
FEHB Program Carrier Letter
All FEHB and PSHB Carrier Applicants

U.S. Office of Personnel Management
Healthcare and Insurance

FEHB PSHB

Letter Number 2024-11

Date: May 1, 2024

Fee-for-service [9]

Experience-rated HMO [9]

Community-rated HMO [9]

Subject: Updated Enrollment Data Reporting Requirements

This Carrier Letter provides updated guidance to all Federal Employees Health Benefits (FEHB) Carriers and Postal Service Health Benefits (PSHB) Carrier Applicants on their responsibilities to submit enrollment data to the U.S. Office of Personnel Management (OPM). This letter builds on reporting requirements outlined in [Carrier Letter 2021-10](#) and addresses file layout updates, timing of file submissions, and file extracts.

Background

Carriers have been required to submit FEHB monthly enrollment data for the Master Enrollment Index (MEI), OPM’s authoritative source for enrollment information across the FEHB Program, since 2020. Following [Carrier Letter 2020-12](#), Carrier Letter 2021-10 included the file format outlining the data fields required to be submitted by Carriers monthly. Since then, we have worked closely with Carriers to improve their data quality and are providing further clarification and amendments to the file layout. These data provide OPM with critical insights into enrollment patterns and are being used to support initial PSHB enrollment system activities.

Monthly Enrollment Data File and Submission Time Frame

To support PSHB implementation efforts, effective June 2024, all Carriers must submit their FEHB monthly enrollment data to the Research and Oversight Repository (ROVR), formerly the Health Insurance Data Warehouse (HIDW), between the first and third day of each month. Your monthly files must reflect current information on all enrollees and covered family members as it appears in your enrollment system as of the first day of that month. The file must also include a record of any change in previous enrollment data that occurred or was registered in the previous month. For example, your June 2024 file submission must reflect enrollment on June 1, 2024, and any changes that occurred or were registered in May 2024.

Beginning in January 2025, all Carriers must submit separate monthly FEHB and PSHB (as applicable) enrollment data to ROVR, using the required file format outlined in Attachment 1. Effective January 2025, this will include a new field, which is a flag for a member's enrollment in the plan's Employer Group Waiver Plan (EGWP). Additionally, Attachment 1 provides clarification on accepted values for fields and new guidance requiring Carriers to use the values indicated for both Member Relationship Code and Country Code. No crosswalks will be accepted.

All Carriers must use the same file naming convention, noted below, to clearly delineate their FEHB and PSHB (if applicable) files for submission to ROVR.

File Naming Convention:

Files will continue to use the format that Carriers were instructed to use in

[Carrier Letter 2021-10](#):

FEHB_ATOZ_MENR_YYYYMMDD_YYYYMMDD_YYYYMMDD.TXT or, for PSHB, PSHB_ATOZ_MENR_YYYYMMDD_YYYYMMDD_YYYYMMDD.TXT. The first and second date represent the beginning and end of the reporting period (month), while the third date represents the date of transmission.

Monthly Data File Requirements:

Please note that updates have been made to the initial file requirements and naming conventions outlined in Carrier Letter 2021-10 and Attachment 1 below is now the required file layout for use beginning January 2025. The updates include a new data field reflecting enrollment in either a Prescription Drug Plan (PDP) EGWP or a Medicare Advantage Prescription Drug Plan (MA-PD) EGWP, as well as additional clarifications on enrollment field requirements. Where substantive clarifications have been made, the field name has an asterisk (*) and the clarification is in bold font. As in CL 2021-10, not all fields are required for monthly files, as indicated in column "Reporting File."

Data Quality Requirements:

All file submissions must adhere to the file naming conventions and file requirements listed above. OPM will automatically reject any file with structural or naming issues and notify the Carrier. A Carrier must upload a revised monthly enrollment file within 24 hours of notification of any structural or naming issue.

In addition, OPM will continue to run data quality reports to identify other content errors, issues, or data validity concerns, and work with Carriers accordingly. If OPM identifies any issues in a Carrier's feedback report under the section titled "Major Issues," that Carrier must communicate with OPM via email within 30 days and corrections must be incorporated in the next enrollment monthly file submission. If corrections will take longer than 30 days, the Carrier must provide an estimate of when corrections will be incorporated and reasons for delay in incorporating corrections. Some errors may be so significant that OPM may request the Carrier to re-submit the monthly file where the error was identified. If this occurs, we will provide additional communication via email outlining requirements for file corrections.

Conclusion

Thank you for your cooperation in supporting the Master Enrollment Index for both the FEHB and PSHB Programs. If you have any questions, please contact rovrsupport@opm.gov with a copy to your Health Insurance Specialist.

Sincerely,

Laurie Bodenheimer
Associate Director
Healthcare and Insurance

Encl: Attachment 1

Attachment 1: Enrollment Field Requirements (Revised)

Note: Files should be ASCII-encoded, pipe-delimited text files with header labels and maximum field lengths defined by OPM. No data fields, other than those for Name or Address information, should include special characters. Where substantive clarifications have been made, the field name has an asterisk (*) and the clarification is in bold font.

#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
1	Subscriber/Contract - Unique Identification*	CHAR	20	A Subscriber is the primary enrollee (for example, employee, annuitant, or survivor) under FEHB and PSHB. This field should include a unique number for a given Subscriber's coverage in the FEHB or PSHB plan. This ID is used to associate all Members under a multi-person plan option. It must not be a Subscriber's social security number. <i>Left justified with leading zeros only where appropriate.</i>	Required	SUBSCR_ID
2	Member - Relationship Code*	CHAR	2	A Member is any unique individual enrolled under FEHB or PSHB (that is, a Subscriber or a family member associated with a given Subscriber). It should indicate the Member's relationship to the Subscriber as reflected on the electronic or paper SF-2809. Valid values: 18 = Subscriber; 01 = Spouse; 09 = Adopted Child; 10 = Foster Child; 17 = Stepson or Stepdaughter; 19 = Child; 99 = Disabled child age 26 or older who is incapable of self-support; (03 = Father or Mother; 14 = Brother or Sister for Survivor relationships). Relationship to Subscriber refers to the current policyholder. Individuals with a relationship listed above are the only family members eligible to be covered by the FEHB and PSHB programs.	Required	MBR_RLSHP_CD
3	Patient Code	CHAR	2	Unique code identifying a specific Member associated with a specific Subscriber. Values should be sequential but may be alphabetic (A to Z) or numeric (00, 01, 02...), and should be consistent for each Member under a given subscriber ID. Left justified.	Required	PAT_CD
4	Unique Member ID	CHAR	20	ID that is unique to each Member. All Subscribers are Members, not all Members are Subscribers. Left justified with appropriate leading zeros to match with other files.	Required	MBR_ID

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#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
5	Member - Last Name*	CHAR	60	Member's last name. Left justified. Suffixes should be included in the Member's suffix name field (Field 8), not the Member's last name field.	Required	LAST_NM
6	Member - First Name*	CHAR	60	Member's first name. Left justified. Salutations should not be included in Member's first name. If a Member has been born within the past year, the first name "NEWBORN" can be used. For multiple births, a numeral can be added after "NEWBORN" (that is, "NEWBORN1", "NEWBORN2", etc.). First names indicating newborn status should not be used for Members over one-year-old.	Required	FIRST_NM
7	Member - Middle Name	CHAR	60	Member's middle name. Blank if none or not known.	Required	MI_NM
8	Member - Name Suffix	CHAR	5	Member's name extension (for example, Jr, Sr, III). Blank if none or not known.	Required	SFX_NM
9	Member - Date of Birth	Date	8	Member's date of birth. Format: YYYYMMDD.	Required	BIRTH_DT
10	Member - Sex Code	CHAR	1	Member's sex. Valid values are: 'M' = male, 'F' = female, 'U' = unspecified or unknown.	Required	SEX_CD
11	Member SSN*	CHAR	9	Member's unique social security number. If Member's social security number is unknown or invalid, leave blank. Refer to SSA Guidance for process of identifying invalid social security numbers.	Required	MBR_SSN_NUM

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#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
12	Subscriber SSN*	CHAR	9	Subscriber's social security number. This will be the same as the Member SSN for the Subscriber. Subscriber social security number refers to the current policyholder. Subscriber social security number is expected to be available for every Subscriber. If a Subscriber social security number is NOT available, then a Pseudo SSN (Field 41) should be provided. In the very rare instances that a Subscriber's social security number is unknown or invalid, leave blank. Refer to SSA Guidance for process of identifying invalid social security numbers.	Required	SUBSCR_SSN_NUM
13	Event Code for Enrollment	CHAR	2	Code indicating the qualifying life event which permitted enrollment, a change in enrollment or enrollment cancellation on the SF-2809 Enrollment Form .	Not Required	EVENT_CD
14	Transaction Code	CHAR	2	Code indicating the most recent action that resulted in the creation or change of enrollment. Valid values are: 11 = new enrollment; 12=change from another carrier, 20 = transfer to another payroll office, 24 = reinstatement, 30 = change of enrollment code, 50 = re-enrollment, 80 = termination, 90 = cancellation, 95 = change to another carrier. DG= demographic change, CV= conversion date	Not Required	TRANS_CD
15	Date Enrollment Record Processed	Date	8	Date the latest enrollment transaction was input into the carrier's system. Format: YYYYMMDD	Not Required	RECD_PRCSS_DT
16	FEHB or PSHB Enrollment Code*	CHAR	3	3-digit FEHB or PSHB enrollment code. The same as CLER Reporting Field ENROLLMENT_CODE if reflecting current enrollment code, or previously reported enrollment code if reflecting a change in a prior record such as a termination.	Required	PLAN_CD
17	Enrollment Coverage Start Date*	Date	8	Member's coverage start date under the 3-digit FEHB or PSHB enrollment code reported in Field 16. Enrollment coverage start and end dates should only depend on Field 16 (FEHB or PSHB Enrollment Code) and should not reset at the beginning and end of each year automatically (that is, if a member continues in the same plan option from one year to the next, Coverage Start Date and Coverage End Date should reflect continued enrollment). Format: YYYYMMDD	Required	COV_START_DT

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#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
18	Member Eligibility Effective Code	CHAR	3	Code indicating the reason Member's eligibility became effective. Valid values are: AAC = Adults Are Covered; ADO = Adoption; ANN = Annulment; BIR = Birth Date/Newborn; CCI = Change Carrier In; DEE = Dual Enrollment – Effective; DIV = Divorce; ECC = Enrollment Code Change; INC = Suspicious Member; MAR = Marriage; NFC = Not Covered Family Member; NEL = No Eligibility; NEW = New Enrollment; NRV = No Response To Verification; OCF = Other Covered Family Member; OGE = Other Govt Id – Effective; OGT = Other Govt Id – Termination; REE = Reinstatement / Reenrollment	Not Required	ELG_EFF_CD
19	Enrollment Coverage End Date*	Date	8	Member's coverage end date associated with enrollment code reported in Field 16. If a member is currently enrolled, leave blank or fill with date "9999-12-31". If a member changes enrollment code within a plan, the Coverage End Date of the previous enrollment code should be one day prior to the Coverage Start Date of the next enrollment code. Format: YYYYMMDD	Required	COV_END_DT
20	Enrollment Coverage Ends Date, including possible 31- day extension	Date	8	Member's coverage end date, including 31-day extension, when appropriate for terminations. Format: YYYYMMDD	Not Required	EXTN_COV_END_DT
21	Reason Code for Termination	CHAR	3	Code indicating the reason the Member's enrollment eligibility was terminated. Valid values are: ANC = Adults Not Covered; ANN = Annulment; CAN = Contract Cancellation; CCO = Change Carrier Out; DEA = Death; DET = Dual Enrollment – Termination; DIS = Disabled Dependent; DIV = Divorce; ECC = Enrollment Code Change; INC = Suspicious Member; MAR = Marriage; NCF = Not A Covered Family Member; NEL = No Eligibility; NRV = No Response To Verification; OAD = Overage Dependent; O26 = Over Age Dependent (Age 26); OGT = Other Govt Id – Termination; TDE = Terminate Dependent; TER = Contract Termination; TRO = Transfer Out.	Not Required	TERM_RSN_CD
22	Date of Death*	Date	8	Member's date of death. Date can be identified from any reliable sources within a Carrier's system. Reliable sources include, but are not limited to, claims for hospital or physician costs incurred at time of death and correspondence returned from the Postal Service noting that the addressee is deceased. Providing a Date of Death does NOT constitute removal of a Member from a plan. For removal procedures, see Carrier Letter 1999-07, as well as 5 CFR §890.308(b) and (e). Format: YYYYMMDD	Required	DEATH_DT

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#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
23	Bad Address Indicator	CHAR	1	Code indicating invalid address. Valid values are: Y=address is not deliverable, N or blank=address is deliverable.	Not Required	BAD_ADDR_IND
24	Date Address Last Processed	Date	8	Date the Address information was input/last revised. Format: YYYYMMDD	Not Required	ADDR_PRCSS_DT
25	Address Line 1*	CHAR	60	Member's first line of address. If available, a Member's current home mailing address should be used. If Member's current home mailing address is unavailable, please fill with any Member's address available within your system. If a Member address is unavailable, fill with Subscriber address. Left justified.	Required	ADDR_LN1_NM
26	Address Line 2*	CHAR	60	Member's second line of address. If available, a Member's current home mailing address should be used. If Member's current home mailing address is unavailable, please fill with any Member's address available within your system. If a Member address is unavailable, fill with Subscriber address. Left justified.	Required	ADDR_LN2_NM
27	City*	CHAR	35	Member's city. If available, a Member's current home mailing address should be used. If Member's current home mailing address is unavailable, please fill with any Member's address available within your system. If a Member address is unavailable, fill with Subscriber address. Left justified.	Required	CITY_NM
28	State*	CHAR	2	Member's state code. Use standard Postal codes, including codes for US territories. If available, a Member's current home mailing address should be used. If Member's current home mailing address is unavailable, please fill with any Member's address available within your system. If a Member address is unavailable, fill with Subscriber address.	Required	STATE_CD
29	Zip Code*	CHAR	9	Member's zip code. Format as 12345 or 123451234. If available, a Member's current home mailing address should be used. If Member's current home mailing address is unavailable, please fill with any Member's address available within your system. If a Member address is unavailable, fill with Subscriber address.	Required	ZIP_CD

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#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
30	Country Code*	CHAR	2	Member's country code. Valid values are ISO 3166 Alpha-2 codes, which are typically used by postal services. These valid values include US = United States of America (including US territories), GB=Great Britain, etc. If available, a Member's current home mailing address should be used. If Member's current home mailing address is unavailable, please fill with any Member's address available within your system. If a Member address is unavailable, fill with Subscriber address.	Required	CNTRY_CD
31	Subscriber Employment Status Code	CHAR	1	Code indicating the Federal Government employment status of the current Subscriber. Valid values are 0 thru 9: 0=unknown; 1=employee; 2=employee annuitant; 3=survivor annuitant; 4=spouse equity, active employee; 5=spouse equity, annuitant; 6=Temporary Continuation of Coverage (TCC), active employee, 18 months; 7=TCC, active employee dependent, 36 months; 8=TCC, annuitant, 18 months; 9=TCC, annuitant dependent, 36 months.	Not Required	SUBSCR_EMPL_STAT_CD
32	CSA/CSF Annuity Number*	CHAR	9	The Civil Service retirement number assigned by OPM to a retiree or survivor. The first character of an annuitant number should be A or F; typically annuitant numbers are 9 digits long. Values should be mapped (for the policyholder only) from the 834.	Required	ANNUITANT_NUM
33	Date Federally Employed Subscriber Retired	Date	8	Date Subscriber retired or re-retired after having been rehired. Format: YYYYMMDD	Not Required	SUBSCR_RTR_DT
34	Date Subscriber is Reemployed by the Federal Government	Date	8	Date Subscriber was rehired by the Federal Government. Format: YYYYMMDD	Not Required	SUBSCR_REMPL_DT
35	Medicare Flag*	CHAR	1	Member Medicare enrollment Flag: "Y" = Yes; "N" = No. This field is mandatory for all records.	Required	MCARE_FLG
36	Date Record Added/Updated*	Date	8	Date Medicare Coverage Code Added or Updated in the FEHB or PSHB carrier's system. Format: YYYYMMDD	Not Required	MCARE_LAST_UPD_DT
37	Medicare Other Group Insurance Coverage Code*	CHAR	1	Valid values for coverage are: "A" = Part A Only; "B" = Part B Only; "C" = Part A and B; "D" = Part D Only; "E" = Part A and D; "F" = Part B and D; "G" = Part A, B, and D; "H" = Medicare Advantage (Part C); "I" = Medicare Advantage (Part C) and Part D. This field is expected to be filled if MCARE_FLG = Y and empty if MCARE_FLG = N.	Required	MCARE_CVRG_CD

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#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
38	Medicare ID Number*	CHAR	13	ID used for Medicare COB. This should be the Medicare Beneficiary Identifier (MBI) . Do not include Health Insurance Claim Number (HICN). Information should be mapped for members from the 834 transactions; information can also be identified from Carrier’s own coordination of benefits. This field is expected to be filled if MCARE_FLG = Y and empty if MCARE_FLG = N.	Required	MCARE_ID
39	Payroll Office Number	CHAR	8	Government payroll office servicing the Subscriber/Contract Holder. This should correspond to CLER Reporting Field PAYROLL_OFFICE_ID	Required	PYRL_OFC_NUM
40	Deceased Annuitant SSN*	CHAR	9	Annuitant Alternate SSN. Fill with SSN for original annuitant if current policyholder is a survivor annuitant. This should correspond to CLER Reporting Field DECEASED_ANNUITANT_SSN.	Required if used in CLER	DEC_ANN_SSN
41	Pseudo SSN*	CHAR	9	Alternate SSN provided to the Carrier in some instances. This can include Tax IDs, which have a similar format to SSNs but begin with a 9. This should correspond to CLER Reporting Field PSEUDO_SSN.	Required if used in CLER	PSEUDO_SSN
42	Other Payroll Office ID	CHAR	15	Alternate ID provided to the Carrier in some instances. This should correspond to CLER Reporting Field OTHER_PAYROLL_OFFICE_ENROLLEE_ID.	Required if used in CLER	ALT_PYRL_OFF_ID
43	Date Monthly File Created	Date	8	As of Date for Monthly File. Format: YYYYMMDD	Required	FILE_PRCSS_DT

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#	Field Name	Field Type	Max Length	Description, Valid Values & Definitions	Reporting File	Field Label
44	EGWP Flag*	CHAR	1	<p>Flag for Member’s enrollment in either a Medicare Advantage Prescription Drug Plan (MA-PD) EGWP (Employer Group Waiver Plan) or a standalone Prescription Drug Plan (PDP) EGWP through the member’s FEHB or PSHB plan.</p> <p>Valid values are “A” – Yes, enrolled in MA-PD EGWP (Member is participating in MA-PD EGWP through the FEHB or PSHB plan they are enrolled in), “B” – Yes, enrolled in PDP EGWP (Member is participating in PDP EGWP through the FEHB or PSHB plan they are enrolled in) and “N” – Not enrolled (Member is either ineligible for both PDP EGWP and MA-PD EGWP, not participating in either PDP EGWP or MA-PD EGWP, or plan is not offering a PDP EGWP or MA-PD EGWP through FEHB or PSHB plan).</p> <p>This field is mandatory for all records.</p>	Required	EGWP_FLG