

Benefits 24/7

Benefits Administrator Manual

SEBB Version



*Chapter 2 – Managing
Benefits 24/7*

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Introduction

This manual is intended for use as a training document only. The purpose of this manual is to assist you with managing employee information that affects Health Care Authority (HCA) sponsored SEBB Program insurance coverage. The following instructions pertain to information relevant to HCA insurance only. If there is any inconsistency between information in this manual and the Revised Code of Washington (RCW) and Washington Administrative Code (WAC), RCW and WAC take precedence.

If you have questions about Benefits 24/7 or any procedures contained in this manual, contact:

Outreach and Training

Phone: 1-800-700-1555

[HCA Support](#)

Contact information

Outreach and Training	
For Personnel / Payroll / Benefits Use Only	
Outreach and Training	1.800.700.1555
Email:	HCA Support – Select the Benefits Administrator Inquiry tile
BA website:	SEBB benefits administrators Washington State Health Care Authority
Order materials:	Order materials
Fax Number:	360.725.0771
Insurance Accounting / Account Receivable	
Email	HCASEBBAR@hca.wa.gov
Fax number	360.753.9152

Manage access to Benefits 24/7

Requires Benefits 24/7 Admin access rights granted by HCA.



When adding or updating permissions for benefits administrators, verify the organizations' contacts listed under the Organization Profile are also up to date. See the [Organization Profile](#) section of the manual for instructions to add, update or remove contacts.

The Health Care Authority (HCA) will grant Administrative (Admin) access to staff named by the designated authority of the organization. The designated authority must provide the request in writing through HCA Support. *Recommendation: At least one administrator and a back-up should be named. If an update is required for the admin role, a request in writing from the designated authority is required.*

Once the Admin access is granted, the Admin has the ability to grant Admin, Edit and Read Only to other SEBB Organization benefit administrators as needed, as well as, perform all functions in the system. Due to the sensitive information housed in the system, access should be granted based on tasks to be completed.

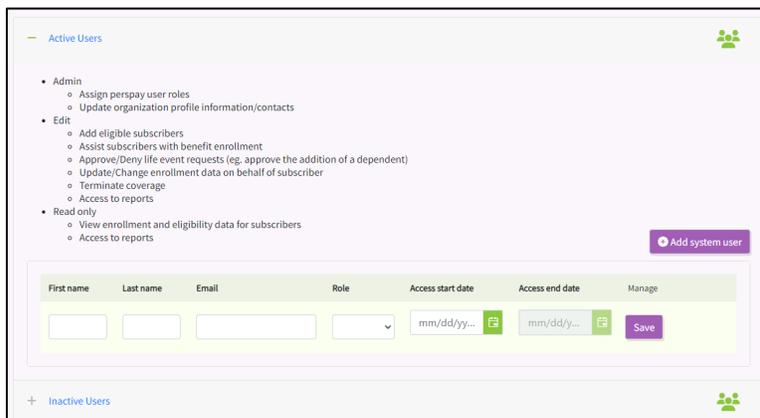
Granting access

Log into Benefits 24/7. From the Administrative Dashboard, select the 'Manage access' tile.



Manage application access

1. To manage application access, select 'Add system user'.



2. Enter the first and last name of the benefits administrator in the appropriate fields.

3. Enter their work email address.
4. Select the role from the dropdown menu:
 - **Edit** – This role allows benefit administrators to add eligible employees, verify or deny dependent verification, assist employees with benefit enrollment, approve or deny special open enrollment events, update or change enrollment data on behalf of the employee, terminate coverage, and access reports.
 - **Read only** – This role allows a user to view employee accounts and access reports.
5. Enter the 'Access start date'. Select 'Save'.
6. Repeat the steps for each benefits administrator.

Change or remove access



Reminder – as staff move on to new positions or leave employment, be sure to remove Benefits 24/7 access.

- **Remove Permissions** – Enter an Access end date in the field. Select 'Save'. The record will be removed from the Active Users list and added to the Inactive Users list below.
- **Change Permissions** – Select the new role from the dropdown menu. Select 'Save'.

Restore Access

User access can only be restored if the account was never claimed. If the account was claimed, add the benefits administrator as a new user.

- Select the + symbol next to Inactive Users.

- Remove the access end date from the user to be reinstated. Select 'Save'.

Permissions at multiple SEBB employers

If a benefits administrator manages multiple agency's eligibility and enrollment an employer's administrator can add 'Admin or 'Edit' access through the 'Manage Access' tab. Once the benefits administrator is given access, there will be a drop-down menu at the top of the dashboard to switch between employers.



Updating the benefits 24/7 Admin designation

Adding and removing Admin designation for Benefits 24/7 must be completed by the SEBB Program. The request must come from the employer's designated authority. The request cannot come from the person who is being named the admin.



It is important to remove access to Benefits 24/7 for Benefits Administrators and Admins as they leave or change positions.

Admins must be added and removed by the SEBB Program. Admins can add and remove benefits administrators with 'Edit' and "Read Only" access.

1. The designated authority must send the request in writing through HCA Support.
2. The SEBB Program will add or remove the Admin.

Organization profile

The Organizational Profile includes information about the employer. Fields that are grayed out require HCA to update the information. It is important to notify Outreach and Training through HCA Support information that needs updating.



It is important to add, update, and remove contact information as it changes. Contact information is used by Outreach and Training, Accounting, and Customer Service to coordinate coverage and resolve issues for active employees and terminated employees.

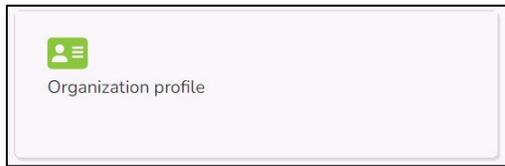
Add a contact

Contact information is used by Outreach and Training, Accounting, and Customer Service to coordinate coverage and resolve issues for active employees and terminated employees.

There are six contact types: Benefit Specialist, Insurance/Billing, LTD, Other, Payroll, or Superintendent.

Multiple roles may be assigned to the same person. Multiple people may be assigned the same role. It is important to keep the contact information up to date.

1. Log into Benefits 24/7. From the dashboard, Select the 'Organizational profile' tile.



2. Scroll down to the Contacts section of the page. Select 'Add contact'.



3. The contacts section expands. Select the + next to 'New contact'.

A detailed form for adding a new contact. It includes fields for: First name*, Middle initial, Last name*, Email address*, Phone*, Fax, Address same as organization physical address (checkbox), Mailing Address line 1* (Street #, Street), Mailing Address line 2* (Unit #, Suite #), City*, State/Province* (dropdown), and Zip code*. At the bottom, there are checkboxes for Contact types: Benefit Specialist, Insurance/Billing, LTD, Other, Payroll, and Superintendent. A "Remove contact" button is also present. "Submit changes" and "Clear changes" buttons are at the very bottom.

4. Enter first name, last name, email address, phone number, and fax number if there is one. *Note: Fields with an asterisk are required.*
5. Select the 'Address same as organizational physical address' checkbox if it is the same as the address on the Organizational profile. If the address is different, enter the address.
6. Select the checkbox next to the appropriate Contact types. The choices include: Benefit Specialist, Insurance/Billing, LTD, Other, Payroll, Superintendent. Select all that apply.
7. Select 'Submit changes'.
8. Repeat for each contact.

Update contact information

1. Select the + next to the contacts name.
2. Update the applicable information.

3. Select 'Submit changes'.

Remove a contact

1. Select the + next to the contacts name.
2. Select 'Remove contact' in the bottom right corner of the record.

Contacts + Add contact

[New contact](#)

First name* Middle initial Last name*

Email address* Phone* Fax

Email Address Phone Number Phone Number

Address same as organization physical address

Mailing Address line 1*

Street #, Street

Mailing Address line 2*

Unit #, Suite #

City* State/Province*

Zip code*

Contact types:

Benefit Specialist Insurance/Billing LTD Other Payroll Superintendent

Remove contact

3. The contact is removed.

Reports

The Reports tile contains reports benefits administrators can use to help with the administration of benefits. There are eight reports available.

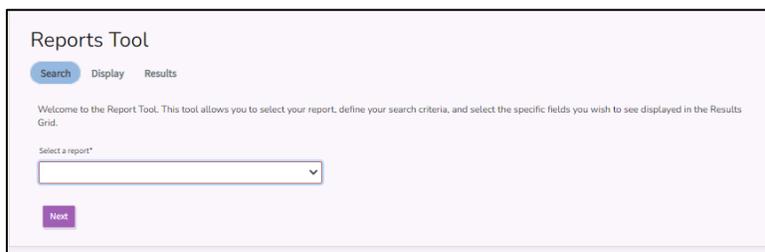
The reports include API submission report, Benefit election status, Dependents turning 26, Dependents without an SSN for an organization, LTD 90-day waivers, Represented employees, Spousal re-attestation for an organization, and State-wide benefit administrator contact list.

Select the 'Reports' tile.



Run a report

1. Select the desired report from the drop-down menu.



Reports Tool

Search Display Results

Welcome to the Report Tool. This tool allows you to select your report, define your search criteria, and select the specific fields you wish to see displayed in the Results Grid.

Select a report*

Next

2. If a date or date range fields are available, enter the desired date or date range. Select 'Next'.
3. Select the fields that you would like to view in the report.
4. Select 'Run report'.
5. To download the report, Select 'Download'. The report will export to Excel.

Data depot

The Data Depot will be used by the SEBB Program to upload files for benefits administrators. If the files are uploaded for all employers a GovDelivery message will be sent to alert the benefits administrator. If you have not signed up for GovDelivery messages, you can register [here](#).

If the data provided is specific to your organization, an email will be sent to the contacts listed on the Organizational Profile.

1. Select the 'Data Depot' tile on the Administrator's dashboard.



2. The file will display under 'Previously uploaded files'.



Data Depot

Last file uploaded on 06/05/2023

Previously uploaded files

File	Date Added
W2 Data.xlsx	06/05/2023

3. Select on the paper icon. Open the file. Save the file for future use.

Invoicing – billing file

Downloading the billing file requires Admin or Insurance/Billing access.



Recommendation: Reconcile the invoice to information you have in your payroll system every month to ensure the two systems are in sync.

Refer to the [HCA Accounting Manual](#) on the SEBB [Benefits Administrator's website](#) for more information.

Invoicing runs on the evening of the 15th of every month unless the 15th is a weekend. Refer to the Invoicing Schedule on the SEBB [Benefits Administrator's website](#) for billing dates.

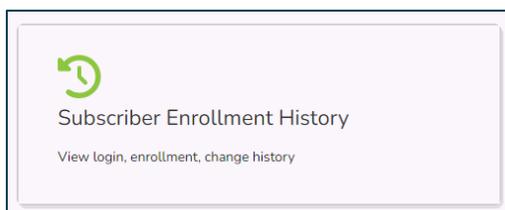
1. From the Administrative dashboard select the 'Billing file' tile.



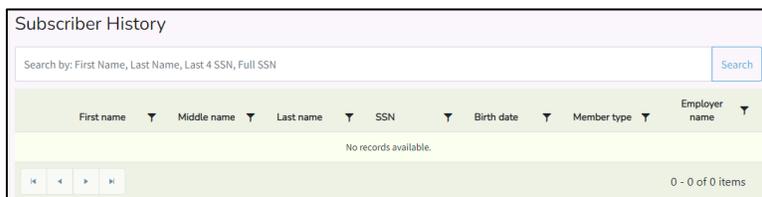
2. The billing file will be available the morning after invoicing runs each month.
3. Select 'Export to Excel' to save the file for reconciliation.
4. Review the invoice for accuracy and ensure that the billing file correctly matches the eligibility information in the payroll system. Invoices may include amounts due or credits from previous coverage periods, the coverage period will be displayed in the coverage period column.

Subscriber enrollment history

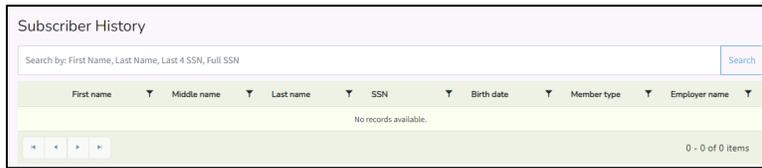
1. Select the Subscriber Enrollment History tile.



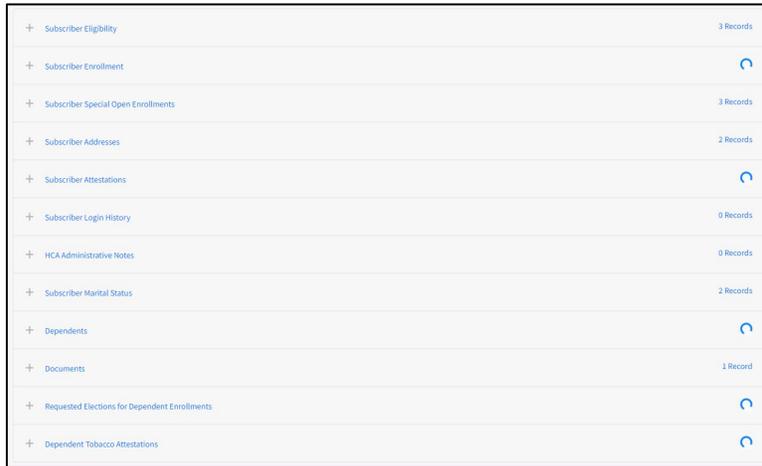
2. Search for the employee by entering their first name, last name, SSN or ITIN, or the last 4 of the SSN.



3. Select the checkbox next to the employee's name.



4. The Subscriber details are broken into categories. Select the + symbol next to the category to be viewed.



The categories include:

- **Subscriber Eligibility** – records the organization (s) name, effective date(s), and the termination date(s). It also shows who created and modified the account.
- **Subscriber Enrollments** – records the elections made, the date the elections were made and who made the elections.
- **Subscriber Open Enrollments** – records special open enrollments (SOE) submitted, date received, date of the event, effective date, SOE end date, verification status, verification date, who verified the SOE, modification date, and who created or modified the SOE,
- **Subscriber Addresses** – records the employee's residential and mailing address(es) and any changes made to the address, the date the address was created, the end date of the address if changed, the modified date, and who created or modified the address.
- **Subscriber Attestations** – records the employee's attestations, both tobacco and spousal, the attestation date, modified date, and who created or modified the attestation.
- **Subscriber Login History** – records the date and time the employee logged into their account.
- **HCA Administrative Notes** – records noted on the account left by HCA staff when correcting or modifying an account.
- **Subscriber Marital Status** – records the marriage start date, marriage end date, who created the spouse account, and the date the account was created or modified.

- **Dependents** – records dependents, their relationship, verification status, who approved or denied the verification, date the verification was approved or denied, the creation date, modified date and who created or modified the account.
- **Documents** – records documents uploaded to the account, date they were uploaded and who uploaded the documents.
- **Dependent Enrollments** – records the plans the dependent is enrolled in, the effective date, the enrollment reason, the end date, the termination reason, the date the dependent account was created, who created the account, the date the account was modified and who modified the account.
- **Dependent Tobacco Attestations** – the dependents attestation, the date of the attestation, the date the attestation was entered, the date the attestation was created, who created the attestation, the date the attestation was modified and who modified the attestation.

5. If you need a copy of the history, Select 'Download' at the bottom of the page.

Troubleshooting employee access

Releasing an employee account requires Benefits 24/7 Admin access.

As a benefit administrator you may be contacted by eligible employees (or even non-eligible employees) inquiring about why they cannot access Benefits 24/7. When you are contacted, if you follow these instructions, you will be able to resolve almost every login issue.

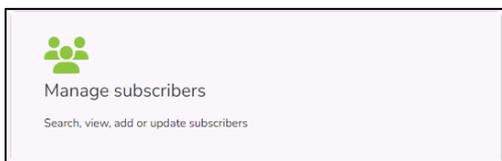
Employee attempting to claim their account for the first time

1. You receive notification that an employee has an issue accessing Benefits 24/7.
2. Is the employee eligible for SEBB Program benefits?
 - If 'yes', continue to step 3.
 - If 'no', let the employee know they are not eligible for SEBB benefits.

3. Is the employee's eligibility information in Benefits 24/7?

To determine if the employee is in Benefits 24/7:

- Log into Benefits 24/7 with your benefits administrator account.
- Select 'Manage subscribers' from the administrator dashboard.



- Enter the employee’s first name, last name, SSN or ITIN, or SSN. Select ‘Search’.

- Is the employee in Benefits 24/7?
 - If ‘no’, add them to Benefits 24/7 manually (see instructions in Chapter 3). Select ‘Add new subscriber’. Enter the employees’ information. After adding them, tell the employee to attempt to log in again.
 - If ‘yes’, go to step 4.

4. Is the information associated with the employee is correct? (name, SSN or ITIN, date of birth, etc.)

- If ‘no’, correct the information on the ‘Eligibility’ tab.

- If ‘yes’, confirm the information the employee entered into Benefits 24/7 to claim their account?
- The employee needs to correctly enter their last name, the last 4 of their SSN, and their birth date to claim their account.

The above steps allow the benefit administrator to troubleshoot Benefits 24/7 access issues associated with an employee claiming their account for the first time.

Once the employee has successfully claimed their account, they will be prompted to select 3 security questions and provide answers.

Once completed the ‘User Dashboard’ will open and the employee can make elections.

Release an old SAW account for an employee

Employees will need to create an account with Secure Access Washington (SAW) to log into Benefits 24/7. Employee's should use a personal email address to create their login to ensure if they change employers, they can still access their account.

Once they have claimed their account within Benefits 24/7, their SAW account is tied to that member record. No other SAW account will be able to claim this record once it is tied to a SAW account without additional action being taken.

For example: The employee creates a SAW account, logs into Benefits 24/7 successfully, and makes their benefit elections.

The next time the employee wants to log into Benefits 24/7 and make changes (either for annual open enrollment or a special open enrollment event); however, the employee forgot their username and password for the SAW account they used to claim their record in Benefits 24/7 and they are unable to reset their password because they no longer have access to the email they used. The employee will need to create a new SAW account.

The issue when they create a new SAW account is that their record in Benefits 24/7 is tied to the previous SAW account.

After they create their new SAW account and attempt to log in, they will be prompted to enter their demographic information again.

If the employee enters their demographic information successfully, Benefits 24/7 will realize that a new SAW account is attempting to claim a record in the application and prompt them to answer their security questions.

If those questions are answered correctly, the old SAW account will be removed, and they will now tie their new SAW account to their record in Benefits 24/7.

If the employee cannot successfully answer their security questions, they will be directed to their benefit administrator to manually release their record in Benefits 24/7.

Here are the steps to release an account:

1. You are contacted by an employee who has previously successfully logged into benefits 24/7 and now cannot log in to their account.
2. Did this employee create a new SAW account because they could not access their old one?
 - If 'no', refer to the steps above and assist with the initial claiming process
 - If 'yes', log in to Benefits 24/7 with your benefit administrator log in, go to step 3.
3. Select the 'Manage subscriber' tile and search for the employee. Search criteria may include the employee's first name, last name, SSN or ITIN, or the last 4 of the SSN.
4. Verify the identity of the employee having the access issue.

- Once you have confirmed the identity of the employee and verified that this is the issue preventing access select 'Disassociate this subscriber account?'. *Note: The option to disassociate the account will only display if the employee previously claimed their account.*

This action will release the old SAW account from the employee record. The employee will then need to go through the steps to claim their account again (entering in their demographic information, selecting, and providing answers for their security questions).

Eligibility file – File Specifications

Employee eligibility file specifications

Overview

This section describes how SEBB Organizations complete bulk upload of SEBB eligible employee demographic data to Benefits 24/7 for enrollment in SEBB.

Purpose

This data feed provides a means to send an initial eligibility record for SEBB benefit eligible employees.

SEBB organizations can only send **newly SEBB eligible** employees via this interface. Changes to existing employee data can be made in Benefits 24/7 user interface.

Contact information

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

File Name

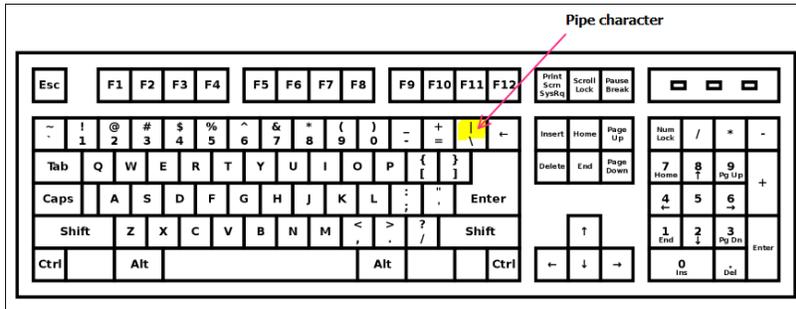
Files must be named in the following format:

eligibility-99999-CCYYMMDD.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 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 Benefits 24/7. If the specified LEA code does not match the district to which the user is assigned, Benefits 24/7 will reject the file.
CCYYMMDD	The year (CCYY), 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 zeros.

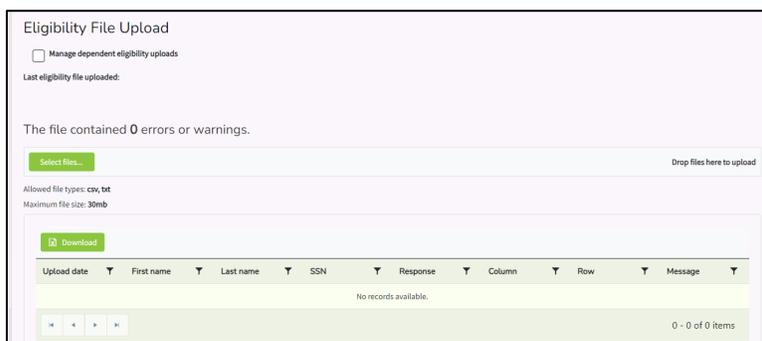
File transfer instructions

Uploading the eligibility file requires Admin or Edit access.

1. To transfer/upload an eligibility file to HCA, access the Benefits 24/7 dashboard page 'Eligibility File' tile.



2. Select 'Select files' and select the file you want to upload then select 'Open'.



3. The "Eligibility File" tile will indicate the file upload date & time, and that Benefits 24/7 has the file in queue to process.
4. When Benefits 24/7 is finished processing the file, the tile will display error records. File processing time may vary, not to exceed 24 hours.

Post Processing

To see the status of a submitted file, use the Benefits 24/7 dashboard page “Eligibility File” tile.



The “Eligibility File” tile shows the most recent upload’s date and time, and whether the file contained errors.

Records that failed to upload due to error(s), will be visible by selecting the link: ‘The file contained ## of errors’. Benefits 24/7 will display error(s) and explanation as to why the record resulted in error.

Errors should be corrected in your system of record. Create a new file extract and repeat upload with corrected records.

If the file contains no errors, Benefits 24/7 will display a message: ‘The file contained no errors’.

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	Numeric	<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"> - the incoming record will be accepted if the coverage date DOES NOT overlap with those already in the system - the incoming record will be rejected if the coverage date DOES overlap with those already in the system 	Yes
Last Name	Employee last name	20	Alphabetic	Valid values are A - Z, space, and dash.	Yes
First Name	Employee first name	15	Alphabetic	Valid values are A - Z, space, and dash.	Yes
Middle Name	Employee middle name or initial	15	Alphabetic	Valid values are A - Z, space, and dash.	No
Suffix	Employee suffix	4	Alphabetic	Valid values are A - Z. Example: JR, SR, III.	No
Work Phone	Employee work phone number	10	Numeric	Area code plus 7-digit phone number.	No
Home Phone	Employee home phone number	10	Numeric	Area code plus 7-digit phone number.	No
Residential Address Line1	Employee's residential address	30	Alphanumeric		Yes
Residential Address Line2	Employee's residential address (if needed)	30	Alphanumeric		No
Residential City	Employee's residential city	20	Alphabetic		Yes
Residential State	Employee's residential state	2	Alphabetic	<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
Residential Zip	Employee's residential zip code	10	Numeric	Include the dash (-) if +4 is being included; if +4 is not known, only send the 5-digit zip.	Yes

Field Name	Description	Maximum Length		Rules	Required?																																							
Residential County Code	Employee's residential county code	2	Numeric	<p>Populate if county is in the state of WA. 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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13 – Grant	26 – Pend Oreille	39 – Yakima																																										
Mailing Address Line1	Employee's mailing address	40	Alphanumeric	Provide if different than residential address	No																																							
Mailing Address Line2	Employee's mailing address	40	Alphanumeric		No																																							
Mailing Address City	Employee's mailing address city	30	Alphabetic	Provide if value is reported in Mailing Address Line 1	No																																							
Mailing Address State	Employee's mailing address state if different from residential	2	Alphabetic	<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	Numeric	<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 CCYYMMDD format	8	Numeric	From date of upload, cannot be less than 14 years old and no older than 110 years old.	Yes																																							
Birth Sex	Employee's birth sex	1	Alphabetic	M - male F - female	Yes																																							
Gender	Employee's reported gender	1	Alphabetic	Valid values: M - male F – female X – gender X	No, will default to birth sex if not provided																																							
Residential Country Code	Employee's residential country code	2	Numeric	<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 http://countrycode.org/.</p>	Conditional. Provide if residential address is outside of USA.																																							

Field Name	Description	Maximum Length		Rules	Required?
Mailing Country Code	Employee's mailing country code	2	Alphabetic	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 mailing address is outside of USA
Employee Hire Date	Employee's hire date in CCYYMMDD format	8	Numeric	Must be equal to or earlier than benefit eligibility date Date employee first started with the district during current employment duration, regardless of position changes.	Yes
Employee monthly salary	Employee's anticipated monthly salary.	8	Numbers with decimal	Commas not accepted. Example 12345.67 to specify \$12,345.67	No
Anticipate 630 hours	Specifies type of SEBB eligibility.	1	Alphabetic	Y - SEBB eligible anticipated to work 630 hours or more N - Locally eligible Record accepted as locally eligible if HCA has approved collective bargaining agreement determination on record, 180-629 hours	Yes
Eligibility Date	Employee's first day of eligibility for benefits in CCYYMMDD format	8	Numeric	Must be a valid date equal to or greater than Employee Hire Date. Will be rejected if 2 billing cycles in the past, or for enrollment exceeding one future billing cycle. Coverage effective date will be 1 st of the month following reported date of eligibility. Example: Eligibility date 2/1/2022; coverage will be effective 3/1/2022. <i>Exceptions:</i> September newly eligible between 1 st of month and reported 1 st day of district's school year. Example: Eligibility date 9/4/2022; first day of school 9/8/2022; coverage is effective 9/4/2022.	Yes
September newly eligible	Employee eligible between 9/1 of current year and first day of school for district	1	Alphabetic	Y – Yes N – No Rule applies for new employees who begin work on or after September 1, but not later than the first day of school. For those employees only, eligibility and benefits begin on their first day of work.	Yes
Represented/Non-Represented Indicator	Indicates if an employer is represented by a collective bargaining unit.	1	Alphabetic	Y - Represented N - 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

Error messages

Overview

Details on error messaging within Benefits 24/7.

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 Benefits 24/7 on the eligibility file page.

Error Message Display

Eligibility File Upload Date	Employee Last Name	Employee First Name	SSN	Error	Date Received	Employee record not present in Benefits 24/7 (required submittal fields resulted in error)
MMDDYYYY	Last Name	First Name	555-55-5555	LAST NAME INVALID	O'Malley	Last Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.

Contact information

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

Error messages

Field Name	Description	Maximum Length	Rules	Required?	Error	Error Message
Social Security Number	Employee social security number - uniquely identifies each employee.	9	Must be 9 numerical characters.	Yes	INVALID SOCIAL SECURITY NUMBER	9 numerical characters required for social security number
			If a social security number repeats within a file, all records having that social security number will be rejected.		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
			If a social security number matches a social security number already in the system:		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.
			- the incoming record will be accepted if the coverage date DOES NOT overlap with those already in the system		SOCIAL SECURITY NUMBER ENROLLED IN SEBB PROGRAM	Social security number is being reported with overlapping eligibility date with a SEBB organization
			- the incoming record will be rejected if the coverage date DOES overlap with those already in the system			
Last Name	Employee last name	20	Valid values are A - Z, space, and dash.	Yes	LAST NAME INVALID	Last Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.
First Name	Employee first name	15	Valid values are A - Z, space, and dash.	Yes	FIRST NAME INVALID	First Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.

Field Name	Description	Maximum Length	Rules	Required?	Error	Error Message
Middle Name	Employee middle name or initial	15	Valid values are A - Z, space, and dash.	No	MIDDLE NAME INVALID	Middle Name cannot exceed (20) characters; includes only A-Z, with dash, and does not include special characters.
Suffix	Employee suffix	4	Valid values are A - Z. Example: JR, SR, III.	No	SUFFIX IS INVALID	Suffix cannot exceed (4) characters; includes only A-Z and does not include special characters.
Work Phone	Employee work phone number	10	Area code plus 7-digit phone number.	No	WORK PHONE NUMBER IS INVALID	Work phone must include (10) numeric characters
Home Phone	Employee home phone number	10	Area code plus 7-digit phone number.	No	HOME PHONE NUMBER IS INVALID	Home phone must include (10) numeric characters
Residential Address Line1	Employee's residential address	30		Yes	RESIDENTIAL ADDRESS LINE 1 IS INVALID	Residential address Line 1 may not exceed (30) alphabetic characters and is required
Residential Address Line2	Employee's residential address (if needed)	30		No	RESIDENTIAL ADDRESS LINE 2 IS INVALID	Residential address Line 2 may not exceed (30) alphabetic characters
Residential City	Employee's residential city	20		Yes	RESIDENTIAL ADDRESS CITY IS INVALID	Residential City may not exceed (20) alphabetic characters and is required
Residential State	Employee's residential state	2	Standard US state abbreviation or Canadian Province Code.	Yes	RESIDENTIAL STATE INVALID	Residential State must include (2) alphabetic characters and is required
			NOTE: If address is outside US or Canada, populate this field with ZZ.			
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 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.

Field Name	Description	Maximum Length	Rules	Required?	Error	Error Message
Residential County Code	Employee's residential county code	2	Populate if county is in the state of WA. 01 – Adams 02 – Asotin 03 – Benton 04 – Chelan 05 – Clallam 06 – Clark 07 – Columbia 08 – Cowlitz 09 – Douglas 10 – Ferry 11 – Franklin 12 – Garfield 13 – Grant 14 – Grays Harbor 15 – Island 16 – Jefferson 17 – King 18 – Kitsap 19 – Kittitas 20 – Klickitat 21 – Lewis 22 – Lincoln 23 – Mason 24 – Okanogan 25 – Pacific 26 – Pend Oreille 27 – Pierce 28 – San Juan 29 – Skagit 30 – Skamania 31 – Snohomish 32 – Spokane 33 – Stevens 34 – Thurston 35 – Wahkiakum 36 – Walla Walla 37 – Whatcom 38 – Whitman 39 – Yakima	Conditional	RESIDENTIAL COUNTY CODE INVALID	Valid (2) numeric digit county code is required when WA state is reported for Residential State.

Field Name	Description	Maximum Length	Rules	Required?	Error	Error Message
Mailing Address Line1	Employee's mailing address	40		Only if different than residential.	MAILING ADDRESS LINE 1 IS INVALID	Mailing address Line 1 may not exceed (30) alphabetic characters
Mailing Address Line2	Employee's mailing address	40		No	MAILING ADDRESS LINE 2 IS INVALID	Mailing address Line 2 may not exceed (30) alphabetic characters
Mailing Address City	Employee's mailing address city if different from residential	30		Only if different than residential.	MAILING ADDRESS CITY IS INVALID	Mailing City may not exceed (20) alphabetic characters
Mailing Address State	Employee's mailing address state if different from residential	2	Standard US state abbreviation or Canadian Province Code. NOTE: If address is outside US or Canada, populate this field with ZZ.		MAILING ADDRESS STATE INVALID	Mailing State must include (2) alphabetic characters.
Mailing Address Zip	Employee's mailing address zip code if different from residential	10	Include the dash (-) if +4 is being included; if +4 is not known, only send the 5-digit zip.		MAILING COUNTY CODE INVALID	Valid (2) numeric digit county code is required when WA state is reported for Mailing Address State.
Birth Date	Employee's birth date in CCYYMMDD format	8	Must be a valid date.	Yes	INVALID BIRTH DATE	Required Birth Date must follow format: CCYYMMDD. (Example: 20151225
Birth Sex	Employee's birth sex	1	Use "M" for "male". Use "F" for "female".		INVALID BIRTH SEX	Required Birth Sex must be valid value of M or F
Gender	Employee's reported gender	1	Valid values: M - male F - female X - gender X	No	INVALID GENDER	Gender must be M, F, or X

Field Name	Description	Maximum Length	Rules	Required?	Error	Error Message
Residential Country Code	Employee's residential country code	2	If address is in the US, populate with blanks.	Only if residential address is outside of USA.	INVALID RESIDENTIAL COUNTRY CODE	Country Code must be (2) character code found at: http://countrycode.org
			If address is outside the US, use 2-character ISO Country Codes found at http://countrycode.org/ .			
Mailing Country Code	Employee's residential mailing code	2	If address is in the US, populate with blanks.	Only if mailing address is outside of USA	INVALID MAILING COUNTRY CODE	Country Code must be (2) character code found at: http://countrycode.org
			If address is outside the US, use 2-character ISO Country Codes found at http://countrycode.org/ .			
Employee Hire Date	Employee's hire date in CCYYMMDD format	8	Must be a valid date.	Yes	INVALID HIRE DATE	Required hire date must be provided in numeric CCYYMMDD format.
Employee monthly salary	Employee's anticipated monthly salary.	8	Numbers with explicit decimal point. No commas. To specify \$12,345.67...	Yes	INVALID MONTHLY SALARY	Monthly salary must be provided with minimum of (6) characters, Example: 123.45. This field may not be left blank.
			12345.67			
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".	Yes	INVALID VALUE IN 630 HOURS	Anticipate 630 hours 'Y' for yes, or 'N' for no is required. This field may not be left blank.
			Use "N" for "no".		HCA HAS NOT REVIEWED CBA FOR LOCALLY ELIG BENEFITS AVAILABILITY TO SUBSCRIBERS IN THIS DISTRICT	HCA must review districts offering locally eligible benefits and record approval within My Account

Field Name	Description	Maximum Length	Rules	Required?	Error	Error Message
Eligibility Date	Employee's first day of eligibility for benefits in CCYYMMDD format	8	CCYYMMDD	Yes	INVALID ELIGIBILITY DATE	Required and cannot be earlier than employee hire date
					EXCEEDS LOWER LIMIT	Will be rejected if 2 billing cycles in the past, or for enrollment exceeding one future billing cycle.
September newly eligible	Employee eligible between 9/1 of current year and first day of school for district	1	Use "N" for "no".	Yes	ELIGIBILITY DATE MUST BE IN MONTH OF SEPTEMBER WHEN REPORTED AS SEPTMEBER ELIGIBLE	Rule applies for new employees who begin work on or after September 1, but not later than the first day of school. For those employees only, eligibility and benefits begin on their first day of work.
Represented/Non-Represented Indicator	Indicates if an employer is represented by a collective bargaining unit.	1		Yes	INVALID REPRESENTED INDICATOR	Required Y or N
Represented Date	Indicates the effective date in which an employer is represented.	8	CCYYMMDD	Conditional	INVALID REPRESENTED DATE	Required when reported as represented Y

Billing file specification

Overview

This section describes how Benefits 24/7 will make billing data available to SEBB organizations.

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.

User Interface

SEBB Organizations can view and download their billing data within Benefits 24/7.



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"> • Full Family • EE and Spouse • EE and Children • EE Only • Waive
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"> • Full Family • EE and Spouse • EE and Children • EE Only
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"> • Full Family • EE and Spouse • EE and Children • EE Only
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-