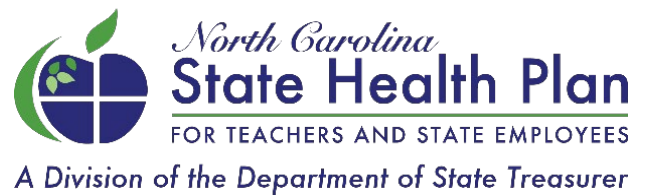


Attachment 1: PBM – ESS Business
Requirements BRD



Business Requirements Document

PBM – EES Business Requirements

Version

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1. Purpose and Objectives

The purpose of the Business Requirements Document (BRD) is to lay the foundation for the design and development of a technical solution through definition of the business' needs and achieve the goals and objectives. The BRD describes the high-level business process and outlines the business needs that will be fulfilled by the successful completion of the project.

The foundation for a successful project is built upon the quality and thoroughness of requirements gathering. The BRD establishes key requirements, objectives, and goals that drive all other subsequent phases. In addition to key program level requirements, the requirements capture operational concepts and program level interfaces.

This project has been initiated to implement the files associated with PBM Request for Proposal (RFP) as a result of the Plan awarding the PBM RFP.

1.1 Objectives

- A. Create EDI transmission method between Eligibility and Enrollment System vendor (EES) and Pharmacy Benefit Manager (PBM)
- B. Establish SSO between EES and PBM
- C. Ensure little to no impact due to transition
- D. EES will need to establish inbound and outbound file feeds.
 - i. Build, test and successfully deploy a defect-free version of:
 - a. A daily changes file transmission to PBM
 - b. Create and transmit a monthly, or alternate scheduled as requested by the Plan, audit of membership to PBM
- E. PBM will need to establish inbound file feeds.
 - i. Build, test and successfully deploy a defect-free version of:
 - a. Automated application of a daily changes file transmission from EES.
 - b. Automated generation of response file for received daily changes file.
 - c. Automated application and review of monthly, or alternate scheduled as requested by the Plan, membership audit from EES.

2. Testing

2.1 Quality Assurance

Every vendor is expected to internally test code and configuration, including but not limited to:

- Changes
- Regression testing
- Use Case scenarios
- Audit
- Open Enrollment

Quality Assurance testing should be specific to each vendor and not require participation from other Plan vendors. All results from internal testing should be published for State Health Plan review. The testing plan submitted by the vendor will not be approved if scenarios are not clearly depicting the Plan's business rules. Only successful internal testing should be promoted to UAT/JCT testing. The success criteria for each vendor will be detailed in the respective testing documents.

2.2 UAT / JCT

All vendors will need to configure employer groups in their respective test environment based on the items in this document. The groups to configure will be agreed upon by all vendors and a list of members in each test system will be used for testing. Joint Carrier Testing (JCT) will be performed as full end to end testing based on various eligibility and enrollment changes. End to end testing includes but is not limited to:

- Processing inbound files; including daily, audits and reports
- Generating outbound files; including daily, audits and reports
- Accurate automation triggering
- Consistent Workflow

JCT scenarios will be created by EES and PBM independently. EES, PBM and the Plan will mutually review test scenarios for proper tracking. JCT should be conducted with the Plan, to include all existing output received.

Use cases found in Section 4 should be utilized as a part JCT testing scenarios.

3. Assumptions / Constraints / Definitions

The below section details the assumptions and dependencies from the State Health Plan's point of view. Each vendor should provide additional assumptions, dependencies, and constraints in their solutions document.

3.1 Assumptions

1. The requirements listed in this document are the Plan's requirements. Any requirement that cannot be met will need to be documented in the solutions document along with the background on why it cannot be met and a timeline for when it will be met.
2. All parties must work together to meet defined deadlines and objectives. Requires cooperation and mutual approval of vendors and business partners during implementation, including joint testing and deployment. Lack of or delayed response by any party involved to defects or other issues raised during implementation could negatively impact the scheduled sign-off and release dates.
3. Any coding will require configurable rules as change is inevitable. If work-around processes are to be used, they must be documented and approved by the Plan.
4. A copy of all EDI files and all reports will be delivered to the Plan via sFTP and/or sharepoint, method will be determined during implementation.
5. All changes for a member should be sent in single record.
6. Changes do not always happen in date order, vendors must be able to accommodate retroactive, current and future dated changes. These may cross Plan years.
7. Members may have multiple transactions, or records on an 834, in a single day/file, changes do not always occur in date order.
8. Spans refer to all fields that are tied to start and end dates, this includes but not limited to: enrolled group, employment status category, coverage level, benefit level and all Medicare data points.
9. Both Benefitfocus and PBM will share EDI documents such as companion guides, transmission protocols and design documents.
10. Requirements for audit are defined in the requirements section and the attached document *Audit & Reconciliation* in section [REDACTED]
11. All 834s means all 834 files; including but not limited to changes files, full files and audit files.
12. Automation is top priority; manual workarounds are not acceptable.
13. All vendors will have separate, new testing environments dedicated to this project. All vendors are responsible for producing their own test scenarios, see section 2.2.
14. All vendors test environments and test members will be an exact replica of the production environment. Vendors will create "seed" files to help populate environments, where appropriate.
15. Demographic changes are not effective date driven. All spans of coverage will send the most recent demographic information.
16. All demographic information will originate at EES, PBM will not accept any demographic information, outside of a mailing address for mail orders, from any other source, including the member.
17. An active enrollment is considered as any coverage effective on the current date.
18. Transactions, or records on an 834, will not echo back to the originating vendor unless it results in a change.
19. Reporting and file delivery schedules will be agreed upon during implementation, and during OE thereafter.
20. PBM will apply data as received on all 834s from EES.

Term	Definition
Accurate transactions	Accurate transactions means that the data received on 834 reflects what is in the originating vendors system
Active group	Groups where members are employed, employment status dictates the type of employment, i.e., full time, LOA, RIF etc....
All Medicare data	Encompasses the complete list of Medicare data: Medicare ID number Medicare eligibility date Medicare entitlement reason Medicare Part A effective date Medicare Part A termination date Medicare Part B effective date Medicare Part B termination date Phantom Part A effective date Phantom Part A termination date Phantom Part B effective date Phantom Part B termination date Medicare Primacy effective date Medicare Primacy termination date
Audit transactions, or records on an 834	Current state of the member as of the date the file is pulled; includes active and termed coverages and all spans
Business rules	Business rules are determined by the Plan and include the federal and state laws and regulations along with Plan policies and rules
CMS	Centers for Medicare and Medicaid Services
Daily	Daily means every working day
Dlog	Discrepancy log
Echo back	Echo backs are where the receiving vendor sends back the exact same data to the originating vendor on the daily files
EES	Eligibility and enrollment system
EGWP	Employer Group Waiver Plan
EMPLOYING UNIT	ii) A North Carolina local education agency; community college; State department, agency or institution; or association or examining board or commission, whose Employees are eligible for membership in a State of North Carolina-supported retirement system as defined in Article 3B of Chapter 135 of the North Carolina General Statutes as may be amended from time to time. An Employing Unit also shall mean a charter school in accordance with Part 6A of Chapter 115C of the General Statutes whose board of directors elects to become a participating employer in the Plan under NCGS 135-39.17. Bona fide fire departments, rescue or emergency medical service squads and National Guard units are deemed to be Employing Units for the purpose of providing benefits

	under this Article. An Employing Unit shall also mean an employer, as defined for local government employers by NCGS 128-21(11) who has received legislative authority to and has elected to participate in the Plan.
END-TO-END TESTING	Testing that begins at the first step of the process and concludes with the last step. In this Contract, End-to-End Testing includes testing the process from the beginning step to the last step which includes testing with every Plan Vendor involved in the item to be tested
ENTITY	For the purposes of this Contract, Entity refers to a distinct grouping of Employing Units. Entities include, but are not limited to: <ul style="list-style-type: none"> • BEACON Groups – Employing Units utilizing the BEACON payroll system • Universities – Employing Units that are part of the North Carolina University System • Community Colleges – Employing Units that are part of the North Carolina Community College System • Public Schools – Employing Units that are part of the North Carolina Public Schools or Local Education Associations (LEAs) • Charter Schools – North Carolina Charter Schools that have elected to participate in the Plan • Local Governments – Local Governments that have elected to participate in the Plan
FULL FILE	EDI file that provides all records/transactions between a date range or a complete historical dump of data. Full Files can also contain termination and future transactions based on the requirements. Full Files are larger in size and take longer to process. With Full Files, successive files will contain more and take longer to process. For example, if Full Files are created each month, every Full File created will contain all records/transactions from the previous Full File and any additional records/transactions created during the current month
Group	The Entity through which Members are “grouped” to enroll and be invoiced (i.e. Employing Units, Retirement Systems, Direct Bill, and COBRA.)
HBR	Health benefits representative
HICN	Health Insurance Claim Number, formerly used at CMS before MBI's replaced it. HICN may be used by EES when newly Medicare eligible subscriber hasn't been verified by CMS yet.
MBI	Medicare Beneficiary Identifier
Member	Any Subscriber enrolled in the North Carolina State Health Plan for Teachers and State employees, or a Dependent currently enrolled in the health benefit plan for which a premium is paid.
Mutually agreed upon	The Plan determines, with input from the vendors
NON-ACTIVE GROUP	One of the Plan groups for which Members who are no longer eligible through an Active Group can enrollment. The current Non-Active Groups include the

	Retirement Systems Group, the Direct Bill Group, the COBRA Group, and the Sponsored Dependent Group
NON-ACTIVE MEMBER	A Subscriber, and his or her eligible dependents, that are no longer enrolled through an Active Group and is eligible through a Non-Active Group. Certain Members enrolled through an Employing Unit are also Non-Active Members such as Members in their first month of retirement before they are enrolled under the Retirement System and Members enrolled in 12-Month RIF coverage. Non-Active Members can be Medicare Primary or Non-Medicare Primary
OE	Open enrollment
Order of operations	Changes do not always happen in order in production. For example, a member retires on 6/1 effective 9/1, then enters a QLE on 6/2 effective 7/1
Pass-through rate	Rate of accurate transactions received on EDI that are processed and loaded into TPAs system without manual intervention
PBM	Pharmacy Benefits Manager
PHANTOM B	Plan Members must enroll in Medicare Parts A & B in order to receive full benefit coverage when Medicare is primary. If a Member chooses not to enroll in Medicare Part B, their benefits under the Plan will be paid as if they are enrolled under Medicare Part B, regardless of whether they have actually enrolled for such coverage. The is known as Phantom B processing
Plan attributes	Any changes that effect benefit, coverage or premium. For example, a member moving from a direct bill status to a deduction status, or a new dependent added to an existing enrollment
Plan Year	A twelve-month period which runs from January 1 – December 31
Primacy	Primacy in relation to the Plan and Medicare only
RDS	Retiree Drug Subsidy
REDUCTION IN FORCE (RIF)	Reduction in force, these members are eligible for group sponsored coverage for 12 months in the absence of other employment
sFTP	Secure File Transfer Protocol in which a standard network protocol is used to exchange files over a Transmission Control Protocol/Internet Protocol (TCP/IP) based network.
SPLIT CONTRACT	Subscriber who is Medicare Primary with one (1) or more Dependents that are Non-Medicare Primary or vice versa.
STATE BUSINESS DAY	Monday through Friday 8:00am through 5:00pm, Eastern Time, except for North Carolina state holidays as defined by the Office of State Human Resources
TPA	Third party administrator
Translations	Transactions will be sent with mutually agreed upon data, any necessary translations will be done on the receiving vendor's side
UPID	Unique Person ID -assigned by the EES vendor based on SSN and DOB

3.2 Time

All necessary development and configuration must have successfully passed testing and be in production by the end of September 2027 for plan year beginning 1/1/2028. All parties must work together to meet defined deadlines and objectives.

3.3 Risk Tolerance

The Plan will not sign off on implementing any development or configuration that has not satisfied the success criteria outlined in each vendor test plan.

4. Requirements Definition

To ensure traceability throughout the project lifecycle and adherence to the change management process, each detailed requirement for the project is defined below and should be associated within the Solution Document.

Vendor	Description
	Changes file
EES PBM	Support the Plan's eligibility and enrollment rules as defined by North Carolina General Statutes (N.C.G.S.) Chapter 135, Article 3B.
EES	Send daily enrollment adds, changes, terminations, reinstatements, corrections on 834 EDI file with effective dates on or after 1/1/27. The Plan will receive copies of all production and test files and reports transmitted via sFTP.
EES	EES will send accurate data on the daily and audit files
EES PBM	Editing checks on EDI files need to be coordinated
PBM	Accept, process and load enrollment adds, changes, terminations, reinstatements, corrections on 834 EDI file with effective dates on or after 1/1/27
PBM	All 834s will be responded to with a 999 and mutually agreed upon supplemental error/warning reports and documented in each vendors solution document
PBM	Automated file processing to reject an individual transaction when appropriate.
PBM	Automated file processing to reject an entire file when appropriate.
PBM	Process records appropriately by evaluating the information on the transaction and update what is needed in your system to load member enrollment from EDI received on daily. Do not echo back changes.
PBM	Accept and apply multiple files in the received order that are delivered within the same day.
EES	Send all transactions on all 834 files in effective date order
PBM	Load all transactions on all 834 files in effective date order
EES	Ability to send full or partial member records with changes
PBM	Ability to accept full or partial member records with changes
EES PBM	Mutually agree to and provide required attributes that EES vendor will provide to the PBM
EES PBM	Accept and store multiple Member ID numbers from the Plan's EES vendor such as a unique member ID created by the EES vendor and MBI and/or the Member SSN
EES	Assign, maintain and send UPID for each Plan member
EES	Validate invalid UPIDs prior to file delivery
PBM	Validate invalid UPIDs upon file receipt
PBM	Accept, load, process and use UPID for all operational purposes; including but not limited to claims processing, customer services and other operational purposes

PBM	Send the UPID number provided by the EES vendor to other Plan vendors, as requested by the Plan
EES PBM	Configure plan, coverage level and Medicare attributes as mutually agreed upon to indicate the elections of the member.
EES PBM	Develop and adhere to mutually agreed upon 834 file edits
EES PBM	Develop and adhere to mutually agreed upon business rule edits (TA1)
EES PBM	Agreed upon special characters within member demographic data will be reflected on data files as normalized characters, if PBMs system doesn't allow special characters
PBM	All 834s will be responded to with a TA1, 999, control files and mutually agreed upon supplemental error/warning layouts and documented in each vendors solution document. The Plan will receive copies of all production and test files and reports transmitted via sFTP.
EES	Accept TA1 and 999 response files for daily and audit files
EES	Correct member errors from daily and audit files on the TA1 and 999 and response files
EES PBM	Actions on the supplemental reports will be defined by the Plan and maintained after go live
PBM	Automatically load Member enrollment from the industry standard 834 HIPAA X12 5010 file received from the Plan's EES vendor.
EES PBM	Retrigger records as needed with appropriate transaction codes, along with completing root cause analysis
PBM	Maintain a pass-through rate of at least 98% on accurate transactions received electronically from the Plan's EES vendor.
PBM	Manually load within three (2) business days any data that cannot be processed automatically
EES	Transmit on 834 plan attributes such as retro Medicare changes with retroactive effective dates that may cross plan years.
PBM	Accept and apply plan attributes such as retro Medicare changes with retroactive effective dates that may cross plan years.
PBM	Accept and process multiple concurrent file transmissions, processed in order received
PBM	Load and process "terminated" and "add" transactions without manual intervention for the same members within the same day
EES	All Plan defined business rules on the front-end EES platform will also be used for processing inbound files received from the Plan or Plan vendors for consistent data quality
PBM	Configure thresholds to reject an entire file based on how many records successfully passed business edits. Thresholds will be determined by the Plan during implementation
EES	Send only members with PBM coverage to the PBM, members with MAPD coverage will not be sent to PBM

EES	If changes are received from any vendor, they should be applied to all coverage with all applicable vendors
PBM EES	During testing need to be able to accept both retroactive (prior to 1/1/27) and future effective dates
EES PBM	Send and receive mutually agreed upon plan attributes values to indicate : 1. Plan with correct effective and term dates 2. Family coverage with correct effective and term dates 3. Primacy with correct effective and term dates any translations will be done on the receiving vendor 4. Medicare eligibility, Part A, Part B, primacy, phantom and entitlement; including multiple spans with correct effective and term dates
EES PBM	Accept, load, store and transmit spans on audit and daily, see assumption 11
EES PBM	PBM will receive and process member elections from the Plan's EES vendor after Open Enrollment using a full file or via daily change files. The type of file will be determined by the Plan during the initial implementation and will be re-evaluated annually as part of OE planning. The Plan will receive copies of all production and test files and reports transmitted via sFTP
EES PBM	EES calculates primacy based on entitlement reason, current date and effective dates of Medicare and Plan coverage. PBM applies all Medicare info as received
EES PBM	When member is Medicare eligible all Medicare fields on the 834 will be populated along with other mutually agreed upon fields
EES PBM	Medicare is member level information and will be applied to the member for applicable dates of coverage
EES PBM	Store all Medicare info for at least 3 Plan years
EES PBM	Set up new groups throughout the year, at Plan's request
EES	Send the same data elements on audit file as sent on daily file
EES	Files should be extracted no earlier than 4:45 p.m. ET each working day and delivered between 5:00 p.m. ET and 9:00 p.m. ET each day.
	Reporting
PBM	Provide a weekly membership report with all 834 data elements included, along with any PBM specific data. Process to be refined during implementation
	Part D Administration
PBM	PBM will utilize the Medicare primacy information received on the daily 834 file to determine RDS and/or EGWP eligibility
PBM	PBM will submit members to EGWP when the Medicare primary spans and the SHP enrollment span overlap.

PBM	PBM will submit members to RDS when the Medicare primary spans and the SHP enrollment span overlap.
PBM	Enroll all Medicare prime eligible members regardless of member type; COBRA, Direct Bill, Sponsored Dependent, Retirement System Division, active employer unit etc....
PBM	Enroll all Medicare prime eligible members regardless of entitlement reason.
PBM	Enroll Plan members in Medicare prime coverage while awaiting confirmation of enrollment from CMS.
PBM	Transmit applicable updates received from CMS for members who are enrolled in the EGWP plans per established demographic update requirement.
PBM	Evaluate enrollment requests received from EES against the Vendor's system to ensure Plan Member applications are only submitted to CMS once; and that those applications have the most accurate information.
PBM	Perform outreach on members to obtain missing/incorrect/invalid data elements, i.e., unknown MBI or PO box or international address for physical address prior to submission to CMS. Any updates will be sent on the next daily file.
PBM	Members will not be allowed to update their demographic information and/or enrollment outside of EES or outside of CMS requirements.
PBM	Send a term transaction type or defined code for denials, disenrollments and cancellations of coverage by CMS.
PBM	Automated delivery of daily change file immediately after extraction completes.
PBM	Any fields that contain invalid data will cause the record to fail and the data will be corrected, or transaction will be removed before sending on Data File.
PBM	Any removed transactions will be corrected and sent on the next daily file.
PBM	Send daily enrollment adds, changes, terminations, reinstatements, corrections on 834 EDI file with effective dates on or after 1/1/27. The Plan will receive copies of all production and test files and reports transmitted via sFTP.
PBM	PBM will send accurate data on the daily and audit files
EES PBM	Editing checks on EDI files need to be coordinated
EES	Accept, process and load enrollment adds, changes, terminations, reinstatements, corrections on 834 EDI file with effective dates on or after 1/1/27
EES	All 834s will be responded to with a 999 and mutually agreed upon supplemental error/warning reports and documented in each vendors solution document
EES	Automated file processing to reject an individual transaction when appropriate.
EES	Automated file processing to reject an entire file when appropriate.
EES	Process records appropriately by evaluating the information on the transaction and update what is needed in your system to load member enrollment from EDI received on daily. Do not echo back changes.
EES	Accept and apply multiple files in the received order that are delivered within the same day.

PBM	Send all transactions on all 834 files in effective date order
EES	Load all transactions on all 834 files in effective date order
EES	Ability to send full or partial member records with changes
PBM	Ability to accept full or partial member records with changes
EES PBM	Mutually agree to and provide required attributes that EES vendor will provide to the PBM
EES	Outbound files from EES will be incorporate changes from PBM
	Audit
EES PBM	Monthly audit of full population between PBM and ESS vendor, audit schedule to be agreed upon during implementation. Minimum fields to be audited are documented in the attachment Audit&Reconciliation
EES	Automated extraction of a monthly, or as determined by the Plan, full file in 834 format containing all spans of enrolled, terminated or canceled PBM members as of the date the file is run, regardless of benefit effective date delivered to PBM and the Plan
EES	Send one full monthly, or as determined by the Plan, audit file in 834 EDI file format. The Plan will receive copies of all production and test files and reports transmitted via sFTP
EES	Send the same data elements on audit file as sent on daily file
EES	Delivery of audit file immediately after extraction completes
PBM	Automated compare within a consecutive 24-hour window of a monthly audit of PBM membership as received from EES. This is to ensure that the data is not stale at the time of comparison
PBM	Identify and report audit compare results in mutually agreed upon format within 1 calendar days. Process to be defined during implementation.
EES PBM	Work through any required updates from the audit within 3 State Business Days.
EES PBM	Provide root cause analysis to the Plan on audit discrepancies
EES PBM	Provide metrics to the Plan detailing what was found during audit; including but not limited to, record counts and root cause
EES PBM	Further audit details, including required fields to audit are found in embedded Audit & Reconciliation document
	Discrepancy log (dlog)
EES PBM	Utilize dlog for any information that cannot be transmitted via the scheduled files, any access to care issues that cannot wait for the next scheduled file and all audit results.
	SSO
EES PBM	Implement a single-sign-on (SSO) between from eBenefits' member role and to PBM's secure member portal that will enable Plan members to seamlessly access the PBM member portal without an additional login

5. Use Case

Use Case	Expected Outcome
Existing Medicare prime member enrolled since 1/1/27 loses part B effective 3/31/27	EES sends in one transaction and PBM receives and applies Medicare primary 1/1/27 – open ended, Medicare part B end date of 3/31/27 and Medicare phantom B effective 4/1/27 – open ended
Active agency member is age entitled for Medicare 1/1/27 member retires effective 6/1/27	EES sends in one transaction; two COB loops, and PBM receives and applies Medicare secondary 1/1/27-5/31/27 and Medicare primary 6/1/27-6/30/27
New member enrolls in Medicare prime 70/30 base plan in any employing unit 2/1/27	EES sends PBM receives and applies Medicare primary 2/1/27 with no end date
Existing member enrolled in 80/20 in a nonactive employing unit becomes eligible for Medicare 8/1/27	EES sends PBM receives and applies term on 80/20 and add for Medicare prime 70/30 base plan with Medicare primary both effective 8/1/27
EES send HICN for a member and EES later changes it to a MBI	EES will send two transaction with all changes to PBM and any other applicable vendor(s) who will apply all changes
EES receives a new MBI and Part A/B effective date for enrolled member	EES will send one transaction with all changes to PBM and any other applicable vendor(s) who will apply all changes
EES has a 12-month RIF enrollee with an effective date of 5/1/2026 and a planned expiration date of 4/30/2027.	EES sends and PBM receives 5/1/2026 effective date
Forever RIF/Former Legislator/Sponsored Dependent member ages into Medicare	EES sends to PBM on daily changes file who then applies the update to the member regardless of member status
PBM receives updated Part A and/or Part B dates and/or MBI from EES on future termed member	PBM applies updates as received on the daily file
Member had Medicare A and B that termed previously. After a gap in Medicare coverage the member now has new Medicare A and B dates	EES and PBM will store multiple lines of part A/B effective and term dates.
Member had Medicare prime that termed previously. After a gap in Medicare coverage the member now has new Medicare prime dates	EES and PBM will store multiple lines of Medicare primary and secondary
Member had Medicare prime that termed previously. After a gap in Medicare coverage the member now has new Medicare secondary dates	EES and PBM will store multiple lines of Medicare primary and secondary

Existing member with Medicare secondary on 80/20 in an active employing unit becomes Medicare prime 9/1/27	EES will send one transaction with all changes to PBM and any other applicable vendor(s) who will apply all changes. EES and PBM will store multiple lines of Medicare primacy
EES generates an invalid UPID for enrolled member	EES will identify the duplicate and resolve before sending to PBM.
EES generates an invalid UPID for enrolled member	PBM will need to validate unique UPID before applying transactions from EES PBM will error it back to EES to be resolved. Once UPID is resolved EES will send the transaction on the daily changes file to PBM and any other applicable vendor(s) who will apply changes
EES and PBM mismatch on any field as documented in the embedded Audit & Reconciliation document	PBM will identify as a discrepancy on audit
Monthly audit metrics	PBM will provide the Plan a monthly count of discrepancy by field listed embedded Audit & Reconciliation document
Monthly audit root cause analysis	EES and PBM will provide root cause analysis to the Plan for any discrepancies.
PBM will generate weekly membership report to the Plan, adding UPID to the existing layout	Weekly membership delivered to Plan via sFTP.
PBM will continue to generate existing employing unit reporting	RDS eligible members in an active group will be reported to the Plan as a member of the active group, not as a separate RDS group
EES sends Medicare Primary member on 834 file to PBM	PBM receives and loads. PBM applies for RDS.
EES sends Medicare Primary member on 834 file to PBM	PBM receives and loads. PBM applies for EGWP.
New address change sent on 834 file	EES sends and PBM receives and applies address as received
Member terms effective 9/30/27 sent on 834 file	When processed PBM system should term the member effective 9/30/27
Member reinstates effective 5/1/27 sent on 834 file	EES sends and PBM receives and applies reinstatement effective 5/1/27
Member effective date correction sent on 834 file	EES sends and PBM receives and applies the member's updated effective date to what was stated on the 834
New add effective 4/1/27 sent on 834 file	EES sends and PBM receives and applies add effective 4/1/27

Member coverage level changed from employee only to employee + dependent children due to birth effective 7/1/27	EES sends and PBM receives change record on 834 EDI file; PBM system should update the coverage level and add the dependent effective 7/1/27
HBR Keyed or Payroll file added a new member with SSN1 and DOB1 to create a shell with no benefits elected (record not sent to PBM), then later enrolls in benefits with SSN2 and DOB2 (this record would send to PBM)	UPID changes in EES system. EES sends and PBM receives and applies final UPID
Member enrolls with SSN1 and DOB1 in group A. Then terms from group A and enrolls in group B	UPID remains the same at EES and PBM
2 newly enrolled members with different SSNs and DOB and the same UPID	EES recognizes error and corrects before sending on 834. If the transaction does get sent, PBM rejects transaction back to EES for correction and retransmission with the appropriate transaction type
2 members (1 is newly enrolled) with different SSNs and DOB and the same UPID	EES recognizes error and corrects before sending on 834. If the transaction does get sent, PBM rejects transaction back to EES for correction and retransmission
Member adds newborn twins to coverage, without SSNs and same DOB, with 2 different UPIDs. Sends to PBM.	EES sends and PBM receives and applies UPIDs as received. PBM does not apply additional matching criteria outside of SSN and DOB.
Member adds twins to coverage, with SSNs and same DOB, with 2 different UPIDs. Sends to PBM.	EES sends and PBM receives and applies SSNs and UPIDs as received. PBM does not apply additional matching criteria outside of SSN and DOB.
Member is sent with SSN, UPID, employee ID	EES sends and PBM receives and applies SSN, UPID, Employee ID
Subscriber on MAPD + dependent on PBM	EES sends and PBM receives and applies agreed upon attributes to indicate the plan selected, the coverage level, and effective dates for the dependent PBM election
Subscriber on PBM + dependent on MAPD	EES sends and PBM receives and applies agreed upon attributes to indicate the plan selected, the coverage level, and effective dates for the subscriber on the PBM election
Subscriber + spouse on MAPD + child(ren) on PBM	EES sends and PBM receives and applies agreed upon attributes to indicate the plan selected, the coverage level, and effective dates for children on the PBM election

Subscriber + child(ren) PBM+ spouse on MAPD	EES sends and PBM receives and applies agreed upon attributes to indicate the plan selected, the coverage level, and effective dates for the subscriber and children on the PBM election
During OE, active without Medicare member elects Employee Only 80/20 coverage effective 1/1/27	EES sends and PBM receives and applies agreed upon attributes to indicate the plan selected, the coverage level and effective dates
During OE, active member elects Employee + Family HDHP coverage effective 1/1/27	EES sends and PBM receives and applies agreed upon attributes to indicate the plan selected, the coverage level and effective dates,
Member is sent on 834 with missing 2100 loop. Transaction is errored as defined in SNIP 1 – 6 edits.	Both vendors use the same level to ensure consistency
Member has multiple changes in a record, 1 fails edits	EES vendor corrects the failed edit before sending to PBM
Member has multiple changes in a record, 1 fails edits	If EES vendor fails to correct and send it to PBM. PBM should error the failed record back to EES
Member with é in their name in EES will be mapped to e If PBM cannot accept special characters	PBM will apply as e
PBM receives Daily 834, Ad hoc file, Audit in same day	Files are processed in order received at PBM
EES sends a file with an 834 formatting issue	PBM rejects entire file back to EES. EES corrects and resends transactions on the next 834.
EES sends a file with a record that has a required segment missing	PBM rejects record back to EES. EES corrects record and resends transaction on the next scheduled 834 file.
Member has a file delimiter in one of their non-required data fields	EES does not send impacted field on 834 PBM will ignore if impacted field is sent on the 834
Member has a file delimiter in one of their non-required data fields	EES does not send entire transaction on 834 PBM will ignore if entire transaction is sent on the 834
Member has multiple changes in a record, 1 fails edit for UPID	PBM rejects entire record back to EES. EES corrects record and resends transaction on the next scheduled 834 file.
New add effective 4/1/27 sent on 834 EDI file to a group not added at PBM.	PBM will error transaction on import. PBM adds new group per Plan communication and then reprocesses already received transaction
EES receives a member with an address that is invalid city/state/zip combination	EES and PBM will apply address as received
EES sends a member with an international address	EES and PBM will apply address as received, with applicable country code

On 10/11/27 New hire elects and benefits effective 12/1/27 On 10/12/27 same new hire changes benefits to be effective 11/1/27	EES - on 10/11/27 benefit effective date is 12/1/27 PBM- applies benefit effective date is 12/1/27 EES - on 10/12/27 benefit effective date is 11/1/27 PBM- applies benefit effective date as 11/1/27
8020 Employee only member uses a QLE to add a newborn effective 9/30	EES sends the agreed upon attributes for EE only term 8/31 and add EE+Child(ren) effective 9/1, newborn is sent with effective date equal to their DOB. PBM translates to load into their system as needed
8020 Employee + family enrolled since 1/1 uses a QLE to add an adopted child effective 9/1	EES sends the agreed upon attributes for EE+Family effective 1/1, new child is sent with a 5/1 is sent with effective date. PBM applies as received
Member uses a QLE to remove spouse effective 3/31	EES sends the agreed upon attributes for Spouse term 3/31 and EE only effective 4/1, PBM translates to load into their system as needed
On 11/1 Approved exception to retro enroll EE + child(ren) retro to 4/1	EES sends the agreed upon attributes for EE+Child(ren) effective 4/1, PBM- applies benefit effective date as 11/1/27
Existing member uses a QLE to add a spouse effective 5/1 and uses a second QLE to add a child 6/1 on the same day	EES sends the agreed upon attributes for EE+ spouse effective 5/1, EE+Family effective 6/1, PBM translates to load into their system as needed
Existing member uses a QLE to add a spouse effective 3/1. Later on has a second QLE to add a child 7/1.	EES sends the agreed upon attributes to add EE+ spouse effective 3/1. Later on EES sends term for EE+ spouse, and the add for EE+Family effective 7/1, PBM translates to load into their system as needed
Member with EE+ Family coverage effective 1/1/26. One child ages out 3/1, other children remain covered.	EES sends the EE+ Family. EES sends a term on one child for 3/1. Coverage level remains as EE+ Family.
HBR changes a member's coverage term date from 5/31 to 6/30	EES sends and PBM receives new end date of 6/30
EES outbound 834 to PBM is missing a required element	EES will error on their outbound; in the event the PBM receives it will error on their inbound
Member has a number in their name	EES will send as received and PBM will load as received
Active employed member disability entitled has Medicare Part A 7/1/25 though current and Part B effective 3/1/2027, member moves to nonactive group 8/1/25	Part A effective 7/1/25, Part B is effective 3/1/27, primacy is secondary effective 7/1/25 through 7/31/25 primary effective 8/1/25, phantom B effective 8/1/25 through 2/28/27 eligibility is age.

A member in an active or not active group ESRD entitled after 30/33-month coordination period has Medicare Part A and B 7/1/2020 though current,	Medicare Part A and B effective 7/1/2020, primacy is primary effective 7/1/20, eligibility is ESRD
A member in a non-active group, age entitled does not have Medicare Part A or B	Part A and B effective and term date are not sent, primacy is primary effective 1/1/21, phantom A and B are sent effective 1/1/21, eligibility is age
A member in a non-active group age entitled has Medicare Part A effective 10/1/22, part B effective 12/1/22	Part A effective 10/1/22, Part B effective 12/1/22 primacy is primary effective 10/1/22, phantom B is sent effective 10/1/22-11/30/22, entitlement is age
A member in an active group age entitled has Medicare Part A 7/1/25 though current	Part A effective 7/1/25, Part B is not sent, primacy is secondary effective 7/1/25, eligibility is age
A member in an active group member age entitled has Medicare Part A and B 2/1/2027 though current	Part A effective 2/1/27, Part B is effective 2/1/27, primacy is secondary effective 2/1/27, eligibility is age
A member in an active group age entitled has Medicare Part A and B 2/1/25 though current. Same member moves to retirement group retroactive to 5/1/25	Part A effective 2/1/25, Part B is effective 2/1/25, primacy is secondary effective 2/1/25-5/31/25 Primary 6/1/25 through current, entitlement is age
A member in a non-active group age entitled has Medicare Part A and B 7/1/28	Part A effective 7/1/28, Part B is effective 7/1/28, primacy is primary effective 7/1/28, entitlement is age
A member in a non-active group age entitled has Medicare Part A 7/1/28	Part A effective 7/1/28, Part B is not sent, Phantom B effective 7/1/28, primacy is primary effective 7/1/28, entitlement is age
A member in a non-active group disability entitled has Medicare Part A and B 1/1/2000 through 12/31/2020	Part A effective 1/1/2000 termed 12/31/2020 Part B is effective 1/1/2000 and termed 12/31/2020 primacy is primary effective 1/1/2000 termed 12/31/2020 entitlement is disability
A member in an active group disability entitled has Medicare Part A 7/1/2026 though current and Part B effective 3/1/2027	Part A effective 7/1/26, Part B is effective 3/1/27, primacy is secondary effective 7/1/26, entitlement is disability
A member in an active group disability entitled has Medicare Part A 7/1/2026 though current and Part B effective 3/1/2027, member moves to nonactive group 4/1/27	Part A effective 7/1/26, Part B is effective 3/1/27, primacy is secondary effective 7/1/26 and primary effective 4/1/27, entitlement is disability
A member in an active group disability entitled has Medicare Part A and B effective 5/1/2021, then EES terms Part B effective 5/1/21	Part A effective 5/1/21 through current, the effective and term date of 5/1/21 Part B, secondary will be 5/1/21, entitlement is disability

A member in an active group disability entitled has Medicare Part A and B effective 5/1/2021, then EES deletes Part B effective 5/1/21	Part A and B effective 5/1/21 through current. Part A 5/1/21 through current, Part B removed, primacy would be secondary, entitlement is disability
Member is Medicare eligible due to age and disability	EES sends and PBM receives and applies agreed upon attributes to indicate the dual Medicare eligibility reasons
Member is Medicare eligible due to age and ESRD	EES sends and PBM receives and applies agreed upon attributes to indicate the dual Medicare eligibility reasons
Member is Medicare eligible due to disability and ESRD	EES sends and PBM receives and applies agreed upon attributes to indicate the dual Medicare data
Member is Medicare eligible due to age, disability and ESRD	EES sends and PBM receives and applies agreed upon attributes to indicate the multiple Medicare eligibility reasons
Member logs into EES portal and uses SSO to access PBM portal	Member is able to access their information in the PBM system without having any additional logins
Plan or HBR uses member role to log into EES portal and uses SSO to access PBM portal	Plan or HBR in the member role is able to access their information in the PBM system without having any additional logins
Plan or HBR logs into EES portal using HR/Agent role and uses SSO to access PBM portal	Plan or HBR is not able to SSO in the HR/Agent role – option not available / action denied
Active unit enters retirement termination on 2/1/27 effective 8/1/27	EES sends and PBM receives and applies retirement termination on 2/1/27
PBM has existing phantom B member, with phantom B effective 1/1/27 - 5/31/27 and then receives a new span of phantom B on daily file of 9/1/27 - open	PBM adds additional span of phantom B . Phantom B will be stored as 1/1/27 - 5/31/27 and 9/1/27 - open
PBM has existing phantom B member, with phantom B effective 1/1/27 - 5/31/27. Then Phantom B is removed from the file. Then PBM receives a new span of phantom B on daily file of 2/1/27 - 5/31/27.	PBM applies phantom B 2/1/27-5/31/27. Then previous span is removed due to not being on the file. PBM will not imply the 1/1 - 1/31/27 should remain.

PBM has existing phantom B member, with phantom B effective 1/1/27 - 1/31/27 and 3/1/27 - 5/31/27. Then receives a new transaction with span of phantom B on daily file of 1/1/27 - 2/28/27	PBM applies phantom B effective 1/1/27 - 1/31/27 and 3/1/27 - 5/31/27. Then PBM applies what is received. Phantom B 1/1/27 - 2/28/27. PBM will not imply the 3/1/27 - 5/31/27 should remain.
Phantom B member in retirement returns to work effective 7/1/27 in an active employing unit where they enroll in benefits effective 8/1/27	EES terms Phantom B based on employment termination in retirement, phantom B terminates same day as benefit termination, 6/30/27. EES sends and PBM receives and applies, Phantom B term date of 6/30/27 and benefit coverage term date of 6/30/27 on retirement group and an add for the active employing unit effective 8/1/27 with no phantom information. Claims will deny for 7/1/27 - 7/31/27 as there is a gap in coverage. Transactions may be on the same or different files
Phantom B member in retirement returns to work effective 7/30/27 in an active employing unit where they enroll in benefits effective 8/1/27	EES terms Phantom B based on employment termination in retirement, phantom B terminates same day as benefit termination, 7/31/27. EES sends and PBM receives and applies, Phantom B term date of 7/31/27 and benefit coverage term date of 7/31/27 on retirement group and an add for the active employing unit effective 8/1/27 with no phantom information. There is not a gap in coverage. Transactions may be on the same or different files
A Medicare eligible member enrolls in COBRA coverage 6/1/27	Medicare becomes primary as of date of enrollment 6/1/27. PBM receives and applies coordination accordingly.
A currently enrolled COBRA member gains Medicare eligibility as of 6/1/27	EES terms COBRA coverage and sends to PBM. PBM receives and applies COBRA term.
A Medicare eligible member terms from an active agency 8/31/27 and retirement benefits begin 9/1/27	EES sends Medicare secondary primacy term 8/31/27. EES sends Medicare Prime primacy eff 9/1/27. PBM receives and applies coordination accordingly.
A Medicare eligible member eff 1/1/27 terms from an active agency 10/31/27 and retirement benefits begin 11/1/27	EES sends Medicare secondary primacy term 1/31/27. EES sends Medicare Prime primacy eff 2/1/27. PBM receives and applies coordination accordingly. <i>Note-This example is to highlight PBM applying information as received on the file</i>
Member has EE+ Children coverage for current year and OE. EES sent on the OE file in November. In December member adds baby born on 12/15.	EES sends and PBM receives baby's enrollment for current year and future participation period.

Member is enrolled in PBM coverage currently. During an active OE, member declines coverage for the future plan year.	PBM will not receive member on the file for the future participation period.
Member is enrolled in PBM coverage in the current participation period. During an Active OE, the member enrolls in a non-PBM plan as of the start of the future participation period.	PBM will not receive member on the file for the future participation period.
Subscriber requests and Plan approves disabled dependent status for their 26+ year old dependent	EES sends and PBM receives and applies disabled dependent coverage as received in the file
Member transfers from one employing unit to another and receives a new effective date upon enrollment	EES sends and PBM adds member to new employing unit with new effective date
Member transfers from an agency within Beacon to another agency and retains the original effective date	EES sends and PBM adds member to new agency with previous original effective date
Employing unit provides race and ethnicity on their payroll file or manually entered	EES sends and PBM receives and applies race and ethnicity as provided
Employing unit provides county on the physical address on their payroll file	EES sends and PBM receives and applies county as provided
Employing unit does not provide county on their payroll file	EES determines county based on address and sends to the PBM, PBM receives and applies county as provided
Subscriber enters a physical address without a county	EES determines county based on address and sends to the PBM, PBM receives and applies county as provided
Subscriber enters a physical address with an invalid county	EES sends and PBM receives and applies invalid county as provided
Member has a first name, middle initial, last name, and suffix	EES sends and PBM receives and applies first name, middle initial, last name, and suffix as provided

6. Vendor Interfaces / Concerns

No existing connections and/or EDI will be interrupted to execute the requirements listed above. New sFTP connections will be established.

7. Appendix
