ATTACHMENT 20

NEW YORK STATE OF OPPORTUNITY. Department of Civil Service

NYBEAS Enrollment Transaction Layout - RFP entitled: "Dental 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. 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****2~
					BGN01		TS Purpose Code	Transaction Set Purpose Code	M	2	2	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	M	1	30	Unique control number.	Set to a unique identifying reference number.
					BGN03		Date	Date Transaction Set Creation Date	M	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	O	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	X	1	30	Master Policy Number. At least one REF02 is required.	Set to master policy number. Value to be supplied by Carrier Default =00000

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DTP	Header	Header	040	**DTP**		**File Effective Date**		Situational				Carrier information requirement can adequately be satisfied without it. Data element is not used.

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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
					DTP01		Date/Time Qualifier	Date/Time Qualifier	M	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
		1000A Sponsor Name											
N1	Header	1000A 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. ZZ = Mutually Defined (HIPAA Id) If N104 present then required.	Set to FI = Federal Taxpayers Identification Number. Once National Payer ID is mandated, then use ZZ.
					N104		ID Code	Identification Code Sponsor Identifier	X	2	80	Sponsor Identifier. If N103 present then required.	Set to 146013200
		1000B Payer Name											
N1	Header	1000B 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. XV = Health Care Financing Administration National Payer Identification. If N104 present then required.	FI = Federal Taxpayers Identification Number. XV = Health Care Financing Administration National Payer Identification. Once National Payer ID is mandated, then use only XV
					N104		ID Code	Identification Code Insurer Identification Code	X	2	80	Insurer identification code. If N103 present then required.	Data not captured by a PS field. Value to be supplied by carrier.
		1000C Broker Name											
N1	Header	1000C 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 FI = Federal Taxpayers Identification Number. XV = Health Care Financing Administration National Payer Identification. If N104 present then required.	n/a
n/a					N104		ID Code	Identification Code TPA or Broker Identification	X	2	80	TPA or Broker Identification code. If N103 present then required.	n/a
ACT	Header	1100C 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

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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
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 Subscriber Indicator	M	1	1	N = No Status of Insured is dependent. Y = Yes Status of insured is subscriber.	N = No Status of Insured is dependent. Y = Yes Status of insured is subscriber.
					INS02		Individual Relat Code	Individual Relationship Code	M	2	2	01 = Spouse 18 = Self 19 = Child 25 = Ex-spouse 53 = Life partner 38 = Collateral dependent	Set SP = 01 Set subscriber = 18 Set S and D = 19 Set X = 25 Set DP = 53 Set O = 38
					INS03		Maintenance Type Code	Maintenance Type Code	O	3	3	001 = Change 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or compare	001 = Change 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or compare
					INS04		Maintain Reason Code	Maintenance Reason Code	O	2	3	01 = Divorce 02 = Birth 03 = Death 04 = Retirement 05 = Adoption 06 = Strike 07 = Termination of Benefits 08 = Termination of Employment 09 = COBRA 10 = COBRA Premium Paid 11 = Surviving Spouse 14 = Voluntary Withdrawal 15 = Primary Care Provider Change 16 = Quit 17 = Fired 18 = Suspended 20 = Active 21 = Disability 22 = Plan Change 25 = Change in Identifying Data Elements 26 = Declined Coverage 27 = Pre-Enrollment 28 = Initial Enrollment 29 = Benefit Selection 31 = Legal Separation 32 = Marriage 33 = Personnel Data 37 = Leave of Absence with Benefits 38 = Leave of Absence without Benefits 39 = Lay Off with Benefits 40 = Lay Off without Benefits 41 = Re-enrollment 43 = Change of Location XN = Notification Only XT = Transfer	Use of this segment is limited to identify a change in Benefit Program and Termination Reason for Conversion of Coverage. Set Termination of Benefits = 07 Set Termination of Employment = 08 Set change in Benefit Program = 22 Set Plan Change = 22 Set Alternate Identifier Change = 25 Set Initial Enrollment = 28 Set Re-enrollment = 41

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INS05		Benefit Status Code	Benefit Status Code	O	1	1	Type coverage for which benefits paid A= Active C = Cobra S = Surviving Insured T = Tax equity and fiscal responsibility act	Type of Set default to 'A' unless termination, Cobra or surviving spouse Valid values are 'A', 'C', and 'S' TEFRA is a medical assistance program for families with children with disabilities. Eligibility is determined based on medical and level of care criteria.

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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
					INS06		Medicare Plan Code	Medicare Plan Code	O	1	1	A = Medicare Part A B = Medicare Part B C = Medicare Part A and B D = Medicare E = No Medicare	Currently only track Medicare Part B Valid values are 'B' and 'E'
					INS07		Cobra Qual Event Code	Cobra Qualifying Event Code	O	1	2	1 = Termination of Employment 2 = Reduction of work hours 3 = Medicare 4 = Death 5 = Divorce 6 = Separation 7 = Ineligible Child 8 = Bankruptcy of a Retired Employee	1 = Termination of Employment 2 = Reduction of work hours 3 = Medicare 4 = Death 5 = Divorce 6 = Separation 7 = Ineligible Child 8 = Bankruptcy of a Retired Employee
					INS08		Employment Status Code	Employment Status Code	O	2	2	If enrollment is in a non employment based program such as medicare, then use status of subscriber in that program. AO = Active Military - Overseas AU = Active Military - USA FT = Full Time Active L1 = Leave of Absence PT = Part Time Active RT = Retired TE = Terminated	Subscriber only Valid values are: FT PT TE RT L1
					INS09		Student Status Code	Student Status Code	O	1	1	F = Full-time N = Not a student P = Part-time	F = Full-time N = Not a student
					INS10		Yes/No Cond Resp Code	Yes/No Condition or Response Code Handicap Indicator	O	1	1	Handicap indicator: N = no Y = yes	For dependent only
D8					INS11		Date Time Format Qual	Date Time Period Format Qualifier	X	2	3	D8 = Date expressed in CCYYMMDD If INS12 present then required.	Set to D8
					INS12		Date Time Period	Date Time Period Insured Individual Death Date	X	1	35	Date of Death If INS11 present then required.	Dependent date of death not captured on the database
Not used					INS13		Confidentiality - Not Used		n/a			Not used.	Set to placeholder.
Not used					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 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 Subscriber Identifier	X	1	30	At least one REF02 is required.	Social security number should be used until the National identifier is available.
REF	Detail	2000 Member Detail	020	**REF**		**Member Policy Number**			Situational			Specifies identifying information. Segment is used if group number applies to all coverage data for the member.	REF*1L*NYSLWOP~
					REF01		Reference Ident Qual	Reference Identification Qualifier	M	2	3	1L = Group or Policy Number	Set to 1L.

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					REF02		Reference Ident	Reference Identification Insured Group or Policy Number	X	1	30	At least one REF02 is required	Join Company and Ben_Status Valid Company Values: PA ,PE ,NYS, MTH Valid Benefit Statuses: DISP,FAML,IMIL,LPTA,LTDS,LWOP, MILL,PRFL,STDS,WCDF,WCLV, WCMC,WCWR, RTNA. If 'CBL' then = '00306666'

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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
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 If 'HIP' and CUSTID = '00001 then map DEPTID 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: 'E' = Employee Rate '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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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
					DTP01		Date/Time Qualifier	Date/Time Qualifier	M	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 End 350 = 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
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~
					DTP01		Date/Time Qualifier	Date/Time Qualifier	M	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 End 350 = 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	M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8
					DTP03		Date Time Period	Date Time Period 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. 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 74 if changing existing identifying information. 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 Subscriber Last Name	O	1	35		Member Last Name
					NM104		Name First	Name First Subscriber First Name	O	1	25		Member First Name
					NM105		Name Middle	Name Middle Subscriber Middle Name	O	1	25		Member Middle Name
					NM106		Name Prefix - Not Used						Not used
					NM107		Name Suffix	Name Suffix Subscriber Name Suffix	O	1	10		Member Name Suffix
					NM108		ID Code Qualifier		X	1	2	34 = Social security number. ZZ = Mutually defined Use of NM109 is required with NM108.	For BCBS,CBL,ESI, set to ZZ. All other carriers, set to 34 If value is invalid ssn then set to ZZ
					NM109		ID Code	Identification Code Subscriber Identifier	X	2	80	Use of NM108 is required with NM109.	For BCBS, CBL,ESI set to ssn + dependent_benef. All other carriers set to ssn 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 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
TE					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

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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 Subscriber Address Line	M	1	55		Address line 1
					N302		Address Information	Address Information Subscriber Address Line	O	1	55		Address line 2

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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
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 Subscriber City Name	O	2	30		City Name
					N402		State or Prov Code	State or Province Code Subscriber State Code	O	2	2		State or Prov Code
					N403		Postal Code	Postal Code 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 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 Member Birth Date	X	1	35	Date of Birth.	Date of Birth.
					DMG03		Gender Code	Gender Code	O	1	1	F = female M = male U = unknown	F = female M = male U = unknown
					DMG04		Marital Status Code	Marital Status Code	O	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	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 Language Code	X	2	80	Use of LUI01 is required with LUI02.	Not used
					LUI03		Description	Description Language Description	X	1	80		Not used
					LUI04		Use of Lang Indica	Use of Language Indicator Language Use Indicator	O	1	2		Not used

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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
		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 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 Prior Incorrect Insured Last Name	O	1	35		Prior Incorrect Insured Last Name
					NM104		Name First	Name First Prior Incorrect Insured First Name	O	1	25		Prior Incorrect Insured First Name
					NM105		Name Middle	Name Middle Prior Incorrect Insured Middle Name	O	1	25		Prior Incorrect Insured Middle Name
					NM106		Name Prefix	Name Prefix Prior Incorrect Insured Name Prefix	O	1	10		Set to placeholder.
					NM107		Name Suffix	Name Suffix 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. ZZ = Mutually Defined Use of NM109 is required with NM108.	For BCBS,CBL,ESI, set to ZZ All other carriers, set to 34
					NM109		ID Code	Identification Code Prior Incorrect Insured Identifier	X	2	80	Use of NM108 is required with NM109.	For BCBS, CBL,ESI set to ssn + dependent_benef. All other carriers set to ssn
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 Prior Incorrect Insured Birth Date	X	1	35	Prior incorrect insured birth date. Use of DMG01 is required with DMG02.	Prior Incorrect Insured Birth Date
					DMG03		Gender Code	Gender Code	O	1	1	F = female M = male U = unknown	F = female M = male 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 Subscriber Address Line	M	1	55		Address Information
					N302		Address Information	Address Information 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 Subscriber City Name	O	2	30		City Name

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				N402		State or Prov Code	State or Province Code Subscriber State Code	O	2	2		State or Prov Code
				N403		Postal Code	Postal Code 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

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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
		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 Insured Employer Name	O	1	35		n/a
					NM104		Name First	Name First Insured Employer First Name	O	1	25		n/a
					NM105		Name Middle	Name Middle Insured Employer Middle Name	O	1	25		n/a
					NM106		Name Prefix	Name Prefix Insured Employer Name Prefix	O	1	10		n/a
					NM107		Name Suffix	Name Suffix 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 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

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					NM103		Name Last/ Org Name	Name Last or Organization Name	O	1	35	Not used

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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
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

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					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

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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
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

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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

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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
		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 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	X	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	M	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	M	1	35	Disability Eligibility Date	Disability Eligibility 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
		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 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					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	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

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					HD05		Coverage Level Code	Coverage Level Code	O	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 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

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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
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 348 = Benefit Begin 349 = Benefit End	Valid Values: 348 = Benefit Begin 349 = Benefit End 303 = Maintenance Effective
D8					DTP02		Date Time Format Qual	Date Time Period Format Qualifier	M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DTP03		Date Time Period	Date Time Period Coverage Period	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 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
HD	Detail	2300 Health Coverage	260	**HD**		**Health Coverage**			Situational			Segment is used to indicate Med D enrollment	HD*021**PDG~ (Medicare D Enrollment)
					HD01		Maintenance Type Code	Maintenance Type Code	M	3	3	001 = Change 002 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 026 = Correction 030 = Audit or compare 032 = Employee Info Not Applicable	001 = Change 002 = Delete 021 = Addition 024 = Cancellation or termination 025 = Reinstatement 030 = Audit or Compare
Not used					HD02		Maint Reason - Not Used					Not used	Not Used

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				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 : 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

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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
					HD05		Coverage Level Code	Coverage Level Code	O	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 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	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 348 = Benefit Begin 349 = Benefit End	Valid Values: 348 = Benefit Begin 349 = Benefit End 303 = Maintenance Effective
D8					DTP02		Date Time Format Qual	Date Time Period Format Qualifier	M	2	3	D8 = Date expressed in CCYYMMDD.	Set to D8.
					DTP03		Date Time Period	Date Time Period Coverage Period	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 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**		**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.	Not applicable

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				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.	Not applicable
				IDC02		ID Card Type Code	ID Card Type Code	M	1	1	D = Dental Insurance H = Health Insurance P = Prescription Drug Insurance	Not applicable
				IDC03		Quantity	Quantity Identification Card Count	O	1	15	Send only if quantity is greater than 1	Not applicable

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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
					IDC04		Action Code	Action Code	O	1	2	1 = Add 2 = Change RX = Replace (no data change)	Not Applicable
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

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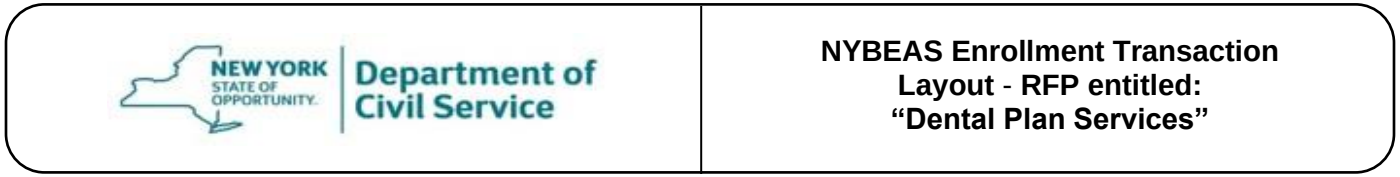
Data Field Values	Level	Loop	Position	Segment ID	Reference Designator	Segment Name	Data Element	Data Element Description	Requirement	Attribute Min	Attribute Max	Comments	Notes / Examples
		2310 Provider Information											
NM1	Detail	2310 Provider Information	320	**NM1**		**Provider Name**			Required			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~ 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 S = Secondary T = Tertiary U = Unknown	Valid Values: S = Secondary
					COB02		Reference Ident	Reference Identification Insured Group or Policy Number	O	1	30	Insured Group or Policy Number	NYSHIP



NYBEAS Enrollment Transaction Layout - RFP entitled: "Dental Plan Services"

					COB03		Benefits Coord Code	Coordination of Benefits Code	O	1	1	1 = Coordination of Benefits 5 = Unknown 6 = No Coordination of Benefits	1 = Coordination of Benefits

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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 6O = Account Suffix Code 6P = Group Number A6 = Employee Identification Number SY = Social Security Number	Not used
					REF02		Reference Ident	Reference Identification	X	1	30	Insured Group or Policy Number 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. NI = National Association of Insurance Commissioners Identification. 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. 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.