



Health Net Small Group Census Enrollment Guide

California Groups

Effective January 2023



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INTRODUCTION

The use of the Census Enrollment Excel spreadsheet provides a tool to give Health Net enrollment information for new groups. Health Net's Membership Eligibility database is interfaced directly from the incoming data file. This eliminates the need for employers to submit paper forms to Health Net's Membership Eligibility and Accounting Department for new group enrollments.

PARTICIPATION

All small group employers may submit their membership data through the completion of the Census Enrollment spreadsheet.

By use of enrolling via Census Enrollment, the Employer agrees that all data has been validated as this process does not verify or validate the applicant data.

OBJECTIVES AND BENEFITS

The objective of the Census Enrollment spreadsheet is to streamline the enrollment process.

The Census Enrollment spreadsheet is a process by which the eligibility data is provided electronically in fixed fields to Health Net and then loaded directly into our system. This has the following advantages:

- Eliminates excess paperwork.
- Eligibility can be loaded directly into our system with minimal (if any) manual interference.
- Processing time is shorter; therefore, ID Cards are generated more quickly.
- Manual entry errors are eliminated.

RECORD RETENTION

Since the eligibility forms are not being physically forwarded to Health Net for retention, the trading partner agrees to maintain the signed Enrollment Form for verification purposes. The signed enrollment documents to be retained must be Health Net's Enrollment Form. In addition, the Enrollment Form must be executed prior to the delivery of the Census Enrollment file of that member(s)' data to Health Net, and the Acceptance of Coverage section. The trading partner also agrees to supply Health Net with a copy of the signed enrollment form upon request. **If the arbitration agreement clause on the enrollment form is not signed or is modified in any way, the enrollment data must not be sent to Health Net for those members.**

AUDIT RIGHTS

Health Net reserves the right to conduct periodic audits on the data received against the Enrollment Forms retained by the Employer and/or Broker.

DATA TRANSMISSION

The Census Enrollment spreadsheet must be sent to Health Net Underwriting or Sales Department via encrypted email.

HEALTH NET'S DETAILED DATA SPECIFICATIONS

The following pages provide specifications for every data element used within Health Net's Census Enrollment layout. The data element definitions are designed to provide characteristics for each field. Please review the following general rules of Health Net's standard layout:

1. File is to be used to support new enrollments only. Plan changes or add/deletions should not be on this spreadsheet.
2. Health Net's standard layout does not allow multiple records for the same member. Only one record should be passed for each member in the contract, which should be the current status of the member. Passing more than one record per member will produce inaccurate results.
3. Only Health Net members should be reported on the file (not those of other carriers).
4. For data elements that will not be transmitted to Health Net by your group, the element should be space filled. Please **do not** populate the data elements with fillers such as "0's" or "9's".
5. The Member Type used to identify the employee and each family member should be reported in the following sequence under each SSN: **Member, Spouse or Partner, Dependent**.
6. Health Net cannot support effective date corrections via this process. Corrections to Coverage Begin and Coverage End dates must be reported to the Health Net eligibility representative via an alternative method.
7. Group Number assignment will be populated by Health Net.

Employees & COBRA Enrollees tab:

Column Letter	Field Name	Field Required	Sample Refer to Glossary for details
A	Plan Type	Yes	WholeCare HMO
B	Plan Name	Yes	Platinum \$10
C	Dental Plan	Yes	Dental - DPPO Classic 4 1500
D	Vision Plan	Yes	Vision - PPO Preferred 1025-2
E	Group Term Life - Amount of Coverage	Yes	\$25,000
F & I	Group Term Life - Beneficiary Name	Yes	Mary Smith
G & J	Group Term Life - Beneficiary Relationship	Yes	Mother
H & K	Group Term Life - Beneficiary Percentage	Yes	100% combined
L	Medical Group ID	Fixed	Health Net will complete
M	Dental Group ID	Fixed	Health Net will complete
N	Vision Group ID	Fixed	Health Net will complete
O	Activity Flag	Fixed	Fixed Field by Health Net -
P	Effective Date	Yes	MM/DD/YYYY
Q	Employee SSN	Yes	123-45-6789
R	Member SSN / Matricular ID	Yes	123-45-6789
S	Member Type	Yes	M, S, P, D
T	Employee Marital Status	Yes – Sub only	Single, Married, Domestic
U	Last Name	Yes	Smith Jr
V	First Name	Yes	Carl
W	Middle Initial	No	T
X	Gender	Yes	M, F
Y	DOB	Yes	MM/DD/YYYY
Z	Hire Date	Yes – Sub only	MM/DD/YYYY
AA	Employee Type	Yes – Sub only	Hourly, Salary
AB	Dept#	No	1, 2, 3... A, B, C...
AC	COBRA Enrollee?	Yes – COBRA	Yes
AD	COBRA Qualifying Event	Yes – COBRA	1 Termination of
AE	COBRA Qualifying Event Date	Yes – COBRA	MM/DD/YYYY
AF	Original COBRA Effective Date	Yes – COBRA	MM/DD/YYYY
AG	COBRA End Date	Yes – COBRA	MM/DD/YYYY
AH	COBRA Signature Date	Yes – COBRA	MM/DD/YYYY
AI	Language - Written	No	ENG
AJ	Language - Spoken	No	ENG
AK	Disabled	No	Yes, No
AL	Dental HMO Provider ID	No	123456

Column Letter	Field Name	Field Required	Sample Refer to Glossary for details
AM	Primary Physical Home Address (Line 1)	Yes	123 Apple St
AN	Primary Physical Home Address (Line 2)	Yes	#15
AO	Primary Physical Home Address (City)	Yes	Ventura
AP	Primary Physical Home Address (State)	Yes	CA
AQ	Primary Physical Home Address (Zip 5)	Yes	93003
AR	Primary Physical Home Address (Zip 4)	No	1234
AS	Telephone Number	Yes	123-456-7890
AT	Telephone Number Type	Yes	Work, Home
AU	Email Address	No	example@domain.com
AV	Live/Work Rule (HMO) – Use work address	No	Yes, No
AW	Home Mailing Address (Line 1)	No	PO Box 7890
AX	Home Mailing Address (Line 2)	No	
AY	Home Mailing Address (City)	No	Ventura
AZ	Home Mailing Address (State)	No	CA
BA	Home Mailing Address (Zip 5)	No	93003
BB	Home Mailing Address (Zip 4)	No	7890
BC	PCP Last Name	No	Ramos
BD	PCP First Name	No	John
BE	PCP Middle Initial	No	Q
BF	Health Net PPG Enrollment ID (not NPI)	Yes	1234
BG	Health Net PCP Enrollment ID (not NPI)	Yes	567890
BH	Prior Patient?	Yes	Yes, No
BI	Other Health Coverage?	No	Yes, No
BJ	Other Health Coverage Carrier Name	No	Anthem
BK	Other Health Coverage Start Date	No	MM/DD/YYYY
BL	Other Health Coverage End Date	No	MM/DD/YYYY
BM	Medicare Part A	No	Yes, No
BN	Medicare Part B	No	Yes, No
BO	Medicare Parts A & B	No	Yes, No
BP	Medicare Part D	No	Yes, No
BQ	MBI/HICN ID	No	123456789
BR	Employee Form Signed?	Yes	Yes

Detailed glossary in order of layout element

Column A: Plan Type: Identifies the member's Product and network type.

Examples:

Value
CommunityCare HMO
WholeCare HMO
Full Network PPO

Column B: Plan Name: This is the plan being enrolled into. **The plan choices are dependent upon the plan type chosen in column A.**

Column C: Dental Plan: This is the plan being enrolled into.

Column D: Vision Plan: This is the plan being enrolled into.

Column E: Group Term Life - Amount of Coverage: The amount of coverage as chosen by the Employer.

Column F & I: Group Term Life - Beneficiary Name: The beneficiary's name for the Group Term Life. Only two beneficiaries may be named. For additional beneficiaries, a change form should be submitted.

Column G & J: Group Term Life - Beneficiary Relationship: The beneficiaries' relationship to the employee.

Column H & K: Group Term Life - Beneficiary Percentage: Must equal 100%

Column L, M, N: Group ID: This is the alpha-numeric ID that Health Net uses to identify the benefits and premium rate for each member. This number will be entered by Health Net.

Column O: Activity Flag: Fixed field – new Adds only will be processed.

Column P: Effective Date: Effective date of coverage through Health Net. If a COBRA enrollee had COBRA coverage through another carrier and is continuing COBRA coverage through Health Net, enter the effective date of coverage through Health Net.

Column Q: Employee SSN: The employee's Social Security Number. This number is used for internal purposes only. A Reference ID will be assigned to the member and used for identification purposes.

Column R: Member SSN / Matricular ID: The individual member’s Social Security Number. This number is used for internal purposes only. A Reference ID will be assigned to the member and used for identification purposes. If no social is provided, a generic SSN will be assigned. However, a SSN is required for anyone 44 and older.

Column S: Member Type: The alpha code used to identify the member type.

Value
M - Member/Employee
S - Spouse
P - Partner
D - Dependent

Column T: Employee Marital Status: Identifies the employee’s marital status.

Value
Single
Married
Domestic Partner

Column U: Last Name: This is the individual member’s surname and suffix (if applicable). Examples: JONES, JONES II, JONES JR, JONES-SMITH, JONES SMITH.

Column V: First Name: This is the member’s first name. The middle initial should not be reported in this field.

Column W: Middle Initial: First letter or member’s middle name. The middle initial should not be reported in the first name field. This field may be left blank.

Column X: Gender: Identifying sex of individual member. The allowable values are: M = Male, F = Female.

Column Y: DOB: The member’s birth date. Future dates should not be reported in this field.

Column Z: Hire Date: Date of Hire or Rehire.

Column AA: Employee Type: Hourly or Salary.

Column AB: Dept#: Groups with multiple departments that would like to see the subtotal for each department broken out on their bill may designate each employee with a code indicating the department they belong to. For example, a group with 3 departments can enter a 1 in the row of each employee belonging to Department 1, a 2 for Department 2, and a 3 for Department 3.

Column AC: COBRA Enrollee?: This field is defaulted to “No,” but must be changed to “Yes” for all COBRA enrollees.

Column AD: COBRA Qualifying Event: Event that made the member become eligible for COBRA.

Column AE: COBRA Qualifying Event Date: Date of event that the member became eligible for COBRA.

Column AF: Original COBRA Effective Date: Effective date the member *first* became eligible for COBRA (including the date the member started with another carrier).

Column AG: COBRA End Date: Date the member is no longer COBRA eligible.

Column AH: COBRA Signature Date: Date the member signed or enrolled into COBRA

Column AI: Language – Written:

Sample of Allowable Values	
AFR	Africans
ARB	Arabic
ARM	Armenian
BLG	Bulgarian
BUR	Burmese
CAM	Cambodian
CAN	Cantonese
ENG	English
FRN	French
GER	German
HBR	Hebrew
HDI	Hindi
HMG	Hmong
JPN	Japanese
MAN	Mandarin
PSH	Pashtu
PUN	Punjabi
RUS	Russian
SPN	Spanish
TAG	Tagalog
TAI	Taiwanese
VTN	Vietnamese
BLANK	Unknown

Column AJ: Language – Spoken: see table above

Column AK: Disabled: This Yes/No value indicates whether the member is disabled when over the age of 26. The allowable values are Yes, No, or blank.

Column AL: Dental HMO Provider ID: The provider ID of the Dentist.

Column AM: Primary Physical Home Address (Line 1): The member's street address.

Column AN: Primary Physical Home Address (Line 2): This address line is used for overflow from Address Line 1. Typically used for apartment or unit numbers.

Column AO: Primary Physical Home Address (City): The member's city of residence.

Column AP: Primary Physical Home Address (State): The member's state of residence.

Column AQ: Primary Physical Home Address (Zip Code): The 5-digit zip code assigned to specific addresses by the United States Postal Service.

Column AR: Primary Physical Home Address (Zip Plus 4): The 4-digit zip code extension assigned to specific addresses by the United States Postal Service to assist in accurate and timely delivery of materials.

Column AS: Telephone Number: The enrollee's telephone number of choice.

Column AT: Work or Home: Indicator that the number listed in column AS is work or home.

Column AU: Email Address: The enrollee's email address.

Column AV: Live/Work Rule (HMO) – Use Work Address?: Anyone requesting an HMO plan who lives outside the service area may utilize the work address within the service to qualify for the plan. Indicate "Yes" if you want to use the work address.

Column AW: Home Mailing Address (Line 1): The member's address for mailing purposes.

Column AX: Home Mailing Address (Line 2): This address line is used for overflow from Address Line 1. Typically used for apartment or unit numbers.

Column AY: Home Mailing Address (City): The member's city of residence for mailing.

Column AZ: Home Mailing Address (State): The member's state of residence for mailing.

Column BA: Home Mailing Address (Zip Code): The 5-digit zip code assigned to specific addresses by the United States Postal Service.

Column BB: Home Mailing Address (Zip Plus 4): The 4-digit zip code extension assigned to specific addresses by the United States Postal Service to assist in accurate and timely delivery of materials.

Column BC: PCP Last Name: The last name or surname of a member's physician.

Column BD: PCP First Name: The first name of a member's physician.

Column BE: PCP Middle Initial: The first letter of a physician's middle name

Column BF: PPG Enrollment ID: This is the first 4 digits in the identification number assigned by Health Net to the member's medical group. This number can be obtained either from a Health Net Provider Directory or from the physician search feature at www.healthnet.com. Example: 1234567890. Codes from other carriers cannot be utilized.

Column BG: PCP Enrollment ID: This is the last 6 digits in the identification number assigned by Health Net to the member's medical group. This number can be obtained either from a Health Net Provider Directory or from the physician search feature at www.healthnet.com. Example: 1234567890. Codes from other carriers cannot be utilized.

Column BH: Prior Patient (Yes or No): New enrollee is an existing patient of the physician reported on the electronic file. The allowable values are Y, N, or blank.

Column BI: Other Health Coverage: Yes or No if enrollee has other health insurance coverage.

Column BJ: Other Health Coverage Carrier Name: The Carrier name of the "other health coverage".

Column BK: Other Health Coverage Start Date: Date coverage started with other carrier indicated.

Column BL: Other Health Coverage End Date: Date coverage ended with other carrier indicated.

Column BM: Medicare Part A: This Yes/No value indicates whether a member has Medicare Part A only. The allowable values are Yes, No, or blank.

Column BN: Medicare Part B: This Yes/No value indicates whether a member has Medicare Part B only. The allowable values are Yes, No, or blank.

Column BO: Medicare Parts A & B: This Yes/No value indicates whether a member has both Medicare Parts A & B. The allowable values are Yes, No, or blank.

Column BP: Medicare Part D: This Yes/No value indicates whether a member has chosen Medicare Part D coverage. The allowable values are Yes, No, or blank.

Column BP: MBI/HICN#: ID assigned by CMS when member is Medicare eligible.

Column BR: Employee Form Signed: Validate and indicate yes that the Enrollment Form has been signed.

Waivers tab:

Column Letter	Field Name	Field Required	Sample details	Refer to Glossary for
A	Group ID	Fixed	Health Net will complete	
B	Activity Flag	Fixed	Fixed Field by Health Net - Decline	
C	Product	Yes	Medical, Dental, Vision	
D	Employee Form Signed	Yes	Yes	
E	Employee Last Name	Yes	Jones	
F	Employee First Name	Yes	Sally	
G	Employee SSN	Yes	123-45-6789	
H	Member Type Waiving Coverage	Yes	M, S, P, D	
I	Last Name of Person Waiving Coverage	No	Jones	
J	First Name of Person Waiving Coverage	No	Charles	
K	Declination Reason – Standard Reasons	Yes	Valid - Other group coverage through another employer	
L	Declination Reason - Other	No	Only required if “other” is selected in column K	

Detailed glossary in order of layout element

Column A: Group ID: This is the alpha-numeric ID that Health Net uses to identify the benefits and premium rate for each member. This number will be entered by Health Net.

Column B: Activity Flag: Automatically set by Health Net to “decline”.

Column C: Product: The product type that is being waived: Medical, dental, vision, or a combination.

Column D: Employee Form Signed: Validate and indicate yes that the Enrollment Form has been signed.

Column E: Employee Last Name: This is the employer’s surname and suffix (if applicable). Examples: JONES, JONES II, JONES JR, JONES-SMITH, JONES SMITH.

Column F: Employee First Name: This is the employee’s first name.

Column G: Employee SSN: The employee’s Social Security Number. This number is used for internal purposes only. A reference ID will be assigned to the member and used for identification purposes.

Column H: Member Type Waiving Coverage: The alpha code used to identify the member type.

Value
M - Member/Employee
S – Spouse
P – Partner
D – Dependent

Column I: Last Name of Person Waiving Coverage: This is the individual member’s surname and suffix (if applicable) that is waiving coverage. Examples: JONES, JONES II, JONES JR, JONES-SMITH, JONES SMITH.

Column J: First Name of Person Waiving Coverage: This is the member’s first name that is waiving coverage.

Column K: Declination Reason – Standard Reasons:

Value
Valid - Other group coverage through another employer
Valid - Group coverage through a spouse/domestic partner on or off the Exchange
Valid - Spousal/domestic partner coverage through the same employer
Valid – Group coverage through a parent’s plan
Valid - Medicare
Valid - Medi-Cal
Valid - Medicaid
Valid - COBRA
Valid - Union employee covered through a labor fund
Valid – Tricare
Valid – VA
Valid - Active Military Duty
Valid - Individual coverage on or off the Exchange
Non Valid - Coverage with another health insurer through the same employer on or off the
Non Valid - Religious reasons
Non Valid - Can't afford it
Non Valid - Doesn't want it
Non Valid - Doesn't care
Non Valid - Coverage through an association
Non Valid - Other

Column L: Declination Reason – Other: Indicate reason if not captured in Column K.