VA Health Benefit Communications – Supplemental specifications

Record and File Layouts

Request File Layout: The contractor's Content Management System must be capable of retrieving and processing Health Benefit Communication Request files containing one or more records from VA.   VA intends to provide files to the contractor on a weekly basis and anticipates that the average weekly volume of records will approximate 50,000 to 100,000 during the first year of operation. The proposed record layout is provided below:

Data Element	Name	Maximum Length – Fixed (F) or Variable (V)	Required or Optional Data Element	Example
Form Number	Beginning – of –New –Form	10 (F)	Required	FORM=H999L
Form Type	Version	10(V)	Required	400H = Handbook, 400B = Benefits at a Glance, 400F = Facility Insert
Q01	Delivery Preference	10(V)	Required	Mail, electronic
Q02	Unique Communications Id	15 (V)	Required	000000111222333
A00	Client -Prefix	10 (V)	Required	Mr
A01	Client - Last Name	30 (V)	Required	BEASLEY
A02	Client - First Name	30 (V)	Required	JAMES
A03	Client Middle Name or Init.	30 (V)	Optional	LEE
A04	Client –Name -Suffix	30 (V)	Optional	JR
A15	Client -UID	17 (F)	Required	VPID
B01	Client Address Line 1	35 (V)	Required	3602 SNOWBIRD LN
B02	Client -Address Line 2	35 (V)	Optional	PO BOX 23
B03	Client -Address Line 3	35 (V)	Optional	RR #3
B04	Client-City	15 (V)	Required	CLIFTON PARK
B05	Client –State	2 (F)	Required if US	NY
B06	Client - Country Code	3 (F)	Required	USA
B06	Client –Zip Code	10 (V)	Required if US	12065-1234
B07	Postal Code for foreign address		Optional	8E423X
B08	Client –County	30 (V)	Optional	SARATOGA
B09	Province for foreign address		Optional	Quebec

B10	Email Address	25 (V)	Optional	username@provider.com
B11	Bad Address Indicator (if set to Y, a hardcopy will not be printed and mailed to the Veteran even if the delivery preference is "Mail"	2 (F)	Optional	Y/N
P01	Preferred Facility Station Number	4 (V)	Required	574GA (note – can be a multiple)
P13	Nearest Vet Center to Preferred Facility	30 (V)	Optional	10 Peachtree St., Atlanta, GA 30056
P14	Suicide Prevention Call Center Phone Number	13(F)	Optional	(800)555-5555
P15	Health Benefits Service Center Phone Number	13(F)	Optional	(800)555-5555
P16	Foreign Medical Program Phone Number	13(F)	Optional	(800)555-5555
P17	VBA Call Center Phone Number	13(F)	Optional	(800)555-5555
P18	CHAMPVA Call Center Phone Number	13(F)	Optional	(800)555-5555
E01	Application Date	8 (F)	Optional	10011999 (MMDDYYYY)
E02	Enrollment Date	8 (F)	Optional	10011999 (MMDDYYYY)
E03	Enrollment End Date	8 (F)	Optional	10011999 (MMDDYYYY)
E04	Earliest Effective Date of Change	8 (F)	Optional	06301999 (MMDDYYYY)
E05	Most Recent Effective Date of Change	8 (F)	Optional	06301999 (MMDDYYYY)
E06	Enrollment Category	1 (F)	Optional	E (Enrolled), N (Not Enrolled) I (In Process)
E07	Enrollment Status	45 (V)	Optional	Rejected; Below Enrollment Group Threshold
E08	Enrollment Priority	1 (F)	Optional	8
E09	Enrollment Subpriority	1 (F)	Optional	e

F01	Service-Connected?	1 (F)	Optional	Y/N or null
F02	Service-Connected % (if SC = YES, then SC % must be populated)	3 (V)	Optional	0-100
F03	Total Check Amount	12 (V)	Optional	9,999,999,00
F04	Unemployable Indicator	1 (F)	Optional	Y/N or null
F05	P&T indicator	1 (F)	Optional	Y/N or null
F06	VA Pension Indicator	1 (F)	Optional	Y/N or null
F07	Purple Heart Indicator	1 (F)	Optional	Y/N or null
F08	Purple Heart Status	15 (V)	Optional	Confirmed
F09	POW Indicator	1 (F)	Optional	Y/N or null
F10	Medal of Honor Indicator	1 (F)	Optional	Y/N or null
G01	A&A Status	1 (F)	Optional	Y/N or null
G02	Housebound Status	1 (F)	Optional	Y/N or null
G03	Primary Eligibility Code	30 (V)	Optional	Service Connected Less Than 50%
G04	MT Status	18 (V)	Optional	GMT Copay Required
G05	RX Copay Status	18 (V)	Optional	Rx Copay Required
G06	Hardship Status	8 (V)	Optional	10152010 (MMDDYYYY)
G07	Medicaid Status	1 (F)	Optional	Y/N or null
M01	Combat Veteran Eligibility Status	1 (F)	Optional	Y/N or null
M02	Combat Veteran Eligibility End Date	8 (V)	Optional	10152014 (MMDDYYYY)
M03	Discharged due to Disability	1 (F)	Optional	Y/N or null
M04	Military Disability Retirement	1 (F)	Optional	Y/N or null
M05	Radiation Exposure Indicator	1 (F)	Optional	Y/N or null
M06	Radiation Exposure Method	30 (V)	Optional	Atmospheric Nuclear Testing
M07	Project 112/SHAD Indicator	1 (F)	Optional	Y/N or null
M08	NTR Indicator	1 (F)	Optional	Y/N or null
M09	NTR Verification Method Station Number	5 (V)	Optional	574GA
M10	NTR Verification Method	30 (V)	Optional	Medical Records
M11	Agent Orange	1 (F)	Optional	Y/N or null

M12	Agent Orange Location	30 (V)	Optional	Vietnam
M13	SW Asia Indicator	1 (F)	Optional	Y/N or null
M14	Catastrophic Disability	1 (F)	Optional	Y/N or null
Field Separator		1 char		^

Facility Reference File

Data Element	Name	Maximum Length – Fixed (F) or Variable (V)	Required or Optional Data Element	Example
P01	Preferred Facility Station Number	4 (V)	Required	574GA (note – can be a multiple)
P02	Preferred Facility Name	30 (V)	Optional	Lilliput CBOC
P03	Preferred Facility Phone Number - Main	13(F)	Optional	(800)555-5555
P04	Preferred Facility Phone Number – After Hours	13(F)	Optional	(800)555-5555
P05	Preferred Facility Phone Number – Patient Advocate	13(F)	Optional	(800)555-5555
P06	Preferred Facility Phone Number - Pharmacy	13(F)	Optional	(800)555-5555
P07	Preferred Facility Street Address Line 1	35 (V)	Optional	3602 SNOWBIRD LN
P08	Preferred Facility Street Address Line 2	35 (V)	Optional	PO BOX 23
P09	Preferred Facility Street Address Line 3	35 (V)	Optional	RR #3
P10	Preferred Facility City	15 (V)	Optional	CLIFTON PARK
P11	Preferred Facility State	2 (F)	Optional	NY
P12	Preferred Facility Zip	10 (V)	Optional	12065-1234

Files received from the Contractor: Sample Response File Layouts

Communications File from Contractor: Error File Layout (.err)
This file is a response to the Handbook request file that is sent to the contractor. It contains the records that failed the validation checks. Each validation check will be represented by a code. The codes received in VA's Enrollment System will populate the Error File Reason. A record can have one or more errors. No Handbook will be created when a record fails the validation checks.

Data Element Name	Length	Example	Note
Form Requested	5 chars (F)	F400H	Has a 'F' Lead Character
Unique ID	12 chars (V)	123456789	Returned from CMS; associate to Handbook request
VPID	17 chars	2004341118V132456	Returned from CMS; associate to Veteran
Data Element that failed	3 chars	B05	-
Field Separator	1 char	^	

Record Example: F400H ^123456789^2004341118V132456^B05

Record Example for a Handbook that has multiple error codes:

F400H ^123456789^2004341118V132456^B05

F400H ^123456789^2004341118V132456^G04

F400H ^123456789^2004341118V132456^M06

Communications File from CMS: Code 1 Reject File Layout (.rej)
This file is a response to the Handbook request file that is sent to CMS. It contains the records that failed the address validation (CASS Certified) checks or if the record has a Bad Address Reason populated. The codes received populate the Code 1 Reject Field. Only one code per Handbook request will be received. While records that are included on the .rej file will not have the Handbook printed in paper form, an electronic version of the Handbook will be created and provided to VA.

Data Element Name	Length	Example	Note
Form Number	5 chars	H400H	Has a 'H' lead char
Unique ID	12 chars (V)	123456789	Returned from CMS; associate to handbook request
VPID	17 chars	2004341118V132456	Returned from CMS; associate to Veteran
Code 1 Reject Error Code	1 char	S	S =Street Name Not Found
Field Separator	1 char	^	-

Record Example: H400H ^123456789^2004341118V132456^S

Code 1 Codes – the following are Code 1 reject/error codes that are to be returned to VA.

A	Apartment number missing or not found in database, and an apartment level match was required.
B	Insufficient (or blank) address information for a match.
H	House/Box number not found on this street.
S	Street name not found in ZIP Code.
Z	ZIP Code was not found on database.