EDI 834	Trans	saction Set F	ile Lavo	out								
Data Field				Segment		Segment				ibute		
Values	Level	Loop	Position	ID	Designator	Name Data Element	Data Element Description	Requirement	Min	Max	Comments	Notes / Examples
		Header										
ST		Header	010	ST		Transaction Set Header		Required		T	Indicates start of transaction set and	ST*834*6 ~
834				_	ST01	TS ID Code	Transaction Set Identifier Code	M	3	3	assigns control number.  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	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.
BGN	Header	Header	020	BGN		Beginning Segment		Required			Indicates the beginning of a transaction	BGN*00*00000000000196*20000309*1356
					BGN01	TS Purpose Code	Transaction Set Purpose Code	M	2	2	set.  00 = Original. First time transaction sent 15 = Resubmission. Corrected transaction, original not yet processed by receiver. 22 = Information Copy. Same as original transmission.	Default to '00'
					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
					BGN04	Time	Time Transaction Set Creation Time	M	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 Pacific 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	M	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	Header	Header	030	REF		Transaction Set Policy Number		Situational			Segment is used if a unique ID number applies to the entire transaction set.	REF*38*0000~
38					REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	3	38 = Master policy number code.	Set to 38.
					REF02	Reference Ident	Reference Identification Master Policy Number	Х	1	30	Master Policy Number. At least one REF02 is required.	Set to master policy number. Value to be supplied by Carrier Default =00000
DTP	Header	Header	040	DTP	DTD04	File Effective Date	Data/Tima Qualifier	Situational	2	12	007 - Effective	Carrier information requirement can adequately be satisfied without it. Data element is not used.
					DTP01		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	M	2	3	D8 = Date expressed in CCYYMMDD.	Not used
					DTP03	Date Time Period	Date Time Period	M	1	35		Not used

	4 Trans	saction Set F	ile Layo	out								
Data Field				Segment	Reference	Segment				ibute		
Values	Level	Loop	Position	ID	Designator	Name Data Element	Data Element Description	Requirement	Min	Max	Comments	Notes / Examples
												_
_	_	1000A Spon	oor No	<b>~</b>								П
N1	Header			ne N1		Sponsor Name		Required			Identifies the organization paying for the	N1*P5*NEW YORK STATE*FI*14178860
	licadei	Sponsor Name	070			Sponsor Name		rtequired			coverage by type, name, and code. At	INTERIOR TOTAL TELEPHOOD
		oponior manio									least one N102 or N103 is required.	
P5					N101	Entity ID Code	Entity Identifier Code	M	2	3	P5 = Plan Sponsor.	Set to P5.
					N102	Name		X	1	0	NEW YORK STATE	NEW YORK STATE
					N103	ID Code Qualifier	Entity Identifier Code	Х	1	2	FI = Federal Taxpayers Identification	Set to FI = Federal Taxpayers Identification
											Number.	Number.
											ZZ = Mutually Defined (HIPAA Id)	Once National Payer ID is mandated, ther
					NIAOA	ID Code	Identification Code	X	2	00	If N104 present then required.	use ZZ. Set to 146013200
					N104	ID Code	Identification Code Sponsor Identifier	^	-	80	Sponsor Identifier. If N103 present then required.	Set to 1460 13200
	1				<b>2</b>		Sporisor identifier		1		ii iv ioo present then required.	
		1000B Paye	r Name									
V1	Header			N1		Payer Name		Required	T	T	Identifies the insurance company	N1*IN**FI*123456789~
		Payer Name				•					(receiver) type, name, and code. At least	
											one N102 or N103 is required.	
IN					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	X	1	2	FI = Federal Taxpayers Identification	FI = Federal Taxpayers Identification
											Number.	Number.  XV = Health Care Financing Administration
											XV = Health Care Financing Administration National Payer	National Payer Identification.
											Identification.	Once National Payer ID is mandated, the
											If N104 present then required.	use only XV
											ii 14101 present then required.	lace only Av
					N104	ID Code	Identification Code	X	2	80	Insurer identification code.	Data not captured by a PS field.
							Insurer Identification Code				If N103 present then required.	Value to be supplied by carrier.
												П
N.14		1000C Broke				I==- /= · · ·			_	_	Li de Torri	
N1	Header	1000C	70	N1		TPA/Broker Name		Situational			Identifies TPA/broker organization by	Segment does not apply.
		Danker Massa	,,,								type, name, and code. At least one N102	
		Broker Name	"									
n/a		Broker Name	70		N101	Entity ID Code	Entity Identifier Code	M	2	3	or N103 is required.	n/a
n/a Not used		Broker Name	70		N101 N102	Entity ID Code	Entity Identifier Code	M n/a	2	3	or N103 is required.  BO = Broker TV = Third party admin	n/a n/a
Not used		Broker Name	70		N102	Name - Not Used		n/a	2 1 1	3 60 2	or N103 is required. BO = Broker TV = Third party admin Not used.	n/a
		Broker Name	70			,	Entity Identifier Code  Entity Identifier Code		2 1 1	3 60 2	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving	
Not used		Broker Name	70		N102	Name - Not Used		n/a	2 1 1	_	or N103 is required. BO = Broker TV = Third party admin Not used.	n/a
Not used		Broker Name			N102	Name - Not Used		n/a	2 1 1	_	or N103 is required. BO = Broker TV = Third party admin Not used. 94 = Code assigned by receiving organization	n/a
Not used		Broker Name			N102	Name - Not Used		n/a	2 1 1	_	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification  Number.  XV = Health Care Financing	n/a
Not used		Broker Name			N102	Name - Not Used		n/a	2 1 1	_	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer	n/a
Not used		Broker Name			N102	Name - Not Used		n/a	2 1 1	_	or N103 is required. BO = Broker TV = Third party admin Not used. 94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number. XV = Health Care Financing Administration National Payer Identification.	n/a
Not used n/a		Broker Name			N102 N103	Name - Not Used ID Code Qualifier	Entity Identifier Code	n/a X	2 1 1	2	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer Identification.  If N104 present then required.	n/a n/a
Not used n/a		Broker Name			N102	Name - Not Used	Entity Identifier Code	n/a	2 1 1 1	_	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer Identification.  If N104 present then required.  TPA or Broker Identification code.	n/a
Not used		Broker Name			N102 N103	Name - Not Used ID Code Qualifier	Entity Identifier Code	n/a X	2 1 1 1 2	2	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer Identification.  If N104 present then required.	n/a n/a
Not used n/a n/a	Header			ACT	N102 N103	Name - Not Used ID Code Qualifier	Entity Identifier Code	n/a X	2 1 1 1 2	2	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer Identification.  If N104 present then required.  TPA or Broker Identification code.	n/a n/a
Not used n/a n/a	Header			ACT	N102 N103	Name - Not Used ID Code Qualifier  ID Code	Entity Identifier Code	n/a X	2 1 1 1	2	or N103 is required. BO = Broker TV = Third party admin Not used. 94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number. XV = Health Care Financing Administration National Payer Identification. If N104 present then required. TPA or Broker Identification code. If N103 present then required.	n/a n/a
Not used n/a n/a	Header	1100C		ACT	N102 N103	Name - Not Used ID Code Qualifier  ID Code  ID Code  TPA/Broker Account Information	Entity Identifier Code	n/a X	2 1 1 1	2	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer Identification. If N104 present then required.  TPA or Broker Identification code. If N103 present then required.  Specifies account information if different than account number of sponsor.	n/a n/a Segment does not apply.
Not used n/a n/a n/a ACT	Header	1100C		ACT	N102 N103 N104	Name - Not Used ID Code Qualifier  ID Code  ID Code  TPA/Broker Account Information  Account Number	Entity Identifier Code	n/a X X Situational	2 1 1 2 2 2 1 1	80	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer Identification.  If N104 present then required.  TPA or Broker Identification code. If N103 present then required.  Specifies account information if different	n/a n/a  n/a  Segment does not apply.  n/a
Not used n/a n/a ACT Not used	Header	1100C		ACT	N102 N103 N104 N104 ACT01 ACT02	Name - Not Used ID Code Qualifier  ID Code  TPA/Broker Account Information  Account Number Name - Not Used	Entity Identifier Code  Identification Code TPA or Broker Identification	N/a X  X  Situational  M n/a	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	80	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer Identification. If N104 present then required.  TPA or Broker Identification code. If N103 present then required.  Specifies account information if different than account number of sponsor.	n/a n/a  n/a  Segment does not apply.  n/a n/a n/a
Not used n/a n/a n/a ACT Not used Not used Not used Not used	Header	1100C		ACT	N102 N103 N104 N104 ACT01 ACT02 ACT03	Name - Not Used ID Code Qualifier  ID Code  ID Code  TPA/Broker Account Information  Account Number Name - Not Used ID Code Qual - Not Used	Entity Identifier Code  Identification Code TPA or Broker Identification	N/a X  Situational  M N/a n/a	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	80 35 60 2	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer Identification. If N104 present then required.  TPA or Broker Identification code. If N103 present then required.  Specifies account information if different than account number of sponsor.	n/a n/a  n/a  Segment does not apply.  n/a n/a n/a n/a n/a n/a
Not used n/a n/a ACT n/a Not used	Header	1100C		ACT	N102 N103 N104 N104 ACT01 ACT02 ACT03 ACT04	ID Code  ID Code Account Information  ID Code Qual - Not Used  ID Code - Not Used  ID Code - Not Used	Entity Identifier Code  Identification Code TPA or Broker Identification	X Situational M n/a n/a n/a n/a	2 1 1 1 1 1 1 2 2 1 1	80 35 60 2 80	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer Identification. If N104 present then required.  TPA or Broker Identification code. If N103 present then required.  Specifies account information if different than account number of sponsor.	n/a n/a  n/a  Segment does not apply.  n/a n/a n/a n/a n/a n/a
n/a  ACT  n/a  Not used Not used Not used Not used Not used Not used	Header	1100C		ACT	N102 N103 N104 N104 ACT01 ACT02 ACT03 ACT04 ACT05	Name - Not Used ID Code Qualifier  ID Code  ID Code  TPA/Broker Account Information  Account Number Name - Not Used ID Code Qual - Not Used ID Code - Not Used Acct Num Qual-Not Used Acct Num Qual-Not Used	Entity Identifier Code  Identification Code TPA or Broker Identification	x  Situational  M n/a n/a n/a n/a	2 1 1 1 1 1 2 2 1 1 1 1 1 1 1 1 1 1 1 1	35 60 2 80 3	or N103 is required. BO = Broker TV = Third party admin Not used. 94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number. XV = Health Care Financing Administration National Payer Identification. If N104 present then required. TPA or Broker Identification code. If N103 present then required.  Specifies account information if different than account number of sponsor.  Account number assigned.	n/a n/a  n/a  Segment does not apply.  n/a n/a n/a n/a n/a n/a n/a n/a
Not used n/a n/a n/a ACT n/a Not used Not used Not used Not used Not used Not used	Header	1100C		ACT	N102 N103 N104 N104 ACT01 ACT02 ACT03 ACT04	ID Code  ID Code Account Information  ID Code Qual - Not Used  ID Code - Not Used  ID Code - Not Used	Entity Identifier Code  Identification Code TPA or Broker Identification	X Situational M n/a n/a n/a n/a	2 1 1 1 1 2 1 1 1 1	80 35 60 2 80	or N103 is required.  BO = Broker TV = Third party admin  Not used.  94 = Code assigned by receiving organization FI = Federal Taxpayers Identification Number.  XV = Health Care Financing Administration National Payer Identification. If N104 present then required.  TPA or Broker Identification code. If N103 present then required.  Specifies account information if different than account number of sponsor.	n/a n/a  n/a  Segment does not apply.  n/a n/a n/a n/a n/a n/a n/a n/a

EDI 83/	<b>₄</b> Trans	saction Set Fi	ile Lay	out								, , , , , , , , , , , , , , , , , , ,	
Data Field Values	-	Loop	Position		nt Reference Designator		Data Element	Data Element Description	Requirement		ttribute		Notes / Examples
Values	Level	Loop	Position	עו וו	Designator	Name	Data Element	Data Element Description	Requirement	, IVIII i	IVIdx	Comments	Notes / Examples
	4	2000 Membe	er Detr	ail						47	47		
NS	Detail	2000	010			Member Level I	Detail		Optional			Provides insured benefit information for	INS*Y*18*021**A*E**FT**N~
,	1	Member Detail				A			4			subscriber and dependents. Subscriber	4
j	1 '								A			information must precede dependent	1
•	1 "								4			information or have been submitted in a	4
'	<b></b> '		4		121004	- Ivaa		The second of th	4	4	<del></del> '	previous transmission.	A State of the demandant
,	1				INS01	Yes/IV	/No Cond Resp Code		M	1			N = No Status of Insured is dependent.
'	+'	+	4—	-	INS02	India		Subscriber Indicator Individual Relationship Code	М	2			Y = Yes Status of insured is subscriber.  Set SP = 01
,	1 "				INSU2	IIIuivi	Juai Relat Code	Individual Relationship Code	IVI	2			Set SP = 01 Set subscriber = 18
,	1 "				<i>/</i>	1			1				Set Subscriber = 18
j	1 '				1	1			1				Set X = 25
,	1 "				h.	1		•	1				Set DP = 53
,	1 "				<u>/</u>	1			1				Set O = 38
,	T .				INS03	Main*	ntenance Type Code	Maintenance Type Code	0	3			001 = Change
j	1 "				1	1			1				021 = Addition
,	1 "				<i>/</i>	1			1				024 = Cancellation or termination
,	1 "				<i>/</i>	1			1				025 = Reinstatement
'	<b></b> '	1	4		":204	1	· - 0.1.	<u> </u>	<del></del>	1_			030 = Audit or compare
,	1				INS04	Maint	ntain Reason Code	Maintenance Reason Code	0	2	-		Use of this segment is limited to identify a
,	1 '				1	1		•	1				change in Benefit Program and Termination
,	1 '				1/1	1		•	1			03 = Death 04 = Retirement	Reason for Conversion of Coverage.
,	1				<i>h</i>	1			1				Set Termination of Benefits = 07
,	1 '				h.	1		•	1				Set Termination of Employment = 08
	1 '				1/4	1		•	1				Set change in Benefit Program = 22
	1 '				1/1	1		•	1			08 = Termination of Employment	Set Plan Change = 22
	1 '				h.	1		•	1			09 = COBRA	Set Alternate Identifier Change = 25
	1 '				1/4	1		•	1			10 = COBRA Premium Paid	Set Initial Enrollment = 28
,	1 '				1	1		•	1				Set Re-enrollment = 41
,	1 '				h.	1		•	1			14 = Voluntary Withdrawal	4
,	1 '				lh.	1		•	1			15 = Primary Care Provider Change	4
,	1 '				1/1	1		•	1			16 = Quit	4
	1 '				h.	1		•	1			17 = Fired	4
	1 '				1/4	1		•	1			18 = Suspended 20 = Active	4
	1 '				1/1	1		•	1			20 = Active 21 = Disability	4
•	1 '				li.	1		•	1			21 = Disability 22 = Plan Change	4
	1 '				1	1		•	1			25 = Change in Identifying Data Elements	.1
,	1 "				<i>i</i>	1			1			26 = Declined Coverage	4
,	1 "				<i>/</i>	1			1			27 = Pre-Enrollment	4
,	1 "				<u>/</u>	1			1			28 = Initial Enrollment	4
,	1 "				<i>i</i>	1			1			29 = Benefit Selection	4
		1				1 1		1	1			21 = Logal Congretion	4

31 = Legal Separation 32 = Marriage 33 = Personnel Data

39 = Lay Off with Benefits 40 = Lay Off without Benefits 41 = Re-enrollment 43 = Change of Location XN = Notification Only XT = Transfer

A= Active

C = Cobra

S = Surviving Insured

37 = Leave of Absence with Benefits 38 = Leave of Absence without Benefits

Type coverage for which benefits paid

Type of Set default to 'A' unless termination,

TEFRA is a medical assistance program for families with children with disabilities.

Cobra or surviving spouse

Valid values are 'A', 'C', and 'S'

T = Tax equity and fiscal responsibility act | Eligibility is determined based on medical

Benefit Status Code

0

Benefit Status Code

INS05

EDI 834	Trans	saction Set F	ile Layo	ut								
Data Field				Segment	Reference				Attri	bute		
Values	Level	Loop	Position	ID	Designator	Name Data Element	Data Element Description	Requirement	Min	Max	Comments	Notes / Examples
				1//////////////////////////////////////	INICOG	Medicara Plan Code	Madigara Dian Codo		14	14	A = Madigara Dart A	Currently only track Medicare Part P
ŀ					INS06	Medicare Plan Code	Medicare Plan Code	0	1	1	A = Medicare Part A B = Medicare Part B	Currently only track Medicare Part B
											C = Medicare Part A and B	Valid values are 'B' and 'E'
											D = Medicare	Valid Valides are B and E
											E = No Medicare	
					INS07	Cobra Qual Event Code	Cobra Qualifying Event Code	0	1	2	1 = Termination of Employment	1 = Termination of Employment
											2 = Reduction of work hours	2 = Reduction of work hours
l											3 = Medicare	3 = Medicare
l											4 = Death	4 = Death
l											5 = Divorce	5 = Divorce
											6 = Separation	6 = Separation
											7 = Ineligible Child	7 = Ineligible Child
					INIOOO	5	Free land of the Control	0			8 = Bankruptcy of a Retired Employee	8 = Bankruptcy of a Retired Employee
					INS08	Employment Status Code	Employment Status Code	0	2	2	If enrollment is in a non employment	Subscriber only
											based program such as medicare, then use status of subscriber in that	
l											program.	
											AO = Active Military - Overseas	Valid values are:
					1				1	1	AU = Active Military - USA	13.335 3.51
					1				1	1	FT = Full Time Active	FT
					1				1	1	L1 = Leave of Absence	PT
l											PT = Part Time Active	TE
l											RT = Retired	RT
											TE = Terminated	L1
					INS09	Student Status Code	Student Status Code	0	1	1	F = Full-time	F = Full-time
l											N = Not a student	N = Not a student
								_	ļ	<u> </u>	P = Part-time	
					INS10	Yes/No Cond Resp Code	·	0	1	1	Handicap indicator:	For dependent only
							Handicap Indicator				N = no Y = yes	
D8					INS11	Date Time Format Qual	Date Time Period Format Qualifier	Х	2	3	D8 = Date expressed in CCYYMMDD	Set to D8
D6					INSTI	Date Time Format Quai	Date Time Feriou Format Qualifier	^	-	3	If INS12 present then required.	Set to Do
-					INS12	Date Time Period	Date Time Period	Х	1	35	Date of Death	Dependent date of death not captured on the
						Date Time Coned	Insured Individual Death Date		'		If INS11 present then required.	database
Not used					INS13	Confidentiality - Not Used		n/a			Not used.	Set to placeholder.
Not used					INS14	City Name - Not Used		n/a			Not used.	Set to placeholder.
Not used					INS15	State Code - Not Used		n/a			Not used.	Set to placeholder.
Not used					INS16	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
					1							available.
REF	Detail	2000	020	REF		Subscriber Number		Required	1	1	Specifies identifying information. Segment	REF*0F*123456789~
I CLI	Detail	Member Detail	020	IVI		Gubscriber Number		required			contains a unique SUBSCRIBER Id	1120430703
l		mombo. Botan									Number (SSN or other) This occurrence	
l											identified by the OF qualifier. Identifier is	
l											used in order to link subscriber with	
											dependents.	
0F					REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	3	0F = Subscriber Number.	Set to 0F (zero f ).
$\overline{}$					REF02	Reference Ident	Reference Identification	X	1	30	At least one REF02 is required.	Social security number should be used until
					1 -							the National identifier is available.
							Subscriber Identifier			•		
REE	Detail	2000	020	DEE		Member Policy Number	Subscriber Identifier	Situational			Specifies identifying information. Segment	
REF	Detail	2000 Member Detail	020	REF		Member Policy Number	Subscriber Identifier	Situational			Specifies identifying information. Segment is used if group number applies to all	
REF	Detail	2000 Member Detail	020	REF		Member Policy Number	Subscriber Identifier	Situational			is used if group number applies to all	
REF	Detail		020	REF	REF01	Member Policy Number  Reference Ident Qual	Reference Identification Qualifier	Situational	2	3		REF*1L*NYSLWOP~
REF	Detail		020	REF					2	3 30	is used if group number applies to all coverage data for the member.	REF*1L*NYSLWOP~
REF	Detail		020	REF	REF01	Reference Ident Qual	Reference Identification Qualifier	М	2	3 30	is used if group number applies to all coverage data for the member.  1L = Group or Policy Number	REF*1L*NYSLWOP~
REF	Detail		020	REF	REF01	Reference Ident Qual	Reference Identification Qualifier Reference Identification	М	2	3 30	is used if group number applies to all coverage data for the member.  1L = Group or Policy Number	REF*1L*NYSLWOP~  Set to 1L.  Join Company and Ben_Status  Valid Company Values:  PA ,PE ,NYS, MTH
REF	Detail		020	REF	REF01	Reference Ident Qual	Reference Identification Qualifier Reference Identification	М	2 1	3 30	is used if group number applies to all coverage data for the member.  1L = Group or Policy Number	REF*1L*NYSLWOP~  Set to 1L.  Join Company and Ben_Status  Valid Company Values:  PA ,PE ,NYS, MTH  Valid Benefit Statuses:
REF	Detail		020	REF	REF01	Reference Ident Qual	Reference Identification Qualifier Reference Identification	М	2 1	3 30	is used if group number applies to all coverage data for the member.  1L = Group or Policy Number	REF*1L*NYSLWOP~  Set to 1L.  Join Company and Ben_Status Valid Company Values: PA ,PE ,NYS, MTH Valid Benefit Statuses: DISP,FAML,IMIL,LPTA,LTDS,LWOP,
REF	Detail		020	REF	REF01	Reference Ident Qual	Reference Identification Qualifier Reference Identification	М	2	3 30	is used if group number applies to all coverage data for the member.  1L = Group or Policy Number	REF*1L*NYSLWOP~  Set to 1L. Join Company and Ben_Status Valid Company Values: PA, PE, NYS, MTH Valid Benefit Statuses: DISP,FAML,IMIL,LPTA,LTDS,LWOP, MILL,PRFL,STDS,WCDF,WCLV,
REF	Detail		020	REF	REF01	Reference Ident Qual	Reference Identification Qualifier Reference Identification	М	2	3 30	is used if group number applies to all coverage data for the member.  1L = Group or Policy Number	REF*1L*NYSLWOP~  Set to 1L.  Join Company and Ben_Status Valid Company Values: PA ,PE ,NYS, MTH Valid Benefit Statuses: DISP,FAML,IMIL,LPTA,LTDS,LWOP,

Loop  000  lember Detail  000  lember Detail  000  lember Detail	Detail	020	REF	Reference Designator  REF01 REF02  REF01 REF02		Data Element Description  Reference Identification Qualifier Reference Identification Subscriber Supplemental Identifier  Reference Identification Qualifier Reference Identification	Requirement  Situational  M  X  Situational		Max 3 30	Comments  Specifies identifying information. Segment is used to send additional member information.  23 = Client Number Subscriber Supplemental Identifier. At least one REF02 is required. Specifies identifying information. Segment is used to send additional member	Set to 23 Bea_Altid
000 lember Detail	Detail	020		REF01 REF02	Reference Ident Qual Reference Ident  Member Identification Number  Reference Ident Qual	Reference Identification Subscriber Supplemental Identifier  Reference Identification Qualifier Reference Identification	M X Situational	2	3 30	is used to send additional member information. 23 = Client Number Subscriber Supplemental Identifier. At least one REF02 is required. Specifies identifying information. Segment	Set to 23 Bea_Altid
1ember Detail			REF	REF02	Reference Ident  Member Identification Number  Reference Ident Qual	Reference Identification Subscriber Supplemental Identifier  Reference Identification Qualifier Reference Identification	X Situational	1	3	Subscriber Supplemental Identifier. At least one REF02 is required. Specifies identifying information. Segment	Bea_Altid
1ember Detail			REF	REF01	Member Identification Number	Subscriber Supplemental Identifier  Reference Identification Qualifier Reference Identification	Situational	1	30	At least one REF02 is required.  Specifies identifying information. Segment	_
1ember Detail			REF		Reference Ident Qual	Reference Identification					RFF*DX*00001~
	Detail	020				Reference Identification	M			information.	
	Detail	020		REF02	Reference Ident			2	3	DX = Department/Agency Number	Set to DX
	Detail	020	///////////////////////////////////////			Subscriber Supplemental Identifier	X	1	30	Subscriber Supplemental Identifier. At least one REF02 is required.	Cust_Id  If 'HIP' and CUSTID = '00001 then map  DEPTID  If 'UHG' and txn for dep then add dep # to end of CUSTID field
		320	REF		Member Identification 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
000 lember Detail	Detail	020	REF		Member Identification Number		Situational			Specifies identifying information. Segment is used to send additional member 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
000 lember Detail	Detail	020	REF		Member Identification Number		Situational			Specifies identifying information. Segment is used to send additional member information.	REF*6O*999999999~
				REF01	Reference Ident Qual	Reference Identification Qualifier	М	2	3	6O = Cross Reference Number	Set to 60
				REF02	Reference Ident	Reference Identification Subscriber Supplemental Identifier	Х	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
000 lember Detail	Detail	020	REF		Member Identification Number		Situational			Specifies identifying information. Segment is used to send additional member information.	REF*ZZ*E~
				REF01	Reference Ident Qual	Reference Identification Qualifier	М	2	3	ZZ = Mutually Defined	Set to ZZ
				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
	Detail	025	DTP		Member Level Dates		Situational			Specifies date, time, and time period for member enrollment and benefit changes.	DTP*336*D8*20000207~
		per Detail	er Detail 025	er Detail 025 DTP	REF01 REF02  025 DTP	REF01 Reference Ident Qual REF02 Reference Ident  025 DTP Member Level Dates	REF01 Reference Ident Qual Reference Identification Qualifier  REF02 Reference Ident Reference Identification Subscriber Supplemental Identifier  025 DTP Member Level Dates	REF01 Reference Ident Qual Reference Identification Qualifier M  REF02 Reference Ident Reference Identification X  Subscriber Supplemental Identifier  DTP Member Level Dates Situational	REF01 Reference Ident Qual Reference Identification Qualifier M 2 REF02 Reference Ident Reference Identification X 1 Subscriber Supplemental Identifier X 1 Subscriber Supplemental Identifier Situational	REF01 Reference Ident Qual Reference Identification Qualifier M 2 3  REF02 Reference Ident Reference Identification X 1 30  Subscriber Supplemental Identifier Situational Situational	REF01 Reference Ident Qual Reference Identification Qualifier M 2 3 ZZ = Mutually Defined  REF02 Reference Ident Reference Identification X 1 30 Subscriber Supplemental Identifier. At least one REF02 is required.  DTP Member Level Dates Situational Specifies date, time, and time period for

EDI 834	Trans	action Set Fi	ile Layo										
Data Field					Reference						ribute		
Values	Level	Loop	Position	ID	Designator	Name	Data Element	Data Element Description	Requiremen	t Min	Ma	Comments	Notes / Examples
					DTP01		Date/Time Qualifier	Date/Time Qualifier	М	3	3	286 = Retirement 296 = Return to Work 297 = Date Last Worked 300 = Enrollment Signature Date 301 = Cobra Qualifying Event 303 = Maintenance Effective 336 = Employment Begin 337 = Employment End 338 = Medicare Begin 339 = Medicare End 340 = Cobra Begin 341 = Cobra Begin 351 = Education Begin 351 = Education Begin 351 = Education End 356 = Eligibility Begin 357 = Eligibility Begin 357 = Eligibility End 383 = Adjusted Hire 393 = Plan Participation Suspension 394 = Rehire	Valid values are: 303 = Maintenance Effective 336 = Employment Begin 338 = Medicare Begin 339 = Medicare End
												473 = Medicaid Begin	
DTP	Detail	2000	025	DTP		Member I	Level Dates		Situational	+	+	474 = Medicaid End Specifies date, time, and time period for	DTP*336*D8*20000207~
		Member Detail	020	J					Citadioilai			member enrollment and benefit changes.	300 20 2000237
					DTP01		Date/Time Qualifier	Date/Time Qualifier	М	3	3	286 = Retirement 296 = Return to Work 297 = Date Last Worked 300 = Enrollment Signature Date 301 = Cobra Qualifying Event 303 = Maintenance Effective 336 = Employment Begin 337 = Employment End 338 = Medicare Begin 339 = Medicare Begin 340 = Cobra Begin 341 = Cobra End 350 = Education Begin 351 = Education Begin 351 = Education End 356 = Eligibility Begin 357 = Eligibility End 383 = Adjusted Hire 393 = Plan Participation Suspension 394 = Rehire 473 = Medicaid Begin 474 = Medicaid End	Valid values are: 303 = Maintenance Effective 336 = Employment Begin 338 = Medicare Begin 339 = Medicare End
					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	M	1	35		Effective Date
								Status Information Effective Date			1		

EDI 834	Trans	action Set Fi	ile Layo	ut									
Data Field				Segment	Reference	Segment					ibute		
Values	Level	Loop	Position	ID	Designator	Name	Data Element	Data Element Description	Requirement	Min	Max	Comments	Notes / Examples
													_
		2100A Memb											
NM1	Detail	2100A Member Name	030	NM1		Member	Name		Required			Segment identifies member being enrolled, changed, or corrected.	NM1*IL*1*SMITH*JOHN*M**SR*34*123456 789~
					NM101		Entity ID Code	Entity Identifier Code	М	2		74 = Transmission is correcting the identifier information on a member already enrolled. Usage of this code requires the sending of an NM1 with code '70' in loop 2100B.	
												IL = Enrollment of a new member or update of a member with no change in identifying information. The identifying information for a member is specified under the insurance contract between the sponsor and payer.	Set to IL for new enrollment or change not related to identifying information.
1					NM102		Entity Type Qualifier	Entity Type Qualifier	M	1	1	1 = Person.	Set to 1.
	,				NM103		Name Last/ Org Name	Name Last or Organization Name	0	1	35		Member Last Name

0

0

0

Χ

Χ

Situational

М

0

55

55

25

25

10

34 = Social security number. ZZ = Mutually defined

Use of NM109 is required with NM108.

Use of NM108 is required with NM109.

Identifies location of member. Send for

subscriber and dependents.

Subscriber Last Name

Subscriber First Name

Subscriber Middle Name

Name First

Name Middle

Name Suffix Subscriber Name Suffix

Identification Code

Address Information

Address Information

Subscriber Address Line

Subscriber Address Line

NM104

NM105

NM106

NM107

NM108

NM109

N301

N302

2100A

Member Name

Detail

050 N3 Name First

Name Middle

Name Suffix

ID Code

**ID Code Qualifier** 

Member Residence Street Address

Address Information

Address Information

Name Prefix - Not Used

							Subscriber Identifier				·	dependent_benef. All other carriers set to ssn until the National identifier is available
PER	Detail	2100A Member Name	040	PER		Member Communications Number	rs	Situational			Identifies where administrative communication should be sent.	PER*IP**TE*518/229-0457~
P					PER01	Contact Funct Code	Contact Function Code	M	2	2	IP = Insured Party	Set to IP
					PER02			n/a	1	60	Name - Not Used.	Set to placeholder.
ΤE					PER03	Comm Number Qual	Communication Number Qualifier	×	2	2	EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number If PER04 present then required.	Set to TE (if available)
					PER04	Comm Number	Communication Number	X	1	80	If PER03 present then required.	Format: 9999999999
ΤE					PER05	Comm Number Qual	Communication Number Qualifier	X	2	2	EM = Electronic Mail EX = Telephone Extension FX = Facsimile HP = Home Phone Number TE = Telephone WP = Work Phone Number If PER06 present then required.	Not used
					PER06	Comm Number	Communication Number	X	1	80	If PER05 present then required.	Not used
					PER07	Comm Number Qual	Communication Number Qualifier	X	2	2	If PER08 present then required.	Not used
					PER08	Comm Number	Communication Number	X	1	80	If PER07 present then required.	Not used

Member First Name

Member Middle Name

Member Name Suffix

For BCBS,CBL,ESI, set to ZZ.

If value is invalid ssn then set to ZZ

For BCBS, CBL,ESI set to ssn +

N3\*81 COLUMBIA STREET~

Address line 1

Address line 2

All other carriers, set to 34

Not used

ata Field	Firans	action Set Fi	lie Layo		Deferen	Coame-t				V ++-	rib.uta		
/alues	Level	Loop	Position	Segment	Reference Designator		Data Element	Data Element Description	Requirement		ribute Max	Comments	Notes / Examples
	Detail	2100A Member Name	060	N4		Member I	Residence City, State, ZII	<sup>o</sup> Code	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 Subscriber Postal Code	0	3	15		Postal Code
					N404		Country Code	Country Code	0	2	3		Country
					N405		Location Qualifier	Location Qualifier	0	1	2	CY = County	Set to CY
					N406		Location Identifier	Location Identifier Location Identification Code (County)	0	1	30	If N406 is present then N405 is required.	County
G	Detail	2100A Member Name	080	DMG		Member I	Demographics		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~
					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	X	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
					DMG06		Citizen Status Code	Citizen Status Code	0	1	2		Not Used
	Detail	2100A Member Name	150	LUI		Member I	_anguage		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
					LUI01		ID Code Qualifier	Identification Code Qualifier	Х	1	2	Use of LUI02 is required with LUI01.	Not used
					LUI02		ID Code	Identification Code Language Code	Х	2	80	Use of LUI01 is required with LUI02.	Not used
					LUI03		Description	Description Language Description	Х	1	80		Not used
					LUI04		Use of Lang Indica	Use of Language Indicator Language Use Indicator	0	1	2		Not used

EDI 034	Trans	saction Set F	ile Layc	ut									
Data Field				Segment	Reference						bute		
Values	Level	Loop	Position	ID	Designator	r Name	Data Element	Data Element Description	Requirement	Min	Max	Comments	Notes / Examples
		0400D In a a r	M.	uala au M									
//1	Detail	2100B Incor 2100B		MDER NO	ame	Incorrect Me	mbor Namo		Situational			Segment is used only with a corrected	NM1*70*1*SMITH*JON***34*98765432
VII	Detail	Incorrect	030	NIVI		incorrect we	inder name		Situational			name in loop 2100A.	NWI 70 I SWITH JON 34 98703432
		Member Name										name in loop 2 room.	
)		monibor riamo			NM101	Enf	itity ID Code	Entity Identifier Code	М	2	3	70 = Prior Incorrect Insured	Set to 70.
							.,	.,				Use if correcting identifier information on a	
												member already enrolled. Send NM1 with	
												code 74 in loop 2100A.	
					NM102		tity Type Qualifier	Entity Type Qualifier	М	1	1	1 = Person	Set to 1
					NM103	Na	ime Last/ Org Name	Name Last or Organization Name	0	1	35		Prior Incorrect Insured Last Name
					NIMAGA	N	511	Prior Incorrect Insured Last Name		_	05		District Annual Find No.
					NM104	INai	ime First	Name First Prior Incorrect Insured First Name	0	1	25		Prior Incorrect Insured First Name
					NM105	Na	ime Middle	Name Middle	0	1	25		Prior Incorrect Insured Middle Name
					INIVITOS	INGI		Prior Incorrect Insured Middle Name		'	23		I noi incorrect insured middle Name
					NM106	Na		Name Prefix	0	1	10		Set to placeholder.
								Prior Incorrect Insured Name Prefix	-				· ·
					NM107	Na	me Suffix	Name Suffix	0	1	10		Prior Incorrect Insured Name Suffix
	ļ					$\bot$		Prior Incorrect Insured Name Suffix					
4					NM108	ID (	Code Qualifier	Identification Code Qualifier	Х	1	2	34 = Social security number.	For BCBS,CBL,ESI, set to ZZ
												ZZ = Mutually Defined	All other carriers, set to 34
	<del>                                     </del>				NM109	+	Code	Identification Code	Х	2	90	Use of NM109 is required with NM108. Use of NM108 is required with NM109.	For BCBS, CBL,ESI set to ssn +
					INIVITUS	ا ا		Prior Incorrect Insured Identifier	_ ^	_	80	ose of Min 100 is required with Min 109.	dependent benef.
								I not incorrect insured identifier					All other carriers set to ssn
	l				2								All other carriers set to sair
MG	Detail	2100B	080	DMG		Incorrect Me	ember Demographics		Situational			Segment used only if demographic	DMG*D8*19740311~
		Incorrect					•					information, such as date of birth is used	
		Member Name										to identify a member and it is being	
												changed.	
3					DMG01			Date Time Period Format Qualifier	M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DMG02	Dat	te Time Period	Date Time Period	Х	1	35	Prior incorrect insured birth date.	Prior Incorrect Insured Birth Date
					DMG03	Co	ender Code	Prior Incorrect Insured Birth Date Gender Code	0	1	1	Use of DMG01 is required with DMG02.  F = female	F = female
					DIVIGUS	Ge	nuel Coue	Gerider Code		'	'	M = male	M = male
												U = unknown	U = unknown
		•						•	•				
		2100C Mem	ber Add	ress									
M1	Detail	2100C	030	NM1		Member Mail	ling Address		Situational			This loop is sent if the member has a	NM1*31*1~
		Member				7 (////////////////////////////////////							
		Address				1						different mailing address from the	
												residence address in loop 2100A.	
					NM101		atity ID Code	Entity Identifier Code	M	2	3	residence address in loop 2100A. 31 = Postal Mailing Address	Set to 31
					NM101 NM102		itity ID Code tity Type Qualifier	Entity Identifier Code Entity Type Qualifier	M M	2	3	residence address in loop 2100A.	
3	Detail	2100C	050	N3		Ent	tity Type Qualifier	,	М	2	3	residence address in loop 2100A. 31 = Postal Mailing Address 1 = Person	Set to 31 Set to 1
3	Detail	2100C Member	050	N3		Ent		,		2	3	residence address in loop 2100A. 31 = Postal Mailing Address 1 = Person This loop is sent if the member has a	Set to 31
3	Detail		050	N3		Ent	tity Type Qualifier	,	М	2	3	residence address in loop 2100A. 31 = Postal Mailing Address 1 = Person	Set to 31 Set to 1
3	Detail	Member	050	N3		Member Mail	tity Type Qualifier	,	М	1	3 1	residence address in loop 2100A. 31 = Postal Mailing Address 1 = Person  This loop is sent if the member has a different mailing address from the	Set to 31 Set to 1
3	Detail	Member	050	N3	NM102	Member Mail	tity Type Qualifier  Il Street Address  Idress Information	Entity Type Qualifier  Address Information Subscriber Address Line	M Situational	1		residence address in loop 2100A. 31 = Postal Mailing Address 1 = Person  This loop is sent if the member has a different mailing address from the	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information
3	Detail	Member	050	N3	NM102	Member Mail	tity Type Qualifier  If Street Address  Idress Information  Idress Information	Entity Type Qualifier  Address Information Subscriber Address Line Address Information	M Situational	1 1	3 1 55 55	residence address in loop 2100A. 31 = Postal Mailing Address 1 = Person  This loop is sent if the member has a different mailing address from the	Set to 31 Set to 1 N3*P.O. BOX 12334~
3	Detail	Member	050	N3	NM102	Member Mail	tity Type Qualifier  If Street Address  Idress Information  Idress Information	Entity Type Qualifier  Address Information Subscriber Address Line	M Situational	1		residence address in loop 2100A. 31 = Postal Mailing Address 1 = Person  This loop is sent if the member has a different mailing address from the	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information
		Member Address			NM102	Member Mail Add	il Street Address  Idress Information	Entity Type Qualifier  Address Information Subscriber Address Line Address Information	M Situational M	1		residence address in loop 2100A. 31 = Postal Mailing Address 1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information  Address Information
		Member Address 2100C		N3	NM102	Member Mail Add	tity Type Qualifier  If Street Address  Idress Information  Idress Information	Entity Type Qualifier  Address Information Subscriber Address Line Address Information	M Situational	1		residence address in loop 2100A. 31 = Postal Mailing Address 1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.  This loop is sent if the member has a	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information
		Member Address 2100C Member			NM102	Member Mail Add	il Street Address  Idress Information	Entity Type Qualifier  Address Information Subscriber Address Line Address Information	M Situational M	1 1		residence address in loop 2100A.  31 = Postal Mailing Address  1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.  This loop is sent if the member has a different mailing address from the residence sent in loop 2100A.	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information  Address Information
		Member Address 2100C			NM102	Member Mail Add Add Member Mail	il Street Address  Idress Information	Entity Type Qualifier  Address Information Subscriber Address Line Address Information	M Situational M	1		residence address in loop 2100A. 31 = Postal Mailing Address 1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.  This loop is sent if the member has a	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information  Address Information  N4*ALBANY*NY*122100000*USA*~
		Member Address 2100C Member			NM102 N301 N302	Member Mail Add Add Member Mail	tity Type Qualifier  If Street Address  Idress Information  Idress Information  Idress Information	Entity Type Qualifier  Address Information Subscriber Address Line Address Information Subscriber Address Line  City Name Subscriber City Name	M Situational M O Situational	1	55	residence address in loop 2100A.  31 = Postal Mailing Address  1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.  This loop is sent if the member has a different mailing address from the residence sent in loop 2100A.	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information  Address Information
		Member Address 2100C Member			NM102 N301 N302	Member Mail  Add  Add  Add  Add  City	tity Type Qualifier  If Street Address  Idress Information  Idress Information  Idress Information	Entity Type Qualifier  Address Information Subscriber Address Line Address Information Subscriber Address Line  City Name	M Situational M O Situational	1	55	residence address in loop 2100A.  31 = Postal Mailing Address  1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.  This loop is sent if the member has a different mailing address from the residence sent in loop 2100A.	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information  Address Information  N4*ALBANY*NY*122100000*USA*~
		Member Address 2100C Member			NM102  N301  N302  N401  N402	Member Mail  Add  Add  Add  City  Sta	dress Information Idress Informa	Entity Type Qualifier  Address Information Subscriber Address Line Address Information Subscriber Address Line  City Name Subscriber City Name State or Province Code Subscriber State Code	M Situational M O Situational O O	2	30	residence address in loop 2100A.  31 = Postal Mailing Address  1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.  This loop is sent if the member has a different mailing address from the residence sent in loop 2100A.	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information  Address Information  N4*ALBANY*NY*122100000*USA*~  City Name  State or Prov Code
		Member Address 2100C Member			NM102  N301  N302  N401	Member Mail  Add  Add  Add  City  Sta	il Street Address  Idress Information  Idress Information  Idress Information  Idress Information  Idress Information  Idress Information	Entity Type Qualifier  Address Information Subscriber Address Line Address Information Subscriber Address Line  City Name Subscriber City Name State or Province Code Subscriber State Code Postal Code	M Situational M O Situational	1	55	residence address in loop 2100A.  31 = Postal Mailing Address  1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.  This loop is sent if the member has a different mailing address from the residence sent in loop 2100A.	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information  Address Information  N4*ALBANY*NY*122100000*USA*~  City Name
4		Member Address 2100C Member			NM102  N301  N302  N401  N402  N403	Member Mail Add Add City Sta	il Street Address idress Information idress Information idress Information id City, State, Zip ty Name ate or Prov Code	Entity Type Qualifier  Address Information Subscriber Address Line Address Information Subscriber Address Line  City Name Subscriber City Name State or Province Code Subscriber State Code Postal Code Subscriber Postal Code	M Situational M O O Situational O O O O	2	30	residence address in loop 2100A.  31 = Postal Mailing Address  1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.  This loop is sent if the member has a different mailing address from the residence sent in loop 2100A.	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information  Address Information  N4*ALBANY*NY*122100000*USA*~  City Name  State or Prov Code  Postal Code
4		Member Address 2100C Member			NM102  N301  N302  N401  N402  N403  N404	Member Mail  Add  Add  Add  City  Sta	il Street Address iddress Information iddress Information iddress Information id City, State, Zip iy Name ate or Prov Code instal Code	Entity Type Qualifier  Address Information Subscriber Address Line  Address Information Subscriber Address Line  City Name Subscriber City Name State or Province Code Subscriber State Code Postal Code Subscriber Postal Code Country Code	M Situational M O O O O O O	2	30	residence address in loop 2100A.  31 = Postal Mailing Address  1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.  This loop is sent if the member has a different mailing address from the residence sent in loop 2100A.	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information  Address Information  N4*ALBANY*NY*122100000*USA*~  City Name  State or Prov Code  Postal Code  Country Code
		Member Address 2100C Member			NM102  N301  N302  N401  N402  N403	Member Mail  Add  Add  Add  City  Sta  Pos	il Street Address idress Information idress Information idress Information id City, State, Zip ty Name ate or Prov Code	Entity Type Qualifier  Address Information Subscriber Address Line Address Information Subscriber Address Line  City Name Subscriber City Name State or Province Code Subscriber State Code Postal Code Subscriber Postal Code Country Code	M Situational M O O Situational O O O O	2	30	residence address in loop 2100A.  31 = Postal Mailing Address  1 = Person  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.  This loop is sent if the member has a different mailing address from the residence address in loop 2100A.	Set to 31 Set to 1  N3*P.O. BOX 12334~  Address Information  Address Information  N4*ALBANY*NY*122100000*USA*~  City Name  State or Prov Code  Postal Code

	4 Trans	saction Set Fi	ile Layo	out									
Data Field					t Reference	Segment				Attr	ibute		
Values	Level	Loop	Position		Designator		Data Element	Data Element Description	Requirement	Min	Max	Comments	Notes / Examples
		2100D Meml	ber Em	plover									
Л1	Detail	2100D	030	NM1		Member Er	mployer		Situational			This loop is to be sent when the member	Segment does not apply.
		Member					•					is employed by someone other that the	"
		Employer										sponsor and the insurance contract	
		, ,										requires the payer be notified of such	
												employment.	
					NM101	E	Entity ID Code	Entity Identifier Code	М	2	3	, , , , , , , , , , , , , , , , , , ,	n/a
					NM102	E	Entity Type Qualifier	Entity Type Qualifier	М	1	1		n/a
					NM103		Name Last/ Org Name	Name Last or Organization Name	0	1	35		n/a
							3	Insured Employer Name					
					NM104	N	Name First	Name First	0	1	25		n/a
								Insured Employer First Name					
					NM105	N	Name Middle	Name Middle	0	1	25		n/a
						1 1		Insured Employer Middle Name	_				
					NM106		Name Prefix	Name Prefix	0	1	10		n/a
					1			Insured Employer Name Prefix		1	•		II .
	1				NM107	N	Name Suffix	Name Suffix	0	1	10		n/a
					14.71107	"	.as outlik	Insured Employer Name Suffix		Ι΄			II
	1		1		NM108	11	D Code Qualifier	Identification Code Qualifier	Х	1	2	Use of NM109 is required with NM108.	n/a
	1		<b> </b>		NM109		D Code Qualifier  D Code	Identification Code Qualifier	X	2	80	Use of NM108 is required with NM109.	n/a
					14101109	"	5 0000	Insured Employer Identifier	^		30	See of this roo is required with Nivi 109.	
	1				<u> </u>	1		insured Employer identifier			1		ll .
R	Detail	2100D	040	PER		Member E	mployer Communication	e Numbere	Situational		1	When employer is applicable, segment	Segment does not apply.
.13	Detail	Member	040	FER		Melliber El	imployer Communications	s Numbers	Situational			identifies to whom administrative	deginent does not apply.
		Employer										communications should be sent.	
		Employer			PER01		Contact Funct Code	Contact Function Code	M	2	2	communications should be sent.	n/a
					PER01		Name - Not Used	Contact Function Code	n/a	4	60	Name - Not Used.	
					PER02 PER03		Comm Number Qual	Communication Number Qualifier		2	2	If PER04 present then required.	n/a
					PER03		Comm Number Quai	Communication Number Qualifier	X	1	80	If PER03 present then required.	n/a
					PER04 PER05					0	2		n/a
							Comm Number Qual Comm Number	Communication Number Qualifier	X	4	80	If PER06 present then required.  If PER05 present then required.	n/a
					PER06 PER07			Communication Number	X	2	30	If PER08 present then required.	n/a
							Comm Number Qual Comm Number	Communication Number Qualifier Communication Number	X	2	2	If PER07 present then required.	n/a
							Jornin Number		· · · · · · · · · · · · · · · · · · ·	4			
					PER08			Communication (variable)	X	1	80	ii i zi tor procent tron required.	n/a
	Deteil	2400D Marshay	050	NO	PER08			oommaniooden ivanioo.		1	80		
3	Detail	2100D Member	050	N3	PER08		mployer Street Address		X	1	80	When employer is applicable, segment	Segment does not apply.
3	Detail	2100D Member	050	N3		Member Er	mployer Street Address		Situational	1			Segment does not apply.
	Detail	2100D Member	050	N3	N301	Member Er	mployer Street Address	Address Information	Situational M	1	55	When employer is applicable, segment	Segment does not apply.
3	Detail	2100D Member	050	N3		Member Er	mployer Street Address		Situational	1 1 1		When employer is applicable, segment	Segment does not apply.
					N301	Member Er	Address Information	Address Information	Situational M O	1 1 1	55	When employer is applicable, segment identifies employer address.	Segment does not apply.  n/a n/a
	Detail	2100D	050	N3 N4	N301	Member Er	mployer Street Address	Address Information	Situational M	1 1 1	55	When employer is applicable, segment identifies employer address.  When employer is applicable, segment	Segment does not apply.
		2100D Member			N301	Member Er	Address Information	Address Information	Situational M O	1 1 1	55	When employer is applicable, segment identifies employer address.	Segment does not apply.  n/a n/a
		2100D			N301 N302	Member Er	Address Information Address Information The Company of the Company	Address Information Address Information	Situational  M O Situational	1 1 1	55 55	When employer is applicable, segment identifies employer address.  When employer is applicable, segment	Segment does not apply.  n/a n/a Segment does not apply.
		2100D Member			N301 N302	Member Er	Address Information Address Information The Company of the Company	Address Information Address Information City Name	Situational  M O Situational	1 1 1	55 55 30	When employer is applicable, segment identifies employer address.  When employer is applicable, segment	Segment does not apply.  n/a n/a Segment does not apply.  n/a
		2100D Member			N301 N302 N401 N402	Member En	Address Information Address Information Modern City, State, Zip City Name State or Prov Code	Address Information Address Information  City Name State or Province Code	Situational  M O Situational	1 1 1 2 2 2 2 2 2	55 55 30 2	When employer is applicable, segment identifies employer address.  When employer is applicable, segment	Segment does not apply.  n/a n/a Segment does not apply.  n/a n/a n/a
		2100D Member			N301 N302 N401 N402 N403	Member En	Address Information Address Information Modern City, State, Zip  City Name State or Prov Code Postal Code	Address Information Address Information  City Name State or Province Code Postal Code	Situational  M O Situational  O O O O	1 1 1 2 2 2 3 3 3 2	55 55 30 2 15	When employer is applicable, segment identifies employer address.  When employer is applicable, segment	Segment does not apply.  n/a n/a Segment does not apply.  n/a n/a n/a n/a
		2100D Member			N301 N302 N401 N402 N403 N404	Member En	Address Information Address Information Address Information Imployer City, State, Zip City Name State or Prov Code Postal Code Country Code	Address Information Address Information  City Name State or Province Code Postal Code Country Code	Situational  M O Situational  O O O O O	1 1 1 2 2 2 3 3 2 2	55 55 30 2	When employer is applicable, segment identifies employer address.  When employer is applicable, segment	Segment does not apply.  n/a n/a Segment does not apply.  n/a n/a n/a n/a n/a n/a
		2100D Member			N301 N302 N401 N402 N403 N404 N405	Member Er	Address Information Address Information Address Information Imployer City, State, Zip City Name State or Prov Code Postal Code Country Code Location Qualifier	Address Information Address Information  City Name State or Province Code Postal Code Country Code Location Qualifier	Situational  M O Situational  O O O O O O O O O O O O O O O O O O	1 1 1 2 2 2 3 2 2 1 1	55 55 30 2 15 3	When employer is applicable, segment identifies employer address.  When employer is applicable, segment identifies employer address.	Segment does not apply.  n/a n/a Segment does not apply.  n/a n/a n/a n/a n/a n/a n/a n/a n/a
		2100D Member			N301 N302 N401 N402 N403 N404	Member Er	Address Information Address Information Address Information Imployer City, State, Zip City Name State or Prov Code Postal Code Country Code	Address Information Address Information  City Name State or Province Code Postal Code Country Code	Situational  M O Situational  O O O O O	1 1 1 2 2 2 3 2 2 1 1 1	55 55 30 2 15	When employer is applicable, segment identifies employer address.  When employer is applicable, segment	Segment does not apply.  n/a n/a Segment does not apply.  n/a n/a n/a n/a n/a n/a
		2100D Member Employer	060	N4	N301 N302 N401 N402 N403 N404 N405	Member Er	Address Information Address Information Address Information Imployer City, State, Zip City Name State or Prov Code Postal Code Country Code Location Qualifier	Address Information Address Information  City Name State or Province Code Postal Code Country Code Location Qualifier	Situational  M O Situational  O O O O O O O O O O O O O O O O O O	1 1 1 2 2 3 3 2 1 1 1	55 55 30 2 15 3	When employer is applicable, segment identifies employer address.  When employer is applicable, segment identifies employer address.	Segment does not apply.  n/a n/a  Segment does not apply.  n/a n/a n/a n/a n/a n/a n/a
	Detail	2100D Member Employer	060	N4	N301 N302 N401 N402 N403 N404 N405	Member En	Address Information Address Information Address Information Address Information  Imployer City, State, Zip  City Name State or Prov Code Postal Code Country Code Location Qualifier Location Identifier	Address Information Address Information  City Name State or Province Code Postal Code Country Code Location Qualifier	Situational  M O Situational  O O O O O O O O O O O O O O O O O O		55 55 30 2 15 3	When employer is applicable, segment identifies employer address.  When employer is applicable, segment identifies employer address.  If N406 is present then N405 is required.	Segment does not apply.  n/a  n/a  Segment does not apply.  n/a  n/a  n/a  n/a  n/a  n/a  n/a  n/
11	Detail	2100D Member Employer 2100E Memi 2100E	060 060 0er Sch	N4	N301 N302 N401 N402 N403 N404 N405	Member Er	Address Information Address Information Address Information Address Information  Imployer City, State, Zip  City Name State or Prov Code Postal Code Country Code Location Qualifier Location Identifier	Address Information Address Information  City Name State or Province Code Postal Code Country Code Location Qualifier	Situational  M O Situational  O O O O O O O O O O O O O O O O O O		55 55 30 2 15 3	When employer is applicable, segment identifies employer address.  When employer is applicable, segment identifies employer address.  If N406 is present then N405 is required.	Segment does not apply.  n/a  n/a  Segment does not apply.  n/a  n/a  n/a  n/a  n/a  n/a  N/a  N/a
	Detail	2100D Member Employer	060 060 0er Sch	N4	N301 N302 N401 N402 N403 N404 N405	Member En	Address Information Address Information Address Information Address Information  Imployer City, State, Zip  City Name State or Prov Code Postal Code Country Code Location Qualifier Location Identifier	Address Information Address Information  City Name State or Province Code Postal Code Country Code Location Qualifier	Situational  M O Situational  O O O O O O O O O O O O O O O O O O		55 55 30 2 15 3	When employer is applicable, segment identifies employer address.  When employer is applicable, segment identifies employer address.  If N406 is present then N405 is required.  Loop is sent when member is enrolled in school and sponsor is required to notify	Segment does not apply.  n/a  n/a  N/a  Segment does not apply.  n/a  n/a  n/a  n/a  n/a  n/a  N/a  N/a
	Detail	2100D Member Employer 2100E Memi 2100E	060 060 0er Sch	N4	N301 N302 N401 N402 N403 N404 N405	Member En	Address Information Address Information Address Information Address Information  Imployer City, State, Zip  City Name State or Prov Code Postal Code Country Code Location Qualifier Location Identifier	Address Information Address Information  City Name State or Province Code Postal Code Country Code Location Qualifier	Situational  M O Situational  O O O O O O O O O O O O O O O O O O	2 2 2 3 2 1 1	55 55 30 2 15 3	When employer is applicable, segment identifies employer address.  When employer is applicable, segment identifies employer address.  If N406 is present then N405 is required.	Segment does not apply.  n/a  n/a  n/a  n/a  n/a  n/a  n/a  n/
	Detail	2100D Member Employer 2100E Memi 2100E	060 060 0er Sch	N4	N301 N302 N401 N402 N403 N404 N405	Member En	Address Information Address Information Address Information Address Information  Imployer City, State, Zip  City Name State or Prov Code Postal Code Country Code Location Qualifier Location Identifier	Address Information Address Information  City Name State or Province Code Postal Code Country Code Location Qualifier	Situational  M O Situational  O O O O O O O O O O O O O O O O O O	1	55 55 30 2 15 3	When employer is applicable, segment identifies employer address.  When employer is applicable, segment identifies employer address.  If N406 is present then N405 is required.  Loop is sent when member is enrolled in school and sponsor is required to notify	Segment does not apply.  n/a n/a  n/a  n/a  n/a  n/a  n/a  n/a
1	Detail	2100D Member Employer 2100E Memi 2100E	060 060 0er Sch	N4	N301 N302 N401 N402 N403 N404 N405	Member En	Address Information Address Information Address Information Address Information  Imployer City, State, Zip  City Name State or Prov Code Postal Code Country Code Location Qualifier Location Identifier	Address Information Address Information  City Name State or Province Code Postal Code Country Code Location Qualifier	Situational  M O Situational  O O O O O O O O O O O O O O O O O O	2 2 3 2 1 1	55 55 30 2 15 3	When employer is applicable, segment identifies employer address.  When employer is applicable, segment identifies employer address.  If N406 is present then N405 is required.  Loop is sent when member is enrolled in school and sponsor is required to notify	Segment does not apply.  n/a n/a  Segment does not apply.  n/a n/a n/a n/a n/a n/a n/a n/a n/a n/
1	Detail	2100D Member Employer 2100E Memi 2100E	060 060 0er Sch	N4	N301 N302 N401 N402 N403 N404 N405	Member En	Address Information Address Information Address Information Address Information  Imployer City, State, Zip  City Name State or Prov Code Postal Code Country Code Location Qualifier Location Identifier	Address Information Address Information  City Name State or Province Code Postal Code Country Code Location Qualifier Location Identifier	Situational  M O Situational  O O O O O O O O O O O O O O O O O O	2 2 3 2 1 1 1 2 2 2 2 2 2 2 2 2 2 2 2 2	55 55 30 2 15 3	When employer is applicable, segment identifies employer address.  When employer is applicable, segment identifies employer address.  If N406 is present then N405 is required.  Loop is sent when member is enrolled in school and sponsor is required to notify	Segment does not apply.  n/a n/a n/a  n/a n/a n/a n/a n/a n/a n
3 4 W1	Detail	2100D Member Employer 2100E Memi 2100E	060 060 0er Sch	N4	N301 N302 N401 N402 N403 N404 N405 N406	Member En	Address Information Address Information Address Information Address Information  Imployer City, State, Zip  City Name State or Prov Code Postal Code Country Code Location Qualifier Location Identifier	Address Information Address Information  City Name State or Province Code Postal Code Country Code Location Qualifier Location Identifier	Situational  M O Situational  O O O O O O Situational	2 2 2 3 2 1 1 1	30 2 115 3 2 30	When employer is applicable, segment identifies employer address.  When employer is applicable, segment identifies employer address.  If N406 is present then N405 is required.  Loop is sent when member is enrolled in school and sponsor is required to notify	Segment does not apply.  n/a  n/a  Segment does not apply.  n/a  n/a  n/a  n/a  n/a  n/a  n/a  n/

		saction Set Fi	ile Lay	out									
PER C	Level	Loop	Position	Segment ID	Reference Designator		Data Element	Data Element Description	Requirement		ribute Max	Comments	Notes / Examples
	Detail	2100E	040	PER		Member Sch	hool Communications I	Numbers	Situational			When school is applicable, segment	Not a PeopleSoft delivered database
		Member School										identifies to whom administrative	element. Carrier information requirement can
												communications should be sent.	adequately be satisfied through the
-													dependent member segments. Segment is
													not used.
					PER01		ontact Funct Code	Contact Function Code	M	2	2	SK = School clerk	Not used
$\vdash$					PER02		ame - Not Used	O a service for N and a C afficient	n/a	1	60	Name - Not Used.	Set to placeholder.
$\vdash$					PER03 PER04		omm Number Qual	Communication Number Qualifier Communication Number	X	1	80	If PER04 present then required.  If PER03 present then required.	Not used Not used
<del></del>					PER04 PER05		omm Number Qual	Communication Number Qualifier	X	2	2	If PER06 present then required.	Not used
					PER06		omm Number Quai	Communication Number	X	1	80	If PER05 present then required.	Not used
					PER07		omm Number Qual	Communication Number Qualifier	X	2	2	If PER08 present then required.	Not used
					PER08		omm Number	Communication Number	Х	1	80	If PER07 present then required.	Not used
-			•	•	•				•		•	<u> </u>	
N3 D	Detail	2100E	050	N3		Member Sch	hool Street Address		Situational			When school is applicable, segment	Not a PeopleSoft delivered database
		Member School										identifies school address.	element. Carrier information requirement can
													adequately be satisfied through the
													dependent member segments. Segment is
-					NOOA	0.4	dalassa lafaaasatisa	Address Information		4			not used.
<del></del>				-	N301 N302		ddress Information	Address Information Address Information	М О	1	55 55		Not used Not used
					N302	Au	duress information	Address information	0	11	55		Not used
N4 F	Detail	2100E	060	N4		Member Sch	hool City, State, Zip		Situational	1	1	When school is applicable, segment	Not a PeopleSoft delivered database
	Jotan	Member School	000			member our	, Otato, Esp		Ontactional			identifies school address.	element. Carrier information requirement can
													adequately be satisfied through the
													dependent member segments. Segment is
													not used.
					N401		ty Name	City Name	0	2	30		Not used
					N402		ate or Prov Code	State or Province Code	0	2	2		Not used
					N403		ostal Code	Postal Code	0	3	15		Not used
					N404	Co	ountry Code	Country Code	0	2	3		Not used
		2100F Custo	odial Pa	arent									
NM1 D	Detail	2100F	030	NM1		Custodial Pa	arent		Situational			Loop is sent when custodial parent of a	Not a PeopleSoft delivered database
		Custodial										minor is someone other than the	element. Carrier information requirement can
		Parent										subscriber.	adequately be satisfied through the
													dependent member segments. Could
													customize dependent/beneficiary or dependent/beneficiary comment panels.
													Customization not recommended.
					NM101	IFn	ntity ID Code	Entity Identifier Code	M	2	3		Not used
					NM102		ntity Type Qualifier	Entity Type Qualifier	M	1	1		Not used
					NM103		ame Last/ Org Name	Name Last or Organization Name	0	1	35		Not used
					NM104		ame First	Name First	0	1	25		Not used
					NM105		ame Middle	Name Middle	0	1	25		Not used
							D C -			1.	10		III a a a a a a a a a a a a a a a a a a
					NM106		ame Prefix	Name Prefix	0	1			Not used
					NM107	Na	ame Suffix	Name Suffix	0	1	10		Not used
					NM107 NM108	Na ID	ame Suffix Code Qualifier	Name Suffix Identification Code Qualifier	0 0 X	1 1	10 2	Use of NM109 is required with NM108.	Not used Not used
				- - -	NM107	Na ID	ame Suffix	Name Suffix	0	1 1 2		Use of NM109 is required with NM108. Use of NM108 is required with NM109.	Not used
DED	Detail	21005	040	DED	NM107 NM108 NM109	Na ID ID	ame Suffix Code Qualifier Code	Name Suffix Identification Code Qualifier Identification Code	0 0 X X	1 1 2	10 2	Use of NM108 is required with NM109.	Not used Not used Not used
PER D	Detail	2100F Custodial	040	PER	NM107 NM108 NM109	Na ID ID	ame Suffix Code Qualifier	Name Suffix Identification Code Qualifier Identification Code	0 0 X	1 1 2	10 2	Use of NM108 is required with NM109.  When custodial parent is applicable,	Not used Not used Not used Not used  Not a PeopleSoft delivered database
PER D	Detail	Custodial	040	PER	NM107 NM108 NM109	Na ID ID	ame Suffix Code Qualifier Code	Name Suffix Identification Code Qualifier Identification Code	0 0 X X	1 1 2	10 2	Use of NM108 is required with NM109.  When custodial parent is applicable, segment identifies to whom administrative	Not used Not used Not used Not used  Not a PeopleSoft delivered database element. Carrier information requirement can
PER D	Detail		040	PER	NM107 NM108 NM109	Na ID ID	ame Suffix Code Qualifier Code	Name Suffix Identification Code Qualifier Identification Code	0 0 X X	1 1 1 2	10 2	Use of NM108 is required with NM109.  When custodial parent is applicable,	Not used Not used Not used Not used  Not a PeopleSoft delivered database
PER D	Detail	Custodial	040	PER	NM107 NM108 NM109	Na ID ID	ame Suffix Code Qualifier Code	Name Suffix Identification Code Qualifier Identification Code	0 0 X X	1 1 2	10 2	Use of NM108 is required with NM109.  When custodial parent is applicable, segment identifies to whom administrative	Not used Not used Not used Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the
PER D	Detail	Custodial	040	PER	NM107 NM108 NM109	Na ID ID	ame Suffix Code Qualifier Code	Name Suffix Identification Code Qualifier Identification Code	0 0 X X	1 1 1 2	10 2	Use of NM108 is required with NM109.  When custodial parent is applicable, segment identifies to whom administrative	Not used Not used Not used Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is
PER D	Detail	Custodial	040	PER	NM107 NM108 NM109 PER01 PER02	Na ID ID ID	ame Suffix Code Qualifier Code arent Communications	Name Suffix Identification Code Qualifier Identification Code  Numbers	O O X X X Situational	2	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.	Not used Not used Not used Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
PER D	Detail	Custodial	040	PER	NM107 NM108 NM109 PER01 PER02 PER03	Name of the state	ame Suffix Code Qualifier Code  arent Communications  ontact Funct Code ame - Not Used omm Number Qual	Name Suffix Identification Code Qualifier Identification Code  Numbers  Contact Function Code  Communication Number Qualifier	O O X X X Situational M n/a X	2 1 2	2 80 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.	Not used Not used Not used Not used Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used. Not used Not used Not used Not used
PER D	Detail	Custodial	040	PER	NM107 NM108 NM109 PER01 PER02 PER03 PER04	Na ID Custodial Pa  Custodial Pa  Custodial Pa  Custodial Pa	ame Suffix Code Qualifier Code  arent Communications  ontact Funct Code ame - Not Used omm Number Qual	Name Suffix Identification Code Qualifier Identification Code  Numbers  Contact Function Code  Communication Number Qualifier Communication Number	O O X X X X Situational M n/a X X X	2 1 2 1	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 PER03 present then required.	Not used Not used Not used Not used Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used. Not used Not used Not used Not used Not used
PER D	Detail	Custodial	040	PER	NM107 NM108 NM109 PER01 PER02 PER03 PER04 PER05	Custodial Pa	ame Suffix Code Qualifier Code  arent Communications  ontact Funct Code ame - Not Used omm Number Qual omm Number	Name Suffix Identification Code Qualifier Identification Code  Numbers  Contact Function Code  Communication Number Qualifier Communication Number Communication Number Qualifier	O O X X X X Situational	2 1 2 1 2	2 80 2 60 2 80 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 PER05 present then required.  If PER06 present then required.	Not used Not used Not used Not used Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used. Not used
PER D	Detail	Custodial	040	PER	NM107 NM108 NM109 PER01 PER02 PER03 PER04 PER05 PER06	Custodial Pa	ame Suffix Code Qualifier Code  arent Communications  ontact Funct Code ame - Not Used omm Number Qual omm Number Qual omm Number Qual	Name Suffix Identification Code Qualifier Identification Code  Numbers  Contact Function Code  Communication Number Qualifier Communication Number Communication Number Qualifier Communication Number Qualifier Communication Number	O O X X X X X X X X X X	2 1 2 1 2 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1 1 1 2 2 1	2 80 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 PER05 present then required.  If PER05 present then required.  If PER05 present then required.	Not used Not used Not used Not used Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used. Not used
PER D	Detail	Custodial	040	PER	NM107 NM108 NM109 PER01 PER02 PER03 PER04 PER05	Custodial Pa	ame Suffix Code Qualifier Code  arent Communications  ontact Funct Code ame - Not Used omm Number Qual omm Number	Name Suffix Identification Code Qualifier Identification Code  Numbers  Contact Function Code  Communication Number Qualifier Communication Number Communication Number Qualifier	O O X X X X Situational	2 1 2 1 2 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 2 1 1 1 2 1 1 1 1 2 1	2 80 2 60 2 80 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 PER05 present then required.  If PER06 present then required.	Not used Not used Not used Not used Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used. Not used

EDI 834	Trans	saction Set F	ile Layo	out									
Data Field Values		Loop	Position	Segment	Reference Designator		Data Element	Data Element Description	Requirement		ribute Max	Comments	Notes / Examples
N3	Detail	2100F Custodial Parent	050	N3		Custodial	Parent Street Address		Situational			segment identifies custodial address.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					N301		Address Information	Address Information	M	1	55		Not used
	ļ				N302		Address Information	Address Information	0	1	55		Not used
N4	Detail	2100F Custodial Parent	060	N4	N401	Custodia	Parent City, State, Zip  City Name	City Name	Situational	2	30		Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.  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
		2100G Resp											
NM1	Detail	2100G Responsible Person	030	NM1		Responsi	ble Person		Situational			Loop identifies person responsible for the member. Responsible person is someone other than the subscriber. Data is intended for coverage programs that are not to be employment related, such as Medicare and Medicaid.	dependent member segments. Segment is 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 NM104		Name Last/ Org Name Name First	Name Last or Organization Name Name First	0	1	35 25		Not used Not used
				<u>-</u>	NM104		Name Middle	Name Middle	0	1	25		Not used
					NM106		Name Prefix	Name Prefix	Ö	1	10		Not used
					NM107		Name Suffix	Name Suffix	0	1	10		Not used
					NM108		ID Code Qualifier	Identification Code Qualifier	Х	1	2	Use of NM109 is required with NM108.	Not used
					NM109		ID Code	Identification Code	Х	2	80	Use of NM108 is required with NM109.	Not used
PER	Detail	2100G Responsible Person	040	PER		Responsi	ble Person Communication	ons Numbers	Situational				Not a PeopleSoft delivered database element. Carrier 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		Not used
					PER02		Name - Not Used		n/a	1	60	Name - Not Used.	Not used
-				-	PER03		Comm Number Qual	Communication Number Qualifier	X	2	2 80	If PER04 present then required.	Not used
	<b> </b>				PER04 PER05	-	Comm Number Comm Number Qual	Communication Number Communication Number Qualifier	X	2	δU 2	If PER03 present then required.  If PER06 present then required.	Not used Not used
					PER05		Comm Number Quai	Communication Number Qualifier	X	1	80	If PER05 present then required.	Not used
					PER07		Comm Number Qual	Communication Number Qualifier	x	2	2	If PER08 present then required.	Not used
					PER08		Comm Number	Communication Number	X	1	80	If PER07 present then required.	Not used
N3	Detail	2100G Responsible Person	050	N3		Responsi	ble Person Street Addres		Situational			segment identifies responsible address.	Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used.
					N301		Address Information	Address Information	M	1	55		Not used
	<u> </u>				N302		Address Information	Address Information	0	1	55	1	Not used
N4	Detail	2100G Responsible Person	060	N4		•	ble Person City, State, Zip		Situational				Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied 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 3		Not used
ı	ı				N404		Country Code	Country Code	0		S	1	Not used

<b>EDI 834</b>	Trans	<u>action Set Fi</u>	ile Layo	out								
Data Field				Segment	Reference	Segment				Attribute		
Values	Level	Loop	Position	ĪD	Designator	Name	Data Element	Data Element Description	R	Min Max	Comments	Notes / Examples

		2200 Disabi										
DSB	Detail	2200 Disability Information	200	DSB		Disability Information		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	X	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 Eligibility Dates		Situational			Segment is used to send first and last date of disability.	DTP*360*D8*1996*1001~
					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	M	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

			_				Data Liement Description	<u> </u>			Comments	
LID	ID-1-1	2300 Health				In the second		O't attack	_	_	December 1	LIDAGGASSI II TSSIND
HD	Detail	2300 Health Coverage	260	HD		Health Coverage		Situational			Segment is used to enroll a new member or add, update, or terminate coverage for an existing member.	HD*021**HLT**IND~
Network					HD01	Maintenance Type Code	Maintenance Type Code	М	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 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or Compare
Not used				_	HD02	Maint Reason - Not Used	1	_			Not used	Not Used
					HD03	Insurance Line Code	Insurance Line Code	O	2	3	AG = Preventitive Care/Wellness AH = 24 Hour Care AJ = Medicare Risk AK = Mental Health DCP = Dental Capitation DEN = Dental EPO = Exclusive Provider Organization FAC = Facility HE = Hearing HLT = Health HMO = Health Maintenance Organization LTC = Long-Term Care LTD = Long-Term Disability MM = Major Medical MOD = Mail Order Drug PDG = Prescription 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 : 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 E1D = Employee and 1 Dependent E2D = Employee and 2 Dependents E3D = Employee and 3 Dependents E5D = Employee and 1 or More Dependents E6D = Employee and 2 or More Dependents E7D = Employee and 3 or More Dependents E8D = Employee and 4 or More Dependents E8D = Employee and 5 or More Dependents E9D = Employee and 5 or More Dependents E9D = Employee and 5 or More Dependents ECH = Employee and Children EMP = Employee Only ESP = Employee and Spouse FAM = Family IND = Individual SPC = Spouse and Children SPO = Spouse Only TWO = Two Party	Valid Values: IND FAM

Requirement Min Max

Comments

Notes / Examples

| EDI 834 Transaction Set File Layout | Data Field | Se

Loop

Position

Values

Level

Segment Reference Segment ID Designator Name

Data Element

Data Element Description

•	Detail	2300 Health Coverage	270	DTP		Health Coverage 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
					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	M	1	35	Coverage Period	Coverage Period
=	Detail	2300 Health Coverage	290	REF		Health Coverage 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	
				_	REF01	Reference Ident Qual	Reference Identification Qualifier	M	2	2	or policy.  17 = Client Reporting Category	Set to 1L
					REF02	Reference Ident	Reference Identification Insured Group or Policy Number	X	1	30	Insured Group or Policy Number At least one REF02 is required.	Join Benefit Plan and Benefit Program
	Detail	2300 Health Coverage	260	HD		Health Coverage		Situational			Segment is used to indicate Med D enrollment	HD*021**PDG~ (Medicare D Enrollment)
used					HD02	Maint Reason - Not Used					002 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 026 = Correction 030 = Audit or compare 032 = Employee Info Not Applicable Not used	002 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or Compare
					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 = Dental Capitation DEN = Dental EPO = Exclusive Provider Organization FAC = Facility HE = Hearing HLT = Health HMO = Health Maintenance Organization LTC = Long-Term Care LTD = Long-Term Disability MM = Major Medical MOD = Mail Order Drug PDG = Prescription 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.	Not applicable

Requirement Min Max

Comments

Notes / Examples

EDI 834 Transaction Set File Layout

Data Field Se

Loop

Position

Values

Level

Segment Reference Segment ID Designator Name

Data Element

Data Element Description

EDI 83	4 Trans	saction Set F	File Layo										
Data Field Values		Loop	Position		Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Att t Mir	ribute n Ma:	Comments	Notes / Examples
		Loop	Position				Data Element  Coverage Level Code	Data Element Description  Coverage Level Code	O	Att Mir	Ma:	CHD = Children Only DEP = Dependents Only E1D = Employee and 1 Dependent E2D = Employee and 2 Dependents E3D = Employee and 3 Dependents E5D = Employee and 1 or More Dependents E6D = Employee and 2 or More Dependents E7D = Employee and 3 or More Dependents E8D = Employee and 4 or More Dependents E8D = Employee and 5 or More Dependents E9D = Employee and 5 or More Dependents E9D = Employee and 5 or More Dependents ECH = Employee and Children EMP = Employee and Spouse	Notes / Examples  Not applicable
DTP	Detail	2300	270	DTP		Health Co	overage Eligibility Dates	T	Required			FAM = Family  IND = Individual  SPC = Spouse and Children  SPO = Spouse Only  TWO = Two Party  Segment contains the date that	DTP*348*D8*20000320~
DIF	Detail	Health Coverage	210	ЫГ		nealth Co	overage Enginment Dates		Required			maintenance was performed or effective, and the benefit begin and end dates for the coverage.	DTF 346 D6 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 DTP03		Date Time Format Qual Date Time Period	Date Time Period Format Qualifier Date Time Period Coverage Period	M M	1	3 35	D8 = Date expressed in CCYYMMDD. Coverage Period	Set to D8. Coverage Period
REF	Detail	2300 Health Coverage	290	REF		Health Co	overage 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	Not applicable
	+				REF01		Reference Ident Qual	Reference Identification Qualifier	M	2	3	or policy.  17 = Client Reporting Category	Not applicable
					REF02		Reference Ident	Reference Identification Insured Group or Policy Number	X	1	30	Insured Group or Policy Number At least one REF02 is required.	Not applicable
IDC	Detail	2300 Health Coverage	300	IDC		Identifica	tion Card		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.	IDC*12345678901016*H~ Not used anymore
					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 ID 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.	Set to the member's card number.
					IDC02		ID Card Type Code	ID Card Type Code	M 0	1	1	D = Dental Insurance H = Health Insurance P = Prescription Drug Insurance Send only if quantity is greater than 1	D = Dental Insurance H = Health Insurance P = Prescription Drug Insurance
					IDC03		Quantity	Quantity Identification Card Count	U	ľ	15	Send only if quantity is greater than 1	Set to zero

<b>EDI 834</b>	Trans	action Set F	ile Layo	ut									
Data Field				Segment	Reference	Segment				Att	tribute		
Values	Level	Loop	Position	ID	Designator	Name	Data Element	Data Element Description	Requiremen	t Mir	n Max	Comments	Notes / Examples
					IDC04		Action Code	Action Code	0	1	2	1 = Add	Set new enrollee to '1'
												2 = Change	Set changes to '2'
												RX = Replace (no data change)	
					•								•
LX	Detail	2300 Health Coverage	310	LX			Information		Situational			care or capitated physicians and pharmacies chosen by the enrollee in a managed care plan when that selection is made through the sponsor. Use one	The scope of Nybeas does not include the 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
					LX01		Assigned Number	Assigned Number	М	1	6	Number assigned for differentiation within a transaction set.	Not used

EDI 034	Trans	saction Set Fi	le Layc	out									
Data Field				Segment	Reference						ibute		
Values	Level	Loop	Position	ID	Designator	Name	Data Element	Data Element Description	Requirement	Min	Max	Comments	Notes / Examples
		0040 D : 1								_			
NM1	Detail	2310 Provide 2310		Mation NM1		Provider	Nama		Required			The National Provider ID should be	The scope of Nybeas does not include the
VIVI I	Detail	Provider	320	INIVII		riovidei	Ivaille		rtoquired			passed in NM109. Until the NP ID is	maintenance of a PC P dictionary by DCS
		Information	1									available the Federal Tax ID should be	and does not provide for maintaining
			1									used. Fields NM103 through NM107 are	database records to support employee PC
			1									used when the sponsor has the provider's	selections and changes. The delivered
			1									name but does not pass the standard ID in	interface will not include PCP data fields
												NM109 because the ID is unknown or	
			1									local regulations prevent using Social	
			1									Security Numbers or Federal Tax IDs. If	
			1									the entity code, NM102, is 1 for person	
			1									and the name is being passed, NM103	
			1									and NM104 must be used and NM105,	
			1									NM106 andNM107 may be used. When	
			1									the name is being passed for a non- person entity, then use only NM103.	
			1									NM104 through NM107 are not populated.	
			1									10101104 tillough Nivi 107 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
			<b></b>		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
			<del></del>		NM105 NM106		Name Middle	Name Middle	0	1	25 10		Not used
			<del></del>		NM106		Name Prefix Name Suffix	Name Prefix Name Suffix	0	1	10		Not used Not used
			<del></del>		NM108		ID Code Qualifier	Identification Code Qualifier	X	1	2	Use of NM109 is required with NM108.	Not used
					NM109		ID Code	Identification Code	X	2	80	Use of NM108 is required with NM109.	Not used
					NM110		Entity Relat Code	Entity Relationship Code	Х	2	2	·	Not used
				•	•			1					
PLA	Detail	2310	395	PLA		PCP Cha	nge Reason		Situational			Segment is used to report the reason and	The scope of Nybeas does not include the
		Provider Information	1									the effective date that a member changes primary care provider.	maintenance of a PC P dictionary by DCS and does not provide for maintaining
		IIIIOIIIIalioii	1									primary care provider.	database records to support employee PC
			1										selections and changes. The delivered
			1										interface will not include PCP data fields
													Illiteriace will flot illiciade FCF data lielus
													interface will not include FCF data fields
	1				PLA01		Action Code	Action Code	M	1	2		Not used
				-	PLA02		Entity ID Code	Entity Identifier Code	M	1 2	3		Not used Not used
										1 2 8	-		Not used Not used Not used
					PLA02 PLA03		Entity ID Code Date	Entity Identifier Code Date	M	1 2 8	3		Not used Not used Not used Not used
					PLA02		Entity ID Code	Entity Identifier Code	M M	1 2 8	3		Not used Not used Not used
		2320 Coordi			PLA02 PLA03 PLA05		Entity ID Code Date Maintain Reason Code	Entity Identifier Code Date	M M	1 2 8	3		Not used
COB	Detail	2320		of Bene	PLA02 PLA03 PLA05	Coordina	Entity ID Code Date	Entity Identifier Code Date	M M	1 2 8	3	Loop is used when an individual has	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~
СОВ	Detail	2320 Coordination of			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date Maintain Reason Code	Entity Identifier Code Date	M M	1 2 8	3	another insurance plan with benefits	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary du
COB	Detail	2320			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date Maintain Reason Code	Entity Identifier Code Date	M M	1 2 8	3	another insurance plan with benefits similar to those covered by the insurance	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~
СОВ	Detail	2320 Coordination of			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date Maintain Reason Code	Entity Identifier Code Date	M M	1 2 8 2 2	3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary du
COB	Detail	2320 Coordination of			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date Maintain Reason Code	Entity Identifier Code Date	M M	1 2 8	3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary due
СОВ	Detail	2320 Coordination of			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date Maintain Reason Code	Entity Identifier Code Date	M M	1 2 8 2 2	3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB information is provided by individual, not	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary due
СОВ	Detail	2320 Coordination of			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date  Maintain Reason Code  tion of Benefits	Entity Identifier Code Date	M M	1 2 8 2 2	3 8 3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB information is provided by individual, not by subscriber.	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary due
СОВ	Detail	2320 Coordination of			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date  Maintain Reason Code  tion of Benefits	Entity Identifier Code Date  Maintain Reason Code	M M O Situational	1 2 8 8 2 2	3 8 3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB information is provided by individual, not by subscriber.  P = Primary S = Secondary	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary due to Medicare D enrollment
COB	Detail	2320 Coordination of			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date  Maintain Reason Code  tion of Benefits	Entity Identifier Code Date  Maintain Reason Code  Payer Responsibility Sequence	M M O Situational	2	3 8 3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB information is provided by individual, not by subscriber.  P = Primary S = Secondary T = Tertiary	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary due to Medicare D enrollment  Valid Values:
COB	Detail	2320 Coordination of			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date  Maintain Reason Code  tion of Benefits  Payer Resp Seq No Code	Entity Identifier Code Date  Maintain Reason Code  Payer Responsibility Sequence Number Code	M M O O Situational	2 8 1	3 8 3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB information is provided by individual, not by subscriber.  P = Primary S = Secondary T = Tertiary U = Unknown	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary du to Medicare D enrollment  Valid Values: S = Secondary
COB	Detail	2320 Coordination of			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date  Maintain Reason Code  tion of Benefits	Entity Identifier Code Date  Maintain Reason Code  Payer Responsibility Sequence Number Code  Reference Identification	M M O Situational	1 2 8 2 2	3 8 3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB information is provided by individual, not by subscriber.  P = Primary S = Secondary T = Tertiary	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary due to Medicare D enrollment  Valid Values:
COB	Detail	2320 Coordination of			PLA02 PLA03 PLA05  fits  COB01	Coordina	Entity ID Code Date  Maintain Reason Code  tion of Benefits  Payer Resp Seq No Code  Reference Ident	Entity Identifier Code Date  Maintain Reason Code  Payer Responsibility Sequence Number Code	M M O O O O O	1 2 8 2 2	3 8 3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB information is provided by individual, not by subscriber.  P = Primary S = Secondary T = Tertiary U = Unknown Insured Group or Policy Number	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary due to Medicare D enrollment  Valid Values: S = Secondary  NYSHIP
COB	Detail	2320 Coordination of			PLA02 PLA03 PLA05	Coordina	Entity ID Code Date  Maintain Reason Code  tion of Benefits  Payer Resp Seq No Code	Entity Identifier Code Date  Maintain Reason Code  Payer Responsibility Sequence Number Code  Reference Identification Insured Group or Policy Number	M M O O Situational	1 2 8 2 1 1 1 1 1 1 1	3 8 3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB information is provided by individual, not by subscriber.  P = Primary S = Secondary T = Tertiary U = Unknown	Not used Not used Not used Not used Not used Not used COB*S*NYSHIP*1~ Used to indicate NYSHIP is Secondary due to Medicare D enrollment  Valid Values: S = Secondary
COB	Detail	2320 Coordination of			PLA02 PLA03 PLA05  fits  COB01	Coordina	Entity ID Code Date  Maintain Reason Code  tion of Benefits  Payer Resp Seq No Code  Reference Ident	Entity Identifier Code Date  Maintain Reason Code  Payer Responsibility Sequence Number Code  Reference Identification Insured Group or Policy Number	M M O O O O O	1 2 8 2 1 1 1 1 1 1	3 8 3	another insurance plan with benefits similar to those covered by the insurance product specified in the HD segment for this occurrence of Loop ID-2300. COB information is provided by individual, not by subscriber.  P = Primary S = Secondary T = Tertiary U = Unknown Insured Group or Policy Number  1 = Coordination of Benefits	Not used Not used Not used Not used Not used Not used Tot used Not used Not used Not used Valid Values: S = Secondary  NYSHIP

		saction Set F	<u>ile Lay</u>										
Data Field			Dasition		Reference		Data Element	Data Element Description	Description		ribute		Notes / Evereles
Values	Level	Loop	Position	טו וו	Designator	Name	Data Element	Data Element Description	Requirement	IVIII	I IVIAX	Comments	Notes / Examples
REF	Detail	2320 Coordination of Benefits	405	REF		Additiona	ll Coordination of Benefit	s 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 f	N1		Other Ins	urance Company Name		Situational			Identifies other insurance company (COB) by type, name, and code.	maintenance of a COB data by DCS. The delivered interface will not include PCP data fields
IN					N101		Entity ID Code	Entity Identifier Code	M	2	3	IN = Insurer.	Not Used
					N102		Name	Entity Identifier Code	X	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		Coordina	tion 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	ļ	Date Time Period	Date Time Period	M	1	35	Date COB is in effect.	Not Used
		Transaction	Sat Tr	oilor									
SE	Trailer	Transaction	Set II	SE		Transacti	on Set Trailer		Required		Т	Indicates end of transaction set and provides a count of the segments.	SE*39*1 ~
					SE01	(11111111111111111111111111111111111111	Number of Inc Segs	Number of Included Segments	M	1	10	Total number of segments in the transaction set including ST and SE.	System generated.
					SE02		TS Control Number	Transaction Set Control Number	M	4	9	Unique control number .	The transaction set control numbers in SEO2 and STO2 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.