NEW YORK STATE | Department of Civil Service

# Detailed Record Layout - RFP entitled: "New York State Vision Plan Services"

## EDI 834 Transaction Set File Layout

| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Notes / Examples |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Header** | | | | | | | | | | | |
| ST | Header | Header | 010 | **ST** | | **Transaction Set Header** | | | Required | | | Indicates start of transaction set and assigns control number. | ST*834*6 ~ |
| 834 | | | | | ST01 | | TS ID Code | Transaction Set Identifier Code | M | 3 | 3 | Code to identify transaction set type. Set benefit enrollment transaction set to 834. | Set to 834. |
| | | | | | ST02 | | TS Control Number | Transaction Set Control Number | M | 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. |
| | | | | | ST03 | | Implementation Convention Reference | Implementation Convention Reference | M | 1 | 35 | Reference assigned to identify Implementation Convention | Set to 005010X220A1.<br><br>This field contains the same value as GS08. |
| BGN | Header | Header | 020 | **BGN** | | **Beginning Segment** | | | Required | | | Indicates the beginning of a transaction set. | BGN*00*000000000000196*20000309*1356*<br>***2~ |
| | | | | | BGN01 | | TS Purpose Code | Transaction Set Purpose Code | M | 2 | 2 | 00 = Original. First time transaction sent<br>15 = Resubmission. Corrected transaction, original not yet processed by receiver.<br>22 = Information Copy. Same as original transmission. | Default to '00' |
| | | | | | BGN02 | | Reference Ident | Reference Identification<br>Transaction Set Identifier Code | M | 1 | 30 | Unique control number. | Set to a unique identifying reference number. |
| | | | | | BGN03 | | Date | Date<br>Transaction Set Creation Date | M | 8 | 8 | CCYYMMDD | System generated. Set to 8 positions.<br>Format: ccyymmdd |
| | | | | | BGN04 | | Time | Time<br>Transaction Set Creation Time | M | 4 | 8 | Can be HHMM, HHMMSS, HHMMSSD, or HHMMSSDD (D = decimal seconds) | System generated.<br>Format: hhmmss |
| | | | | | BGN05 | | Time Code | Time Code<br>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.<br>If BGN05 , then BGN04 is required. | Optional.<br>Not used. |
| | | | | | BGN06 | | Reference Ident | Reference Identification<br>Transaction Set Identifier Code | O | 1 | 30 | If BGN01 = 15 or 22, then cross reference Reference Ident of the original transaction. | Optional.<br>If 00 then not used.<br>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<br>Transaction Set Identifier Code | M | 1 | 2 | 2 = Change (Update) - Identifies transactions for additions, terminations and changes to current enrollment<br>4 = Verify - Identifies system compare or verify partner's systems | Required<br>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. |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Notes / Examples |
| | | | | | REF02 | | Reference Ident | Reference Identification<br>Master Policy Number | X | 1 | 30 | Master Policy Number.<br>At least one REF02 is required. | Set to master policy number.<br>Value to be supplied by Carrier<br>Default =00000 |
| DTP | Header | Header | 040 | **DTP** | | **File Effective Date** | | | Situational | | | | Carrier information requirement can adequately be satisfied without it. Data element is not used. |
| | | | | | DTP01 | | Date/Time Qualifier | Date/Time Qualifier | M | 3 | 3 | 007 = Effective<br>303 = Maintenance Effective<br>382 = Enrollment<br>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 |
| | | **1000A Sponsor Name** | | | | | | | | | | | |
| N1 | Header | 1000A<br>Sponsor Name | 070 | **N1** | | **Sponsor Name** | | | Required | | | Identifies the organization paying for the coverage by type, name, and code. At least one N102 or N103 is required. | N1*P5*NEW YORK STATE*FI*141788609~ |
| 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 | X | 1 | 2 | FI = Federal Taxpayers Identification Number.<br>ZZ = Mutually Defined (HIPAA Id)<br>If N104 present then required. | Set to FI = Federal Taxpayers Identification Number.<br>Once National Payer ID is mandated, then use ZZ. |
| | | | | | N104 | | ID Code | Identification Code<br>Sponsor Identifier | X | 2 | 80 | Sponsor Identifier.<br>If N103 present then required. | Set to 146013200 |
| | | **1000B Payer Name** | | | | | | | | | | | |
| N1 | Header | 1000B<br>Payer Name | 070 | **N1** | | **Payer Name** | | | Required | | | Identifies the insurance company (receiver) type, name, and code. At least one N102 or N103 is required. | N1*IN**FI*123456789~ |
| 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 Number.<br>XV = Health Care Financing Administration National Payer Identification.<br>If N104 present then required. | FI = Federal Taxpayers Identification Number.<br>XV = Health Care Financing Administration National Payer Identification.<br>Once National Payer ID is mandated, then use only XV |
| | | | | | N104 | | ID Code | Identification Code<br>Insurer Identification Code | X | 2 | 80 | Insurer identification code.<br>If N103 present then required. | Data not captured by a PS field.<br>Value to be supplied by carrier. |
| | | **1000C Broker Name** | | | | | | | | | | | |
| N1 | Header | 1000C<br>Broker Name | 70 | **N1** | | **TPA/Broker Name** | | | Situational | | | Identifies TPA/broker organization by type, name, and code. At least one N102 or N103 is required. | Segment does not apply. |
| n/a | | | | | N101 | | Entity ID Code | Entity Identifier Code | M | 2 | 3 | BO = Broker TV = Third party admin | n/a |
| Not used | | | | | N102 | | Name - Not Used | | n/a | 1 | 60 | Not used. | n/a |
| n/a | | | | | N103 | | ID Code Qualifier | Entity Identifier Code | X | 1 | 2 | 94 = Code assigned by receiving organization<br>FI = Federal Taxpayers Identification Number.<br>XV = Health Care Financing Administration National Payer Identification.<br>If N104 present then required. | n/a |
| n/a | | | | | N104 | | ID Code | Identification Code<br>TPA or Broker Identification | X | 2 | 80 | TPA or Broker Identification code.<br>If N103 present then required. | n/a |
| ACT | Header | 1100C<br>Broker Account | 120 | **ACT** | | **TPA/Broker Account Information** | | | Situational | | | Specifies account information if different than account number of sponsor. | Segment does not apply. |
| n/a | | | | | ACT01 | | Account Number | TPA or Broker Account Number | M | 1 | 35 | Account number assigned. | n/a |
| Not used | | | | | ACT02 | | Name - Not Used | | n/a | 1 | 60 | | n/a |
| Not used | | | | | ACT03 | | ID Code Qual - Not Used | | n/a | 1 | 2 | | n/a |
| Not used | | | | | ACT04 | | ID Code - Not Used | | n/a | 2 | 80 | | n/a |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute | | Comments | | Notes / Examples |
| | | | | | | | | | | Min | Max | | | |
| Not used | | | | | ACT05 | | Acct Num Qual-Not Used | | n/a | 1 | 3 | | | n/a |
| n/a | | | | | ACT06 | | Account Number | | X | 1 | 35 | Account number - more than one account number applies to this transaction. | | n/a |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Notes / Examples |
| | | **2000 Member Detail** | | | | | | | | | | | |
| INS | Detail | 2000 Member Detail | 010 | **INS** | | **Member Level Detail** | | | Optional | | | Provides insured benefit information for subscriber and dependents. Subscriber information must precede dependent information or have been submitted in a previous transmission. | INS*Y*18*021**A*E**FT**N~ |
| | | | | | INS01 | | Yes/No Cond Resp Code | Yes/No Condition or Response Code<br>Subscriber Indicator | M | 1 | 1 | N = No Status of Insured is dependent.<br>Y = Yes Status of insured is subscriber. | N = No Status of Insured is dependent.<br>Y = Yes Status of insured is subscriber. |
| | | | | | INS02 | | Individual Relat Code | Individual Relationship Code | M | 2 | 2 | 01 = Spouse<br>18 = Self<br>19 = Child<br>25 = Ex-spouse<br>53 = Life partner<br>38 = Collateral dependent | Set SP = 01<br>Set subscriber = 18<br>Set S and D = 19<br>Set X = 25<br>Set DP = 53<br>Set O = 38 |
| | | | | | INS03 | | Maintenance Type Code | Maintenance Type Code | O | 3 | 3 | 001 = Change<br>021 = Addition<br>024 = Cancellation or termination<br>025 = Reinstatement<br>030 = Audit or compare | 001 = Change<br>021 = Addition<br>024 = Cancellation or termination<br>025 = Reinstatement<br>030 = Audit or compare |
| | | | | | INS04 | | Maintain Reason Code | Maintenance Reason Code | O | 2 | 3 | 01 = Divorce<br>02 = Birth<br>03 = Death<br>04 = Retirement<br>05 = Adoption<br>06 = Strike<br>07 = Termination of Benefits<br>08 = Termination of Employment<br>09 = COBRA<br>10 = COBRA Premium Paid<br>11 = Surviving Spouse<br>14 = Voluntary Withdrawal<br>15 = Primary Care Provider Change<br>16 = Quit<br>17 = Fired<br>18 = Suspended<br>20 = Active<br>21 = Disability<br>22 = Plan Change<br>25 = Change in Identifying Data Elements<br>26 = Declined Coverage<br>27 = Pre-Enrollment<br>28 = Initial Enrollment<br>29 = Benefit Selection<br>31 = Legal Separation<br>32 = Marriage<br>33 = Personnel Data<br>37 = Leave of Absence with Benefits<br>38 = Leave of Absence without Benefits<br>39 = Lay Off with Benefits<br>40 = Lay Off without Benefits<br>41 = Re-enrollment<br>43 = Change of Location<br>XN = Notification Only<br>XT = Transfer | Use of this segment is limited to identify a change in Benefit Program and Termination Reason for Conversion of Coverage.<br><br>Set Termination of Benefits = 07<br>Set Termination of Employment = 08<br>Set change in Benefit Program = 22<br>Set Plan Change = 22<br>Set Alternate Identifier Change = 25<br>Set Initial Enrollment = 28<br>Set Re-enrollment = 41 |
| | | | | | INS05 | | Benefit Status Code | Benefit Status Code | O | 1 | 1 | Type coverage for which benefits paid<br>A= Active<br><br>C = Cobra<br><br>S = Surviving Insured<br><br>T = Tax equity and fiscal responsibility act | Type of Set default to 'A' unless termination, Cobra or surviving spouse<br><br>Valid values are 'A', 'C', and 'S'<br><br>TEFRA is a medical assistance program for families with children with disabilities. Eligibility is determined based on medical and level of care criteria. |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | INS06 | | Medicare Plan Code | Medicare Plan Code | O | 1 | 1 | A = Medicare Part A<br>B = Medicare Part B<br>C = Medicare Part A and B<br>D = Medicare<br>E = No Medicare | Currently only track Medicare Part B<br><br>Valid values are 'B' and 'E' |
| | | | | | INS07 | | Cobra Qual Event Code | Cobra Qualifying Event Code | O | 1 | 2 | 1 = Termination of Employment<br>2 = Reduction of work hours<br>3 = Medicare<br>4 = Death<br>5 = Divorce<br>6 = Separation<br>7 = Ineligible Child<br>8 = Bankruptcy of a Retired Employee | 1 = Termination of Employment<br>2 = Reduction of work hours<br>3 = Medicare<br>4 = Death<br>5 = Divorce<br>6 = Separation<br>7 = Ineligible Child<br>8 = Bankruptcy of a Retired Employee |
| | | | | | INS08 | | Employment Status Code | Employment Status Code | O | 2 | 2 | If enrollment is in a non employment based program such as medicare, then use status of subscriber in that program.<br>AO = Active Military - Overseas<br>AU = Active Military - USA<br>FT = Full Time Active<br>L1 = Leave of Absence<br>PT = Part Time Active<br>RT = Retired<br>TE = Terminated | Subscriber only<br><br><br><br>Valid values are:<br><br>FT<br>PT<br>TE<br>RT<br>L1 |
| | | | | | INS09 | | Student Status Code | Student Status Code | O | 1 | 1 | F = Full-time<br>N = Not a student<br>P = Part-time | F = Full-time<br>N = Not a student |
| | | | | | INS10 | | Yes/No Cond Resp Code | Yes/No Condition or Response Code<br>Handicap Indicator | O | 1 | 1 | Handicap indicator:<br>N = no<br>Y = yes | For dependent only |
| D8 | | | | | INS11 | | Date Time Format Qual | Date Time Period Format Qualifier | X | 2 | 3 | D8 = Date expressed in CCYYMMDD<br>If INS12 present then required. | Set to D8 |
| | | | | | INS12 | | Date Time Period | Date Time Period<br>Insured Individual Death Date | X | 1 | 35 | Date of Death<br>If INS11 present then required. | Dependent date of death not captured on the database |
| Not used | | | | | INS13 | | Confidentiality - Not Used | | n/a | | | Not used. | Set to placeholder. |
| Not used | | | | | 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 | O | 1 | 9 | Not available | Not a PeopleSoft delivered database element. Data for this element is not available. |
| REF | Detail | 2000<br>Member Detail | 020 | **REF** | | **Subscriber Number** | | | Required | | | Specifies identifying information. Segment contains a unique **SUBSCRIBER** Id Number (SSN or other) This occurrence identified by the OF qualifier. Identifier is used in order to link subscriber with dependents. | REF*0F*123456789~ |
| 0F | | | | | REF01 | | Reference Ident Qual | Reference Identification Qualifier | M | 2 | 3 | 0F = Subscriber Number. | Set to 0F (zero f ). |
| | | | | | REF02 | | Reference Ident | Reference Identification<br>Subscriber Identifier | X | 1 | 30 | At least one REF02 is required. | Social security number should be used until the National identifier is available. |
| REF | Detail | 2000<br>Member Detail | 020 | **REF** | | **Member Policy Number** | | | Situational | | | Specifies identifying information. Segment is used if group number applies to all coverage data for the member. | REF*1L*NYSLWOP~ |
| | | | | | REF01 | | Reference Ident Qual | Reference Identification Qualifier | M | 2 | 3 | 1L = Group or Policy Number | Set to 1L. |
| | | | | | REF02 | | Reference Ident | Reference Identification<br>Insured Group or Policy Number | X | 1 | 30 | At least one REF02 is required | Join Company and Ben_Status<br>Valid Company Values:<br>PA ,PE ,NYS, MTH<br>Valid Benefit Statuses:<br>DISP,FAML,IMIL,LPTA,LTDS,LWOP,<br>MILL,PRFL,STDS,WCDF,WCLV,<br>WCMC,WCWR, RTNA.<br>If 'CBL' then = '00306666' |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| REF | Detail | 2000 Member Detail | 020 | **REF** | | **Member Identification Number** | | | Situational | | | Specifies identifying information. Segment is used to send additional member information. | REF*23*891234567~ |
| | | | | | REF01 | | Reference Ident Qual | Reference Identification Qualifier | M | 2 | 3 | 23 = Client Number | Set to 23 |
| | | | | | REF02 | | Reference Ident | Reference Identification Subscriber Supplemental Identifier | X | 1 | 30 | Subscriber Supplemental Identifier. At least one REF02 is required. | Bea_Altid |
| REF | Detail | 2000 Member Detail | 020 | **REF** | | **Member Identification Number** | | | Situational | | | Specifies identifying information. Segment is used to send additional member information. | REF*DX*00001~ |
| | | | | | REF01 | | Reference Ident Qual | Reference Identification Qualifier | M | 2 | 3 | DX = Department/Agency Number | Set to DX |
| | | | | | REF02 | | Reference Ident | Reference Identification Subscriber Supplemental Identifier | X | 1 | 30 | Subscriber Supplemental Identifier. At least one REF02 is required. | Cust_Id<br>If 'HIP' and CUSTID = '00001 then map DEPTID<br>If 'UHG' and txn for dep then add dep # to end of CUSTID field |
| REF | Detail | 2000 Member Detail | 020 | **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 | M | 2 | 3 | F6 = Health Insurance Claim(HIC) Number | Set to F6 |
| | | | | | REF02 | | Reference Ident | Reference Identification Subscriber Supplemental Identifier | X | 1 | 30 | Subscriber Supplemental Identifier. At least one REF02 is required. | Health Insurance Claim(HIC) Number |
| REF | Detail | 2000 Member Detail | 020 | **REF** | | **Member Identification Number** | | | Situational | | | Specifies identifying information. Segment is used to send additional member information. | REF*Q4*999999999~ |
| | | | | | REF01 | | Reference Ident Qual | Reference Identification Qualifier | M | 2 | 3 | Q4 = Prior Identification Number | Set to Q4 |
| | | | | | REF02 | | Reference Ident | Reference Identification Subscriber Supplemental Identifier | X | 1 | 30 | Subscriber Supplemental Identifier. At least one REF02 is required. | Previous Subscriber SSN covered under. |
| REF | Detail | 2000 Member 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 | M | 2 | 3 | 6O = Cross Reference Number | Set to 6O |
| | | | | | REF02 | | Reference Ident | Reference Identification Subscriber Supplemental Identifier | X | 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. |
| REF | Detail | 2000 Member 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 | M | 2 | 3 | ZZ = Mutually Defined | Set to ZZ |
| | | | | | REF02 | | Reference Ident | Reference Identification Subscriber Supplemental Identifier | X | 1 | 30 | Subscriber Supplemental Identifier. At least one REF02 is required. | Valid values are:<br>'E' = Employee Rate<br>'T' = Total Rate |
| DTP | Detail | 2000 Member Detail | 025 | **DTP** | | **Member Level Dates** | | | Situational | | | Specifies date, time, and time period for member enrollment and benefit changes. | DTP*336*D8*20000207~ |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
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| | | | | | DTP01 | | Date/Time Qualifier | Date/Time Qualifier | M | 3 | 3 | 286 = Retirement<br>296 = Return to Work<br>297 = Date Last Worked<br>300 = Enrollment Signature Date<br>301 = Cobra Qualifying Event<br>303 = Maintenance Effective<br>336 = Employment Begin<br>337 = Employment End<br>338 = Medicare Begin<br>339 = Medicare End<br>340 = Cobra Begin<br>341 = Cobra End<br>350 = Education Begin<br>351 = Education End<br>356 = Eligibility Begin<br>357 = Eligibility End<br>383 = Adjusted Hire<br>393 = Plan Participation Suspension<br>394 = Rehire<br>473 = Medicaid Begin<br>474 = Medicaid End | Valid values are:<br>303 = Maintenance Effective<br>336 = Employment Begin<br>338 = Medicare Begin<br>339 = Medicare End |
| DTP | Detail | 2000<br>Member Detail | 025 | **DTP** | | **Member Level Dates** | | | Situational | | | Specifies date, time, and time period for member enrollment and benefit changes. | DTP*336*D8*20000207~ |
| | | | | | DTP01 | | Date/Time Qualifier | Date/Time Qualifier | M | 3 | 3 | 286 = Retirement<br>296 = Return to Work<br>297 = Date Last Worked<br>300 = Enrollment Signature Date<br>301 = Cobra Qualifying Event<br>303 = Maintenance Effective<br>336 = Employment Begin<br>337 = Employment End<br>338 = Medicare Begin<br>339 = Medicare End<br>340 = Cobra Begin<br>341 = Cobra End<br>350 = Education Begin<br>351 = Education End<br>356 = Eligibility Begin<br>357 = Eligibility End<br>383 = Adjusted Hire<br>393 = Plan Participation Suspension<br>394 = Rehire<br>473 = Medicaid Begin<br>474 = Medicaid End | Valid values are:<br>303 = Maintenance Effective<br>336 = Employment Begin<br>338 = Medicare Begin<br>339 = Medicare End |
| | | | | | DTP02 | | Date Time Format Qual | Date Time Period Format Qualifier | M | 2 | 3 | D8 = Date expressed in CCYYMMDD. | Set to D8 |
| | | | | | DTP03 | | Date Time Period | Date Time Period<br>Status Information Effective Date | M | 1 | 35 | | Effective Date |

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|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | | Notes / Examples |
| | | **2100A Member Name** | | | | | | | | | | | | |
| 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*123456789~ |
| | | | | | NM101 | | Entity ID Code | Entity Identifier Code | M | 2 | 3 | 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. | | Set to 74 if changing existing identifying information. |
| | | | | | | | | | | | | 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<br>Subscriber Last Name | O | 1 | 35 | | | Member Last Name |
| | | | | | NM104 | | Name First | Name First<br>Subscriber First Name | O | 1 | 25 | | | Member First Name |
| | | | | | NM105 | | Name Middle | Name Middle<br>Subscriber Middle Name | O | 1 | 25 | | | Member Middle Name |
| | | | | | NM106 | | Name Prefix - Not Used | | | | | | | Not used |
| | | | | | NM107 | | Name Suffix | Name Suffix<br>Subscriber Name Suffix | O | 1 | 10 | | | Member Name Suffix |
| | | | | | NM108 | | ID Code Qualifier | | X | 1 | 2 | 34 = Social security number.<br>ZZ = Mutually defined<br>Use of NM109 is required with NM108. | | For BCBS,CBL,ESI, set to ZZ.<br>All other carriers, set to 34<br>If value is invalid ssn then set to ZZ |
| | | | | | NM109 | | ID Code | Identification Code<br>Subscriber Identifier | X | 2 | 80 | Use of NM108 is required with NM109. | | For BCBS, CBL,ESI set to ssn + dependent_benef.<br>All other carriers set to ssn until the National identifier is available |
| PER | Detail | 2100A Member Name | 040 | **PER** | | **Member Communications Numbers** | | | Situational | | | Identifies where administrative communication should be sent. | | PER*IP**TE*518/229-0457~ |
| IP | | | | | 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. |
| TE | | | | | PER03 | | Comm Number Qual | Communication Number Qualifier | X | 2 | 2 | EM = Electronic Mail<br>EX = Telephone Extension<br>FX = Facsimile<br>HP = Home Phone Number<br>TE = Telephone<br>WP = Work Phone Number<br>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 |
| TE | | | | | PER05 | | Comm Number Qual | Communication Number Qualifier | X | 2 | 2 | EM = Electronic Mail<br>EX = Telephone Extension<br>FX = Facsimile<br>HP = Home Phone Number<br>TE = Telephone<br>WP = Work Phone Number<br>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 |
| N3 | Detail | 2100A Member Name | 050 | **N3** | | **Member Residence Strt Addr - DCS use field for Mailing address** | | | Situational | | | DCS is sending the mailing address for the member. Send for subscriber and dependents. | | N3*81 COLUMBIA STREET~ |
| | | | | | N301 | | Address Information | Address Information<br>Subscriber Address Line | M | 1 | 55 | | | Address line 1 |
| | | | | | N302 | | Address Information | Address Information<br>Subscriber Address Line | O | 1 | 55 | | | Address line 2 |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Notes / Examples |
| N4 | Detail | 2100A Member Name | 060 | **N4** | | **Member Residence City, State, ZIP Code - DCS mail address** | | | Situational | | | Identifies location of member. Send for subscriber and dependents. | N4*ALBANY*NY*122100000*USA*~ |
| | | | | | N401 | | City Name | City Name<br>Subscriber City Name | O | 2 | 30 | | City Name |
| | | | | | N402 | | State or Prov Code | State or Province Code<br>Subscriber State Code | O | 2 | 2 | | State or Prov Code |
| | | | | | N403 | | Postal Code | Postal Code<br>Subscriber Postal Code | O | 3 | 15 | | Postal Code |
| | | | | | N404 | | Country Code | Country Code | O | 2 | 3 | | Country |
| CY | | | | | N405 | | Location Qualifier | Location Qualifier | O | 1 | 2 | CY = County | Set to CY |
| | | | | | N406 | | Location Identifier | Location Identifier<br>Location Identification Code (County) | O | 1 | 30 | If N406 is present then N405 is required. | County |
| DMG | Detail | 2100A Member Name | 080 | **DMG** | | **Member 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~ |
| D8 | | | | | DMG01 | | Date Time format Qual | Date Time Format Qualifier | X | 2 | 3 | D8 = Date expressed in CCYYMMDD. | Set to D8. |
| | | | | | DMG02 | | Date Time Period | Date Time Period<br>Member Birth Date | X | 1 | 35 | Date of Birth. | Date of Birth. |
| | | | | | DMG03 | | Gender Code | Gender Code | O | 1 | 1 | F = female<br>M = male<br>U = unknown | F = female<br>M = male<br>U = unknown |
| | | | | | DMG04 | | Marital Status Code | Marital Status Code | O | 1 | 1 | B = Registered Domestic Partner<br>D = Divorced<br>I = Single<br>M = Married<br>R = Unreported<br>S = Separated<br>U = Unmarried(single,divorced,widowed)<br>W = Widowed<br>X = Legally Separated | Set C, Common Law = M<br>Set D, Divorced = D<br>Set E, Separated = S<br>Set H, Head Household = U<br>Set M, Married = M<br>Set S, Single = I<br>Set U, Unknown = R<br>Set W, Widowed = W |
| | | | | | DMG05 | | Race or Ethic Code | Race or Ethic Code | O | 1 | 1 | | Not Used |
| | | | | | DMG06 | | Citizen Status Code | Citizen Status Code | O | 1 | 2 | | Not Used |
| LUI | Detail | 2100A Member Name | 150 | **LUI** | | **Member Language** | | | 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 | X | 1 | 2 | Use of LUI02 is required with LUI01. | Not used |
| | | | | | LUI02 | | ID Code | Identification Code<br>Language Code | X | 2 | 80 | Use of LUI01 is required with LUI02. | Not used |
| | | | | | LUI03 | | Description | Description<br>Language Description | X | 1 | 80 | | Not used |
| | | | | | LUI04 | | Use of Lang Indica | Use of Language Indicator<br>Language Use Indicator | O | 1 | 2 | | Not used |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | | Notes / Examples |
| | | **2100B Incorrect Member Name** | | | | | | | | | | | | |
| NM1 | Detail | 2100B Incorrect Member Name | 030 | **NM1** | | **Incorrect Member Name** | | | Situational | | | Segment is used only with a corrected name in loop 2100A. | | NM1*70*1*SMITH*JON***34*987654321~ |
| 70 | | | | | NM101 | | Entity ID Code | Entity Identifier Code | M | 2 | 3 | 70 = Prior Incorrect Insured<br>Use if correcting identifier information on a member already enrolled. Send NM1 with code 74 in loop 2100A. | | Set to 70. |
| 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<br>Prior Incorrect Insured Last Name | O | 1 | 35 | | | Prior Incorrect Insured Last Name |
| | | | | | NM104 | | Name First | Name First<br>Prior Incorrect Insured First Name | O | 1 | 25 | | | Prior Incorrect Insured First Name |
| | | | | | NM105 | | Name Middle | Name Middle<br>Prior Incorrect Insured Middle Name | O | 1 | 25 | | | Prior Incorrect Insured Middle Name |
| | | | | | NM106 | | Name Prefix | Name Prefix<br>Prior Incorrect Insured Name Prefix | O | 1 | 10 | | | Set to placeholder. |
| | | | | | NM107 | | Name Suffix | Name Suffix<br>Prior Incorrect Insured Name Suffix | O | 1 | 10 | | | Prior Incorrect Insured Name Suffix |
| 34 | | | | | NM108 | | ID Code Qualifier | Identification Code Qualifier | X | 1 | 2 | 34 = Social security number.<br>ZZ = Mutually Defined<br>Use of NM109 is required with NM108. | | For BCBS,CBL,ESI, set to ZZ<br>All other carriers, set to 34 |
| | | | | | NM109 | | ID Code | Identification Code<br>Prior Incorrect Insured Identifier | X | 2 | 80 | Use of NM108 is required with NM109. | | For BCBS, CBL,ESI set to ssn + dependent_benef.<br>All other carriers set to ssn |
| DMG | Detail | 2100B Incorrect Member Name | 080 | **DMG** | | **Incorrect Member Demographics** | | | Situational | | | Segment used only if demographic information, such as date of birth is used to identify a member and it is being changed. | | DMG*D8*19740311~ |
| D8 | | | | | DMG01 | | Date Time Format Qual | Date Time Period Format Qualifier | M | 2 | 3 | D8 = Date expressed in CCYYMMDD. | | Set to D8. |
| | | | | | DMG02 | | Date Time Period | Date Time Period<br>Prior Incorrect Insured Birth Date | X | 1 | 35 | Prior incorrect insured birth date.<br>Use of DMG01 is required with DMG02. | | Prior Incorrect Insured Birth Date |
| | | | | | DMG03 | | Gender Code | Gender Code | O | 1 | 1 | F = female<br>M = male<br>U = unknown | | F = female<br>M = male<br>U = unknown |
| | | **2100C Member Address - DCS using for residence address** | | | | | | | | | | | | |
| NM1 | Detail | 2100C Member Address | 030 | **NM1** | | **Member Mailing Address - DCS use field for residence address** | | | Situational | | | DCS is sending the residence address when the mailing address is a PO Box address in loop 2100A. | | NM1*31*1~ |
| 31 | | | | | NM101 | | Entity ID Code | Entity Identifier Code | M | 2 | 3 | 31 = Postal Mailing Address | | Set to 31 |
| 1 | | | | | NM102 | | Entity Type Qualifier | Entity Type Qualifier | M | 1 | 1 | 1 = Person | | Set to 1 |
| N3 | Detail | 2100C Member Address | 050 | **N3** | | **Member Mail Street Addr - DCS use field for residence address** | | | Situational | | | DCS is sending the residence address when the mailing address is a PO Box address in loop 2100A. | | N3*Street 1~ |
| | | | | | N301 | | Address Information | Address Information<br>Subscriber Address Line | M | 1 | 55 | | | Address Information |
| | | | | | N302 | | Address Information | Address Information<br>Subscriber Address Line | O | 1 | 55 | | | Address Information |
| N4 | Detail | 2100C Member Address | 060 | **N4** | | **Member Mail City, State, Zip** | | | Situational | | | This loop is sent if the member has a different mailing address from the residence address in loop 2100A. | | N4*ALBANY*NY*122100000*USA*~ |
| | | | | | N401 | | City Name | City Name<br>Subscriber City Name | O | 2 | 30 | | | City Name |
| | | | | | N402 | | State or Prov Code | State or Province Code<br>Subscriber State Code | O | 2 | 2 | | | State or Prov Code |
| | | | | | N403 | | Postal Code | Postal Code<br>Subscriber Postal Code | O | 3 | 15 | | | Postal Code |
| | | | | | N404 | | Country Code | Country Code | O | 2 | 3 | | | Country Code |
| Not Used | | | | | N405 | | Location Qualifier-not used | | n/a | | | | | Not Used |
| Not Used | | | | | N406 | | Location Identifier-not used | | n/a | | | | | Not Used |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Notes / Examples |
| | | **2100D Member Employer** | | | | | | | | | | | |
| NM1 | Detail | 2100D Member Employer | 030 | **NM1** | | **Member Employer** | | | Situational | | | This loop is to be sent when the member is employed by someone other that the sponsor and the insurance contract requires the payer be notified of such employment. | Segment does not apply. |
| | | | | | NM101 | | Entity ID Code | Entity Identifier Code | M | 2 | 3 | | n/a |
| | | | | | NM102 | | Entity Type Qualifier | Entity Type Qualifier | M | 1 | 1 | | n/a |
| | | | | | NM103 | | Name Last/ Org Name | Name Last or Organization Name<br>Insured Employer Name | O | 1 | 35 | | n/a |
| | | | | | NM104 | | Name First | Name First<br>Insured Employer First Name | O | 1 | 25 | | n/a |
| | | | | | NM105 | | Name Middle | Name Middle<br>Insured Employer Middle Name | O | 1 | 25 | | n/a |
| | | | | | NM106 | | Name Prefix | Name Prefix<br>Insured Employer Name Prefix | O | 1 | 10 | | n/a |
| | | | | | NM107 | | Name Suffix | Name Suffix<br>Insured Employer Name Suffix | O | 1 | 10 | | n/a |
| | | | | | NM108 | | ID Code Qualifier | Identification Code Qualifier | X | 1 | 2 | Use of NM109 is required with NM108. | n/a |
| | | | | | NM109 | | ID Code | Identification Code<br>Insured Employer Identifier | X | 2 | 80 | Use of NM108 is required with NM109. | n/a |
| PER | Detail | 2100D Member Employer | 040 | **PER** | | **Member Employer Communications Numbers** | | | Situational | | | When employer is applicable, segment identifies to whom administrative communications should be sent. | Segment does not apply. |
| | | | | | PER01 | | Contact Funct Code | Contact Function Code | M | 2 | 2 | | n/a |
| | | | | | PER02 | | Name - Not Used | | n/a | 1 | 60 | Name - Not Used. | n/a |
| | | | | | PER03 | | Comm Number Qual | Communication Number Qualifier | X | 2 | 2 | If PER04 present then required. | n/a |
| | | | | | PER04 | | Comm Number | Communication Number | X | 1 | 80 | If PER03 present then required. | n/a |
| | | | | | PER05 | | Comm Number Qual | Communication Number Qualifier | X | 2 | 2 | If PER06 present then required. | n/a |
| | | | | | PER06 | | Comm Number | Communication Number | X | 1 | 80 | If PER05 present then required. | n/a |
| | | | | | PER07 | | Comm Number Qual | Communication Number Qualifier | X | 2 | 2 | If PER08 present then required. | n/a |
| | | | | | PER08 | | Comm Number | Communication Number | X | 1 | 80 | If PER07 present then required. | n/a |
| N3 | Detail | 2100DMember E | 050 | **N3** | | **Member Employer Street Address** | | | Situational | | | When employer is applicable, segment identifies employer address. | Segment does not apply. |
| | | | | | N301 | | Address Information | Address Information | M | 1 | 55 | | n/a |
| | | | | | N302 | | Address Information | Address Information | O | 1 | 55 | | n/a |
| N4 | Detail | 2100D Member Employer | 060 | **N4** | | **Member Employer City, State, Zip** | | | Situational | | | When employer is applicable, segment identifies employer address. | Segment does not apply. |
| | | | | | N401 | | City Name | City Name | O | 2 | 30 | | n/a |
| | | | | | N402 | | State or Prov Code | State or Province Code | O | 2 | 2 | | n/a |
| | | | | | N403 | | Postal Code | Postal Code | O | 3 | 15 | | n/a |
| | | | | | N404 | | Country Code | Country Code | O | 2 | 3 | | n/a |
| | | | | | N405 | | Location Qualifier | Location Qualifier | O | 1 | 2 | | n/a |
| | | | | | N406 | | Location Identifier | Location Identifier | O | 1 | 30 | If N406 is present then N405 is required. | n/a |
| | | **2100E Member School** | | | | | | | | | | | |
| NM1 | Detail | 2100E Member School | 030 | **NM1** | | **Member School** | | | Situational | | | Loop is sent when member is enrolled in school and sponsor is required to notify payer. | Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used. |
| | | | | | NM101 | | Entity ID Code | Entity Identifier Code | M | 2 | 3 | | Not used |
| | | | | | NM102 | | Entity Type Qualifier | Entity Type Qualifier | M | 1 | 1 | | Not used |
| | | | | | NM103 | | Name Last/ Org Name | Name Last or Organization Name | O | 1 | 35 | | Not used |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | | Notes / Examples |
| PER | Detail | 2100E Member School | 040 | **PER** | | | **Member School Communications Numbers** | | Situational | | | When school is applicable, segment identifies to whom administrative communications should be sent. | | 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 | M | 2 | 2 | SK = School clerk | | Not used |
| | | | | | PER02 | | Name - Not Used | | n/a | 1 | 60 | Name - Not Used. | | Set to placeholder. |
| | | | | | PER03 | | Comm Number Qual | Communication Number Qualifier | X | 2 | 2 | If PER04 present then required. | | Not used |
| | | | | | PER04 | | Comm Number | Communication Number | X | 1 | 80 | If PER03 present then required. | | Not used |
| | | | | | PER05 | | Comm Number Qual | Communication Number Qualifier | X | 2 | 2 | If PER06 present then required. | | Not used |
| | | | | | PER06 | | Comm Number | Communication Number | X | 1 | 80 | If PER05 present then required. | | Not used |
| | | | | | PER07 | | 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 | 2100E Member School | 050 | **N3** | | | **Member School Street Address** | | Situational | | | When school is applicable, segment identifies school 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 |
| | | | | | N302 | | Address Information | Address Information | O | 1 | 55 | | | Not used |
| N4 | Detail | 2100E Member School | 060 | **N4** | | | **Member School City, State, Zip** | | Situational | | | When school is applicable, segment identifies school address. | | 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 | O | 2 | 30 | | | Not used |
| | | | | | N402 | | State or Prov Code | State or Province Code | O | 2 | 2 | | | Not used |
| | | | | | N403 | | Postal Code | Postal Code | O | 3 | 15 | | | Not used |
| | | | | | N404 | | Country Code | Country Code | O | 2 | 3 | | | Not used |
| | | **2100F Custodial Parent** | | | | | | | | | | | | |
| NM1 | Detail | 2100F Custodial Parent | 030 | **NM1** | | | **Custodial Parent** | | Situational | | | Loop is sent when custodial parent of a minor is someone other than the subscriber. | | Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Could customize dependent/beneficiary or dependent/beneficiary comment panels. Customization not recommended. |
| | | | | | NM101 | | Entity ID Code | Entity Identifier Code | M | 2 | 3 | | | Not used |
| | | | | | NM102 | | Entity Type Qualifier | Entity Type Qualifier | M | 1 | 1 | | | Not used |
| | | | | | NM103 | | Name Last/ Org Name | Name Last or Organization Name | O | 1 | 35 | | | Not used |
| | | | | | NM104 | | Name First | Name First | O | 1 | 25 | | | Not used |
| | | | | | NM105 | | Name Middle | Name Middle | O | 1 | 25 | | | Not used |
| | | | | | NM106 | | Name Prefix | Name Prefix | O | 1 | 10 | | | Not used |
| | | | | | NM107 | | Name Suffix | Name Suffix | O | 1 | 10 | | | Not used |
| | | | | | 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 |
| PER | Detail | 2100F Custodial Parent | 040 | **PER** | | | **Custodial Parent Communications Numbers** | | Situational | | | When custodial parent is applicable, segment identifies to whom administrative communications should be sent. | | 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 | M | 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 | If PER04 present then required. | | Not used |
| | | | | | PER04 | | Comm Number | Communication Number | X | 1 | 80 | If PER03 present then required. | | Not used |
| | | | | | PER05 | | Comm Number Qual | Communication Number Qualifier | X | 2 | 2 | If PER06 present then required. | | Not used |
| | | | | | PER06 | | Comm Number | Communication Number | X | 1 | 80 | If PER05 present then required. | | Not used |
| | | | | | PER07 | | 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 |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Notes / Examples |
| N3 | Detail | 2100F Custodial Parent | 050 | **N3** | | **Custodial Parent Street Address** | | | Situational | | | When custodial parent is applicable, 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 |
| | | | | | N302 | | Address Information | Address Information | O | 1 | 55 | | Not used |
| N4 | Detail | 2100F Custodial Parent | 060 | **N4** | | **Custodial Parent City, State, Zip** | | | Situational | | | When custodial parent is applicable, 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. |
| | | | | | N401 | | City Name | City Name | O | 2 | 30 | | Not used |
| | | | | | N402 | | State or Prov Code | State or Province Code | O | 2 | 2 | | Not used |
| | | | | | N403 | | Postal Code | Postal Code | O | 3 | 15 | | Not used |
| | | | | | N404 | | Country Code | Country Code | O | 2 | 3 | | Not used |
| | | **2100G Responsible Person** | | | | | | | | | | | |
| NM1 | Detail | 2100G Responsible Person | 030 | **NM1** | | **Responsible 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. | Not a PeopleSoft delivered database element. Carrier information requirement can adequately be satisfied through the dependent member segments. Segment is not used. |
| | | | | | NM101 | | Entity ID Code | Entity Identifier Code | M | 2 | 3 | | Not used |
| | | | | | NM102 | | Entity Type Qualifier | Entity Type Qualifier | M | 1 | 1 | | Not used |
| | | | | | NM103 | | Name Last/ Org Name | Name Last or Organization Name | O | 1 | 35 | | Not used |
| | | | | | NM104 | | Name First | Name First | O | 1 | 25 | | Not used |
| | | | | | NM105 | | Name Middle | Name Middle | O | 1 | 25 | | Not used |
| | | | | | NM106 | | Name Prefix | Name Prefix | O | 1 | 10 | | Not used |
| | | | | | NM107 | | Name Suffix | Name Suffix | O | 1 | 10 | | Not used |
| | | | | | 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 |
| PER | Detail | 2100G Responsible Person | 040 | **PER** | | **Responsible Person Communications Numbers** | | | Situational | | | When responsible person is applicable, segment identifies to whom administrative communications should be sent. | 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 | M | 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 | If PER04 present then required. | Not used |
| | | | | | PER04 | | Comm Number | Communication Number | X | 1 | 80 | If PER03 present then required. | Not used |
| | | | | | PER05 | | Comm Number Qual | Communication Number Qualifier | X | 2 | 2 | If PER06 present then required. | Not used |
| | | | | | PER06 | | Comm Number | Communication Number | X | 1 | 80 | If PER05 present then required. | Not used |
| | | | | | PER07 | | 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** | | **Responsible Person Street Address** | | | Situational | | | When responsible person is applicable, 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 |
| | | | | | N302 | | Address Information | Address Information | O | 1 | 55 | | Not used |
| N4 | Detail | 2100G Responsible Person | 060 | **N4** | | **Responsible Person City, State, Zip** | | | Situational | | | When responsible person is applicable, 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. |
| | | | | | N401 | | City Name | City Name | O | 2 | 30 | | Not used |
| | | | | | N402 | | State or Prov Code | State or Province Code | O | 2 | 2 | | Not used |
| | | | | | N403 | | Postal Code | Postal Code | O | 3 | 15 | | Not used |
| | | | | | N404 | | Country Code | Country Code | O | 2 | 3 | | Not used |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | | Notes / Examples |
| | | **2200 Disability Information** | | | | | | | | | | | | |
| 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 | M | 1 | 1 | 1 = Short Term Disability<br>2 = Long Term Disability<br>3 = Permanent or Total Disability<br>4 = No Disability | | Valid Values:<br>Set T = 2<br>Set P = 3<br>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<br>If DSB09 present then required. | | Not used |
| 585 | | | | | DSB08 | | Medical Code Value | Medical Code Value<br>Diagnosis Code | X | 1 | 15 | Medical Code Value<br>the only allowed value is 585 - End Stage Renal Disease<br>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 | M | 3 | 3 | 360 = Disability Begin<br>361 = Disability End | | 360 = Disability Begin<br>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<br>Disability Eligibility Date | M | 1 | 35 | Disability Eligibility Date | | Disability Eligibility Date |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | | Notes / Examples |
| | | **2300 Health Coverage** | | | | | | | | | | | | |
| 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~ |
| | | | | | HD01 | | Maintenance Type Code | Maintenance Type Code | M | 3 | 3 | 001 = Change<br>002 = Delete<br>021 = Addition<br>024 = Cancellation or termination<br>025 = Reinstatement<br>026 = Correction<br>030 = Audit or compare<br>032 = Employee Info Not Applicable | | 001 = Change<br>002 = Delete<br>021 = Addition<br>024 = Cancellation or termination<br>025 = Reinstatement<br>030 = Audit or Compare |
| Not used | | | | | HD02 | | Maint Reason - Not Used | | | | | Not used | | Not Used |
| | | | | | HD03 | | Insurance Line Code | Insurance Line Code | O | 2 | 3 | AG = Preventitive Care/Wellness<br>AH = 24 Hour Care<br>AJ = Medicare Risk<br>AK = Mental Health<br>DCP = Dental Capitation<br>DEN = Dental<br>EPO = Exclusive Provider Organization<br>FAC = Facility<br>HE = Hearing<br>HLT = Health<br>HMO = Health Maintenance Organization<br>LTC = Long-Term Care<br>LTD = Long-Term Disability<br>MM = Major Medical<br>MOD = Mail Order Drug<br>PDG = Prescription Drug<br>POS = Point of Service<br>PPO = Preferred Provider Organization<br>PRA = Practitioners<br>STD = Short-Term Disability<br>UR = Utilization Review<br>VIS = Vision | | Evaluate retro stack<br>Valid Values :<br>HLT<br>PDG<br>DEN<br>VIS |
| | | | | | HD04 | | Plan Cvrg Description | Plan Cvrg Description | O | 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 | O | 3 | 3 | CHD = Children Only<br>DEP = Dependents Only<br>E1D = Employee and 1 Dependent<br>E2D = Employee and 2 Dependents<br>E3D = Employee and 3 Dependents<br>E5D = Employee and 1 or More Dependents<br>E6D = Employee and 2 or More Dependents<br>E7D = Employee and 3 or More Dependents<br>E8D = Employee and 4 or More Dependents<br>E9D = Employee and 5 or More Dependents<br>ECH = Employee and Children<br>EMP = Employee Only<br>ESP = Employee and Spouse<br>FAM = Family<br>IND = Individual<br>SPC = Spouse and Children<br>SPO = Spouse Only<br>TWO = Two Party | | Valid Values:<br>IND<br>FAM |

## EDI 834 Transaction Set File Layout

| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Notes / Examples |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| DTP | 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 | M | 3 | 3 | 303 = Maintenance Effective<br>348 = Benefit Begin<br>349 = Benefit End | Valid Values:<br>348 = Benefit Begin<br>349 = Benefit End<br>303 = Maintenance Effective |
| D8 | | | | | DTP02 | | Date Time Format Qual | Date Time Period Format Qualifier | M | 2 | 3 | D8 = Date expressed in CCYYMMDD. | Set to D8. |
| | | | | | DTP03 | | Date Time Period | Date Time Period<br>Coverage Period | M | 1 | 35 | Coverage Period | Coverage Period |
| REF | 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 or policy. | REF*1L*001A01~ |
| | | | | | REF01 | | Reference Ident Qual | Reference Identification Qualifier | M | 2 | 3 | 17 = Client Reporting Category | Set to 1L |
| | | | | | REF02 | | Reference Ident | Reference Identification<br>Insured Group or Policy Number | X | 1 | 30 | Insured Group or Policy Number<br>At least one REF02 is required. | Join Benefit Plan and Benefit Program |
| | | | | | | | | | | | | | |
| HD | Detail | 2300 Health Coverage | 260 | **HD** | | **Health Coverage** | | | Situational | | | Segment is used to indicate Med D enrollment | HD*021**PDG~<br>(Medicare D Enrollment) |
| | | | | | HD01 | | Maintenance Type Code | Maintenance Type Code | M | 3 | 3 | 001 = Change<br>002 = Delete<br>021 = Addition<br>024 = Cancellation or termination<br>025 = Reinstatement<br>026 = Correction<br>030 = Audit or compare<br>032 = Employee Info Not Applicable | 001 = Change<br>002 = Delete<br>021 = Addition<br>024 = Cancellation or termination<br>025 = Reinstatement<br>030 = Audit or Compare |
| Not used | | | | | HD02 | | Maint Reason - Not Used | | | | | Not used | Not Used |
| | | | | | HD03 | | Insurance Line Code | Insurance Line Code | O | 2 | 3 | AG = Preventitive Care/Wellness<br>AH = 24 Hour Care<br>AJ = Medicare Risk<br>AK = Mental Health<br>DCP = Dental Capitation<br>DEN = Dental<br>EPO = Exclusive Provider Organization<br>FAC = Facility<br>HE = Hearing<br>HLT = Health<br>HMO = Health Maintenance Organization<br>LTC = Long-Term Care<br>LTD = Long-Term Disability<br>MM = Major Medical<br>MOD = Mail Order Drug<br>PDG = Prescription Drug<br>POS = Point of Service<br>PPO = Preferred Provider Organization<br>PRA = Practitioners<br>STD = Short-Term Disability<br>UR = Utilization Review<br>VIS = Vision | Evaluate retro stack<br>Valid Values :<br>PDG |
| | | | | | HD04 | | Plan Cvrg Description | Plan Cvrg Description | O | 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 |

## EDI 834 Transaction Set File Layout

| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Notes / Examples |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | HD05 | | Coverage Level Code | Coverage Level Code | O | 3 | 3 | CHD = Children Only<br>DEP = Dependents Only<br>E1D = Employee and 1 Dependent<br>E2D = Employee and 2 Dependents<br>E3D = Employee and 3 Dependents<br>E5D = Employee and 1 or More Dependents<br>E6D = Employee and 2 or More Dependents<br>E7D = Employee and 3 or More Dependents<br>E8D = Employee and 4 or More Dependents<br>E9D = Employee and 5 or More Dependents<br>ECH = Employee and Children<br>EMP = Employee Only<br>ESP = Employee and Spouse<br>FAM = Family<br>IND = Individual<br>SPC = Spouse and Children<br>SPO = Spouse Only<br>TWO = Two Party | Not applicable |
| DTP | 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 | M | 3 | 3 | 303 = Maintenance Effective<br>348 = Benefit Begin<br>349 = Benefit End | Valid Values:<br>348 = Benefit Begin<br>349 = Benefit End<br>303 = Maintenance Effective |
| D8 | | | | | DTP02 | | Date Time Format Qual | Date Time Period Format Qualifier | M | 2 | 3 | D8 = Date expressed in CCYYMMDD. | Set to D8. |
| | | | | | DTP03 | | Date Time Period | Date Time Period<br>Coverage Period | M | 1 | 35 | Coverage Period | Coverage Period |
| REF | 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 or policy. | Not applicable |
| | | | | | REF01 | | Reference Ident Qual | Reference Identification Qualifier | M | 2 | 3 | 17 = Client Reporting Category | Not applicable |
| | | | | | REF02 | | Reference Ident | Reference Identification<br>Insured Group or Policy Number | X | 1 | 30 | Insured Group or Policy Number<br>At least one REF02 is required. | Not applicable |
| IDC | Detail | 2300 Health Coverage | 300 | **IDC** | | **Identification 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~<br>Not used anymore |
| | | | | | IDC01 | | Plan Cvrg Description | Plan Coverage Description | M | 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 | 1 | 1 | D = Dental Insurance<br>H = Health Insurance<br>P = Prescription Drug Insurance | D = Dental Insurance<br>H = Health Insurance<br>P = Prescription Drug Insurance |
| | | | | | IDC03 | | Quantity | Quantity<br>Identification Card Count | O | 1 | 15 | Send only if quantity is greater than 1 | Set to zero |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Notes / Examples |
| | | | | | IDC04 | | Action Code | Action Code | O | 1 | 2 | 1 = Add<br>2 = Change<br>RX = Replace (no data change) | Set new enrollee to '1'<br>Set changes to '2' |
| LX | Detail | 2300 Health Coverage | 310 | **LX** | | **Provider Information** | | | Situational | | | Loop provides information about primary 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 iteration of the loop to identify each applicable health care service. | 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 | M | 1 | 6 | Number assigned for differentiation within a transaction set. | Not used |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | | Notes / Examples |
| | | **2310 Provider Information** | | | | | | | | | | | | |
| NM1 | Detail | 2310 Provider Information | 320 | **NM1** | | **Provider Name** | | | Required | | | The National Provider ID should be passed in NM109. Until the NP ID is available the Federal Tax ID should be used. Fields NM103 through NM107 are used when the sponsor has the provider's name but does not pass the standard ID in NM109 because the ID is unknown or local regulations prevent using Social Security Numbers or Federal Tax IDs. If the entity code, NM102, is 1 for person and the name is being passed, NM103 and NM104 must be used and NM105, NM106 andNM107 may be used. When the name is being passed for a non-person entity, then use only NM103. NM104 through NM107 are not populated. | | 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 |
| | | | | | NM101 | | Entity ID Code | Entity Identifier Code | M | 2 | 3 | | | Not used |
| | | | | | NM102 | | Entity Type Qualifier | Entity Type Qualifier | M | 1 | 1 | | | Not used |
| | | | | | NM103 | | Name Last/ Org Name | Name Last or Organization Name | O | 1 | 35 | | | Not used |
| | | | | | NM104 | | Name First | Name First | O | 1 | 25 | | | Not used |
| | | | | | NM105 | | Name Middle | Name Middle | O | 1 | 25 | | | Not used |
| | | | | | NM106 | | Name Prefix | Name Prefix | O | 1 | 10 | | | Not used |
| | | | | | NM107 | | Name Suffix | Name Suffix | O | 1 | 10 | | | Not used |
| | | | | | 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 | X | 2 | 2 | | | Not used |
| PLA | Detail | 2310 Provider Information | 395 | **PLA** | | **PCP Change Reason** | | | Situational | | | Segment is used to report the reason and the effective date that a member changes primary care provider. | | 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 |
| | | | | | PLA01 | | Action Code | Action Code | M | 1 | 2 | | | Not used |
| | | | | | PLA02 | | Entity ID Code | Entity Identifier Code | M | 2 | 3 | | | Not used |
| | | | | | PLA03 | | Date | Date | M | 8 | 8 | | | Not used |
| | | | | | | | | | | | | | | Not used |
| | | | | | PLA05 | | Maintain Reason Code | Maintain Reason Code | O | 2 | 3 | | | Not used |
| | | **2320 Coordination of Benefits** | | | | | | | | | | | | |
| COB | Detail | 2320 Coordination of Benefits | 400 | **COB** | | **Coordination of Benefits** | | | Situational | | | Loop is used when an individual has 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. | | COB*S*NYSHIP*1~<br>Used to indicate NYSHIP is Secondary due to Medicare D enrollment |
| | | | | | COB01 | | Payer Resp Seq No Code | Payer Responsibility Sequence Number Code | O | 1 | 1 | P = Primary<br>S = Secondary<br>T = Tertiary<br>U = Unknown | | Valid Values:<br>S = Secondary |
| | | | | | COB02 | | Reference Ident | Reference Identification<br>Insured Group or Policy Number | O | 1 | 30 | Insured Group or Policy Number | | NYSHIP |
| | | | | | COB03 | | Benefits Coord Code | Coordination of Benefits Code | O | 1 | 1 | 1 = Coordination of Benefits<br>5 = Unknown<br>6 = No Coordination of Benefits | | 1 = Coordination of Benefits |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | | Notes / Examples |
| REF | Detail | 2320 Coordination of Benefits | 405 | **REF** | | **Additional Coordination of Benefits Identifiers** | | | Situational | | | Specifies COB identifying information. | | The scope of Nybeas does not include the maintenance of a COB data by DCS. The delivered interface will not include PCP data fields |
| | | | | | REF01 | | Reference Ident Qual | Reference Identification Qualifier | M | 2 | 3 | 1W = Member Identification Number<br>6O = Account Suffix Code<br>6P = Group Number<br>A6 = Employee Identification Number<br>SY = Social Security Number | | Not used |
| | | | | | REF02 | | Reference Ident | Reference Identification | X | 1 | 30 | Insured Group or Policy Number<br>At least one REF02 is required. | | Not used |
| N1 | Detail | 2320 Coordination of Benefits | 410 | **N1** | | **Other Insurance Company Name** | | | Situational | | | Identifies other insurance company (COB) by type, name, and code. | | The scope of Nybeas does not include the maintenance of a COB data by DCS. The delivered interface will not include PCP data fields |
| IN | | | | | N101 | | Entity ID Code | Entity Identifier Code | 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.<br>NI = National Association of Insurance Commissioners Identification.<br>XV = Health Care Financing Administration National Payer Identification. | | Not used |
| | | | | | N104 | | ID Code | Plan Sponsor | X | 2 | 80 | Insured Group or Policy Number | | Not used |
| DTP | Detail | 2320 Coordination of Benefits | 450 | **DTP** | | **Coordination 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 | M | 3 | 3 | 344 = Coordination of benefits begin.<br>345 = Coordination of benefits end. | | Not Used |
| D8 | | | | | DTP02 | | Date Time Format Qual | Date Time Period Format Qualifier | M | 2 | 3 | D8 = Date expressed in CCYYMMDD. | | Not Used |
| | | | | | DTP03 | | Date Time Period | Date Time Period | M | 1 | 35 | Date COB is in effect. | | Not Used |
| | | **Transaction Set Trailer** | | | | | | | | | | | | |
| SE | Trailer | | | **SE** | | **Transaction Set Trailer** | | | Required | | | Indicates end of transaction set and provides a count of the segments. | | SE*39*1 ~ |
| | | | | | SE01 | | 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 SE02 and ST02 must be identical. Assign starting with 0001 and increment forward. Control numbers are unique within a specific functional group but can repeat in other groups and interchanges. |

| EDI 834 Transaction Set File Layout | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Mapping Notes |
| | | **Interchange Control Header** | | | | | | | | | | | |
| ISA | | Interchange Header | | **ISA** | | **Interchange Control Header** | | | Required | | | Identifies an interchange of functional groups and interchange control data. | ISA*00* *00* *30*141788609*30*123456789*000309*1356*U*00401*000000001*1*P*:~ |
| | | | | | ISA01 | | Author Info Qualifier | Author Information Qualifier | M | 2 | 2 | 00 = No Authorization Information Present<br>03 = Additional Data Identification | Set to 00 (zero zero) |
| | | | | | ISA02 | | Author Information | Authorization Information | M | 10 | 10 | | n/a |
| | | | | | ISA03 | | Security Info Qual | Security Information Qualifier | M | 2 | 2 | 00 = No Security Information Present<br>01 = Password | Set to 00 (zero zero) |
| | | | | | ISA04 | | Security Information | Security Information | M | 10 | 10 | | n/a |
| | | | | | ISA05 | | Interchange Id Qual | Interchange Id Qualifier | M | 2 | 2 | 01 = Duns Number<br>14 = Duns Plus Prefix<br>20 = Health Industry Number<br>27 = Carrier Identification Num<br>28 = FIIN Number<br>29 = Medicare Provider Num<br>30 = Federal Tax Id Num<br>33 = NAIC Company Code<br>ZZ = Mutually Defined | Set to 30 |
| | | | | | ISA06 | | Interchange Sender Id | Interchange Sender Id | M | 15 | 15 | | Set to 146013200 |
| | | | | | ISA07 | | Interchange ID Qual | Interchange Id Qualifier | M | 2 | 2 | 01 = Duns Number<br>14 = Duns Plus Prefix<br>20 = Health Industry Number<br>27 = Carrier Identification Num<br>28 = FIIN Number<br>29 = Medicare Provider Num<br>30 = Federal Tax Id Num<br>33 = NAIC Company Code<br>ZZ = Mutually Defined | Set to 30 |
| | | | | | ISA08 | | Interchange Receiver Id | Interchange Receiver Id | M | 15 | 15 | In absence of a value from the Carrier, defaulted to the Benefit Plan Name. | Set to Trading partner ID |
| | | | | | ISA09 | | Interchange Date | Interchange Date | M | 8 | 8 | CCYYMMDD | System generated.<br>Format: yymmdd |
| | | | | | ISA10 | | Interchange Time | Interchange Time | M | 4 | 4 | HHMM | System generated.<br>Format: hhmm |
| | | | | | ISA11 | | Inter Ctrl Stand Ident | Interchange Control Standards Identifier | M | 1 | 1 | U = US EDI ASC X12, TDCC, and USC | Set to U |
| | | | | | ISA12 | | Inter Ctrl Version Num | Interchange Control Version Number | M | 5 | 5 | | Set to 00501 |
| | | | | | ISA13 | | Inter Ctrl Number | Interchange Control Number | M | 9 | 9 | | System generated |
| | | | | | ISA14 | | Ack Requested | Acknowledgement Requested | M | 1 | 1 | 0 = No Acknowledgement Requested<br>1 = Acknowledgement Requested | Set to 1 |
| | | | | | ISA15 | | Test Indicator | Test Indicator | M | 1 | 1 | P = Production Data<br>T = Test Data | set to P |
| | | | | | ISA16 | | Component Elem Sepera | Component Element Separator | M | 1 | 1 | | Set to : |

## EDI 834 Transaction Set File Layout

| Data Field Values | Level | Loop | Position | Segment ID | Reference Designator | Segment Name | Data Element | Data Element Description | Requirement | Attribute Min | Attribute Max | Comments | Mapping Notes |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | **Functional Group Header** | | | | | | | | | | | |
| GS | | Group Header | | **GS** | | **Functional Group Header** | | | Required | | | Identifies the start of a functional group and provides control data. | GS*BE*146013200*123456789*20031009*1700*1*X*004010X095A1~ |
| | | | | | GS01 | | Functional ID Code | Functional Identifier Code | M | 2 | 2 | BE = Benefit Enrollment and Maintenance (834) | Set to BE |
| | | | | | GS02 | | Application Send's Code | Application Sender's Code | M | 2 | 15 | | Set to 146013200 |
| | | | | | GS03 | | Application Rec's Code | Application Receiver's Code | M | 2 | 15 | | By agreement between partners |
| | | | | | GS04 | | Date | Date | M | 8 | 8 | CCYYMMDD | System generated.<br>Format: ccyymmdd |
| | | | | | GS05 | | Time | Time | M | 4 | 8 | Can be HHMM, HHMMSS, HHMMSSD, or HHMMSSDD (D = decimal seconds) | System generated.<br>Format: hhmm |
| | | | | | GS06 | | Group Ctrl Number | Group Control Number | M | 1 | 9 | | System generated. |
| | | | | | GS07 | | Responsible Agency Code | Responsible Agency Code | M | 1 | 2 | | Set to X |
| | | | | | GS08 | | Ver/Release ID Code | Version/Release/Industry Identifier Code | M | 1 | 12 | | Set to 005010X220A1 |
| | | **Functional Group Trailer** | | | | | | | | | | | |
| GE | Trailer | | | **GE** | | **Functional Group Trailer** | | | Required | | | Indicates the end of a functional group and provides control information | GE*6542*1~ |
| | | | | | GE01 | | Number of TS Included | Number of Transactions Sets Included | M | 1 | 6 | Total number of transaction sets in the functional group or interchange group | System generated. |
| | | | | | GE02 | | Group Ctrl Number | Group Control Number | M | 1 | 9 | Unique control number . | System generated. |
| | | **Interchange Control Trailer** | | | | | | | | | | | |
| IEA | Trailer | | | **IEA** | | **Interchange Control Trailer** | | | Required | | | Indicates the end of an interchange functional groups and related control segments | IEA*1*000000001~ |
| | | | | | IEA01 | | Num of Inc Funct Group | Number of Included Functional Groups | M | 1 | 5 | The number of functional groups included in the interchange | System generated. |
| | | | | | IEA02 | | Inter Ctrl Number | Interchange Control Number | M | 9 | 9 | An assigned control number . | System generated. |