EDI Specifications

July 2021|IT Department

Contact Information

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File Specifications

The eligibility files contain coverage information for both members and dependents such as adds, changes, or terminations for the period of medical/dental insurance. The same file format is used when a full file is produced.

- **File Contents:**
    - Full file Active – Currently enrolled employees and their currently enrolled dependents.

- **Termination:**
    - Add termination date on the file (no term by omission)
    - Only retro 60 days

    If dependent does not have a SSN, leave the field blank.
    DO NOT include any other values such as: 123-45-6781, 123-45-6782, 111-11-1111.

- **Effective dates:**

    Date when the member is active on the plan. This date will only change when the level of coverage changes, the subscriber's effective date will change when the level change is going to start.

- **File Name**
  - Naming Convention Test File: companyname_mmddyyyy.test.txt (example Simnsa_08302013.test.txt)
  - Naming Convention Production File: companyname_mmddyyyy.txt (example Simnsa_08302013.txt)

- **Test File**
  - Required prior to production

- **Frequency**
  - Weekly

- **Contact to be notified:**
  - Name: Alexa Cervantes
      alexa.cervantes@simnsa.com

- **File Transmission Method:**
  - FTP – Upload to SIMNSA
  - FTPS – Upload to SIMNSA

- **FTP Site:**
  - Data will be transmitted via FTP Site.   (Login information will be send by email)

- **Security:**
  - PGP encryption (Key will be send by email)

- **Inbound File Specifications**

  - Input text file is a Comma-delimited CSV format (See sample file)
  - No header required

Option ordening member with dependent

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
B	1	M	000-00-0001	000001-00	MEMBERS LAST	NAME FIRST NAME	Male		Married	1/1/1980	303 H Stret	Suite 123	Chula Vista	CA	91910	(619) 999-999	(619) 999-12	EMPLOYER N	P-3-5	S		250	I-6	S	26	0	2/1/2007	2/1/2007
B	1	M	000-00-0002	000002-00	MEMBERS LAST	NAME FIRST NAME	Male		Married	1/1/1980	303 H Stret	Suite 456	Chula Vista	CA	91910	(619) 999-999	(619) 999-12	EMPLOYER N	P-3-5	S		250	I-6	S	26	0	2/1/2007	2/1/2007
B	1	M	000-00-0003	000003-00	MEMBERS LAST	NAME FIRST NAME	Male		Married	1/1/1980	303 H Stret	Suite 789	Chula Vista	CA	91910	(619) 999-999	(619) 999-12	EMPLOYER N	P-3-5	F		250	I-6	F	26	2	2/1/2007	2/1/2007
B	1	D		1	000-00-0003	000-00-0005	000003-01		SPOUSE LAST N	FIRST NAME	S		B	12/14/1978	2/1/2007	2/1/2007												
B	1	D		2	000-00-0003	000-00-0006	000003-02		CHILD LAST NA	FIRST NAME	C		B	6/25/1998	2/1/2007	2/1/2007												
B	1	M	000-00-0004	000004-00	MEMBERS LAST	NAME FIRST NAME	Male		Married	1/1/1980	303 H Stret	Suite 567	Chula Vista	CA	91910	(619) 999-999	(619) 999-12	EMPLOYER N	P-3-5	S		250	I-6	S	26	0	2/1/2007	2/1/2007
B	1	D		1	000-00-0004	000-00-0007	000003-01		SPOUSE LAST	NAME FIRST NA	S		B	12/14/1971	2/1/2007	2/1/2007												

Option ordering the members first and then the dependents

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29
B	1	M	000-00-0001	000001-00	MEMBERS LAST	NAME FIRST NAME	Male		Married	1/1/1980	303 H Stret	Suite 123	Chula Vista	CA	91910	(619) 999-999	(619) 999-12	EMPLOYER N	P-3-5	S		250	I-6	S	26	0	2/1/2007	2/1/2007
B	1	M	000-00-0002	000002-00	MEMBERS LAST	NAME FIRST NAME	Male		Married	1/1/1980	303 H Stret	Suite 456	Chula Vista	CA	91910	(619) 999-999	(619) 999-12	EMPLOYER N	P-3-5	S		250	I-6	S	26	0	2/1/2007	2/1/2007
B	1	M	000-00-0003	000003-00	MEMBERS LAST	NAME FIRST NAME	Male		Married	1/1/1980	303 H Stret	Suite 789	Chula Vista	CA	91910	(619) 999-999	(619) 999-12	EMPLOYER N	P-3-5	F		250	I-6	F	26	2	2/1/2007	2/1/2007
B	1	M	000-00-0004	000004-00	MEMBERS LAST	NAME FIRST NAME	Male		Married	1/1/1980	303 H Stret	Suite 567	Chula Vista	CA	91910	(619) 999-999	(619) 999-12	EMPLOYER N	P-3-5	S		250	I-6	S	26	0	2/1/2007	2/1/2007
B	1	D		1	000-00-0003	000-00-0005	000003-01		SPOUSE LAST	NAME FIRST NA	S		B	12/14/1978	2/1/2007	2/1/2007												
B	1	D		2	000-00-0003	000-00-0006	000003-02		CHILD LAST	NAME FIRST NA	C		B	6/25/1998	2/1/2007	2/1/2007												
B	1	D		1	000-00-0004	000-00-0007	000003-01		SPOUSE LAST	NAME FIRST NA	S		B	12/14/1971	2/1/2007	2/1/2007												

#	Description	Type	Length	Format	Optional
				MEMBERS ROWS	
1	Version	char	1	B	
2	Group	int	5	Group Number (Assigned by SIMNSA)	
3	Row Type	char	1	M M=Member Row	
4	Social Security Number	char	11	XXX-XX-XXXX	
5	ID number	char	9	999999-99 (Assigned by SIMNSA)	*
6	Last Name	char	80	Last Name	
7	First Name	char	80	First Name	
8	Gender	char	6	Male/Female/Unknown	
9	Marital Status	char	7	Married/Single/DomPart (DomPart=Domestic Partner)	
10	Birth Date	date	8	MM/DD/YYYY	
11	Address 1	char	80		
12	Address 2	char	80		
13	City	char	30		
14	State	char	2		
15	Zip code	char	5		
16	Phone_home	char	15	(999) 999-9999	
17	Phone_work	char	15	(999) 999-9999	*
18	Employer	char	20	Name of the employer	
19	Medical Plan	char	12	P-15-5 P15-15-250 P10-15-250 P-10-15 P-10-5 P-7-5 P7-10-250 P-7-10 P5-5-250 P-5-10-250 P-5-10 P-5-5 P-5-3 P5-15-250 P-3-5-250 P-3-5 N/A	
20	Medical Coverage	char	1	S = Single 2 = Single + 1 F = Family C = Single + Child(ren) *Only available for groups with 4 tiers. Please confirm with the implementation team if your group is under 3 or 4 tiers.	
21	Medical Premium Monthly Amount	decimal	5	999,999,999.99	*
22	Dental Plan	char	6	I-2 , I-6, N/A	
23	Dental Coverage	char	1	S/F/2/C/ (S=Single / F=Family / 2=Single +1 / C=Single + Child, Blank = None) *Only available for groups with 4 tiers. Please confirm with the implementation team if your group is under 3 or 4 tiers.	
24	Dental Premium Monthly Amount	decimal	5	999,999,999.99	*
25	Number of dependents	int	5	99	
26	Effective date for MEDICAL plan	date	8	MM/DD/YYYY	
27	Expiration date for MEDICAL plan	date	8	MM/DD/YYYY	*
28	Effective date for DENTAL plan	date	8	MM/DD/YYYY	
29	Expiration date for DENTAL plan	date	8	MM/DD/YYYY	*

DEPENDENTS ROWS

#	Description	Type	Length	Format	Optional
1	Version	char	1	B	
2	Group	int	5	Group Number (Assigned by SIMNSA)	
3	Row Type	char	1	D D=Dependent row	*
4	Row Number	int	2	Row number (Incremental number)	*
5	MEMBER Social Security Number	char	11	XXX-XX-XXXX	
6	DEPENDENT Social Security Number	char	11	XXX-XX-XXXX	
7	ID number	char	9	999999-99	*
8	Last Name	char	80	Last Name	
9	First Name	char	80	First Name	
10	Relationship	char	1	S = Spouse C = Child D = Domestic Partner	
11	Coverage	Char	1	M = Medical only D = Dental only B = Both	
12	Birth Date			MM/DD/YYYY	
13	Effective date for MEDICAL plan	date	8	MM/DD/YYYY	
14	Expiration date for MEDICAL plan	date	8	MM/DD/YYYY	*
15	Effective date for DENTAL plan	date	8	MM/DD/YYYY	
16	Expiration date for DENTAL plan	date	8	MM/DD/YYYY	*

Optional items can be left blank

Below you will find **SIMNSA's Disclaimer,** it must be signed off by all members enrolling, and must be available at all times for SIMNSA upon request. Please provide written confirmation that the disclaimers below have been included on every member's enrolling process, and will be available to SIMNSA upon request at any time.

*This confirmation will be required before the file is approved to move on to the production phase.

Upon applying for membership of Sistemas Medicos Nacionales, S.A. for me and eligible members of my

family, I accept the following:

1. All services should be provided solely by SIMNSA providers, except in case of an Emergency as defined in the Plan document.
2. We shall not lend our member cards to others; doing so may result in immediate cancellation of coverage and penalties.
3. I understand that SIMNSA will obtain medical information for people listed on this application in order to administer the Plan.
4. I certify that the information on this application is valid and correct and that I understand the benefits and rules of this health Plan.
5. This Plan uses binding arbitration to settle all disputes arising under this Agreement. It is understood that any dispute as to medical malpractice, that is, as to whether any medical services rendered in California under this contract were unnecessary or unauthorized or were improperly, negligently or incompetently rendered, will be determined by submission to arbitration as provided by California law, and not by a lawsuit or resort to court process except as California law provides for judicial review of arbitration proceedings. For any disputes arising from services rendered in Mexico, Mexico law provides for judicial review of arbitration proceedings. Both parties to this contract, by entering into it, are giving up their constitutional right to have any such dispute decided in a court of law before a jury, and instead are accepting the use of arbitration. For more information, please refer to your Evidence of Coverage.

Al solicitar afiliación como miembro de Sistemas Médicos Nacionales, S.A. de C.V. (SIMNSA) para mi y miembros de mi familia que sean elegibles, acepto lo siguiente:

1. Todos los servicios deben ser proporcionados exclusivamente por los proveedores de SIMNSA, salvo emergencias (como explicado en los documentos de membresía).

2. No deben de prestar su tarjeta de membresía a cualquier otra persona, por la cual quedara sujeto a cancelación inmediata y cargos penales.

3. Estoy de acuerdo que SIMNSA obtendrá información médica acerca las personas que se incluyen en esta solicitud con el fin de administrar el Plan.

4. Certifico que la información que incluyo en esta solicitud es verídica y correcta y que comprendo los beneficios y reglamentos de este Plan de Salud.

5. Este plan usa el arbitraje atado exclusivamente para asentar toda disputa que surja bajo este acuerdo. Se entiende que cualquier disputa en cuanto a negligencia médica en caso de que algún servicio médico otorgado en California bajo este contrato era innecesario, no autorizado, inapropiado, negligente o incompetentemente otorgado, será determinado por la sumisión al arbitraje como es proporcionado por la ley de California, y no por un pleito o un proceso tribunal excepto como la ley de California estipula para la revisión jurídica de actos de arbitraje. Cualquier disputa que surja de servicios otorgados en México, la ley mexicana prevé revisión judicial de procedimientos arbitrales. Ambos partidos al aceptar este contrato renuncian a su derecho constitucional para tener cualquier disputa decidida en un tribunal de la ley ante un jurado, en lugar aceptan el uso de arbitraje. Para más información favor de referirse a su Constancia de Cobertura y Elegibilidad (CCE).