suffix	4	Valid values are A - Z. Example: JR, SR, III.	No
Birth Sex	Dependent's birth sex	1	Use "M" for male. Use "F" for female.	Yes
Birth Date	Dependent's birth date in YYYYMMDD format	8	Must be a valid date.	Yes
Residential Address Line1	Dependent's residential address	30	System will use subscriber's physical address if none is provided	No
Residential Address Line2	Dependent's residential address (if needed)	30	System will use subscriber's physical address if none is provided	No
Residential City	Dependent's residential city	20	System will use subscriber's physical address if none is provided	No

Residential State	Dependent's residential state	2	Standard US state abbreviation or Canadian Province Code. NOTE: If address is outside US or Canada, populate this field with ZZ.	No
Residential Zip	Dependent's residential zip code	10	Include the dash (-) if +4 is being included; if +4 is not known, only send the 5 digit zip.	No
Residential Country Code	Dependent's residential country code	2	If address is in the US, can be blank. If address is outside the US, use 2-character ISO Country Codes found at http://countrycode.org/.	Conditional. Provide if residential address is outside of the USA.
Dependent Type	Type of dependent	1	2 – Spouse/Partner, 3 – dependent child	Yes
Relationship	Relationship of dependent to subscriber	1	C = Biological or adopted child P = Stepchild	Required if dependent type = 3 (dependent child)
Spouse or dependent Qualify Reason	Qualifying reason for relationship	1	A – disabled, D – extended dependent, Blank – Not disabled or extended, M – Married Spouse, P – Domestic Partner	Yes
Partnership Start date	Partnership in YYYYMMDD format	8	Must be a valid date	Conditional upon dependent type being spouse

POST PROCESSING

To see the status of a submitted file, use the SEBB My Account dashboard page "Eligibility File" widget.
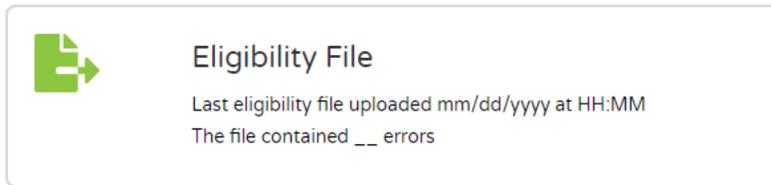
The "Eligibility File" widget shows the most recent upload's date and time, and whether or not the file contained errors.

Records that failed to upload due to error(s), will be visible by clicking on link: 'The file contained ## of errors. SEBB My account will display error(s) and explanation as to why the record resulted in error.

Errors should be corrected in your system or record. Create a new file extract and upload to load resolved records.

If the file contains no errors, SEBB My Account will display a message: 'The file contained no errors'.

Revision History

V.	Date	Author	Description	Status
.1	06/10/2019	Jeff Groebner	Initial draft.	draft
.12	06/25/2019	Jeff Groebner	Added partnership start date field	