

XSD Element Name	Purpose	Data Type	Min Length	Max Length	Min Occ	Max Occ	Is Mandatory ?
GroupEnrollmentMaintenance	Root Element - Transfers employer group information to the issuers system				1	1	Y
FileInformation	Contains the elements required to identify the group file data.				1	1	Y
MessageID	Randomly assigned Message Id # for XML file	Text	2	50			Y
FileName	Name of XML File sent	Text	39	39			N
EnrollmentAction	Group's enrollment action type	Code					Y
SenderId	Pinnacle Tax id assigned as the Sender's Exchange Id.	Text	4	15			Y
ReceiverID	Issuer's 5 digit assigned by the Exchange.	Text	4	15			Y
Employer	This element is used to collect the required information about the employer/group				1	N	Y
Name	Name of the Employer (Group)	Text	1	60			Y
EmployerID	Unique Identification number for the employer	Text	4	15			Y
EmployerTypeCode	Classification of Business Type that the Employer involved in (like Corporation, Church, Tax-Emempt, Partnership etc.)	Code					Y
TaxPayerIdentificationNumber	Employer Federal Tax Payer Identification Number	Numeric	9	9			Y
GroupSize	Number of employees qualified to receive healthcare benefit	Numeric	1	6			N
GroupTermination	Group's Termination Information						N
GroupTerminationDate	Termination date for the group	Date					N
GroupTerminationReasonCode	Reason code value as to why Group is being terminated	Text	9	11			N
OriginalEffectiveDate	Original enrollment date of the Employer	Date					Y
RenewalEffectiveDate	Employer's next annual renewal date	Date					N
OutOfStateIndicator	Optional indicator of whether the employer group is out of state	Indicator	1	1			N
Address	This Segment contains the member employer's address				1	1	Y
Addressline1	Address line 1 of address	Text	1	55			Y
Addressline2	Address line 2 of address	Text	1	55			N
CityName	City name of address	Text	2	30			Y
StateCode	State Code for the Address.	Text	2	2			Y
PostalCode	The postal zip code of address.	Text	5	10			Y
EmployerContactInformation	To provide the communication information for the Employer				1	2	Y
ContactType	Purpose for which the contact person is being contacted (See values)	Code					Y
ContactPersonName	To provide the name of the Contact person				1	1	Y
LastName	Last name of the Contact Person.	Text	1	60			Y
FirstName	First name of the Contact Person.	Text	1	35			Y
PrimaryTelephoneNumber	Primary Telephone Number	Numeric	10	10			Y
PrimaryTelephoneExtensionNumber	Primary Telephone Extension Number	Numeric	4	4			N
AlternateTelephoneNumber	Alternate Telephone Number	Numeric	10	10			N
EmailID	Electronic Mail	Text	1	256			Y
FaxNumber	Fax Number	Numeric	10	10			N
PreferredContactMode	Preferred method of communication for Employer	Code					Y
ContinuationCoverageType	Type of Continuation coverage Provided	Code					N
ProbationaryPeriod	Reports the Probationary Period for the employee	Numeric	1	3			N
Broker	This element is used to collect the required information about the Broker				0	1	N
Name	Name of the Broker	Text	1	60			N
TaxPayerIdentificationNumber	Federal Tax Payer Identification Number	Numeric	9	9			N
AccountNumber	Account number assigned by the state to the Broker	Text	1	35			N
BrokerContactInformation	To provide the communication information for the Broker				0	1	N
ContactPersonName	To provide the name of the Contact person for Broker				0	1	N
LastName	Last name of the Contact Person.	Text	1	60			Y
FirstName	First name of the Contact Person.	Text	1	35			Y
PrimaryTelephoneNumber	Primary Telephone Number	Numeric	10	10			N
PrimaryTelephoneExtensionNumber	Primary Telephone Extension Number	Numeric	4	4			N
AlternateTelephoneNumber	Alternate Telephone Number	Numeric	10	10			N
EmailID	Electronic Mail	Text	1	256			N
FaxNumber	Fax Number	Numeric	10	10			N
PreferredContactMode	Preferred method of communication for Brokers	Code					N
Plans	This element is used to collect the required information about the employer Plans				1	1	Y
Plan	Individual Plan related information is collected in this element				1	N	Y
PlanID	Plan ID that the employer is offering. This plan ID will be used by the carrier to setup a Group ID for any employees enrolling in the plan.	Text	4	20			Y
PlanStartDate	Plan start date - effective date of the plan.	Date					N
MetalLevelCode	Type of Metal Level: Medical: Bronze, Silver, Gold, or Platinum; and Dental: CHD or Family (or FAM) and (High & Low till 12/2015)	Code			1	1	Y
CoverageType	Indicates the type of coverage for the Plan (see value)	Code					N
AdditionalNotes	Captures any other additional information for the employer group		1	256	0	1	N

XSD Node Name	Qualifier
EnrollmentAction	Open Enrollment
	Maintenance
	Terminate
	Renewal
	Reinstate
ContactType	Billing
	Benefits
	Both
PreferredContactMode	Mail
	Email
CoverageType	EMP
	FAM
MetalLevelCode	Bronze
	Silver
	Gold
	Platinum
	Family or FAM
	CHD
	High
Low	
ContinuationCoverageType	C
	S
OutOfStateIndicator	N
	Y
EmployerTypeCode	C-Corp
	S-Corp
	Self-Employed
	Partnership
	TaxExempt-Organization
	Church
	LocalGovernment
	ForeignGovernment
Sole Proprietorship	
FileName	<xml filename>
GroupTerminationReasonCode	
	Voluntary
	InVoluntary

Explanation
For enrolling a new Group
For changes made to the Group information
For whenever Group is to be Terminated
Used whenever the Group Renews for another year
Used whenever the Group is Reinstated after being terminated
Contact Information for Billing related communication
Contact Information for Benefits related communication
Contact Information for Both Billing & Benefits related communication
Contact through postal mail
Contact through electronic mail
Employee only Plan
Employee + Family Plan
Bronze Health Plans
Silver Health Plans
Gold Health Plans
Platinum Health Plans
Family Dental
Pediatric Only Dental
High for Groups that are still on 2014 Plans and have not renewed yet!
Low for Groups that are still on 2014 Plans and have not renewed yet!
Continuation Coverage provided through COBRA
State Mandated Continuation Coverage
No
Yes
Private Sector - Corporation Type C
Private Sector - Corporation Type S
Private Sector - 1040 Schedule C Business (self-employed)
Private Sector - Partnership Entity
Private Sector Tax Exempt organization including corporation, trust, limited liability company, or association
Church or Church-affiliated
State or Local Government
Foreign Government
Sole Proprietorship
Name of XML file sent out: 2015_08_15_XXXX_GRP_<date-time>.xml which should be used to extract and send back to Exchange immediately within 24 hrs.
To Provide a highlevel reason for Group Termination.
Requested by the Employer to terminate
Terminated for other reason such as Non-Payment!

