

TIPS Electronic Upload Instructions

This document describes how to complete the TIPS electronic upload template for submitting multiple 2809 enrollment forms into TIPS for processing. As of March 29, 2018, there have been significant changes to the Electronic Upload process so please read the following instructions carefully. The first section of these instructions provides some general rules for populating the upload template. TABLE 1 on the next page provides detailed information on how to populate each row of the upload template. In order to submit an electronic upload file to TIPS, you must have user access to TIPS and the electronic upload template document, which is only available in TXT format. When saving a document for use in the Electronic Upload process, it must be saved as a TXT document using Microsoft Word not Excel.

Before reading further, please take a moment to quickly review the upload template to get an idea of how it is structured. You should also have an example upload file that has been completed so you can see what a complete upload file with multiple 2809s and multiple family members looks like.

In the upload template there are a series of rows that each correspond to a field on the 2809 enrollment form in TIPS. The number "1" of each row in the template contains the data fields for the enrollee. You will notice at the beginning of each row which begins with the number "1", indicates the start of a new 2809. When submitting an upload file with multiple 2809s, each 2809 must be separated by number "1".

The second grouping of rows is for any of the enrollee's family members who want to enroll. You will notice at the beginning of each row the number "2" which indicates the start of a new family member being added to the enrollee's 2809. When adding family members to a 2809, each family member must be separated by number "2".

The rows in the upload template correspond to the fields in the 2809 form in TIPS. For example, the row that begins with the number "1" must contain all the enrollee's required information indicated on Table 1. You will notice the horizontal pipe character (|) within each row. Throughout the upload template the information to the right of the horizontal pipe character (|) indicates what data should be entered in that row. Do not remove any pipe characters (|) or the horizontal bar itself.

If there is a row that is not required and you do not have any data to enter in that field then leave the space to the right of the horizontal bar blank. Do not delete any pipe characters (|) in the 2809. However, when populating the upload template for an enrollee with no family members then you should delete all of the rows for a family member (including the number "2" at the beginning of each row). See the example upload file to see how completed rows should be populated.

The blank upload template contains the rows for one 2809 and one family member. To enter multiple 2809s simply copy the group of rows for an enrollee's 2809 (including the number "1" which indicates the start of a new 2809) and paste it below the first group of 2809 rows and repeat until you have enough 2809 row groupings (separated by the

TIPS Electronic Upload Instructions

number “1” which indicates the start of a new 2809) for the number of enrollees you want to enter. Perform the same process for adding multiple family members to a 2809 (separated by the number “2” which indicates the start of a new family member)

Table 1 on the following pages provides detailed information on how to populate each row in the upload template. As you can see, Table 1 provides the label of each row in the upload template, whether each row is required to be populated, a description of each row and comments with any special constraints on how to enter data for each row.

When saving your text file and naming it, do not make the name longer than 40 characters. A file name longer than 40 characters will not allow it upload successfully.

If an upload is unsuccessful you will receive an e-mail notification of that. In the notification it will tell you to view the Transmission Report on the upload screen to see what caused the file to be unsuccessful. Once the error is corrected, the text file can be uploaded again to TIPS.

TIPS Electronic Upload Instructions

TABLE 1 – Upload Template Row Descriptions

No Header Record should be present.

Data Field Label (the term “value” in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments	Size
ENROLLEE_FIRST_NM value	Required	Enrollee’s First Name		17
ENROLLEE_MIDDLE_NM value	Not Required	Enrollee’s Middle Name		17
ENROLLEE_LAST_NM value	Required	Enrollee’s Last Name		25
DAY_PHONE_NBR value	Not Required	Enrollee’s daytime phone number	Example: 555-555-5555 Dashes are optional	17
SSNO value	Required	Enrollee’s Social Security Number	Example: 012345678 No dashes allowed Include any leading zeros as illustrated in the example above	9
BIRTH_DT value	Required	Enrollee’s Date of Birth	Must be in format: “MM/DD/YYYY”	10
SEX_CD value	Required	Enter M or F M=Male F=Female		1
MARITAL_STATUS value	Required	Enter Y or N Y=Married N=Single/Divorced/ Widowed		1
HOME_ADDR ESS_LINE1 value	Required	Enrollee’s address street and suite/apartment/etc. number. Standard address abbreviations are acceptable in all address fields in the upload template (e.g., “st” for street, “ave” for avenue, etc)		35

TIPS Electronic Upload Instructions

Data Field Label (the term “value” in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments	Size
HOME_ADDRESS_LINE2 value	Not Required	Further address information		35
HOME_ADDRESS_CITY value	Required	Enrollee’s home city		23
HOME_ADDRESS_STATE value	Required	Enrollee’s home state		2
HOME_ADDRESS_ZIP5 value	Required	Enrollee’s 5-digit zip code		5
EMAIL_ADDRESS	Not Required	Enrollee’s Email Address		60
MEDICARE_A_EMPL_IND value	Required	Enter Y or N Y=Employee currently has Medicare A N=Employee does not currently have Medicare A	This field is required to be “Y” if the field for Medicare B is “Y”	1
MEDICARE_B_EMPL_IND value	Required	Enter Y or N Y=Employee currently has Medicare B N=Employee does not currently have Medicare B		1
MEDICARE_D_IND value	Required	Enter Y or N Y=Employee currently has Medicare D N=Employee does not currently have Medicare D		1
MEDICARE_NBR value	Not Required	Alphanumeric field for the enrollee’s Medicare Number	Must be in format: “NNNNNNNNXX” N=Numeric X=Alpha	11
OTHER_THAN_MEDICARE_IND value	Required	Enter Y or N Y=Enrollee has other insurance besides Medicare N= Enrollee does not have other insurance besides Medicare	For “Y”: TRICARE_IND, Other_INSURANCE_IND, or FEHB_TRANSACTION_CD must be Y For “N”: TRICARE_IND, Other_INSURANCE_IND,	1

TIPS Electronic Upload Instructions

Data Field Label (the term “value” in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments	Size
			and FEHB_TRANSACTION_CD must all be N	
TRICARE_IND value	Required	Enter Y or N Y=Employee currently has Tricare N=Employee does not currently have Tricare		1
FEHB_TRANSACTION_CD value	Required	Enter Y or N Y= Enrollee currently has FEHB coverage N= Enrollee currently does not have FEHB coverage	If Y, 2809 will be rejected	1
OTHER_INSURANCE_IND value	Required	Enter Y or N Y=Employee currently has other insurance N=Employee does not currently have other insurance		1
OTHER_INSURANCE_NM value	Not Required	The policy name for employee’s other insurance		35
OTHER_INSURANCE_POLICY_NBR value	Not Required	The policy number for employee’s other insurance		30
PRESENT_ENROLLMENT_CD value	Not Required	Enrollment Code of the enrollee’s current plan	Only used for Qualifying Life Event that changes an Enrollment Code	3
NEW_ENROLLMENT_CD value	Required for 1A and 5A Qualifying Life Events	Enrollee’s new Enrollment Code	Verify the Qualifying Life Event permits change of Enrollment Code	3
EVENT_CHANGE_IND value	Required	Qualifying Life Event Code for the 2809		2
EVENT_CHANGE_DT value	Required	Date the Qualifying Life Event occurred	Must be in format: “MM/DD/YYYY”	10

TIPS Electronic Upload Instructions

Data Field Label (the term “value” in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments	Size
PREMIUM_CONVERSION_IND value	Required	Enter Y or N Y=Enrollee wishes to have Premium Conversion N=Enrollee does not wish to have Premium Conversion	If Y, “EVENT_CHANGE_IND” must be a series 1 code (i.e., 1A, 1B, etc.) If N, “EVENT_CHANGE_IND” must be a series 5 code (i.e., 5A, 5B, etc.) Premium Conversion Definition	1
PARTF_CANCEL_IND value	Required	Enter Y or N Y=2809 is for a cancellation N=2809 is not for a cancellation		1
REMARKS value	Not Required	Any generic remarks for the 2809		400
ENROLLEE_SIGNED_DT	Required	Date the enrollee signed the document	Must be in format: “MM/DD/YYYY”	10
PERSONNEL_RECEIVED_DT value	Required	The date the document was received by Tribal HR	Must be in format: “MM/DD/YYYY”	10
ELECTION_EFFECTIVE_DT value	Required	Effective date of Enrollment	Must be in format: “MM/DD/YYYY”	10
AGENCY_PHONE_NBR value	Required	The phone number of the Tribal Employer’s HR Office		10
HR_OFFICE_NM value		HR Office Name		35
HR_OFFICE_ADDRESS1 value	Required	HR Office Address1		35
HR_OFFICE_ADDRESS2 value	Required	HR Office Address2		35
HR_OFFICE_ADDRESS3 value	Required	HR Office Address3		35
HR_OFFICE_CITY value	Required	HR Office City		23
HR_OFFICE_ST value	Required	HR Office State		2

TIPS Electronic Upload Instructions

Data Field Label (the term "value" in each label below indicates where you would input your data for that row in the template)	Required/ Not Required	Description	Comments	Size
HR_OFFICE_ZIP_CD value	Required	HR Office Zip		11
HR_OFFICE_COUNTRY_CD value	Required	HR Office Country		3
AUTHORIZING_OFFICIAL_FIRST_NM value	Required	Full name of Authorizing Official for your Tribal Employer	Example: John Doe	25

**The following section corresponds to a family member (dependents).
Each new family member record must start with the following header:**

BulkUpload.TIPS_SF2809_FAMILY

Data Field Label	Required/ Not Required	Description	Comments	Size
MEMBER_FIRST_NM value	Required	Family Member's First Name		17
MEMBER_MIDDLE_NM value	Not Required	Family Member's Middle Name		17
MEMBER_LAST_NM value	Required	Family Member's Last Name		25
SSNO value	Required	Family Member's Social Security Number	Example: 012345678 No dashes allowed Include any leading zeros as illustrated in the example above	9
BIRTH_DT value	Required	Family Member's Date of Birth	Must be in format: "MM/DD/YYYY"	10
SEX_CD value	Required	Enter M or F M=Male F=Female		1
HOME_ADDRESS_LINE1 value	Required	Family Member's home address street and		35

TIPS Electronic Upload Instructions

Data Field Label	Required/ Not Required	Description	Comments	Size
		suite/apartment/etc. number		
HOME_ADDRESS_LINE2 value	Not Required	Additional Address Information for Family Member		35
HOME_ADDRESS_CITY value	Required	Family Member's Home City		23
HOME_ADDRESS_ST value	Required	Family Member's Home State		2
HOME_ADDRESS_ZIP5 value	Required	Family Member's 5-digit zip code		5
EMAIL_ADDRESS	Not Required	Family member's email address		60
PREFERRED_PHONE_NBR	Required	Family member's primary or preferred phone number	Example: 555-555-5555 Dashes are optional	17
MEDICARE_A_IND value	Required	Enter Y or N Y=Family Member currently has Medicare A N=Family Member does not currently have Medicare A	This field is required to be "Y" if the field for Medicare B is "Y"	1
MEDICARE_B_IND value	Required	Enter Y or N Y=Family Member currently has Medicare B N=Family Member does not currently have Medicare B		1
MEDICARE_D_IND value	Required	Enter Y or N Y=Family Member currently has Medicare D		1

TIPS Electronic Upload Instructions

Data Field Label	Required/ Not Required	Description	Comments	Size
		N=Family Member does not currently have Medicare D		
MEDICARE_NBR value	Not Required	Alphanumeric field for the Family Member's Medicare Number	Must be in format: "NNNNNNNNNXX" N=Numeric X=Alpha	11
OTHER_THAN_MEDICARE_IND value	Required	Enter Y or N Y=Family Member has insurance other than Medicare N=Family Member does not have insurance other than Medicare	For "Y": TRICARE_IND, Other_INSURANCE_IND, or FEHB_TRANSACTION_CD should be Y For "N": so TRICARE_IND, Other_INSURANCE_IND, and FEHB_TRANSACTION_CD should all be N	1
TRICARE_IND value	Required	Enter Y or N Y=Family Member currently has Tricare N=Family Member does not currently have Tricare		1
FEHB_TRANSACTION_CD value	Required	Enter Y or N Y=Family Member has FEHB N=Family Member does not have FEHB		1
OTHER_INSURANCE_IND value	Required	Enter Y or N Y=Family Member currently has other insurance N=Family Member does not currently have other insurance		1

TIPS Electronic Upload Instructions

Data Field Label	Required/ Not Required	Description	Comments	Size
OTHER_INSURANCE_NM value	Not Required	The policy name for Family Member's other insurance		35
OTHER_INSURANCE_POLICY_NBR value	Not Required	The policy number for Family Member's other insurance		30
RELATIONSHIP_CD value	Required	Family Member's relationship to the Enrollee	01=Spouse 19=Child under age of 26 09=Adopted Child 17=Stepchild 10=Foster Child 99=Disabled child age 26 or older who is incapable of self-support	2
SSN_LINK value	Required	Enrollee's SSN that the Family Member is enrolled under	Example: 012345678 No dashes allowed Include any leading zeros as illustrated in the example above	9