

Healthy Direction

How To Report Your Employer-Defined Activity

Follow these steps when your employees have completed the CDPHP® Healthy Direction employer-defined activity.

Please note: Members will not receive a complete status until the completion of this step is reported.

Guidelines for File Submission

The following information must be provided:

Field Name	Requirement	Format	Field Description
Member ID	Required	Alphanumeric	This column must contain the ID number and 2 digit suffix as displayed on the CDPHP ID card
Group ID	Required	Alphanumeric	This column contains the group number for the employer as displayed on the CDPHP ID card
Last Name	Required	Alpha (35 character max)	This column contains the last name of the member
First Name	Required	Alpha (15 character max)	This column contains the first name of the member
Activity Date	Required	Alphanumeric	This column contains the date the activity was completed in the following format: YYYYMMDD
Employer Choice Option 1 or 2	Required	Alphanumeric	This column must contain which Employer Choice activity has been completed. Enter 1 for Option 1 or 2 for Option 2. This field MUST be completed in order to process the file. Do not leave blank.

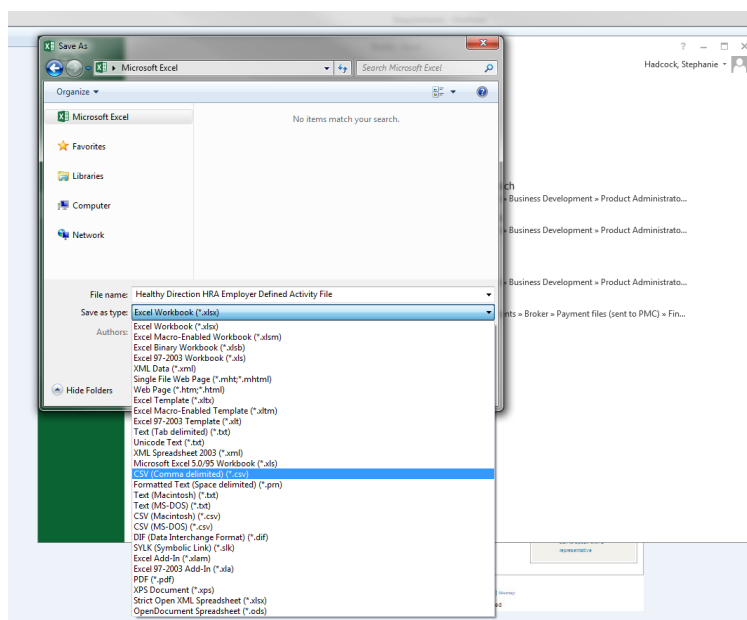
Important Notes

- Please do not use any commas or special characters.
- Full names must be used. Do not use nicknames or suffixes such as Jr., Sr., III, etc.
- The CDPHP member ID, including the two-digit suffix, must be used. Do not substitute with SSN or any other unique identifier.
- Do not include any dashes or spaces.
- Complete a member record for each employer choice activity that has been completed.

The file must be saved as a CSV (comma delimited) file format prior to submitting.

How to Convert Excel/.xls to CSV

In Excel, go to File → Save As → Save as type → CSV (Comma delimited)



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Contact cdpHP.com

CDPHP Employer Hi, Test Employer

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Group: Mobile and Portal Test Group | Group ID: 99999999

Questions? We can help!

Enrollment Monday - Friday, 8 A.M. - 5 P.M. (EST) 1 (518) 641-3900	Billing Monday - Friday, 8 A.M. - 5 P.M. (EST) 1 (518) 641-4200
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Broker/Employer Group Specialist Unit
Member claims and coverage inquiries
Monday - Friday, 8 A.M. - 5 P.M. (EST)
1 (518) 641-3747

Message Us

Subject
Healthy Direction Employer Choice File

Attachments
Drag and drop files here or browse

Message

More Numbers

How to Submit Your Completed File

Once complete, the file must be sent to CDPHP via secure email through the employer portal at employer.cdpHP.com, using the subject: **Healthy Direction Employer Choice File.**

Should you have any questions about this process, or if you do not have access to your employees' CDPHP member IDs, please contact your CDPHP representative.