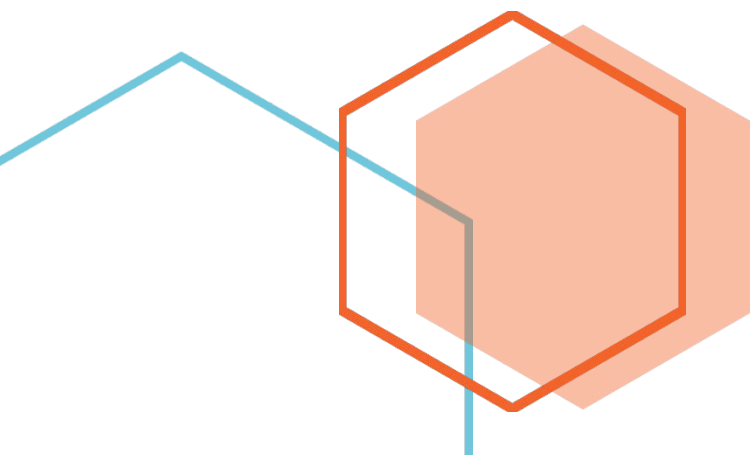




# ***Benefits Administrator's Manual***

## ***Appendix***

### ***File Specifications***



## Contents

Employee eligibility file specifications .....	4
Overview .....	4
Purpose .....	4
Contact information.....	4
File information.....	4
File name.....	4
Expected format.....	5
Column headings.....	5
File transfer instructions .....	5
Record information.....	6
Post processing .....	9
Dependent eligibility file specifications .....	10
Overview .....	10
Purpose .....	10
Contact Information.....	10
File information.....	10
File name.....	10
Expected format.....	11
Column Headings .....	11
File transfer instructions .....	11
Record Information.....	12
Post processing .....	14
SEBB My Account error messages .....	15
Overview .....	15
PURPOSE.....	15
Contact information.....	15
Error messages.....	16
API (Application Program Interface) specifications .....	18
Purpose .....	18
Contact information.....	18
API endpoint .....	18
Constraints .....	18
Authorization .....	19

Record Information.....	20
Error handling .....	23
Billing file specification .....	24
Overview .....	24
Purpose of this Data Exchange .....	24
Contact Information.....	24
User Interface .....	24
File Information.....	24
Frequency.....	24
File Format .....	24
File Naming Convention.....	24
Data Fields.....	25

## Employee eligibility file specifications

### Overview

This section describes how SEBB Organizations will send eligibility data to HCA for enrollment in SEBB.

### Purpose

This data feed provides a means to send SEBB benefit eligible employees information and demographic data as a bulk upload.

SEBB organizations can only send *newly SEBB eligible* employees via this interface. <sup>1</sup>Changes to existing employee data can be made in SEBB My Account user interface.

### Contact information

HCA SEBB IT support: [hcasebbitsupport@hca.wa.gov](mailto:hcasebbitsupport@hca.wa.gov)

### File information

#### File name

Files must be named in the following format:

eligibility-99999-YYYYMMDD-HHMMSS.txt

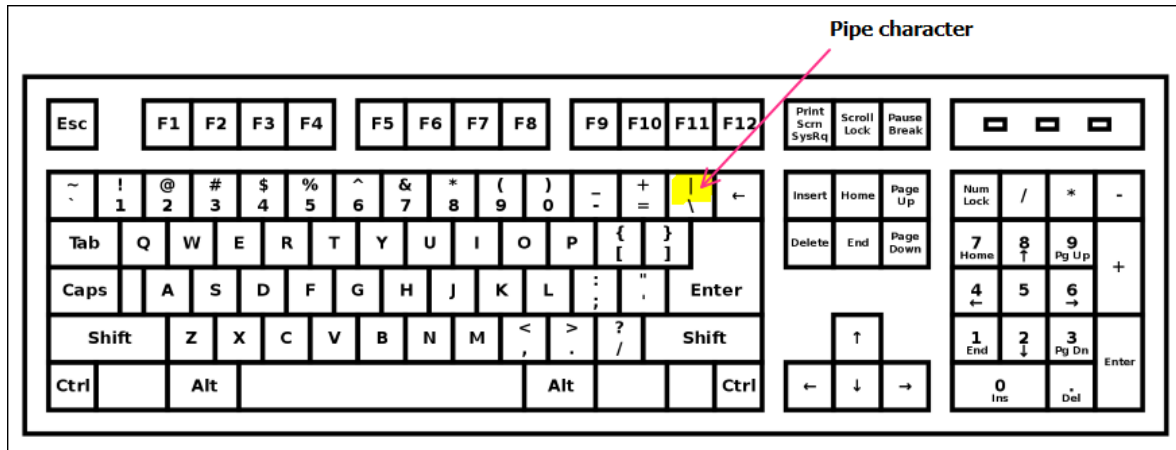
part of name	purpose
eligibility	Denotes the file as an eligibility file. Use the actual string "eligibility".
99999	The school district "Local Education Agency" (LEA) code. See <a href="https://eds.ospi.k12.wa.us/DirectoryEDS.aspx">https://eds.ospi.k12.wa.us/DirectoryEDS.aspx</a> .  The specified LEA 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.
HHMMSS	The hour (HH) in 24-hour format, the minute (MM) and seconds (SS) denoting when the file is produced.
.txt	Used to specify the file as a plain text file.

---

<sup>1</sup> HCA completing analysis on accepting updates and deletions through eligibility file or API

## 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

The first file record constitutes pipe-delimited column headings. Therefore, the HCA import process will not import the first file record.

If an organization does not send column headings, they must still include an initial pipe-delimited record, even if the record consists solely of pipe characters.

## File transfer instructions

Follow the steps in Chapter 2 of this manual to upload the eligibility file.

## Record information

Field Name	Description	Maximum Length	Rules	Required?
Social Security Number or Individual Taxpayer Identification Number	Employee social security number or Individual tax payer identification number.	9	<p>Must be 9 numerical characters.</p> <p>If SSN or ITIN number repeats within a file, all records having that social security number will be rejected.</p> <p>If a SSN or ITIN matches a number already in the system:</p> <ul style="list-style-type: none"> <li>- the incoming record will be accepted if the coverage date DOES NOT overlap with those already in the system</li> <li>- the incoming record will be rejected if the coverage date DOES overlap with those already in the system</li> </ul>	Yes
Last Name	Employee last name	20	Valid values are A - Z, space, and dash.	Yes
First Name	Employee first name	15	Valid values are A - Z, space, and dash.	Yes
Middle Name	Employee middle name or initial	15	Valid values are A - Z, space, and dash.	No
Suffix	Employee suffix	4	Valid values are A - Z. Example: JR, SR, III.	No
Work Phone	Employee work phone number	10	Area code plus 7 digit phone number.	No
Home Phone	Employee home phone number	10	Area code plus 7 digit phone number.	No
Residential Address Line1	Employee's residential address	30		Yes
Residential Address Line2	Employee's residential address (if needed)	30		No
Residential City	Employee's residential city	20		Yes
Residential State	Employee's residential state	2	<p>Standard US state abbreviation or Canadian Province Code.</p> <p>NOTE: If address is outside US or Canada, populate this field with ZZ.</p>	Yes

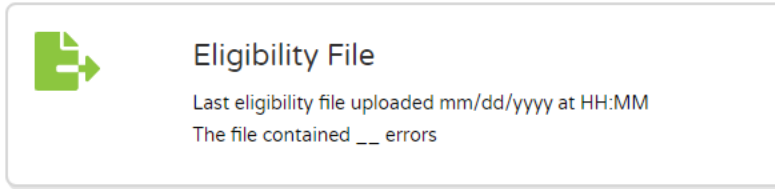
Field Name	Description	Maximum Length	Rules	Required?																																							
Residential Zip	Employee's residential zip code	10	Include the dash (-) if +4 is being included; if +4 is not known, only send the 5 digit zip.	Yes																																							
Residential County Code	Employee's residential county code	2	<p>Populate if county is in the state of WA.</p> <p>Leave blank if address is outside state of WA.</p> <table border="0"> <tr> <td>01 – Adams</td> <td>14 – Grays Harbor</td> <td>27 – Pierce</td> </tr> <tr> <td>02 – Asotin</td> <td>15 – Island</td> <td>28 – San Juan</td> </tr> <tr> <td>03 – Benton</td> <td>16 – Jefferson</td> <td>29 – Skagit</td> </tr> <tr> <td>04 – Chelan</td> <td>17 – King</td> <td>30 – Skamania</td> </tr> <tr> <td>05 – Clallam</td> <td>18 – Kitsap</td> <td>31 – Snohomish</td> </tr> <tr> <td>06 – Clark</td> <td>19 – Kittitas</td> <td>32 – Spokane</td> </tr> <tr> <td>07 – Columbia</td> <td>20 – Klickitat</td> <td>33 – Stevens</td> </tr> <tr> <td>08 – Cowlitz</td> <td>21 – Lewis</td> <td>34 – Thurston</td> </tr> <tr> <td>09 – Douglas</td> <td>22 – Lincoln</td> <td>35 – Wahkiakum</td> </tr> <tr> <td>10 – Ferry</td> <td>23 – Mason</td> <td>36 – Walla Walla</td> </tr> <tr> <td>11 – Franklin</td> <td>24 – Okanogan</td> <td>37 – Whatcom</td> </tr> <tr> <td>12 – Garfield</td> <td>25 – Pacific</td> <td>38 – Whitman</td> </tr> <tr> <td>13 – Grant</td> <td>26 – Pend Oreille</td> <td>39 – Yakima</td> </tr> </table>	01 – Adams	14 – Grays Harbor	27 – Pierce	02 – Asotin	15 – Island	28 – San Juan	03 – Benton	16 – Jefferson	29 – Skagit	04 – Chelan	17 – King	30 – Skamania	05 – Clallam	18 – Kitsap	31 – Snohomish	06 – Clark	19 – Kittitas	32 – Spokane	07 – Columbia	20 – Klickitat	33 – Stevens	08 – Cowlitz	21 – Lewis	34 – Thurston	09 – Douglas	22 – Lincoln	35 – Wahkiakum	10 – Ferry	23 – Mason	36 – Walla Walla	11 – Franklin	24 – Okanogan	37 – Whatcom	12 – Garfield	25 – Pacific	38 – Whitman	13 – Grant	26 – Pend Oreille	39 – Yakima	Conditional; Required if Residential State = WA
01 – Adams	14 – Grays Harbor	27 – Pierce																																									
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Mailing Address Line1	Employee's mailing address	40	Provide if different than residential address	No																																							
Mailing Address Line2	Employee's mailing address	40		No																																							
Mailing Address City	Employee's mailing address city	30	Provide if value is reported in Mailing Address Line 1	No																																							
Mailing Address State	Employee's mailing address state if different from residential	2	<p>Standard US state abbreviation or Canadian Province Code.</p> <p>NOTE: If address is outside US or Canada, populate this field with ZZ.</p> <p>Provide if value is reported in Mailing Address Line 1</p>	No																																							
Mailing Address Zip	Employee's mailing address zip code if different from residential	10	<p>Include the dash (-) if +4 is being included; if +4 is not known, only send the 5 digit zip.</p> <p>Provide if value is reported in Mailing Address Line 1</p>	No																																							
Birth Date	Employee's birth date in YYYYMMDD format	8	Must be a valid date.	Yes																																							
Birth Sex	Employee's birth sex	1	<p>Use "M" for male.</p> <p>Use "F" for female.</p>	Yes																																							

Field Name	Description	Maximum Length	Rules	Required?
Residential Country Code	Employee'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 <a href="http://countrycode.org/">http://countrycode.org/</a> .	Conditional. Provide if residential address is outside of USA.
Mailing Country Code	Employee's mailing 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 <a href="http://countrycode.org/">http://countrycode.org/</a> .	Conditional. Provide if mailing address is outside of USA
Employee Hire Date	Employee's hire date in YYYYMMDD format Date they first started with the district during current employment duration, regardless of position changes.	8	Must be a valid date.	Yes
Employee monthly salary	Employee's anticipated monthly salary.	8	Numbers with explicit decimal point. No commas. To specify \$12,345.67... 12345.67	Yes
Anticipate 630 hours	Specifies whether or not the employee is anticipated to work 630 or more hours in a calendar year.	1	Use "Y" for yes. Use "N" for no.	Yes
Eligibility Date	Employee's first day of eligibility for benefits in YYYYMMDD format	8	Must be a valid date equal to or greater than Employee Hire Date.	Yes
Represented/Non-Represented Indicator	Indicates if an employer is represented by a collective bargaining unit.	1	Use "Y" for represented Use "N" for not represented	Yes
Represented Effective Date	Indicates the effective date in which an employer is represented.	8	CCYYMMDD format  Required if Represented/Non-Represented Indicator is 'Y'.	Conditional



## 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’.

## Dependent eligibility file specifications

### Overview

This section describes how SEBB Organizations will send dependent information to HCA for SEBB enrollment.

### Purpose

This data feed provides a means to send dependent information associated with SEBB benefit eligible employees to SEBB My Account.

### Contact Information

HCA SEBB IT support: [hcasebbitsupport@hca.wa.gov](mailto:hcasebbitsupport@hca.wa.gov)

### File information

#### File name

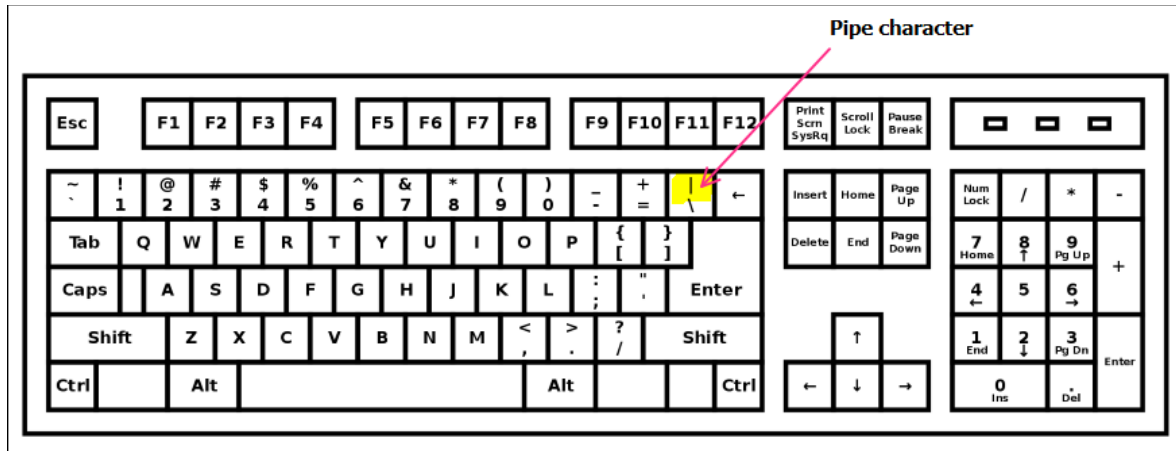
Files must be named in the following format:

dependent-99999-YYYYMMDD-HHMMSS.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 <a href="https://eds.ospi.k12.wa.us/DirectoryEDS.aspx">https://eds.ospi.k12.wa.us/DirectoryEDS.aspx</a> .  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.
HHMMSS	The hour (HH) in 24-hour format, the minute (MM) and seconds (SS) 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

The first file record constitutes pipe-delimited column headings. Therefore, the HCA import process will not import the first file record.

If an organization does not send column headings, they must still include an initial pipe-delimited record, even if the record consists solely of pipe characters.

## File transfer instructions

Follow the steps in Chapter 2 of this manual to upload the eligibility file.

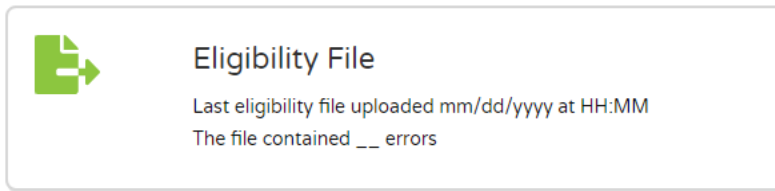
## Record Information

Field Name	Description	Maximum Length	Rules	Required?
Member 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	40	System will use subscriber's physical address if none is provided	No
Residential Address Line2	Dependent's residential address (if needed)	40	System will use subscriber's physical address if none is provided	No
Residential City	Dependent's residential city	30	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 County Code	Dependent's residential county code	2	<p>Populate if county is in the state of WA.</p> <p>Leave blank if address is outside state of WA.</p> <table border="0"> <tr> <td>01 – Adams</td> <td>14 – Grays Harbor</td> <td>27 – Pierce</td> </tr> <tr> <td>02 – Asotin</td> <td>15 – Island</td> <td>28 – San Juan</td> </tr> <tr> <td>03 – Benton</td> <td>16 – Jefferson</td> <td>29 – Skagit</td> </tr> <tr> <td>04 – Chelan</td> <td>17 – King</td> <td>30 – Skamania</td> </tr> <tr> <td>05 – Clallam</td> <td>18 – Kitsap</td> <td>31 – Snohomish</td> </tr> <tr> <td>06 – Clark</td> <td>19 – Kittitas</td> <td>32 – Spokane</td> </tr> <tr> <td>07 – Columbia</td> <td>20 – Klickitat</td> <td>33 – Stevens</td> </tr> <tr> <td>08 – Cowlitz</td> <td>21 – Lewis</td> <td>34 – Thurston</td> </tr> <tr> <td>09 – Douglas</td> <td>22 – Lincoln</td> <td>35 – Wahkiakum</td> </tr> <tr> <td>10 – Ferry</td> <td>23 – Mason</td> <td>36 – Walla Walla</td> </tr> <tr> <td>11 – Franklin</td> <td>24 – Okanogan</td> <td>37 – Whatcom</td> </tr> <tr> <td>12 – Garfield</td> <td>25 – Pacific</td> <td>38 – Whitman</td> </tr> <tr> <td>13 – Grant</td> <td>26 – Pend Oreille</td> <td>39 – Yakima</td> </tr> </table>	01 – Adams	14 – Grays Harbor	27 – Pierce	02 – Asotin	15 – Island	28 – San Juan	03 – Benton	16 – Jefferson	29 – Skagit	04 – Chelan	17 – King	30 – Skamania	05 – Clallam	18 – Kitsap	31 – Snohomish	06 – Clark	19 – Kittitas	32 – Spokane	07 – Columbia	20 – Klickitat	33 – Stevens	08 – Cowlitz	21 – Lewis	34 – Thurston	09 – Douglas	22 – Lincoln	35 – Wahkiakum	10 – Ferry	23 – Mason	36 – Walla Walla	11 – Franklin	24 – Okanogan	37 – Whatcom	12 – Garfield	25 – Pacific	38 – Whitman	13 – Grant	26 – Pend Oreille	39 – Yakima	Conditional; Required if Residential State = WA
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Residential Country Code	Dependent's residential country code	2	<p>If address is in the US, can be blank.</p> <p>If address is outside the US, use 2-character ISO Country Codes found at <a href="http://countrycode.org/">http://countrycode.org/</a>.</p>	Conditional. Provide if residential address is outside of the USA.																																							
Dependent Type	Type of dependent	1	<p>2 – Spouse</p> <p>3 – dependent child</p>	Yes																																							
Relationship	Relationship of dependent to subscriber	1	<p>C – Biological or adopted child</p> <p>P - Stepchild</p>	Required if member type = 3 (Dependent child)																																							
Spouse or dependent Qualify Reason	Qualifying reason for relationship	1	<p>A – disabled</p> <p>D – extended dependent</p> <p>Blank – Not disabled or extended</p> <p>M – Married Spouse, P – Domestic Partner</p>	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’.

## SEBB My Account error messages

### Overview

This document provides details on error messaging within SEBB My Account.

### PURPOSE

The following error messages will be provided in order to resolve in your source system for resolution and resubmittal:

#### **Eligibility File Upload**

Uploaded eligibility file records that result in an error, will be displayed within SEBB My Account on the eligibility file page.

#### **Application Program Interface (API)**

Records resulting in error sent through the API, will result in a 400 BAD REQUEST - this is returned with records that don't meet data specifications. The body of the response will contain all errors generated by the record.

### Contact information

HCA SEBB IT support: [hcasebbitsupport@hca.wa.gov](mailto:hcasebbitsupport@hca.wa.gov)

## Error messages

Error	Error Message
INVALID SOCIAL SECURITY NUMBER	9 numerical characters required for social security number
SOCIAL SECURITY NUMBER DUPLICATED WITHIN ORGANIZATION	Social security number is being reported with overlapping Eligibility Date and Termination Date within your organization. Employee may not be dual enrolled in SEBB Program
SOCIAL SECURITY NUMBER DUPLICATED WITHIN ANOTHER ORGANIZATION	Social security number is being reported with overlapping Eligibility Date and Termination Date with another SEBB organization. Employee may not be dual enrolled in SEBB Program. Contact previous organization to correct Eligibility Start and Eligibility Termination Date.
LAST NAME INVALID	Last Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.
FIRST NAME INVALID	First Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.
MIDDLE NAME INVALID	Middle Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.
SUFFIX IS INVALID	Suffix cannot exceed (4) characters; includes only A-Z, with dash, and does not include special characters.
WORK PHONE NUMBER IS INVALID	Work phone must include (7) numeric characters
HOME PHONE NUMBER IS INVALID	Home phone must include (7) numeric characters
RESIDENTIAL ADDRESS LINE 1 IS INVALID	Residential address Line 1 may not exceed (30) alphabetic characters
RESIDENTIAL ADDRESS LINE 2 IS INVALID	Residential address Line 2 may not exceed (30) alphabetic characters
RESIDENTIAL ADDRESS CITY IS INVALID	Residential City may not exceed (20) alphabetic characters
RESIDENTIAL STATE INVALID	Residential State must include (2) alphabetic characters.
RESIDENTIAL ZIP IS INVALID	Residential Zip Code is required with minimum of (5) numeric digits, or up to (10) if including dash and additional (4) numeric digits.



RESIDENTIAL COUNTY CODE INVALID	Valid (2) numeric digit county code is required when WA state is reported for Residential State.
MAILING ADDRESS LINE 1 IS INVALID	Mailing address Line 1 may not exceed (30) alphabetic characters
MAILING ADDRESS LINE 2 IS INVALID	Mailing address Line 2 may not exceed (30) alphabetic characters
MAILING ADDRESS CITY IS INVALID	Mailing City may not exceed (20) alphabetic characters
MAILING ADDRESS STATE INVALID	Mailing State must include (2) alphabetic characters.
MAILING COUNTY CODE INVALID	Valid (2) numeric digit county code is required when WA state is reported for Mailing Address State.
INVALID BIRTH DATE	Birth Date must follow format: CCYYMMDD. (Example: 20151225)
INVALID BIRTH SEX	Birth Sex must be valid value of 'M' for Male or 'F' for Female
INVALID RESIDENTIAL COUNTRY CODE	Country Code must be (2) character code found at: <a href="http://countrycode.org">http://countrycode.org</a>
INVALID MAILING COUNTRY CODE	Country Code must be (2) character code found at: <a href="http://countrycode.org">http://countrycode.org</a>
INVALID HIRE DATE	Hire date must be provided in numeric CCYYMMDD format. This field may not be left blank.
INVALID MONTHLY SALARY	Monthly salary must be provided with minimum of (6) characters, Example: 123.45.
INVALID VALUE IN 630 HOURS	Anticipate 630 hours 'Y' for yes, or 'N' for no is required. This field may not be left blank.
INVALID VALUE IN REPRESENTED	'Y' for yes, or 'N' for no is required. This field may not be left blank.
INVALID REPRESENTED DATE	Represented date must be provided in numeric CCYYMMDD format. This field may not be left blank if 'Y' is reported for Represented.

## API (Application Program Interface) specifications

### Purpose

The Application Program Interface (API) allows SEBB organizations to insert new records or post updates to existing SEBB records from their source system. The data elements listed within this specification are accessible through the API end point provided.

### Contact information

HCA SEBB IT support: [hcasebbitsupport@hca.wa.gov](mailto:hcasebbitsupport@hca.wa.gov)

### API endpoint

A single API endpoint will be utilized for submitting a new record or updating an existing record.

**Method:** POST

**URL:** [https://baseurl.tobedetermined/member/\[HCA Subagency Identifier\]/subscriber](https://baseurl.tobedetermined/member/[HCA Subagency Identifier]/subscriber)

**Format:** JSON (application/json)

**Data Transfer Object:**

Property	Value Type	Format Expected
Record	string	Pipe delimited, see below table labeled "Record Information"

### Example:

```
{
  "record":
    "000110082|Doe|Jane|||3605556565|4444488198|1500 Any
    St||Lacey|WA|91804|14|1600 1st Street SE||Town|WA|91934
    |19950401|F|||20180101|7000|Y|20190501|Y|20190501||"
}
```

### Returns:

- ❖ 200 OK – this is returned as a result of a successful create or update
- ❖ 400 BAD REQUEST – this is returned with records that don't meet data specifications. The body of the response will contain all errors generated by the record.

### Constraints

- One API call for each unique subscriber being updated
- Subscribers cannot be made eligible and terminated in a single API call
- Bearer token must be included in an authorization header
- Data elements must match defined format

## Authorization

Server-to-server communication will require programmatic authentication with the Cognito Identity Provider and presentation of the API key in the HTTP Post. Once authenticated, the server will need to retrieve a JWT token from HCA's security token service. API users will be provided with credentials for Cognito, as well as their API key, to accomplish this task.

Districts will need to authorize each API key holder to submit records on their behalf – this can access can be authorized using the SEBB My Account web application.

## Record Information

Field Name	Description	Maximum Length	Rules	Required?
Social Security Number or Individual Taxpayer Identification Number	Employee social security number or Individual taxpayer identification number.	9	<p>Must be 9 numerical characters.</p> <p>If SSN or ITIN number repeats within a file, all records having that social security number will be rejected.</p> <p>If a SSN or ITIN matches a number already in the system:</p> <ul style="list-style-type: none"> <li>- the incoming record will be accepted if the coverage date DOES NOT overlap with those already in the system</li> <li>- the incoming record will be rejected if the coverage date DOES overlap with those already in the system</li> </ul>	Yes
Last Name	Employee last name	20	Valid values are A - Z, space, and dash.	Yes
First Name	Employee first name	15	Valid values are A - Z, space, and dash.	Yes
Middle Name	Employee middle name or initial	15	Valid values are A - Z, space, and dash.	No
Suffix	Employee suffix	4	Valid values are A - Z. Example: JR, SR, III.	No
Work Phone	Employee work phone number	10	Area code plus 7 digit phone number.	No
Home Phone	Employee home phone number	10	Area code plus 7 digit phone number.	No
Residential Address Line1	Employee's residential address	30		Yes
Residential Address Line2	Employee's residential address (if needed)	30		No
Residential City	Employee's residential city	20		Yes
Residential State	Employee's residential state	2	<p>Standard US state abbreviation or Canadian Province Code.</p> <p>NOTE: If address is outside US or Canada, populate this field with ZZ.</p>	Yes

Field Name	Description	Maximum Length	Rules	Required?																																							
Residential Zip	Employee's residential zip code	10	Include the dash (-) if +4 is being included; if +4 is not known, only send the 5 digit zip.	Yes																																							
Residential County Code	Employee's residential county code	2	<p>Populate if county is in the state of WA.</p> <p>Leave blank if address is outside state of WA.</p> <table border="0"> <tr> <td>01 – Adams</td> <td>14 – Grays Harbor</td> <td>27 – Pierce</td> </tr> <tr> <td>02 – Asotin</td> <td>15 – Island</td> <td>28 – San Juan</td> </tr> <tr> <td>03 – Benton</td> <td>16 – Jefferson</td> <td>29 – Skagit</td> </tr> <tr> <td>04 – Chelan</td> <td>17 – King</td> <td>30 – Skamania</td> </tr> <tr> <td>05 – Clallam</td> <td>18 – Kitsap</td> <td>31 – Snohomish</td> </tr> <tr> <td>06 – Clark</td> <td>19 – Kittitas</td> <td>32 – Spokane</td> </tr> <tr> <td>07 – Columbia</td> <td>20 – Klickitat</td> <td>33 – Stevens</td> </tr> <tr> <td>08 – Cowlitz</td> <td>21 – Lewis</td> <td>34 – Thurston</td> </tr> <tr> <td>09 – Douglas</td> <td>22 – Lincoln</td> <td>35 – Wahkiakum</td> </tr> <tr> <td>10 – Ferry</td> <td>23 – Mason</td> <td>36 – Walla Walla</td> </tr> <tr> <td>11 – Franklin</td> <td>24 – Okanogan</td> <td>37 – Whatcom</td> </tr> <tr> <td>12 – Garfield</td> <td>25 – Pacific</td> <td>38 – Whitman</td> </tr> <tr> <td>13 – Grant</td> <td>26 – Pend Oreille</td> <td>39 – Yakima</td> </tr> </table>	01 – Adams	14 – Grays Harbor	27 – Pierce	02 – Asotin	15 – Island	28 – San Juan	03 – Benton	16 – Jefferson	29 – Skagit	04 – Chelan	17 – King	30 – Skamania	05 – Clallam	18 – Kitsap	31 – Snohomish	06 – Clark	19 – Kittitas	32 – Spokane	07 – Columbia	20 – Klickitat	33 – Stevens	08 – Cowlitz	21 – Lewis	34 – Thurston	09 – Douglas	22 – Lincoln	35 – Wahkiakum	10 – Ferry	23 – Mason	36 – Walla Walla	11 – Franklin	24 – Okanogan	37 – Whatcom	12 – Garfield	25 – Pacific	38 – Whitman	13 – Grant	26 – Pend Oreille	39 – Yakima	Conditional; Required if Residential State = WA
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Mailing Address Line1	Employee's mailing address	40	Provide if different than residential address	No																																							
Mailing Address Line2	Employee's mailing address	40		No																																							
Mailing Address City	Employee's mailing address city	30	Provide if value is reported in Mailing Address Line 1	No																																							
Mailing Address State	Employee's mailing address state if different from residential	2	<p>Standard US state abbreviation or Canadian Province Code.</p> <p>NOTE: If address is outside US or Canada, populate this field with ZZ.</p> <p>Provide if value is reported in Mailing Address Line 1</p>	No																																							
Mailing Address Zip	Employee's mailing address zip code if different from residential	10	<p>Include the dash (-) if +4 is being included; if +4 is not known, only send the 5 digit zip.</p> <p>Provide if value is reported in Mailing Address Line 1</p>	No																																							
Birth Date	Employee's birth date in YYYYMMDD format	8	Must be a valid date.	Yes																																							
Birth Sex	Employee's birth sex	1	<p>Use "M" for male.</p> <p>Use "F" for female.</p>	Yes																																							

Field Name	Description	Maximum Length	Rules	Required?
Residential Country Code	Employee'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 <a href="http://countrycode.org/">http://countrycode.org/</a> .	Conditional. Provide if residential address is outside of USA.
Mailing County Code	Employee's residential mailing 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 <a href="http://countrycode.org/">http://countrycode.org/</a> .	Conditional. Provide if mailing address is outside of USA
Employee Hire Date	Employee's hire date in YYYYMMDD format Date they first started with the district during current employment duration, regardless of position changes.	8	Must be a valid date.	Yes
Employee monthly salary	Employee's anticipated monthly salary.	8	Numbers with explicit decimal point. No commas. To specify \$12,345.67... 12345.67	No
Anticipate 630 hours	Specifies whether or not the employee is anticipated to work 630 or more hours in a calendar year.	1	Use "Y" for yes. Use "N" for no.	Yes
Eligibility Date	Employee's first day of eligibility for benefits in YYYYMMDD format	8	Must be a valid date equal to or greater than Employee Hire Date.	Yes
Represented/Non-Represented Indicator	Indicates if an employer is represented by a collective bargaining unit.	1	Use "Y" for represented Use "N" for not represented	Yes
Represented Effective Date	Indicates the effective date in which an employer is represented.	8	CCYYMMDD format	Conditional; required if represented/non-represented indicator is 'Y'.
Termination Reason Code	Eligibility termination reason	2	VALID CODES FOR TERMINATION: 31 EMPLOYMENT ENDING/INELIGIBLE POSITION 32 TERMINATION - GROSS MISCONDUCT 33 APPROVED LWOP 34 LAYOFF 35 DEATH 36 RETIREMENT 38 APPLYING FOR DISABILITY RETIREMENT 51 USERRA	Conditional; required if termination date is provided

Field Name	Description	Maximum Length	Rules	Required?
			52 CHANGE OF ELIGIBILITY TYPE 53 REVERSION NOT DUE TO LAYOFF  99 TRANSFER OUT	
Termination Date	Termination effective date	8	CCYYMMDD format	Conditional; required if termination reason code is provided

### Error handling

The standard errors that would be visible should through the web application will be returned within the Bad Request result. The current functionality of the manual file upload includes parsing the entire record and detecting all errors, reducing the number of cycles required to correctly submit a record. That functionality has been repeated in this endpoint, and the same error messages are leveraged.

Refer to SEBB My Account [Error messages](#) for message details.

## Billing file specification

### Overview

This document describes how SEBB My Account will make billing data available to SEBB organizations. The intended audience is SEBB organizations' HR/Benefit Specialists/Finance users.

### Purpose of this Data Exchange

The purpose of this exchange is to make billing data available to SEBB organizations so that they can reconcile their records to HCA billing information. The billing file contains detail by subscriber for the coverage month. It includes all current and retroactive transactions.

### Contact Information

Contact the HCA SEBB IT support: [hcasebbitsupport@hca.wa.gov](mailto:hcasebbitsupport@hca.wa.gov)

### User Interface

SEBB Organizations can view and download their billing data within SEBB My Account.



### File Information

#### Frequency

Monthly.

#### File Format

Fixed-width, plain text.

#### File Naming Convention

Billing\_<agency code>.txt

ccymmdd	The century (CC), year (YY), month (MM), and day (DD) denoting when the file is produced.
.txt	Used to specify the file as a plain text file.

Example = Billing\_600A01.txt



## Data Fields

Field Name	Length	Type	Notes
Employer Agency Code	6	alphanumeric	
Employee Last Name	20	alphanumeric	
Employee First Name	20	alphanumeric	
Employee MI	1	alphanumeric	
SSN/ITIN	9	numeric	
Transaction Date	8	date	Format "MM/DD/YY".
Transaction Type	1	character	I = Invoice, C - Credit
Coverage Period	6	numeric	Year and month in format "YYYYMM"
Batch Number	8	alphanumeric	Inventory, daily process, or adjustment: INVmmyy or DLYmdd or ADJmmyy
Health Carrier Code	4	alphanumeric	Maps to health carrier and plan selected
Health Family Composition	15	alphanumeric	Valid values are: <ul style="list-style-type: none"> <li>• Full Family</li> <li>• EE and Spouse</li> <li>• EE and Children</li> <li>• EE Only</li> <li>• Waive</li> </ul>
Dental Carrier Code	4	alphanumeric	Maps to dental carrier and plan selected
Dental Family Composition	15	alphanumeric	Valid values are: <ul style="list-style-type: none"> <li>• Full Family</li> <li>• EE and Spouse</li> <li>• EE and Children</li> <li>• EE Only</li> </ul>
Vision Carrier Code	4	alphanumeric	Maps to vision carrier and plan selected
Vision Family Composition	15	alphanumeric	Valid values are: <ul style="list-style-type: none"> <li>• Full Family</li> <li>• EE and Spouse</li> <li>• EE and Children</li> <li>• EE Only</li> </ul>
Transaction Amount	10	currency	99,999.99-  Total amount to be sent to HCA Employer contribution, employee health premium, tobacco surcharge, spousal surcharge
Employee Health Premium Amount	10	currency	99,999.99-  Employee's portion of health premium
Tobacco-use Surcharge	10	currency	99,999.99-  Applicable if employee is subject to surcharge
Spousal Surcharge	10	currency	99,999.99-  Applicable if employee is subject to surcharge
LTD Supplemental Percentage Rate	6	numeric	Format ".00000"
Employer Contribution	10	currency	99,999.99-