

NYBEAS Enrollment Record Layout - Transaction Set Header RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

EDI 834 Tra	ansaction Se	et File Layout											
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement		bute Max	Comments	Notes / Examples
Values				U	Designator	Name			ļ	MIN	Max		
		Header		1	-					-			
ST	Head	er Header	010	ST		Transaction S	et Header		Required			Indicates start of transaction set and assigns control number.	ST*834*6 ~
834					ST01		TS ID Code	Transaction Set Identifier Code	м	3	3	Code to identify transaction set type. Set benefit enrollment transaction set to 834.	Set to 834.
		-			ST02		TS Control Number	Transaction Set Control Number	м	4	9	Denent enrorment transaction set to 6.54. Unique control number.	The transaction set control numbers in ST02 and SE02 must be identical. Assign starting with 0001 and increment forward. Control numbers are unique within a specific functional group but can repeat in other groups and interchanges.
		-			ST03		Implementation Convention Reference	Implementation Convention Reference	м	1	35	Reference assigned to identify Implementation Convention	Set to 005010X220A1. This field contains the same value as GS08.
BGN	Head	er Header	020	BGN		Beginning Seg	ment		Required	T	1	Indicates the beginning of a transaction	BGN*00*0000000000196*20000309*1356*
	-	-		-	BGN01		TS Purpose Code	Transaction Set Purpose Code	м	2	2	set. 00 = Original. First time transaction sent 15 = Resubmission. Corrected transaction, original	***2~
					BGNUT		15 Fulfuse Code	nansaciion Ser Parpose Code	M	2	2	00° e original. Pris une la la sacioli sen i 52 e resournescrit. Correctes nansacion, origina nos yet processed by receiver, 22 = Information Copy. Same as original transmission.	
				1	BGN02		Reference Ident	Reference Identification Transaction Set Identifier Code	М	1	30	Unique control number.	Set to a unique identifying reference number.
					BGN03		Date	Date Transaction Set Creation Date	м	8	8	CCYYMMDD	System generated. Set to 8 positions. Format: ccyymmdd
				1	BGN04		Time	Time Transaction Set Creation Time	м	4	8	Can be HHMM, HHMMSS, HHMMSSD, or HHMMSSDD (D = decimal seconds)	System generated. Format: hhmmss
					BGN05		Time Code	Time Code Time Zone Code	S	2	2	CD Central Daylight Time, CS Central Standard Time, CT Central Time, ED Eastern Daylight Time, ES Eastern Standard Time, ET Eastern Time, MD Mountain Daylight Time, MS Mountain Standard Time, MT Mountain Time, PT Paolic Time. If BGN05, then BGN04 is required.	Optional. Not used.
					BGN06		Reference Ident	Reference Identification Transaction Set Identifier Code	0	1	30	If BGN01 = 15 or 22, then cross reference Reference Ident of the original transaction.	Optional. If 00 then not used. If 15 or 22 then write original transaction ref id number
					BGN07		Transaction Type Code - Not Used		n/a	2	2		n/a
					BGN08		Action Code	Reference Identification Transaction Set Identifier Code	М	1	2	2 = Change (Update) - Identifies transactions for additions, terminations and changes to current enrollment 4 = Verify - Identifies system compare or verify partner's systems	Required Default = 2
REF	Head	er Header	030	REF		Transaction S	et Policy Number		Situational	1	1	Segment is used if a unique ID number	REF*38*0000~
29		_		-	REF01		Reference Ident Qual	Reference Identification Qualifier	м	2	3	applies to the entire transaction set. 38 = Master policy number code.	Set to 38.
30					REF01 REF02		Reference Ident	Reference Identification Master Policy Number	X	1	30	38 = Master policy number code. Master Policy Number. At least one REF02 is required.	Set to as. Set to master policy number. Value to be supplied by Carrier Default =00000
DTP	Head	er Header	040	DTP		File Effective I	Date		Situational				Carrier information requirement can adequately be satisfied without it. Data element is not used
EDI 924 T-	aneaction S	et File Layout			_						_		
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attri	oute Max	Comments	Notes / Examples
					DTP01		Date/Time Qualifier	Date/Time Qualifier	М	3	3	007 = Effective 303 = Maintenance Effective 382 = Enrollment 388 = Payment Commencement	Not used
D8					DTP02		Date Time Format Qual	Date Time Period Format Qualifier	М	2	3	D8 = Date expressed in CCYYMMDD.	Not used
				1	DTP03	I	Date Time Period	Date Time Period	М	1	35	1	Not used

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	nsor Name												
N1	Header	1000A	070	N1	1	Sponsor Name			Required	1		Identifies the organization paying for the coverage by type, name, and code. At least one	N1*P5*NEW YORK STATE*FI*141788609~
	T loader	Sponsor Name	0.0			oponioor name			ricidance			N102 or N103 is required.	
5					N101		Entity ID Code	Entity Identifier Code	М	2	3	P5 = Plan Sponsor.	Set to P5.
					N102		Name		х	1	0	NEW YORK STATE	NEW YORK STATE
					N103		ID Code Qualifier	Entity Identifier Code	Х	1	2	FI = Federal Taxpayers Identification Number.	Set to FI = Federal Taxpayers Identification Number
												ZZ = Mutually Defined (HIPAA Id)	Once National Payer ID is mandated, then
												If N104 present then required.	use ZZ.
					N104		ID Code	Identification Code	х	2	80	Sponsor Identifier.	Set to 146013200
								Sponsor Identifier				If N103 present then required.	
000B Paye			-										
	Header		070	N1		Payer Name			Required			Identifies the insurance company (receiver) type, name, and code. At least one N102 or N1	03 N1*IN**FI*123456789~
		Payer Name										is required.	
				_						_	-	n	A
				_	N101		Entity ID Code	Entity Identifier Code	M	2	3	IN = Insurer.	Set to IN.
				_	N102		Name		n/a	1	60	Not used.	Set to placeholder.
					N103		ID Code Qualifier	Entity Identifier Code	х	1	2	FI = Federal Taxpayers Identification Number.	FI = Federal Taxpayers Identification Number. XV :
												XV = Health Care Financing Administration National Payer Identification.	Health Care Financing Administration National Pay
												If N104 present then required.	Identification.
													Once National Payer ID is mandated, then use only
													XV
			-	-	N104		ID Code	Identification Code	х	2	80	Insurer identification code.	Data not captured by a PS field.
					N104		ID Code	Insurer Identification Code	~	2	80	If N103 present then required.	Value to be supplied by carrier.
	1		I					Insurer Identification Code				II N 103 present then required.	value to be supplied by carrier.
000C Brok													
1	Header		70	N1		TPA/Broker Na	me		Situational			Identifies TPA/broker organization by type,	Segment does not apply.
		Broker Name										name, and code. At least one N102 or N103 is required.	
				_						_	-		
a					N101		Entity ID Code	Entity Identifier Code	M	2	3	BO = Broker TV = Third party admin	n/a
ot used					N102		Name - Not Used		n/a	1	60	Not used.	n/a
/a					N103		ID Code Qualifier	Entity Identifier Code	х	1	2	94 = Code assigned by receiving organization	n/a
												FI = Federal Taxpayers Identification Number.	
												XV = Health Care Financing Administration National Payer Identification.	
												If N104 present then required.	
a		-		-	N104		ID Code	Identification Code	x	2	80	TPA or Broker Identification code.	n/a
a		-		-	N104		ID Code	Identification Code TPA or Broker Identification	x	2	80	TPA or Broker Identification code. If N103 present then required.	n/a
/a	Headar	- 	120	ACT	N104					2	80	If N103 present then required.	
	Header	1100C Broker Account	120	ACT	N104		ID Code		X	2	80		n/a Segment does not apply.
кст	Header		120	ACT	N104		count Information	TPA or Broker Identification		2	80	If N103 present then required. Specifies account information if different than account number of sponsor.	Segment does not apply.
CT	Header		120	ACT	ACT01	TPA/Broker Ac	count Information		Situational	2		If N103 present then required.	Segment does not apply.
CT /a lot used	Header		120	ACT	ACT01 ACT02	TPA/Broker Ac	count Information Account Number Name - Not Used	TPA or Broker Identification	Situational M n/a	2	35	If N103 present then required. Specifies account information if different than account number of sponsor.	Segment does not apply.
CT la ot used ot used	Header		120	ACT	ACT01 ACT02 ACT03	TPA/Broker Ac	count Information Account Number Name - Not Used ID Code Qual - Not Used	TPA or Broker Identification	Situational M n/a n/a	2	35 60 2	If N103 present then required. Specifies account information if different than account number of sponsor.	Segment does not apply.
CT a ot used ot used ot used	Header		120	ACT	ACT01 ACT02 ACT03 ACT04	TPA/Broker Ac	count Information Account Number Name - Not Used ID Code Qual - Not Used ID Code - Not Used	TPA or Broker Identification	Situational M n/a n/a n/a	2 1 1 1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	35	If N103 present then required. Specifies account information if different than account number of sponsor.	Segment does not apply.
CT /a ot used ot used ot used ot used ot used	Header		120	ACT	ACT01 ACT02 ACT03	TPA/Broker Ac	count Information Account Number Name - Not Used ID Code Qual - Not Used	TPA or Broker Identification	Situational M n/a n/a	2 1 1 1 2 1 1 1	35 60 2	If N103 present then required. Specifies account information if different than account number of sponsor.	Segment does not apply.
CT ot used ot used ot used ot used ot used	Header		120	ACT	ACT01 ACT02 ACT03 ACT04 ACT05	TPA/Broker Ac	count Information Account Number Name - Not Used ID Code - Not Used ID Code - Not Used Acct Num Quai-Not Used	TPA or Broker Identification	Situational M n/a n/a n/a n/a	2 1 1 2 1 1 1 1	35 60 2 80 3	If N103 present then required. Specifies account information if different than account number of sponsor. Account number assigned.	Segment does not apply.           n/a           n/a           n/a           n/a           n/a           n/a           n/a           n/a
CT ot used ot used ot used ot used ot used	Header		120	ACT	ACT01 ACT02 ACT03 ACT04 ACT05	TPA/Broker Ac	count Information Account Number Name - Not Used ID Code - Not Used ID Code - Not Used Acct Num Quai-Not Used	TPA or Broker Identification	Situational M n/a n/a n/a n/a	2 1 1 1 2 1 1	35 60 2 80 3	If N103 present then required. Specifies account information if different than account number of sponsor. Account number assigned.	Segment does not apply.           n/a           n/a           n/a           n/a           n/a           n/a           n/a           n/a
/a lot used lot used lot used lot used lot used /a		Broker Account	120	ACT	ACT01 ACT02 ACT03 ACT04 ACT05	TPA/Broker Ac	count Information Account Number Name - Not Used ID Code - Not Used ID Code - Not Used Acct Num Quai-Not Used	TPA or Broker Identification	Situational M n/a n/a n/a n/a	2 1 1 1 2 1 1	35 60 2 80 3	If N103 present then required. Specifies account information if different than account number of sponsor. Account number assigned.	Segment does not apply.  Na
CT (a ot used ot used ot used ot used ot used ot used	Header	Broker Account	120	ACT	ACT01 ACT02 ACT03 ACT04 ACT05	TPA/Broker Ac	count Information Account Number Name - Not Used ID Code - Not Used ID Code - Not Used Acct Num Quai-Not Used	TPA or Broker Identification	Situational M n/a n/a n/a n/a	2 1 1 1 2 1 1	35 60 2 80 3 35	If N103 present then required. Specifies account information if different than account number of sponsor. Account number assigned.	Segment does not apply.           n/a           n/a           n/a           n/a           n/a           n/a           n/a           n/a           n/a           n/a

NEW YORK	NYBEAS Enrollment Record Layout - Transaction Set Header- RFP entitled:
STATE OF	"Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee
OPPORTUNITY	Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug
Civil Service	Programs"

2000 Memb	er Detail											
INS	Detail	2000 Member Detail	010	INS		Member Level Detail		Optional			Provides insured benefit information for subscriber and dependents. Subscriber information must precede dependent information or have been submitted in a previous transmission.	INS'Y'18'021''A'E''FT''N-
					INS01	Yes/No Cond Resp Code	Yes/No Condition or Response Code Subscriber Indicator	м	1	1	N = No Status of Insured is dependent. Y = Yes Status of insured is subscriber.	N = No Status of Insured is dependent. Y = Yes Status of insured is subscriber.
					IN\$02	Individual Relat Code	Individual Relationship Code	м	2	2	01 = Spouse 18 = Self 19 = Child 25 = Ex-Spouse 53 = Life partner 38 = Collateral dependent	Set SP = 01 Set subscriber = 18 Set S and D = 19 Set X = 25 Set DP = 53 Set O = 38
					INS03	Maintenance Type Code	Maintenance Type Code	0	3	3	001 = Change 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or compare	001 = Change 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or compare
					IN504	Maintain Reason Code	Maintenance Reason Code	0	2	3	11 = Divarce 22 = Birth 33 = Death 44 = Retirement 55 = Adoption 56 = Strike 57 = Termination of Benefits 59 = Termination of Benefits 59 = Termination of Benefits 50 = COBRA Premium Paid 11 = Surviving Spouse 14 = Voluntary Withdrawal 15 = Primary Care Provider Change 16 = Quit 17 = Fired 18 = Suspended 20 = Active 21 = Disability 22 = Plan Change 25 = Change 1 Indentifying Data Elements 26 = Declined Coverage 27 = Pre-Errollment 28 = Initial Enrollment 29 = Benefit Selection 31 = Legal Separation 32 = Marriage 33 = Reissonel Data 33 = Reissonel Data 34 = Reissonel Data 35 = Leave of Absence with Benefits 38 = Leave of Absence without Benefits 39 = Lay Off with Benefits 40 = Lay Off without Benefits 41 = Re-enrollment 43 = Change of Location XN = Notification Only XT = Transfer	Use of this segment is limited to identify a change in Benefit Program and Termination Reason for Conversion of Coverage. Set Termination of Benefits = 07 Set Termination of Employment = 08 Set change in Benefit Program = 22 Set Plan Change = 28 Set Alternate Identifier Change = 25 Set Initial Enrolment = 28 Set Re-enrollment = 41
					INS05	Benefit Status Code	Benefit Status Code	0	1	1	Type coverage for which benefits paid A= Active C = Cobra S = Surviving Insured T = Tax equity and fiscal responsibility act	Type of Set default to 'A' unless termination, Cobra of surviving spouse Valid values are 'A', 'C', and 'S' TEFRA is a medical assistance program for families with children with disabilities. Eligibility is determined based on medical and level of care criteria.

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EDI 834 Trai	nsaction Set	File Layout											
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attrib Min		Comments	Notes / Examples
	1		-	-		r				1.	1.		
					INS06		Medicare Plan Code	Medicare Plan Code	0	1	1	A = Medicare Part A B - Medicare Part B C = Medicare Part A and B D = Medicare E = No Medicare	Currently only track Medicare Part B Valid values are 'B' and 'E'
					INS07		Cobra Qual Event Code	Cobra Qualifying Event Code	0	1	2	1 = Termination of Employment 2 = Reduction of work hours           3 = Medicare           4 = Death           5 = Divorce           6 = Separation           7 = Inelligible Child           8 = Bankruptcy of a Retired Employee	1 = Termination of Employment 2 = Reduction of work hours 3 = Medicare 4 = Death 5 = Divorce 6 = Separation 7 = Ineligible Child 8 = Bankruptcy of a Retired Employee
					INS08		Employment Status Code	Employment Status Code	0	2	2	If enroliment is in a non-employment based program such as medicare, then use status of subscriber in that program. AO – Active Millary - Overseas AU = Active Millitary - USA FT = Full Time Active L1 = Leave of Absence PT = Part Time Active RT = Retired TE = Terminated	Subscriber only Valid values are: FT PT TE RT L1
					INS09		Student Status Code	Student Status Code	0	1	1	F = Full-time N = Not a student P = Part-time	F = Full-time N = Not a student
					INS10		Yes/No Cond Resp Code	Yes/No Condition or Response Code Handicap Indicator	0	1	1	Handicap indicator: N = no Y = yes	For dependent only
D8					INS11		Date Time Format Qual	Date Time Period Format Qualifier	х	2	3	D8 = Date expressed in CCYYMMDD If INS12 present then required.	Set to D8
					INS12		Date Time Period	Date Time Period Insured Individual Death Date	х	1	35	Date of Death If INS11 present then required.	Dependent date of death not captured on the database
Not used					INS13		Confidentiality - Not Used		n/a			Not used.	Set to placeholder.
Not used				1	INS14		City Name - Not Used		n/a			Not used.	Set to placeholder.
Not used				1	INS15		State Code - Not Used		n/a			Not used.	Set to placeholder.
Not used					INS16	1	Country Code - Not Used		n/a			Not used.	Set to placeholder.
					INS17		Number	Number	0	1	9	Not available	Not a PeopleSoft delivered database element. Data for this element is not available.
REF	Detail	2000 Member Detail	020	REF		Subscriber Nu	mber		Required			Specifies identifying information. Segment contains a unique SUBSCRIBER Id Number (S or other) This occurrence identified by the OF qualifier. Identifier is used in order to link subscriber with dependents.	SN REF*0F*123456789-
0F					REF01		Reference Ident Qual	Reference Identification Qualifier	М	2	3	0F = Subscriber Number.	Set to 0F (zero f ).
					REF02		Reference Ident	Reference Identification Subscriber Identifier	x	1	30	At least one REF02 is required.	Social security number should be used until the National identifier is available.
REF	Detail	2000 Member Detail	020	REF		Member Policy	Number		Situational			Specifies identifying information. Segment is used if group number applies to all coverage data for the member.	REF*1L*NYSLWOP~
				1	REF01		Reference Ident Qual	Reference Identification Qualifier	м	2	3	1L = Group or Policy Number	Set to 1L.
					REF02		Reference Ident	Reference Identification Insured Group of Policy Number	x	1	30	At least one REF02 is required	Join Company and Ben_Status Valid Company Values: PA. PE, NYS, MTH Valid Benefit Statuses: DISPFAML.UMLLPTA.LTDS.LWOP. MILL.PRFL.STDS.WCDF,WCLV, WCMC,WCWR, RTNA. III 'CBL' then = '00306666'

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STATE OF	"Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee
OPPORTUNITY	Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug
Civil Service	Programs"

ta Field	Level	Loop	Position	Segment	Reference	Segment	Data Element	Data Element Description	Requirement	Attrib	ute Max	Comments	Notes / Examples
Values				ID	Designator	Name				Min	Max		
	Detail	2000 Member Detail	020	REF		Member Identi	fication Number		Situational			Specifies identifying information. Segment is used to send additional member information.	REF*23*891234567~
					REF01		Reference Ident Qual	Reference Identification Qualifier	м	2	3	23 = Client Number	Set to 23
					REF02		Reference Ident	Reference Identification Subscriber Supplemental Identifier	×	1	30	Subscriber Supplemental Identifier. At least one REF02 is required.	Bea_Altid
	Detail	2000 Member Detail	020	REF		Member Identi	fication Number		Situational			Specifies identifying information. Segment is used to send additional member information.	REF*DX*00001~
					REF01		Reference Ident Qual	Reference Identification Qualifier	м	2	3	DX = Department/Agency Number	Set to DX
					REF02		Reference Ident	Reference Identification Subscriber Supplemental Identifier	x	1	30	Subscriber Supplemental Identifier. At least one REF02 is required.	Cust_ld If 'HIP' and CUSTID = '00001 then map DEPTI If 'UHG' and bn for dep then add dep # to end of CUSTID field
							-						
-	Detail	2000 Member Detail	020	REF		Member Identi	fication Number		Situational			Specifies identifying information. Segment is used to send additional member information.	REF*F6*123456789A-
					REF01		Reference Ident Qual	Reference Identification Qualifier	м	2	3	F6 = Health Insurance Claim(HIC) Number	Set to F6
					REF02		Reference Ident	Reference Identification Subscriber Supplemental Identifier	х	1	30	Subscriber Supplemental Identifier. At least one REF02 is required.	Health Insurance Claim(HIC) Number
	Detail	2000	020	REF	r	Member Identi	fication Number		Situational	1	1	Specifies identifying information. Segment is used to send additional member	REF*Q4*99999999-
	Detail	Member Detail	020	KEF		Member Identi	Incation Number		Situational			information.	REF Q4 99999999-
					REF01		Reference Ident Qual	Reference Identification Qualifier	м	2	3	Q4 = Prior Identification Number	Set to Q4
					REF02		Reference Ident	Reference Identification Subscriber Supplemental Identifier	х	1	30	Subscriber Supplemental Identifier. At least one REF02 is required.	Previous Subscriber SSN covered under.
-	Detail	2000 Member Detail	020	REF		Member Identi	fication Number		Situational	1		Specifies identifying information. Segment is used to send additional member information.	REF*60*99999999-
					REF01		Reference Ident Qual	Reference Identification Qualifier	м	2	3	60 = Cross Reference Number	Set to 6O
					REF02		Reference Ident	Reference Identification Subscriber Supplemental Identifier	×	1	30	Subscriber Supplemental Identifier. At least one REF02 is required.	This number is used to tie the Survivng Insured back to the original Subscriber ID.
	Detail	2000 Member Detail	020	REF		Member Identi	fication Number		Situational			Specifies identifying information. Segment is used to send additional member information.	REF*ZZ*E-
				1	REF01		Reference Ident Qual	Reference Identification Qualifier	м	2	3	ZZ = Mutually Defined	Set to ZZ
				1	REF02		Reference Ident	Reference Identification Subscriber Supplemental Identifier	х	1	30	Subscriber Supplemental Identifier. At least one REF02 is required.	Valid values are: 'E' = Employee Rate 'T' = Total Rate

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	nsaction Set	t File Layout											
ta Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attrib	Max	Comments	Notes / Examples
P	Detail	2000 Member Detail	025	DTP		Member Level D	ates		Situational			Specifies date, time, and time period for member enrollment and benefit changes.	DTP*336*D8*20000207~
		-		-	DTP01	ľ	DateTime Qualifier	Date/Time Qualifier	М	3	3	286       Ratirement 298       Return to Work         297       Date Last Worked         297       Date Last Worked         300       Enroliment Signature Date 301       Cobra Qualifying Event 303         338       Employment Begin         337       Employment End 338       Hedicare End 340         537       Employment End 338       Hedicare Begin 339         541       Ectoria End       Solo         550       Education Begin 351       Education End 356         333       Pian Participation Suspension 394       Rehire         473       Medicaid Begin       1474	339 = Medicare End
•	Detail	2000 Member Detail	025	DTP		Member Level D	ates		Situational			Specifies date, time, and time period for member enrollment and benefit changes.	DTP*336*D8*20000207~
				-	DTP01	ľ	Jate/Time Qualifier	Date/Time Qualifier	М	3	3	286 = Retirement 296 = Return to Work         297 = Date Last Worked         300 = Enroliment Signature Date 301 = Cobra Qualifying Event 303 = Maintenance Effectiv         338 = Employment Begin         337 = Employment End 338 = Medicare Begin 339 = Medicare End 340 = Cobra Begin         341 = Cobra End         350 = Education Begin 351 = Education End 356 = Eligibility Begin 357 = Eligibility End 38:         338 = Pian Participation Suspension 394 = Rehire         473 = Medicaid Begin	339 = Medicare End
			-	-	DTP02		Date Time Format Qual	Date Time Period Format Qualifier	M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8
					DTP03	0	Date Time Period	Date Time Period Status Information Effective Date	м	1	35		Effective Date
834 Tra	nsaction Set	t File Layout	_		_								
a Field Values	Level	Loop	Position	Segment	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attrib	oute Max	Comments	Notes / Examples

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STATEOT	"Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee
OFFORTUNITY:	Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug
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Image: Second	2100A Memi	ber Name											
No.         No. <th>NM1</th> <th>Detail</th> <th></th> <th>030</th> <th>NM1</th> <th></th> <th>Member Name</th> <th></th> <th>Required</th> <th></th> <th></th> <th></th> <th>NM1*IL*1*SMITH*JOHN*M**SR*34*1234567</th>	NM1	Detail		030	NM1		Member Name		Required				NM1*IL*1*SMITH*JOHN*M**SR*34*1234567
Image: Second			Member Name										
Image: Section of the sectio						NM101	Entity ID Code	Entity Identifier Code	M	2	3		Set to 74 if changing existing identifying information.
Image: Problem in the set of the s													
Image: Problem in the standard of problem in the sta												2100B.	
Image: Problem in the standard of problem in the sta													
Image: Second												IL = Enrollment of a new member or update of a member with no change in identifying	Set to IL for new enrollment or change not related to
No.     No. <td></td>													
Image: Second												contract between the sponsor and payer.	
Image: Second													
Image: Second													
Image: Second			-		-	hibition	Forth Tors Availab	Forther Trans Qualifier				4. Duran	0.111.1
Image: bit in the second se	1				-					1		1 = Person.	
Image: Problem in the state of the						NM103	Name Last/ Org Name		0	1	35		Member Last Name
Image: biology of the state					-	NIM104	Nome First		0	1	26		Member First Name
Image: second						INIVITO++	Name First		0		2.5		Wender First Name
Image: Property interpretation of the property interpretation				-	-	NM105	Name Middle		0	1	25		Member Middle Name
Image: Part of the second se						NIN 103				T	2.5		
Image: Problem in the system         Problem in the sy			1			NM106	Name Prefix - Not Used		1	1	+		Not used
L         L         L         L         L         L         Subclete Name Suffix         L         L         A = Solid society number. L2 = Motional Number. A = Solid society number. L2 = Motional Number. L2 = MotioNumber. L2 = MotioNumber. L2 = MotioNumber. L2 = MotioN			1		-			Name Suffix	0	1	10		
PER         Detail         PER         Member Communication Number S         Statistical         Statistical         Statistical         PER         Main is made and an index of the communication Number S         PER         Main is made and an index of the communication Number S         PER         Main is made and an index of the communication Number S         Statistical         Statistical         Statistical         Statistical         PER         Main is made and an index of the communication Number S         PER         Main is made and an index of the communication Number S         PER         Main is made and an index of the communication Number S         PER         Main is made and an index of the communication Number S         PER         Main is made and an index of the communication Number S         PER         Main is made and an index of the communication Number S         PER         Main is made and an index of the communication Number S         PER         Main is made and an index of the communication Number S         PER         P									-	ſ	1.2		
L         L <thl< th=""> <thl< th=""> <thl< th=""> <thl< th=""></thl<></thl<></thl<></thl<>						NM108	ID Code Qualifier		Х	1	2	34 = Social security number.	For BCBS,CBL,ESI, set to ZZ.
Image: Performant and performant andeperformant and performant and performant and performant a												ZZ = Mutually defined	All other carriers, set to 34
Image: Part of the section of the carries and some section of the carries and												Use of NM109 is required with NM108.	If value is invalid ssn then set to ZZ
Image: Rest in the standard i						NM109	ID Code	Identification Code Subscriber Identifier	х	2	80	Use of NM108 is required with NM109.	For BCBS, CBL,ESI set to ssn + dependent_benef.
L     L <thl< th="">     L     L     L     L<td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td>All other carriers set to ssn until the National</td></thl<>													All other carriers set to ssn until the National
Image: here     Member Name     Memb													identifier is available
Image: Product of the state													
Image: Product of the state	DED	Datail	21004	040	DED	1	Member Communications Numbers		Cituational	-	-	Identifies where administrative	DED*ID**TE*519/220.0457
IP         Contact Funct Code         M         2         2         P Insued Puty         Set to P           TE         TE         F         Common Number Could         Contract Funct Code         M         2         2         P Insued Puty         Set to DiaceInder         Set to DiaceInder           TE         TE         F         Common Number Could         Common Number Could         Common Number Could         Common Number Could         Set to TE (I available)           TE         F         F         F         Common Number Could         Common Number Could         Common Number Could         F         F         Set to TE (I available)         Set to TE (I available)         Set to TE (I available)         F         F         Set to TE (I available)         Set to TE (I available)         F	FER	Detall		040	FER		member communications numbers		Situational				PER IF 1E 510/229-0457~
TE       PER02       Communication       Output       Name       Execution       Set to placeholder.         TE       PER03       Comm Number Qual       Communication Number Qualifier       X       2       2       EXemption       Set to placeholder.         TE       PER03       Comm Number Qual       Communication Number Qualifier       X       2       2       EXemption       Set to placeholder.         TE       PER03       Comm Number Qual       Communication Number       X       1       80       If PER03 present the required.       Format: 9999999999         TE       PER04       Comm Number Qual       Communication Number       X       1       80       If PER03 present the required.       Format: 9999999999         TE       PER05       Comm Number Qual       Communication Number Qualifier       X       2       2       EX = Telephone       Format: 9999999999         Not used       PER05       Comm Number Qual       Communication Number Qualifier       X       2       2       EX = Telephone       Not used         PER05       Comm Number Qual       Communication Number Qualifier       X       1       80       If PER05 present the required.       Not used         PER07       Comm Number Qual       Communication Number	IP		mennoer manne		-	PER01	Contact Funct Code	Contact Euroction Code	м	2	2		Set to IP
TE       Image: PER03       Image: PER03       Comm Number Qual       Communication Number Qualifier       X       2       2       EM = Teleptone Education X = Facisinile HP = Mone Number T = Telephone WP = Mone Number T					-		Contact + and Code	Contact Function Code		1			
Image: Section of the section of th	TE				-		Comm Number Qual	Communication Number Qualifier		2	2		
Image:													
Image: A state in the state in thestate in the state in the state in the state												HP = Home Phone Number TE = Telephone	
Image: A state       Image													
TE       Image: PER05       Comm Number Qual       Communication Number Qualifier       X       2       2       EX = Electronic Mail Electronic Mail EX = Facismile HP = Home France Fixed F												If PER04 present then required.	
TE       Image: PER05       Comm Number Qual       Communication Number Qualifier       X       2       2       EX = Electronic Mail Electronic Mail EX = Facismile HP = Home France Fixed F													
TE       Image: PER05       Comm Number Qual       Communication Number Qualifier       X       2       2       EX = Electronic Mail Electronic Mail EX = Facismile HP = Home France Fixed F					-	DEDO4	Comm Number	Communication Number	×	4	80	If DEB02 present then required	Earmat: 000000000
Image: series of the series	те		1		-					2	2		
Image: Section of the section of th	16					FER05	Comm Number Quar	Communication Number Qualitier	^	-	ŕ		INDE USED
Image: Section of the section of th										1			
Image: Section of the section of th										1			
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Image: Constraint of the state of the st										1			
Image: Constraint of the state of the st					_								
Image: Constraint of the state of the st	L			L	_					1	80		
N3 Detail 2100A Member Name 050 N3 Member Residence Strt Addr - DCS use field for Mailing address information Address information M 1 55 DCS is sending the mailing address for the member. Send for subscriber and dependents.			-		-					2	2		
Member Name         Image: Constraint of the second constraint o				1		PER08	Comm Number	Communication Number	Х	1	80	If PER07 present then required.	Not used
Member Name         Image: Constraint of the sector of	N/2	Dotail	21004	050	N2		Member Residence Strt Addr - DCS use field for Maili	na addroee	Situational	1	1	DCS is conding the mailing address for the	N2*81 COLUMBIA STREET
N301         Address Information         M         1         55	143	Detail		000	113		member residence out Addr - DCo use field for Mail	ny autress	Situational	1			NO OT OULUNIDIA OTREET~
			moniper manne							1		monious, cond rei subscriber and dependenta.	
			1			N301	Address Information	Address Information	М	1	55		Address line 1
						1		Subscriber Address Line		1	1		
N302 Address Information Address Information O 1 5						N302	Address Information		0	1	55		Address line 2
Subscriber Address Line								Subscriber Address Line		1			

NYBEAS Enrollment Record Layout - Transaction Set Header- RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employ Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Dru Programs"
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EDI 834 Tran Data Field Values													
Values		1	Position	Segment	Reference	Segment	Data Element	Data Element Description	Descionent	Attrib	oute	Comments	Notes / Examples
	Level	Loop	Position	ID	Designator	Name	Data Element	Data Element Description	Requirement	Min	Max	Comments	Notes / Examples
44		2100A Member Name	060	N4		Member Reside	ence City, State, ZIP Code - DCS mail address		Situational			Identifies location of member. Send for subscriber and dependents.	N4*ALBANY*NY*122100000*USA*
					N401		City Name	City Name Subscriber City Name	0	2	30		City Name
					N402		State or Prov Code	State or Province Code Subscriber State Code	0	2	2		State or Prov Code
				-	N403		Postal Code	Postal Code	0	3	15		Postal Code
				-				Subscriber Postal Code	<u>^</u>		-		
				-	N404		Country Code Location Qualifier	Country Code Location Qualifier	0	2	3	au a .	Country Set to CY
JY				-	N405 N406			Location Qualifier	0	1	2	CY = County If N406 is present then N405 is required.	Set to CY County
					N406		Location Identifier	Location Identification Code (County)	0	1	30	If N406 is present then N405 is required.	County
								Eccation identification code (county)			-	•	
DMG		2100A Member Name	080	DMG		Member Demo	graphics		Situational			This segment is required for dependents until the national identifier for individuals is available. Once a national identifier is available, the national identifier should be sent in NM109. If DMG01 or DMG02 is present, then other is required.	DMG'D8'19720310'M'I-
08					DMG01		Date Time format Qual	Date Time Format Qualifier	Х	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DMG02		Date Time Period	Date Time Period Member Birth Date	х	1	35	Date of Birth.	Date of Birth.
					DMG03		Gender Code	Gender Code	0	1	1	F = female M = male U = unknown	F = female M = male U = unknown
					DMG04		Marital Status Code	Marital Status Code	0	1	1	B = Registered Domestic Partner D = Divorced I = Single M = Married R = Unreported S = Separated U = Unmarried(single.divorced.widowed) W = Widowed X = Legally Separated	Set C, Common Law = M Set D, Divorced = D Set E, Separated = S Set H, Head Household = U Set M, Married = M Set S, Single = I Set U, Unknown = R Set W, Widowed = W
				-	DMG05		Race or Ethic Code	Race or Ethic Code	0	1	1		Not Used
				-	DMG05		Citizen Status Code	Citizen Status Code	0	1	2		Not Used
					200210				-				
UI		2100A Member Name	150	LUI		Member Langu	age		Situational			Used if member's language is other than english. This data should only be transmitted when required by the insurance contract and allowed by federal and state regulations.	Not used
			<u> </u>		LUI01		ID Code Qualifier	Identification Code Qualifier	X	1	2	Use of LUI02 is required with LUI01.	Not used
					LUI02		ID Code	Identification Code	x	2	80	Use of LUI01 is required with LUI02.	Not used
					LUI03		Description	Language Code Description	X	1	80		Not used
								Language Description					
					LUI04		Use of Lang Indica	Use of Language Indicator Language Use Indicator	0	1	2		Not used
EDI 834 Tran	saction Set	File Layout											
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attrib	oute Max	Comments	Notes / Examples

"Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employe	NEW YORK STATE OF OPPORTUNITY Civil Service	NYBEAS Enrollment Record Layout - Transaction Set Header- RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"
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2100B Incor	rect Membe	r Name											
IM1	Detail	2100B Incorrect Member	030	NM1		Incorrect Men	ber Name		Situational			Segment is used only with a corrected name in loop 2100A.	NM1*70*1*SMITH*JON***34*987654321~
		Name								_	_		
)					NM101		Entity ID Code	Entity Identifier Code	м	2	3	70 = Prior Incorrect Insured Use if correcting identifier information on a member already enrolled. Send NM1 with code : in loop 2100A.	Set to 70.
		-		_	NM102 NM103		Entity Type Qualifier Name Last/ Org Name	Entity Type Qualifier Name Last or Organization Name	M 0	1	1 35	1 = Person	Set to 1 Prior Incorrect Insured Last Name
							-	Prior Incorrect Insured Last Name		1			
					NM104		Name First	Name First Prior Incorrect Insured First Name	0	1	25		Prior Incorrect Insured First Name
					NM105		Name Middle	Name Middle Prior Incorrect Insured Middle Name	0	1	25		Prior Incorrect Insured Middle Name
					NM106		Name Prefix	Name Prefix Prior Incorrect Insured Name Prefix	0	1	10		Set to placeholder.
		1		1	NM107		Name Suffix	Name Suffix Prior Incorrect Insured Name Suffix	0	1	10		Prior Incorrect Insured Name Suffix
					NM108		ID Code Qualifier	Identification Code Qualifier	x	1	2	34 = Social security number. ZZ = Mutually Defined Use of NMT09 is required with NM108.	For BCBS,CBL,ESI, set to ZZ All other carriers, set to 34
					NM109		ID Code	Identification Code Prior Incorrect Insured Identifier	x	2	80	Use of NM108 is required with NM109.	For BCBS, CBL,ESI set to ssn + dependent_benef All other carriers set to ssn
									<b>0</b> 1 11 1			A	
MG	Detail	2100B Incorrect Member Name	080	DMG		Incorrect Men	ber Demographics		Situational			Segment used only if demographic information, such as date of birth is used to identify a member and it is being changed.	DMG*D8*19740311~
		-		-	DMG01	-	Date Time Format Qual	Date Time Period Format Qualifier	м	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DMG02		Date Time Period	Date Time Period Prior Incorrect Insured Birth Date	x	1	35	Prior incorrect insured birth date. Use of DMG01 is required with DMG02.	Prior Incorrect Insured Birth Date
				-	DMG03		Gender Code	Gender Code	0	1	1	F = female M = male	F = female M = male
												U = unknown	U = unknown
100C Mom	hor Addrood	- DCS using for	raaidanaa	addroop									
	Detail	2100C	030	NM1	1	Member Maili	ng Address - DCS use field for resid	ance address	Situational	1	1	DCS is sending the residence address when the mailing address is a PO Box	NM1*31*1~
		Member Address					·•					address in loop 2100A.	
					NM101		Entity ID Code	Entity Identifier Code	М	2	3	31 = Postal Mailing Address	Set to 31
					NM102		Entity Type Qualifier	Entity Type Qualifier	М	1	1	1 = Person	Set to 1
	Detail	2100C Member Address	050	N3		Member Mail	Street Addr - DCS use field for reside	ance address	Situational			DCS is sending the residence address when the mailing address is a PO Box address in loop 2100A.	N3*Street 1-
				1	N301		Address Information	Address Information Subscriber Address Line	м	1	55		Address Information
				-	N302		Address Information	Address Information Subscriber Address Line	0	1	55		Address Information
								Subscriber Address Line					
	Detail	2100C Member Address	060	N4		Member Mail	City, State, Zip		Situational			This loop is sent if the member has a different mailing address from the residence address in loop 2100A.	N4*ALBANY*NY*122100000*USA*~
		1			N401		City Name	City Name Subscriber City Name	0	2	30		City Name
					N402		State or Prov Code	State or Province Code Subscriber State Code	0	2	2		State or Prov Code
		1		1	N403		Postal Code	Postal Code Subscriber Postal Code	0	3	15		Postal Code
		1			N404	1	Country Code	Country Code	0	2	3		Country Code
t Used		1			N405		Location Qualifier-not used		n/a				Not Used
t Used					N406		Location Identifier-not used		n/a				Not Used
		t File Layout			1-	-			_				
a Field	Level	Loop	Positi		gment Refer		Data Element	Data Element Description	Requirement			ribute Comments Notes / Exam	pies
Values		I	l	ID	Desig	nator Name					Min	Max	

NEW YORK	NYBEAS Enrollment Record Layout - Transaction Set Header- RFP entitled:
STATE OF	"Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee
OPPORTUNITY.	Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug
Civil Service	Programs"
Civil Service	Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug

2100D Member E	Employe	r											
NM1	Detail	2100D Member Employer	030	NM1		Member Employer			Situational			This loop is to be sent when the member is employed by someone other that the sponsor and the insurance contract requires the payer be notified of such employment.	Segment does not apply.
					NM101		Entity ID Code	Entity	M	2	3		n/a
					NM102		Entity Type Qualifier	Entity Type	M	1	1		n/a
					NM103		Name Last/ Org Name	Name Last or Organization	0	1	35		n/a
					NM104		Name First	Name First Insured	0	1	25		n/a
					NM105		Name Middle	Name Middle Insured	0	1	25		n/a
					NM106		Name Prefix	Name Prefix Insured	0	1	10		n/a
					NM107		Name Suffix	Name Suffix Insured	0	1	10		n/a
					NM108		ID	Identification	Х	1	2	Use of NM109 is	n/a
					NM109		ID Code	Identification Code	х	2	80	Use of NM108 is required with NM109.	n/a
PER	Detail	2100D Member Employer	040	PER		Member Er	nployer Communications Number	rs	Situational			When employer is applicable, segment identifies to whom administrative communications should be sent.	Segment does not apply.
					PER01		Contact Funct Code	Contact	М	2	2		n/a
				-	PER02		Name - Not Used		n/a	1	60		n/a
				-	PER03		Comm Number Qual	Communicati	Х	2	2	If PER04 present then	n/a
					PER04		Comm Number	Communicati	Х	1	80		n/a
					PER05		Comm Number Qual	Communicati	Х	2	2		n/a
					PER06		Comm Number	Communicati	Х		80		n/a
					PER07		Comm Number Qual	Communicati	Х		2		n/a
					PER08		Comm Number	Communicati	Х	1	80	If PER07 present then	n/a
N3		2100D Member Employer	050	N3		Member Er	nployer Street Address		Situational			When employer is applicable, segment identifies employer	Segment does not apply.
					N301		Addres	Address	M	1	55		n/a
					N302		Addres	Address	0	1	55		n/a
N4	Detail	2100D Member Employer	060	N4		Member Er	nployer City, State, Zip		Situational		Γ	When employer is applicable, segment	Segment does not apply.
	<u> </u>			-	N401		City	City Name	0	2	30	identifies employer	n/a
				-	N401 N402		State	State or	0	2	2		n/a
				1	N402	1	Postal	Postal Code	0	3	15		n/a
				1	N404		Countr	Country Code	ő	2	3		n/a
				1	N405	1	Locatio	Location	0	1	2		n/a
					N406		Locatio	Location	0	1	30		n/a
2100E Member S	School												
NM1		2100E	030	NM1	1	Member So	hool		Situational	1	1	Loop is sent when	Not a PeopleSoft delivered
		Member	550			ember at			Situational	1	1	member is enrolled in	database element. Carrier
		School											information requirement can
	1									1	1	required to notify	adequately be satisfied through
										1		paver.	the dependent member segments.
					NM101		Entity	Entity	М	2	3		Not used
					NM102		Entity	Entity Type	М	1	1		Not used
					NM103		Name	Name Last or	0	1	35		Not used

NEW YORK STATE OF Civil Service	NYBEAS Enrollment Record Layout - Transaction Set Header- RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"
	"Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug

	nsaction Se												
lata Field	Level	Loop	Position	Segment	Reference	Segment	Data Element	Data Element Description	Requirement	Attrib		Comments	Notes / Examples
Values	Lover	Loop	roaldon	ID	Designator	Name	Data Liement	Data Element Description	Requirement	Min	Max	Commenta	Notes / Examples
	-	-	-				-		-			-	
ER	Detail	2100E	040	PER		Member Scho	ol Communications Numbers		Situational			When school is applicable, segment identifies to whom administrative communicat	
		Member School										be sent.	information requirement can adequately be satisfied
													through the dependent member segments. Segment is
													not used.
					PER01		Contact Funct Code	Contact Function Code	М	2	2	SK = School clerk	Not used
					PER02		Name - Not Used		n/a	1	60	Name - Not Used.	Set to placeholder.
					PER03		Comm Number Qual	Communication Number Qualifier	X	2	2	If PER04 present then required.	Not used
					PER04		Comm Number	Communication Number	х	1	80	If PER03 present then required.	Not used
					PER05		Comm Number Qual	Communication Number Qualifier	Х	2	2	If PER06 present then required.	Not used
					PER06		Comm Number	Communication Number	Х	1	80	If PER05 present then required.	Not used
					PER07		Comm Number Qual	Communication Number Qualifier	Х	2	2	If PER08 present then required.	Not used
					PER08		Comm Number	Communication Number	Х	1	80	If PER07 present then required.	Not used
3	Detail	2100E	050	N3		м			Situational			When school is applicable, segment identifies school address.	Not a PeopleSoft delivered database element. Carrier
		Member School				e							information requirement can adequately be satisfied
						m							through the dependent member segments. Segment i
						be							not used.
		-			N301	r	Address Information	Address Information	м	1	55	1	Not used
+		-		-	N301	+	Address Information	Address Information Address Information	0	1	55	+	Not used
L					INJUZ		Augress information	Augress Information	0	11	55	1	liver gage
4	Detail	2100E	060	N4		Member Scho	ol City, State, Zip		Situational	1		When school is applicable, segment identifies school address.	Not a PeopleSoft delivered database element. Carrier
•	Dotaii	Member School	000	144		Member Scho	or only, state, zip		Oltuational			when acrour a applicable, segment dentines acrour address.	information requirement can adequately be satisfied
		member School											through the dependent member segments. Segment is
													not used.
					N401		City Name	City Name	0	2	30		Not used
					N402		State or Prov Code	State or Province Code	0	2	2		Not used
					N403		Postal Code	Postal Code	0	3	15		Not used
					N404		Country Code	Country Code	0	2	3		Not used
100F Custo					-								
M1	Detail	2100F	030	NM1		Custodial Pare	ent		Situational			Loop is sent when custodial parent of a minor is someone other than the subscribe	
		Custodial Parent											
													information requirement can adequately be satisfied
													information requirement can adequately be satisfied through the dependent member segments. Could
													information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or
													information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels.
													information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or
		_		-	NM101		Entity ID Code	Fotiv Identifier Code	м	2	3		information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended.
		-		-	NM101 NM102		Entity ID Code Entity Toe Qualifier	Entity Identifier Code Entity Troe Qualifier	M	2	3		information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels.
		-		-			Entity Type Qualifier	Entity Type Qualifier		2	3 1 35		information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended. Not used
$\equiv$		-			NM102				М	2 1 1 1	1		information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended. Not used Not used
		-			NM102 NM103		Entity Type Qualifier Name Last/ Org Name	Entity Type Qualifier Name Last or Organization Name	M	2 1 1 1 1	1 35		information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended. Not used Not used Not used
					NM102 NM103 NM104 NM105 NM106		Entity Type Qualifier Name Last/ Org Name Name First Name Middle Name Prefix	Entity Type Qualifier Name Last or Organization Name Name First	M 0 0	2 1 1 1 1 1 1	1 35 25		information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended. Not used Not used Not used Not used
					NM102 NM103 NM104 NM105 NM106 NM107		Entity Type Qualifier Name Last/ Org Name Name First Name Middle	Entity Type Qualifier Name Last or Organization Name Name First Name Middle	M 0 0 0	2 1 1 1 1 1 1 1 1	1 35 25 25		information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or Gependent/beneficiary comment panels. Customization not recommended. Not used Not used Not
					NM102 NM103 NM104 NM105 NM106 NM107 NM108		Entity Type Qualifier Name Last/ Org Name Name First Name Middle Name Prefix Name Suffix Di Code Qualifier	Entity Type Qualifier Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	M 0 0 0 0 0 X	2 1 1 1 1 1 1 1 1 1 1	1 35 25 25 10 10 2	Use of NM109 is required with NM108.	information requirement can adequately be satisfied through the dependent/member segments. Could customize dependent/beneficiary or dependent/beneficiary ormment panels. Customization not recommended. Not used Not used
					NM102 NM103 NM104 NM105 NM106 NM107		Entity Type Qualifier Name Last/ Org Name Name First Name Middle Name Prefix Name Suffix	Entity Type Qualifier Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix	M 0 0 0 0 0	2 1 1 1 1 1 1 1 1 1 2	1 35 25 25 10 10	Use of NM109 is required with NM108. Use of NM108 is required with NM108.	information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended. Not used Not used
					NM102 NM103 NM104 NM105 NM106 NM107 NM108		Entity Type Qualifier Name Last/Or Name Name First Name Middle Name Suffix Di Code Qualifier ID Code Qualifier ID Code	Entity Type Qualifier Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	M 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 1 1 1 1 1 1 1 1 2	1 35 25 25 10 10 2	Use of NM108 is required with NM109.	information requirement can adequately be satisfied through the dependent/teneficiary or customize dependent/teneficiary or dependent/teneficiary or Customization not recommended. Not used Not used Not used Not used Not used Not used Not used Not used Not used Not used
ER	Detail	2100F	040	PER	NM102 NM103 NM104 NM105 NM106 NM107 NM108	Custodial Par	Entity Type Qualifier Name Last/ Org Name Name First Name Middle Name Prefix Name Suffix Di Code Qualifier	Entity Type Qualifier Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	M 0 0 0 0 0 X	2 1 1 1 1 1 1 1 2	1 35 25 25 10 10 2		information requirement can adequately be satisfied through the dependent/teneficiary or customize dependent/teneficiary or dependent/teneficiary or Customization not recommended. Not used Not used Not used Not used Not used Not used Not used Not used Not used Not used
	Detail		040	PER	NM102 NM103 NM104 NM105 NM106 NM107 NM108	Custodial Pare	Entity Type Qualifier Name Last/Or Name Name First Name Middle Name Suffix Di Code Qualifier ID Code Qualifier ID Code	Entity Type Qualifier Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	M 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 1 1 1 1 1 1 1 2	1 35 25 25 10 10 2	Use of NM108 is required with NM109.	information requirement can adequately be satisfied through the dependent/beneficiary or of dependent/beneficiary or Customized dependent/beneficiary or Customization not recommended. Not used Not ase Not Not Not Not Not Not Not Not Not Not
	Detail	2100F	040	PER	NM102 NM103 NM104 NM105 NM106 NM107 NM108	Custodial Pare	Entity Type Qualifier Name Last/Or Name Name First Name Middle Name Suffix Di Code Qualifier ID Code Qualifier ID Code	Entity Type Qualifier Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	M 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 1 1 1 1 1 1 1 2	1 35 25 25 10 10 2	Use of NM108 is required with NM109. When custodial parent is applicable, segment identifies to whom administrative	information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended. Not used Not used
ER	Detail	2100F	040	PER	NM102 NM103 NM104 NM105 NM106 NM107 NM108	Custodial Pare	Entity Type Qualifier Name Last/Or Name Name First Name Middle Name Suffix Di Code Qualifier ID Code Qualifier ID Code	Entity Type Qualifier Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	M 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	2 1 1 1 1 1 1 1 2	1 35 25 25 10 10 2	Use of NM108 is required with NM109. When custodial parent is applicable, segment identifies to whom administrative	information requirement can adequately be satisfied through the dependent/beneficiary or of dependent/beneficiary or Customized dependent/beneficiary or Customization not recommended. Not used Not ase Not Not Not Not Not Not Not Not Not Not
ER	Detail	2100F	040	PER	NM102 NM103 NM104 NM105 NM106 NM107 NM107 NM109	Custodial Pare	Entity Type Qualifier Name Last/Org Name Name First Name Pirdix Name Pirdix Name Suffix ID Code Qualifier ID Code Code	Entity Type Qualifier Name Later Organization Name Name First Name Bridish Name Prefix Name Sufficient Identification Code Qualifier Identification Code	M 0 0 0 0 0 X X X Situational	2 1 1 1 1 1 1 2	1 35 25 25 10 10 2	Use of NM108 is required with NM109. When custodial parent is applicable, segment identifies to whom administrative	information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended. Not used Not as PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment not used.
	Detail	2100F	040	PER	NM102 NM103 NM104 NM105 NM105 NM107 NM108 NM109 PER01	Custodial Pare	Entity Type Qualifier Name Last Org Name Name First Name Middle Name Prefix Name Verlix Name Suffix Di Code Qualifier Di Code ant Communications Numbers Contact Funct Code	Entity Type Qualifier Name Last or Organization Name Name First Name Middle Name Prefix Name Suffix Identification Code Qualifier	M O O O X X Situational	2 1 1 1 1 1 1 2 2	1 35 25 25 10 10 2 80	Use of NM108 is required with NM109. When custodial parent is applicable, segment identifies to whom administrative communications should be sent.	information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary or customize dependent/beneficiary or
	Detail	2100F	040	PER	NM102 NM103 NM104 NM105 NM106 NM107 NM108 NM109 PER01 PER01 PER02	Custodial Pare	Entity Type Qualifier Name Last/Org Name Name First Name Middle Name Pidfix Mame Suffix ID Code Qualifier ID Code ant Communications Numbers	Entity Type Qualifier Name Late Organization Name Name First Name Middle Name Prefix Identification Code Qualifier Identification Code Gontact Function Code	M 0 0 0 0 0 0 X X X Situational M n/a	2 1 1 1 1 1 1 1 2 2 2 1 2	1 35 25 25 10 10 2	Use of NM108 is required with NM109. When custodial parent is applicable, segment identifies to whom administrative communications should be sent. Name - Not Used.	information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended. Not used Not used
ER	Detail	2100F	040	PER	NM102 NM103 NM104 NM105 NM106 NM107 NM108 NM109 PER01 PER02 PER03	Custodial Pare	Entity Type Qualifier Name Last Ory Name Name First Name Middle Name Perlix Di Code Qualifier Di Code Qualifier Di Code ant Communications Numbers Contact Funct Code Name - Not Used Comm Number Qual	Entity Type Qualifier Name Late Organization Name Name Krist Name Middle Name Suffix Name Suffix Identification Code Qualifier Identification Code Contact Function Code Contact Function Code Communication Number Qualifier	M 0 0 0 0 X X X X Situational M M N/a X	2 1 1 1 1 1 1 1 2 2 1 2 1	1 35 25 25 10 10 2 80 80 2 2 60 2	Use of NM108 is required with NM109. When custofial parent is applicable, segment identifies to whom administrative communications should be sent. Name - Not Used. If PER04 present then required.	information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or redependent/beneficiary or customize dependent/beneficiary or customize dependent dependent dependent dependent dependent member segments. Segment not used. Not used Not use Not
ER	Detail	2100F	040	PER	NM102 NM103 NM104 NM106 NM107 NM108 NM109 NM109 PER01 PER02 PER03 PER04	Custodial Part	Entity Type Qualifier Name List/Org Name Name First Name Birdide Name Petrix Mame Suffix ID Code Qualifier ID Code ent Communications Numbers Contact Funct Code Name - Not Used Comm Number Qual Comm Number	Entity Type Qualifier Name Later Organization Name Name First Name Bridide Name Srift Identification Code Qualifier Identification Code Contact Function Code	M O O O X X Situational M n/a X X	2 1 1 1 1 1 1 1 1 2 2 1 2 1 2 2 1 2	1 35 25 25 10 10 2 80	Use of NM108 is required with NM109. When custodial parent is applicable, segment identifies to whom administrative communications should be sent. Name - Not Used. If PER04 present then required. If UPER04 present then required.	information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary or Customization not recommended. Not used Not used Not
ER	Detail	2100F	040	PER	NM102 NM103 NM104 NM105 NM106 NM107 NM108 NM109 PER01 PER02 PER02 PER04 PER04	Custodial Pare	Entity Type Qualifier Name Last/Org Name Name First Name Suffix Di Code Qualifier Di Code Qualifier Di Code Di Code Communications Numbers Contact Funct Code Name - Not Used Comm Number Qual Comm Number Qual	Entity Type Qualifier Name Late Organization Name Name Krist Name Middle Name Bridix Name Bridix Mame Bridix Mame Bridix Mame Bridix Mame Bridian Mamerican	M 0 0 0 X X Situational M n'à X X X	2 1 1 1 1 1 1 1 1 1 1 1 2 2 1 2 2 1 2 1	2 25 25 10 10 2 80 2 2 60 2 80 2 2	Use of NM108 is required with NM109. When custodial parent is applicable, segment identifies to whom administrative communications should be sent. Name - Not Used. If PEROA present then required. If PEROA present then required. If PEROA present then required.	information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary or adependent/beneficiary or adependent/benefi
ER	Detail	2100F	040	PER	NM102 NM103 NM104 NM106 NM107 NM108 NM109 NM109 PER01 PER02 PER03 PER04	Custodial Parc	Entity Type Qualifier Name List/Org Name Name First Name Birdide Name Petrix Mame Suffix ID Code Qualifier ID Code ent Communications Numbers Contact Funct Code Name - Not Used Comm Number Qual Comm Number	Entity Type Qualifier Name Later Organization Name Name First Name Bridide Name Srift Identification Code Qualifier Identification Code Contact Function Code	M O O O X X Situational M n/a X X	2 1 1 1 1 1 1 1 1 1 2 2 1 2 1 2 1 2 1 2	1 35 25 25 10 10 2 80 80 2 2 60 2	Use of NM108 is required with NM109. When custodial parent is applicable, segment identifies to whom administrative communications should be sent. Name - Not Used. If PER04 present then required. If UPER04 present then required.	information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary or adependent/beneficiary or adependent/benefi

Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"	NEW YORK STATE OF OPPORTUNITY. Department of Civil Service	
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EDI 834 Tra	nsaction Se	t File Layout											
Data Field	Level	Loop	Position	Segment	Reference	Segment	Data Element	Data Element Description	Requirement	Attrib		Comments	Notes / Examples
Values				ID	Designator	Name				Min	Max		
NO	Detail	2100F	050	N3		Custodial Bar	nt Street Address		Situational	-	-	When custodial parent is applicable, segment identifies custodial address.	Not a PeopleSoft delivered database element. Carrier
IN S	Detall	Custodial Parent	030	NS		Custoural Pare	nit Street Address		Situational			when custodial parent is applicable, segment identifies custodial address.	information requirement can adequately be satisfied
		Custoular Farent											through the dependent member segments. Segment is
													not used.
					N301		Address Information	Address Information	М	1	55		Not used
					N302		Address Information	Address Information	0	1	55		Not used
N4	Detail	2100F	060	N4		Custodial Pare	nt City, State, Zip		Situational	1	T	When custodial parent is applicable, segment identifies custodial address.	Not a PeopleSoft delivered database element. Carrier
		Custodial Parent											information requirement can adequately be satisfied
													through the dependent member segments. Segment is
													not used.
-				-			61. XI				30		N
		-		-	N401 N402		City Name State or Prov Code	City Name State or Province Code	0	2	30		Not used
		-		-	N402		Postal Code	Postal Code	0	2	15		Not used
-				-	N403		Country Code	Country Code	0	2	3		Not used
					•	•		·····	• •	-		+	1
2100G Resp	onsible Per	son	_										
NM1	Detail	2100G	030	NM1		Responsible P	erson		Situational	1	1	Loop identifies person responsible for the member. Responsible person is someone other	Not a PeopleSoft delivered database element. Carrier
		Responsible										than the subscriber. Data is intended for coverage programs that are not to be employment	information requirement can adequately be satisfied
		Person										related, such as Medicare and	through the dependent member segments. Segment is
												Medicaid.	not used.
				-	NM101		Entity ID Code	Entity Identifier Code	м	2	3		Not used
				-	NM102		Entity Type Qualifier	Entity Type Qualifier	M	1	1		Not used
					NM103		Name Last/ Org Name	Name Last or Organization Name	0	1	35		Not used
					NM104		Name First	Name First	0	1	25		Not used
					NM105		Name Middle	Name Middle	0	1	25		Not used
					NM106		Name Prefix	Name Prefix	0	1	10		Not used
				_	NM107		Name Suffix	Name Suffix	0	1	10		Not used
		-		-	NM108 NM109		ID Code Qualifier	Identification Code Qualifier	x	1	2	Use of NM109 is required with NM108.	Not used
					NM109		ID Code	Identification Code	Χ.	2	80	Use of NM108 is required with NM109.	Not used
PER	Detail	2100G	040	PER		Responsible P	erson Communications Numbers		Situational	1		When responsible person is applicable, segment identifies to whom administrative	Not a PeopleSoft delivered database element. Carrier
		Responsible										communications should be sent.	information requirement can adequately be satisfied
		Person											through the dependent member segments. Segment is
													not used.
		•		-	PER01		Contact Funct Code	Contact Function Code	м	2	2		Not used
-				-	PER02		Name - Not Used	Contact I unclidit Code	n/a	1	60	Name - Not Used.	Not used
		1		1	PER03	1	Comm Number Qual	Communication Number Qualifier	X	2	2	If PER04 present then required.	Not used
					PER04		Comm Number	Communication Number	Х	1	80	If PER03 present then required.	Not used
					PER05		Comm Number Qual	Communication Number Qualifier	Х	2	2	If PER06 present then required.	Not used
				-	PER06		Comm Number	Communication Number	X	1	80	If PER05 present then required.	Not used
				-	PER07 PER08		Comm Number Qual	Communication Number Qualifier Communication Number	X	2	2 80	If PER08 present then required. If PER07 present then required.	Not used
I					PERUS	1	Comm Number	Communication Number	~	11	80	II FERV/ present then required.	INUL USED
N3	Detail	2100G	050	N3		Responsible P	erson Street Address		Situational	1	1	When responsible person is applicable, segment identifies responsible address.	Not a PeopleSoft delivered database element. Carrier
		Responsible								1	1		information requirement can adequately be satisfied
I		Person	1							1	1		through the dependent member segments. Segment is
I										1			not used.
				-	N301		Address Information	Address Information	м	1	55		Not used
				-	N301	1	Address Information	Address Information	0	1	55	1	Not used
l					11002			nadious information			33		THE BOOM
N4	Detail	2100G	060	N4		Responsible P	erson City, State, Zip		Situational		1	When responsible person is applicable, segment identifies responsible address.	Not a PeopleSoft delivered database element. Carrier
		Responsible	1							1	1		information requirement can adequately be satisfied
		Person	1							1	1		through the dependent member segments. Segment is
										1			not used.
<b>├</b> ───		-		-	N401	1	City Name	City Name	0	2	30	+	Not used
		-		-	N401 N402	1	State or Prov Code	State or Province Code	0	2	2	+	Not used
				-	N402	1	Postal Code	Postal Code	0	3	15	1	Not used
				1	N403	1	Country Code	Country Code	0	2	3		Not used
			•			•						-	

NEW YORK	NYBEAS Enrollment Record Layout - Transaction Set Header- RFP entitled:
STATO	"Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee
OFFORTUNITY	Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug
Civil Service	Programs"

EDI 834 Tra	nsaction Set	t File Layout											
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attrib Min	ute Max	Comments	Notes / Examples
2200 Disabi	lity Informat	ion											
DSB	Detail	2200 Disability Information	200	DSB		Disability Info	mation		Situational			Segment used when enrolling or changing a disabled member. The DSB loop may only appear for the Subscriber.	DSB*3~
					DSB01		Disability Type Code	Disability Type Code	м	1	1	1 = Short Term Disability 2 = Long Term Disability 3 = Permanent or Total Disability 4 = No Disability	Valid Values: Set T = 2 Set P = 3 Set N = 4
Not used					DSB02		Quantity - Not Used					Not used	Not used
Not used					DSB03		Occupation Cd - Not Used					Not used	Not used
Not used					DSB04		Work Inty Code - Not Used					Not used	Not used
Not used					DSB05		Product Opt Cd - Not Used					Not used	Not used
Not used					DSB06		Monetary Amt - Not Used					Not used	Not used
DX					DSB07		Prod/Serv ID Qual	Product Service ID Qualifier	×	2	2	DX = International Classification of Diseases Clinical Modification(Icd-9-cm) Diagnosis If DSB09 present then required.	Not used
585				-	DSB08		Medical Code Value	Medical Code Value Diagnosis Code	х	1	15	Medical Code Value the only allowed value is 585 - End Stage Renal Disease If DSB08 present then required.	Not used
DTP	Detail	2200 Disability Information	210	DTP		Disability Elig	bility Dates		Situational			Segment is used to send first and last date of disability.	DTP*360*D8*1996*1001~
		momadon		]	DTP01		Date/Time Qualifier	Date/Time Qualifier	м	3	3	360 = Disability Begin 361 = Disability End	360 = Disability Begin 361 = Disability End
D8					DTP02		Date Time Format Qual	Date Time Period Format Qualifier	М	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DTP03		Date Time Period	Date Time Period Disability Eligibility Date	м	1	35	Disability Eligibility Date	Disability Eligibility Date

NYBEAS Enrollment Record Layout - Transaction Set Header- RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employed Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"
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EDI 834 Tra	nsaction Se	t File Layout											
Data Field	Level	Loop	Position	Segment	Reference	Segment	Data Element	Data Element Description	Requirement	Attrib		Comments	Notes / Examples
Values				ID	Designator	Name				Min	Max		
2300 Health	Coverage												
HD	Detail	2300 Health Coverage	260	HD		Health Covera	je		Situational		Γ	Segment is used to enroll a new member or add, update, or terminate coverage for an existing member.	HD*021**HLT**IND~
					HD01		Maintenance Type Code	Maintenance Type Code	м	3	3	001 – Change 002 – Delete 201 – Addition 204 – Cancellation or termination 025 = Reinstatement 205 – Correction 309 – Audit or compare 303 – Audit or compare	001 = Change 002 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audt or Compare
Not used		-			HD02		Maint Reason - Not Used					Not used	Not Used
					HD03		Insurance Line Code	Insurance Line Code	0	2	3	AG = Preventitive Care/Wellness AH = 24 Hour Care AJ = Medicare Risk AK = Mental Health DCP = Denial Optization DEN = Dental EPO = Exclusive Provider Organization FAC = Facility HE = Hearing HI T = Health HMO = Health Maintenance Organization LTC = Long-Term Care LTD = Long-Term Disability MH = Major Medical MOD = Mail Order Drug PDG = Prescription Drug POS = Point of Service PPO = Preferend Provider Organization RPA = Practitioners STD = Short-Term Disability UR = Utilization Review VIS = Vision	Evaluate retro stack Valid Values : HLT PDG DEN VIS
					HD04		Plan Cvrg Description	Plan Cvrg Description	0	1	50	Use this element when additional information is needed by the insurer to describe the exact type of coverage being provided. If required by an insurer, this information must be included. The insurer establishes the content of this element.	Not applicable
					HD05		Coverage Level Code	Coverage Level Code	0	3	3	CHD = Children Only DEP = Dependents Only ETD = Employee and 1 Dependents E2D = Employee and 2 Dependents ETD = Employee and 1 Or More Dependents EED = Employee and 2 or More Dependents EED = Employee and 3 or More Dependents EED = Employee and 5 or More Dependents EED = Employee and 5 or More Dependents EED = Employee and 5 or More Dependents ECH = Employee and 5 or More Dependents ECH = Employee and 5 or More Dependents ESP = Employee and 5 or More M = Employee Only ESP = Employee and Spouse FAM = Family IND = Individual SPC = Spouse and Children SPO = Spouse Only TWO = Two Party	Valid Values: IND

	NEW YORK STATO OFFORTUNITY Civil Service	
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EDI 834 Tra	insaction Se	t File Layout											
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attrib Min	oute Max	Comments	Notes / Examples
DTP	Detail	2300 Health Coverage	270	DTP		Health Covera	ge Eligibility Dates		Required			Segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage.	DTP*348*D8*20000320
					DTP01		Date/Time Qualifier	Date/Time Qualifier	м	3	3	303 = Maintenance Effective 348 = Benefit Begin 349 = Benefit End	Valid Values: 348 = Benefit Begin 349 = Benefit End 303 = Maintenance Effective
D8					DTP02		Date Time Format Qual	Date Time Period Format Qualifier	м	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DTP03		Date Time Period	Date Time Period Coverage Period	М	1	35	Coverage Period	Coverage Period
REF	Detail	2300 Health Coverage	290	REF		Health Covera	ge Policy Number		Situational			Segment is used to identify a policy or group number for a particular insurance product if it has not already been identified in either REF02, position 1-030 or REF02, position 2-020. This is necessary when not all coverage types have the same group or policy.	REF1L'001A01-
					REF01		Reference Ident Qual	Reference Identification Qualifier	M	2	3	17 = Client Reporting Category	Set to 1L
					REF02		Reference Ident	Reference Identification Insured Group or Policy Number	х	1	30	Insured Group or Policy Number At least one REF02 is required.	Join Benefit Plan and Benefit Program
HD	Detail	2300 Health Coverage	260	HD Health Coverage			Situational			Segment is used to indicate Med D enrollment	HD*021**PDG~ (Medicare D Enrollment)		
					HD01		Maintenance Type Code	Maintenance Type Code	M	3	3	001 = Change 002 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 026 = Correction 030 = Audit or compare 032 = Employee Info Not Applicable	001 = Change 002 = Delet 024 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audt or Compare
Not used				-	HD02		Maint Reason - Not Used			-	-	Not used	Not Used
					HD03		Insurance Line Code	Insurance Line Code	0	2	3	AG = Proventitive CaraWaltness AH = 24 hour Cara         AJ = Medicare Risk AK = Mental Health         DCP = Dental Capitation DEN = Dental         EFO = Exclusive Provider Organization FAC = Facility         HE = Hearing HLT = Health         HMO = Health Maintenance Organization FAC = Long-Term Care         LTD = Long-Term Disability MM = Major Medical         MOD = Mail Order Drug POC = Precisition Drug POS = Point of Service         PPO = Preferred Provider Organization PRA = Practitioners         STD = Short-Term Disability UR = Utilization Review         VIS = Vision	Evaluate retro stack Valid Values : PDG
					HD04		Plan Cvrg Description	Plan Cvrg Description	0	1	50	Use this element when additional information is needed by the insurer to describe the exact type of coverage being provided. If required by an insurer, this information must be included The insurer establishes the content of this element.	

NYBEAS Enrollment Record Layout - Transaction Set Header- RFP entitled: "Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug Programs"

EDI 834 Tra	nsaction Set	File Layout											
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attril Min	Max	Comments	Notes / Examples
					HD05		Coverage Level Code	Coverage Level Code	0	3	3	CHD = Children Only DEP = Dependents Only E1D = Employee and 1 Dependent E2D = Employee and 2 Dependents E3D = Employee an 3 Dependents E5D = Employee and 1 or More Dependents E6D = Employee and 3 or More Dependents E7D = Employee and 3 or More Dependents E8D = Employee and 5 or More Dependents E6D = Employee and 5 or More Dependents ECH = Employee and 5 or More Dependents ECH = Employee and 5 or More Mark = Employee Only ESP = Employee and Spoint SM = Family IND = Individual SPC = Spouse and Children SPO = Spouse Only TWO = Two Party	Not applicable
DTP	Detail	2300 Health Coverage	270	DTP		Health Covera	ge Eligibility Dates		Required			Segment contains the date that maintenance was performed or effective, and the benefit begin and end dates for the coverage.	DTP*348*D8*20000320-
					DTP01		Date/Time Qualifier	Date/Time Qualifier	м	3	3	303 = Maintenance Effective 348 = Benefit Begin 349 = Benefit End	Valid Values: 348 = Benefit Begin 349 = Benefit End 303 = Maintenance Effective
D8					DTP02		Date Time Format Qual	Date Time Period Format Qualifier	M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DTP03		Date Time Period	Date Time Period Coverage Period	м	1	35	Coverage Period	Coverage Period
REF	Detail	2300 Health Coverage	290	REF		Health Covera	je Policy Number		Situational			Segment is used to identify a policy or group number for a particular insurance product if it has not already been identified in either REF02, position 1-030 or REF02, position 2-020. This is necessary when not all coverage types have the same group or policy.	Not applicable
				_	REF01 REF02		Reference Ident Qual Reference Ident	Reference Identification Qualifier	M	2	3	17 = Client Reporting Category	Not applicable
					REF02		Reference Ident	Reference Identification Insured Group or Policy Number	х	1	30	Insured Group or Policy Number At least one REF02 is required.	Not applicable
IDC	Detail	2300 Health Coverage	300	IDC		Identification (	Sard		Situational			Segment is used to request the production of an identification card due to an enrollment add, change, or statement. An enrollment statement refers to no change being made except to request a replacement ID card.	Not Applicable
					IDC01		Plan Cvrg Description	Plan Coverage Description	м	1	50	A description or number that identifies the plan or coverage. Element used when additional information is needed by the insurer to identify the type of I/D card that will be produced. If requested, this information must be established by the insurer. Set IDC01 to a single zero if this does not apply.	Not Applicable
				1	IDC02		ID Card Type Code	ID Card Type Code	м	1	1	D = Dental Insurance H = Health Insurance P = Prescription Drug Insurance	Not Applicable
					IDC03		Quantity	Quantity Identification Card Count	0	1	15	Send only if quantity is greater than 1	Not Applicable
	I			_	L	I	I	nuentinodilUli Odlu Count		1	1	1	
	nsaction Set	File Layout			•			-					
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attri	oute Max	Comments	Notes / Examples
					IDC04		Action Code	Action Code	0	1	2	1 = Add 2 = Change RX = Replace (no data change)	Not Applicable

LX	Detail	2300	310	LX		Provider Inform	ation		Situational			Loop provides information about primary care or capitated physicians and pharmacies chosen	The scope of Nybeas does not include the
		Health Coverage										by the enrollee in a managed care plan when that selection is made through the sponsor. Use	maintenance of a PC P dictionary by DCS and does
													not provide for maintaining database records to
												applicable health care service.	support employee PCP selections and changes. The
													delivered interface will not include PCP data fields
					LX01		Assigned Number	Assigned Number	M	1	6	Number assigned for differentiation within a	Not used
												transaction set.	

NEW YORK	NYBEAS Enrollment Record Layout - Transaction Set Header- RFP entitled:
STATEO	"Pharmacy Benefit Services for The Empire Plan, Excelsior Plan, Student Employee
OFFORTUNITY	Health Plan, and NYS Insurance Fund Workers' Compensation Prescription Drug
Civil Service	Programs"

EDI 834 Tra	ansaction Set	t File Layout											
Data Field	Level		Position	Segment	Reference	Segment	Data Element	Data Element Description	De suite se suite	Attrib	oute	Comments	Notes (Essentia
Values	Level	Loop	Position	ID	Designator	Name	Data Element	Data Element Description	Requirement	Min	Max	Comments	Notes / Examples
			•					•		•			
2310 Provi	der Informati	on											
NM1	Detail	2310	320	NM1		Provider Name	1		Required			The National Provider ID should be passed in NM109. Until the NP ID is available the Federal	
		Provider Information										Tax ID should be used. Fields NM103 through NM107 are used when the sponsor has the	maintenance of a PC P dictionary by DCS and does
												provider's name but does not pass the standard ID in NM109 because the ID is unknown or	not provide for maintaining database records to
												local regulations prevent using Social Security Numbers or Federal Tax IDs. If the entity code	
												NM102, is 1 for person and the name is being passed, NM103 and NM104 must be used and	delivered interface will not include PCP data fields
												NM105, NM106 and NM107 may be used. When the name is being passed for a non-person	
												entity, then use only NM103. NM104 through NM107 are not populated.	
					NM101		Entity ID Code	Entity Identifier Code	M	2	3		Not used
					NM102		Entity Type Qualifier	Entity Type Qualifier	M	1	1		Not used
					NM103		Name Last/ Org Name	Name Last or Organization Name	0	1	35		Not used
					NM104		Name First	Name First	0	1	25		Not used
					NM105		Name Middle	Name Middle	0	1	25		Not used
					NM106		Name Prefix	Name Prefix	0	1	10		Not used
				_	NM107		Name Suffix	Name Suffix	0	1	10		Not used
				_	NM108		ID Code Qualifier	Identification Code Qualifier	X	1	2	Use of NM109 is required with NM108.	Not used
		-		-	NM109 NM110		ID Code Entity Relat Code	Identification Code Entity Relationship Code	x	2	80	Use of NM108 is required with NM109.	Not used
I					NM110		Entity Relat Code	Entity Relationship Code		2	2		Not used
PLA	Detail	2310	395	PLA		PCP Change R	eason		Situational	1	1	Segment is used to report the reason and the effective date that a member changes primary	The scope of Nybeas does not include the
1.01	Dottail	Provider Information	000	. 24		i or onungen			ondenonial			care provider.	maintenance of a PC P dictionary by DCS and does
													not provide for maintaining database records to
													support employee PCP selections and changes. The
													delivered interface will not include PCP data fields
		-		_	PLA01		Action Code	Action Code	м	4	2		Not used
				-	PLA01 PLA02		Entity ID Code	Entity Identifier Code	M	2	2		Not used
		-		-	PLA02 PLA03		Date	Date	M	0	0		Not used
				-	T EAUS		Date	Date	m	0	0		Not used
				-	PLA05		Maintain Reason Code	Maintain Reason Code	0	2	3		Not used
					. 2100							1	
2320 Coord	dination of Be	enefits											
COB	Detail	2320	400	COB		Coordination	of Benefits		Situational			Loop is used when an individual has another insurance plan with benefits similar to those	COB*S*NYSHIP*1~
		Coordination of										covered by the insurance product specified in the HD segment for this occurrence of Loop ID	Used to indicate NYSHIP is Secondary due to
		Benefits										2300. COB information is provided by individual, not by	Medicare D enrollment
												subscriber.	
	1	1			COB01		Payer Resp Seq No Code	Payer Responsibility Sequence Number Code	0	1	1	P = Primary	Valid Values: S = Secondary
	1		1			1			1	1	1	S = Secondary T = Tertiary	
						1			1			U = Unknown	
-		4		-	COB02		Defense a litera	Deferre a literatification	0	1	20	Januard Occurs on Dallas Monthan	NYSHIP
	1		1		COB02	1	Reference Ident	Reference Identification Insured Group or Policy Number	U	1	30	Insured Group or Policy Number	INT OFFICE
	+	1		-	COB03	ł	Benefits Coord Code	Coordination of Benefits Code	0	1	1	1 = Coordination of Benefits 5 = Unknown	1 = Coordination of Benefits
	1		1		00003	1	Saliana coola coole	Source allott of Delterits Code	Ŭ	1	ľ	6 = No Coordination of Benefits	- coordination of Denents
						1			1				

	NEW YORK STATO WYORTUNITY Civil Service	
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EDI 834 Tra	nsaction Set	t File Layout											
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attrib Min	Max	Comments	Notes / Examples
REF	Detail	2320 Coordination of Benefits	405	REF		Additional Coo	ordination of Benefits Identifiers		Situational			Specifies COB identifying information.	The scope of Nybeas does not include the maintenance of a COB data by DCS. The delivered interface will not include PCP data fields
					REF01		Reference Ident Qual	Reference Identification Qualifier	м	2	3	1W = Member Identification Number 6O = Account Suffix Code 6P = Group Number A6 = Employee Identification Number SY = Social Security Number	Not used
					REF02		Reference Ident	Reference Identification	х	1	30	Insured Group or Policy Number At least one REF02 is required.	Not used
N1	Detail	2320 Coordination of Benefits	410	N1			e Company Name		Situational			Identifies other insurance company (COB) by type, name, and code.	The scope of Nybeas does not include the maintenance of a COB data by DCS. The delivered interface will not include PCP data fields.
IN					N101		Entity ID Code	Entity Identifier Code	М	2	3	IN = Insurer.	Not Used
					N102		Name	Entity Identifier Code	Х	1	60	Insurer name.	Not Used
					N103		ID Code Qualifier	Entity Identifier Code	x	1	2	FI = Federal Taxpayers Identification Number. NI = National Association of Insurance Commissioners Identification. XV = Health Care Financing Administration National Payer Identification.	Not used
					N104		ID Code	Plan Sponsor	Х	2	80	Insured Group or Policy Number	Not used
DTP	Detail	2320 Coordination of Benefits	450	DTP		Coordination of	of Benefits Eligibility Dates		Situational			Segment contains the dates for which coordination of benefits is in effect.	The scope of Nybeas does not include the maintenance of a COB data by DCS. The delivered interface will not include PCP data fields
					DTP01		Date/Time Qualifier	Date/Time Qualifier	м	3	3	344 = Coordination of benefits begin. 345 = Coordination of benefits end.	Not Used
D8					DTP02		Date Time Format Qual	Date Time Period Format Qualifier	M	2	3	D8 = Date expressed in CCYYMMDD.	Not Used
					DTP03		Date Time Period	Date Time Period	M	1	35	Date COB is in effect.	Not Used
Transaction	Set Trailer												
SE	Trailer			SE		Transaction Se	et Trailer		Required		1	Indicates end of transaction set and provides a count of the segments.	SE*39*1 ~
					SE01		Number of Inc Segs	Number of Included Segments	м	1	10	Total number of segments in the transaction set including ST and SE.	System generated.
					SE02		TS Control Number	Transaction Set Control Number	М	4	9	Unique control number .	The transaction set control numbers in SE02 and ST02 must be identical. Assign starting with 0001 and increment forward. Control numbers are unique within a specific functional group but can repeat in other groups and interchanges.