



PayFlex Systems USA, Inc.

Spending Account File Feed Guide

PayFlex Systems USA, Inc.

Technology Operations
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Introduction

File feeds can be an efficient and cost effective method of transmitting vital data to PayFlex about your employees and their eligibility and elections. This automates the process of administering your employees' tax-advantaged reimbursement accounts.

This guide gives you some pointers and guidelines for setting up and using file feeds.

If clients wish to transmit enrollment and/or payroll deduction information via electronic file, they must do so with files meeting certain specifications. This document outlines the specifications for the files and the procedures for sending and receiving them.

File Thresholds

In order to maximize the customer experience and efficiency, PayFlex has implemented the following minimum thresholds for sending electronic data files for account maintenance. For clients who do not send a file the Employer Portal can be used to Add, Change and Terminate participant elections.

File Feed Type	Threshold	Prod Turnaround (business days)*	Test Turnaround (business days)**
Open Enrollment	50 ppt	2	5
Eligibility Maintenance	100 ppt	2	5
Payroll	100 ppt	2	5

Feed Types

The following types of file feeds are used by PayFlex clients:

Open Enrollment

Sent to PayFlex at open enrollment, this file updates employee demographics and creates accounts and elections for the new plan year.

Eligibility Maintenance

Sent to PayFlex periodically, this file updates current employee demographics and eligibility, adds new employees and terminates employees.

Payroll

Sent to PayFlex periodically, this file contains the necessary information to post payroll deductions and employer contributions to participants' accounts.

Transmission

All file feeds will be transmitted through our SFTP site. It is recommended that they are also encrypted using PGP. During the file feed implementation process your Account Manager (AM) will initiate a request for an SFTP username and password. **Files Received after 2pm CST will be considered received the next business day.**

Troubleshooting

1. One of our security features is to lockout any IP address if an attempt has been made to connect to our site and the password has been entered incorrectly 5 times in a row within a short period of time. Many firewalls cannot tell the difference between a failed script trying to log in over and over and a hacker trying to break into a SFTP server. Because of this, it is suggested that clients set their script to retry after 65 seconds to reduce the possibility of getting locked out.

2. Clients that login manually without using a script should contact their Account Manager after 4 unsuccessful login attempts.
3. If you attempt to login to the SFTP site and you are not given the opportunity to enter a username or password, then you have been locked out. Please contact your Account Manager. Be sure to provide your username and IP address of the computer you are connecting from. Go to <http://www.myipaddress.com> to get your IP address.

Naming Convention

Each type of file has a different naming convention, which triggers a specific type of processing.

Feed Type	Naming Convention
Open Enrollment	PF.PFM.xxxxxx_OE_yyyymmdd_hhmmss.txt
Eligibility Maintenance	PF.PFM.xxxxxx_Eligibility_yyyymmdd_hhmmss.txt
Payroll	PF.PFM.xxxxxx_Deposit_yyyymmdd_hhmmss.txt

NOTE: xxxxxx is the employer number provided to you by your AM.

Testing

Testing of your file is required to ensure the accuracy of the data passed. PayFlex will test the following conditions.

1. SFTP transmission
2. Naming Convention
3. PGP Encryption
4. Formatting

NOTE: Test files should follow the naming convention of PF.PFM.xxxxxx_TEST_yyyymmdd_hhmmss.txt and must be uploaded to the test folder in your SFTP site to avoid the file loading into production. Processing of scheduled files will not commence until testing has been completed and approved.

Feed Formats

- Each file contains a Header and Trailer record
- File Formats: Fixed Width , .txt
- Boolean: values can either be passed as T / F.
- Currency: values should be passed as “00000.00” with no currency indicators (\$) or commas (,).
- Date: values should be passed as MM/DD/YYYY unless specified otherwise.
- Text and Number Fields: LEFT Justified
- Currency Fields: RIGHT Justified.
- Any Fields not Reported should be left BLANK, SPACE Filled and should not be disregarded or zero filled unless stated as such.

Open Enrollment & Eligibility Maintenance

While the Open Enrollment and Eligibility Maintenance files serve two different purposes, they have the same format but different naming conventions.

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
0 - Header							
0.01	Record_Indicator	Yes	Text	H	1	1	Always “H” for Header
0.02	Format_Type	Yes	Text	F	2	1	F= Fixed Width
0.03	Layout_Type	Yes	Text	E D	3	1	E= Eligibility D=Payroll/Deposit
0.04	Date_Created	Yes	Text	CCYYMMDD	4	8	Date the file was created
0.05	Time_Created	Yes	Text	HHMMSS	12	6	Time the file was created
0.06	Employer_ID	Yes	Text	0000000	18	7	Please contact Account Manager for assigned PayFlex ID.
0.07	Employer_Name	Yes	Text	Name	25	50	Employer Name

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
0.08	Memo	No	Text	Memo	75	25	Miscellaneous information
0.09	Layout_Version	No	Text	vCCYYMMDD	100	9	Version Date as shown on File Feed Guide
0.10	Online_Enrollment	Yes	Boolean	T / F	109	1	Online Enrollment or Demographic information ONLY
0.11	Online_Commuter	Yes	Boolean	T / F	110	1	Online Commuter Pass Ordering, do NOT use for Cash Reimbursement Commuter
0.12	Change_Only	Yes	Boolean	T / F	111	1	This file only includes updates and/or changes. This is not a full file.

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
1 - Demographic Information							
1.01	Employer_ID	Yes	Text	0000000	1	7	Hard Coded. Please contact Account Manager for assigned PayFlex ID.
1.02	Division	No	Text	00000000	8	10	Only populate if requiring reports broken down by this field. Can be Alpha/Numeric.
1.03	Member_Number	Yes	Text	000000000	18	9	Same as SSN unless group is set up to receive unique employee id. If the client is set up to use a unique employee ID in the Member_Number field rather than the SSN, then the unique employee ID must be at least 4 characters in length.
1.04	Social_Security_Number	Yes/No	Text	000000000	27	9	Same as member number unless group is set up to receive unique employee id. *Required for HSA plans and Navigator
1.05	First_Name	Yes	Text	Name	36	20	First Name- Not accepted: / *:?#<>_
1.06	Last_Name	Yes	Text	Name	56	20	Last Name- Not accepted: / *:?#<>_

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
1.07	Middle_Initial	No	Text	A	76	1	Middle Initial
1.08	Birth_Date	Yes	Date	MM/DD/YYYY	77	10	Required
1.09	Hire_Date	No	Date	MM/DD/YYYY	87	10	Date of Hire
1.10	Gender	No	Text	M/F	97	1	Code - Description M - Male F - Female
1.11	Employee_Status_Date	Yes/No	Date	MM/DD/YYYY	98	10	ONLY Populate with Termination Date if Employee is Terminated. Otherwise leave blank, future dates acceptable. Terms by omission will not be processed.
1.12	Employee_Status	Yes/No	Text	T	108	1	Code - Description T - Terminated If no Term, space fill
1.13	Residential_Address_Line_1	Yes	Text	Address	109	50	50 character max ***For HSA plans Address must be a street address not PO Box.
1.14	Residential_Address_Line_2	No	Text	Address	159	50	50 character max
1.15	Residential_City	Yes	Text	City	209	20	
1.16	Residential_State	Yes	Text	State	229	2	See ISO 3166-2
1.17	Residential_Zip_Code	Yes	Text	00000-0000	231	10	10 Digit Zip Code --Not Required
1.18	Residential_Country Code	Yes	Text	USA	241	3	See ISO 3166-1 Standard Abbreviation: USA
1.19	Control	Yes/No	Text	0000000	244	7	ONLY REQUIRED for Integrated Clients. Please contact Account Manager for assigned Control number. Otherwise, leave blank.
1.20	Suffix	Yes/No	Text	000	251	3	ONLY REQUIRED for Integrated Clients. Please contact Account Manager for assigned Suffix number. Otherwise, leave blank.

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
1.21	Account	Yes/No	Text	000	254	3	ONLY REQUIRED for Integrated Clients. Please contact Account Manager for assigned Account number. Otherwise, leave blank.
1.22	Copay Code–Medical	Yes/No	Text		257	10	ONLY REQUIRED for Participant Level Copay Substantiation. Please contact Account Manager for assigned code. Otherwise, leave blank.
1.23	Copay Code-Dental	Yes/No	Text		267	10	ONLY REQUIRED for Participant Level Copay Substantiation. Please contact Account Manager for assigned code. Otherwise, leave blank.
1.24	Copay Code-Vision	Yes/No	Text		277	10	ONLY REQUIRED for Participant Level Copay Substantiation. Please contact Account Manager for assigned code. Otherwise, leave blank.
1.25	Copay Code-RX	Yes/No	Text		287	10	ONLY REQUIRED for Participant Level Copay Substantiation. Please contact Account Manager for assigned code. Otherwise, leave blank.
1.26	Coverage_Level	No	Text		297	1	Code – Description I - Individual F – Family HSA only-If changing from an F to an I OR I to F, update the election effective date to reflect the first of the following month.
1.27	Filler	No	Text		298	81	Space Fill
1.28	Email_Address	No	Text		379	50	Only loaded when initially sent. Any changes are ignored. Note: If email addresses are provided for an HSA, welcome letters will be sent via email.
1.29	Payroll_Schedule_ID	Yes	Text		429	10	Hard Coded. Please contact Account Manager for assigned PayFlex Payroll Schedule ID Number. ***Do not use for HSA; this field will be ignored.

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
1.30	Bank_Account_Number	No	Text	0000000000	439	17	Direct Deposit for EE- Only updated when employees are added. Ignored for maintenance purposes. Does not apply to HSA.
1.31	Bank_Routing_Number	No	Text	000000000	456	17	Direct Deposit for EE- Only updated when employees are added. Ignored for maintenance purposes. Does not apply to HSA.
1.32	Bank Account Type	No	Text	Sav/Chk	473	3	Code - Description Sav - Savings Chk - Checking
1.33	Driver_License_Number	No	Text	000000000	476	15	Used for HSA vetting process to improve member matches and reduce false errors.
1.34	Driver_License_Issue_Authority	No	Text	NE	491	2	"See ISO 3166-2 For US Passport use ""PP""."
2 - Election Information					493		
2.01	Plan_Year_Effective	Yes	Date	MM/DD/YYYY	493	10	Employer Plan Year Begin Date
2.02	Account_Type	Yes	Text	See Product Codes	503	2	Product Code - Description 4 - Dependent Care 5 - HcFSA Healthcare (FSA) 6 - Healthcare (HRA) 7 - Parking 8 - Transit 9 - Tuition 10 - BEA Business Expense 11 - HcFSAL Limited FSA 12 - HcHRAL Limited HRA 13 - DCS Dep Care Subsidy 15 - Adpt Adoption 16 - HSA Health Savings Account Please contact AM for applicable account type codes.

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
2.03	Election_Effective_Date	Yes	Date	MM/DD/YYYY	505	10	Do not update for status changes. This should remain the original effective date of the election. For HSA this will be the HDHP effective date.
2.04	Annual_Deduction	Yes/No	Currency	00000.00	515	8	ONLY REQUIRED if there is an Employee Annual Election. Otherwise, Leave Blank ***Do not use for HSA; this field will be ignored.
2.05	Annual_Contribution	Yes/No	Currency	00000.00	523	8	ONLY REQUIRED if there is an Employer Annual Election. Otherwise, Leave Blank ***Do not use for HSA; this field will be ignored.
2.06	Scheduled_Deduction	Yes/No	Currency	00000.00	531	8	ONLY REQUIRED if there is an Employee pay period deduction. Otherwise, Leave Blank ***Do not use for HSA; this field will be ignored.
2.07	Scheduled_Contribution	Yes/No	Currency	00000.00	539	8	ONLY REQUIRED if there is an Employer pay period deduction. Otherwise, Leave Blank ***Do not use for HSA; this field will be ignored.
2.08	Debit_Card_Selected	Yes	Boolean	T / F	547	1	ONLY REQUIRED if Employer allows the Employee the option of having the PayFlex Card. Otherwise, Leave Blank.
2.09	Auto_Pay_Dental	Yes	Boolean	T / F	548	1	ONLY REQUIRED if Employer allows the Auto-Pay service via their carriers. Otherwise, Leave Blank.
2.10	Auto_Pay_Healthcare	Yes	Boolean	T / F	549	1	ONLY REQUIRED if Employer allows the Auto-Pay service via their carriers. Otherwise, Leave Blank.

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
2.11	Auto_Pay_Vision	Yes	Boolean	T / F	550	1	ONLY REQUIRED if Employer allows the Auto-Pay service via their carriers. Otherwise, Leave Blank.
2.12	Auto_Pay_RX	Yes	Boolean	T / F	551	1	ONLY REQUIRED if Employer allows the Auto-Pay service via their carriers. Otherwise, Leave Blank.
2.13	FSA_First	Yes	Boolean	T / F	552	1	ONLY REQUIRED if Employer is setup with FSA First. Otherwise, Leave Blank.
2.14	Election_Expiration_Date	No	Date	MM/DD/YYYY	553	10	ONLY REQUIRED to Term one account, when EE has multiple, without terming entire participant. DO NOT USE THIS FIELD TO TERMINATE HSAs. Use the Employee_Status_Date (1.11) and Employee_Status_fields (1.12).
2.15	LtdFSA_Ded_Met_Date	No	Date	MM/DD/YYYY	563	10	Deductible Met date.
3 - Additional Service Information					573		
3.01	Commuter_Transit	Yes	Boolean	T / F	573	1	Online Commuter Pass Ordering
3.02	Commuter_Parking	Yes	Boolean	T / F	574	1	Online Commuter Pass Ordering
3.03	Wellness_Status	No	Text		575	1	Code - Description A - Active T - Terminated
3.04	Wellness_Location	No	Text		576	10	Wellness Location breakdown will be used to further identify the "view" the participant will see on the Portal.
					Total:	585	

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
4 - Trailer							
4.01	Record_Indicator	Yes	Text		1	1	Always "T" for Trailer
4.02	Record_Count	Yes	Text		2	10	Total number of records on the file including the header and trailer.

Payroll Data

Sent to PayFlex periodically, this file provides the necessary information to post payroll deductions and employer contributions to participants' accounts.

Special Note About HSA Deposits: While this format can be used to communicate Deposits for all account types, there are some fields that behave differently for HSAs.

- HSA Deposits need to be identified by a Tax Year (YYYY) rather than a Plan Year.

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
0 - Header							
0.01	Record_Indicator	Yes	Text	H	1	1	Always "H" for Header
0.02	Format_Type	Yes	Text	F	2	1	F= Fixed Width
0.03	Layout_Type	Yes	Text	E D	3	1	E= Eligibility D=Payroll/Deposit
0.04	Date_Created	Yes	Text	CCYYMMDD	4	8	Date the file was created
0.05	Time_Created	Yes	Text	HHMMSS	12	6	Time the file was created
0.06	Employer_ID	Yes	Text	0000000	18	7	Please contact Account Manager for assigned PayFlex ID.
0.07	Employer_Name	Yes	Text	Name	25	50	Employer Name
0.08	Memo	No	Text	Memo	75	25	Miscellaneous information
0.09	Layout_Version	No	Text	vCCYYMMDD	100	9	Version Date as shown on File Feed Guide

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
1.01	Record_Type	Yes	Text		1	7	Hard Coded "deposit" or "DEPOSIT"
1.02	Employer_ID	Yes	Text		8	6	Hard Coded. Please contact Account Manager for assigned PayFlex ID
1.03	Member_Number	Yes	Text		14	9	Must match the Member Number reported on the Eligibility file.
1.04	Plan_Year_Effective	Yes/No	Date	MM/DD/YYYY	23	10	***Do not use for HSA
1.05	Account_Type	Yes	Text		33	2	Code - Description 4 - Dependent Care 5 - HcFSA Healthcare (FSA) 6 - Healthcare (HRA) 7 - Parking 8 - Transit 9 - Tuition - 10 - BEA Business Expense 11 - HcFSAL Limited FSA 12 - HcHRAL Limited HRA 13 - DCS Dep Care Subsidy 15 - Adpt Adoption 16 - HSA Health Savings Account Please contact your AM for applicable account type codes.
1.06	Deposit_Type	Yes	Text		35	1	Code - Description 1 - Payroll Deduction 2 - Employer Contribution 3 -Employer Incentive (HSA Only)
1.07	Deposit_Date	Yes	Date	MM/DD/YYYY	36	10	Future Dates and multiple deposits are acceptable. If a Future Date is passed, HSA funds will not post until that date.
1.08	Deposit_Amount	Yes	Currency	00000.00	46	8	Do not transmit zero dollar amounts. Negative deposits may be passed for reimbursement account as -0.00. Negative deposits for HSA not accepted.
1.09	Tax_Year	Yes/No	Text	YYYY	54	4	ONLY REQUIRED for HSA; leave blank for other account types.
					Total	57	

Field ID	Field Name	Required	Data Type	Formatting	Position	Length	Notes
4 – Trailer							
4.01	Record_Indicator	Yes	Text		1	1	Always “T” for Trailer
4.02	Record_Count	Yes	Text		2	10	Total number of records on the file including the header and trailer.
4.03	Total_Contributions	Yes	Currency	000000000.00	12	12	Total of all contributions, deposits and incentives on the file.

Error Processing

PayFlex processes files within 2 business days of receipt. Files Received after 2pm CST will be considered received the next business day.

A file results email will be sent after a file has completed processing. For groups with HSA and other Reimbursement Accounts, one email will be sent with the results of all files. The email will include the file name, the statistics of the file (Number of records, total dollar amount of deposits, etc.) and an Error Report Macro if there are errors or warnings present. This email will be sent even if there are no errors or warnings. If an Error Report Macro is included, it will allow you to correct errors within the spreadsheet and then click on the Create PayFlex File button to create a PayFlex standard format file. The file can then be placed on the SFTP site for processing. Emailed files will not be accepted.

PayFlex’s best practice recommendation is to correct the error for the next file feed. If there is a special reason why the error cannot be fixed (Example: Address outside the US), then the employee will continue to show on the error report.

Note: The Excel file is password protected because of PHI contained in the file. Please reach out to your Account Manager for your password.

Please see Supplemental Error description for additional information.