



AultCare Eligibility Spreadsheet Companion Guide

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Introduction

This guide contains information about how to structure CSV or Excel files in order to send eligibility data to AultCare. You will find file layout and naming instructions, as well as other important notes about sending eligibility via a spreadsheet.

Contact Information

If you have technical questions regarding the file layout, how to send the file, etc., please contact AultCare Information Systems at AultCare-IS@aultcare.com.

If you have questions regarding eligibility and benefits, please contact AultCare Member Services at AultCareEligibility@aultcare.com.



AultCare Eligibility Layout

Eligibility information must be sent to us using the layout below. Required fields are indicated with an R in the Required/Optional column. Acceptable values are indicated in the Notes column, when applicable.

Column	Field Name	Max Length	Required/Optional	Notes
A	AultCare Group Number		R	
B	Enrollee SSN	9	R	
C	Dependent SSN	9	R	
D	Relationship		R	18 = Enrollee 01 = Spouse 19 = Dependent
E	Effective Date	MMDDYYYY	R	
F	Termination Date	MMDDYYYY	R	
G	AultCare Benefit Plan Id		R	
H	AultCare Rate Code		R	
I	AultCare Coverage Code		R	
J	Title		O	
K	First Name		R	
L	Middle Name		O	
M	Last Name		R	
N	Date of Birth	MMDDYYYY	R	
O	Gender	1	R	M or F
P	Address Line 1		R	Street Address, or Unit/Apt # <i>*See codes below</i>
Q	Address Line 2		O	PO Box, or Street # <i>*See codes below</i>
R	City		R	
S	State	2	R	
T	Zip Code	5	R	
U	Preferred Phone	10	O	No dashes (1112223333)
V	Email		O	
W	Marital Status	1	R	S = Single, M = Married, D = Divorced, S = Separated, W = Widowed



X	Marital Date	MMDDYYYY	R if column X indicates person is married	
Y	Date of Hire	MMDDYYYY	R for each enrollee	
Z	Applicant Status	1	R	A = Active, C = Cobra, I = Inactive, R = Retired
AA	MBI Number	15	O	Use Medicare ID number from Medicare card
AB	Qualifying Event	2	O	**See codes below
AC	Qualifying Event Date	MMDDYYYY	R if AB is populated	

*Rows P and Q: Address Information – Please denote appropriately as referenced below:

- APT (not APARTMENT)
- COUNTY RD (not CR)
- TOWNSHIP RD (not TR)
- RURAL ROUTE (not RR)
- STATE ROUTE (not SR)
- US ROUTE (not UR)
- PRIVATE RD (not PR)

**Row AB: Qualifying Events – Use the number corresponding to the event below:

1. Placement for Adoption
2. Birth of child
3. Change in Dependent status
4. Change in hours worked
5. Change in premium
6. Death
7. Divorce
8. Excused leave of absence
9. Loss of coverage
10. Marriage
11. QMCSO(child support order)
12. Return to work
13. Termination-Voluntary
14. Termination-Involuntary
15. Termination-Gross Misconduct
16. USERRA
17. Open Enrollment
18. Rehired
19. Other
20. Waiving Coverage



Notes

- For members with multiple enrollments, a separate row must be sent for each enrollment. For instance, a member with a Medical Coverage and a Dental Coverage would send two rows with the appropriate information.
- Do not use commas in any field.
- If required (R) fields are blank, a delay in processing will result.
- Benefits terminate at 11:59 PM on the date entered.
- When terminating a benefit, always send it with a termination date (column F). After it has been sent once and terminated, the benefit can be removed from subsequent files.
- Enter a benefit effective date (column E) when making most changes. Not required for: typo corrections, address updates, name changes, and adding an SSN.

Naming Convention

Test File

E[GroupNumber]_[GroupName]_TEST.xlsx

OR

E[GroupNumber]_[GroupName]_TEST.csv

For example: E1234_JonesCompany_TEST.csv

When a test file is sent, please send an email to aultcareeligibility@aultcare.com to inform us.

Please do not include your actual file in the e-mail notification. Files received via e-mail will not be accepted!

Note: The letter E in the file name identifies the file as being an Eligibility file. The group number must not exceed eight characters.

Production File

E[GroupNumber]_[GroupName].xlsx

OR

E[GroupNumber]_[GroupName].csv

For example: E1234_JonesCompany.csv



Document History

Revised On	Revised By	Reason for Revision
3/13/2020	JW	Updated document for 2020.
8/30/2021	RKP	Dependent Code from 13 to 19 to match 834 Guide

Please contact AultCare-IS@aultcare.com for the most up to date version of this guide.