

834 Benefit Enrollment and Maintenance

Functional Group ID=**BE**

Introduction:

This Draft Standard for Trial Use contains the format and establishes the data contents of the Benefit Enrollment and Maintenance Transaction Set (834) for use within the context of an Electronic Data Interchange (EDI) environment. This transaction set can be used to establish communication between the sponsor of the insurance product and the payer. Such transaction(s) may or may not take place through a third party administrator (TPA). For the purpose of this standard, the sponsor is the party or entity that ultimately pays for the coverage, benefit or product. A sponsor can be an employer, union, government agency, association, or insurance agency. The payer refers to an entity that pays claims, administers the insurance product or benefit, or both. A payer can be an insurance company, health maintenance organization (HMO), preferred provider organization (PPO), government agency (Medicare, Medicaid, Champus, etc.), or an entity that may be contracted by one of these former groups. For the purpose of the 834 transaction set, a third party administrator (TPA) can be contracted by a sponsor to handle data gathering from those covered by the sponsor if the sponsor does not elect to perform this function itself.

Heading:

	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>Req. Des.</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
	005	ISA	Interchange Control Header	O	1		
	007	GS	Functional Group Header	O	1		
M	010	ST	Transaction Set Header	M	1		
M	020	BGN	Beginning Segment	M	1		
Rec	040	DTP	File Effective Date	O	>1		
LOOP ID - 1000A						1	
M	070	N1	Sponsor Name	M	1		n1
LOOP ID - 1000B						1	
M	070	N1	Payer	M	1		n2
LOOP ID - 1000C						2	
	070	N1	TPA/Broker Name	O	1		

Detail:

	<u>Pos. No.</u>	<u>Seg. ID</u>	<u>Name</u>	<u>Req. Des.</u>	<u>Max.Use</u>	<u>Loop Repeat</u>	<u>Notes and Comments</u>
LOOP ID - 2000						>1	
Must Use	010	INS	Member Level Detail	O	1		n3
M	020	REF	Subscriber Number	M	1		
Rec	025	DTP	Member Level Dates	O	20		
LOOP ID - 2100A						1	
Must Use	030	NM1	Member Name	O	1		
Rec	040	PER	Member Communications Numbers	O	1		
Must Use	050	N3	Member Residence Street Address	O	1		
Must Use	060	N4	Member Residence City, State, ZIP Code	O	1		
Must Use	080	DMG	Member Demographics	O	1		
LOOP ID - 2300						99	
Must Use	260	HD	Health Coverage	O	1		
Must Use	270	DTP	Health Coverage Dates	O	4		
Must Use	290	REF	Health Coverage Policy Number	O	2		

M	690	SE	Transaction Set Trailer	M	1
M	700	GE	Functional Group Trailer	M	1
M	710	IEA	Interchange Control Trailer	M	1

Transaction Set Notes

1. At least one iteration of loop 1000 is required to identify the sender or receiver.
2. A Subscriber is a person who elects the benefits and is affiliated with the employer or the insurer. A Dependent is a person who is affiliated with the subscriber, such as a spouse, child, etc., and is therefore entitled to benefits. Subscriber information must come before dependent information. The INS segment is used to note if information being submitted is subscriber information or dependent information.
3. Either NM1 or N1 will be included depending on whether an individual or organization is being specified.

Segment: **ISA** Interchange Control Header
Position: 005
Loop:
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To start and identify an interchange of zero or more functional groups and interchange-related control segments

Syntax Notes:

Comments:

Notes:

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ISA*00* 00000001*00* 00000001*ZZ*MIL123456A *ZZ*G00621
*080523*1801*U*00401*00001060*0*P*>~
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Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	ISA01	I01	Authorization Information Qualifier Code to identify the type of information in the Authorization Information Groups should send '00' in this data element. 00 No Authorization Information Present (No Meaningful Information in I02) 03 Additional Data Identification	M ID 2/2
M	ISA02	I02	Authorization Information Information used for additional identification or authorization of the interchange sender or the data in the interchange; the type of information is set by the Authorization Information Qualifier (I01) Groups should send '000000001' (9 zeroes + 1 one) in this data element.	M AN 10/10
M	ISA03	I03	Security Information Qualifier Code to identify the type of information in the Security Information Groups should send '00' in this data element. 00 No Security Information Present (No Meaningful Information in I04) 01 Password	M ID 2/2
M	ISA04	I04	Security Information This is used for identifying the security information about the interchange sender or the data in the interchange; the type of information is set by the Security Information Qualifier (I03) Groups should send '000000001' (9 zeroes + 1 one) in this data element.	M AN 10/10
M	ISA05	I05	Interchange ID Qualifier Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified HCSC recommends sending 'ZZ' in this data element. 01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined	M ID 2/2

M	ISA06	I06	Interchange Sender ID	M AN 15/15
			Identification code published by the sender for other parties to use as the receiver ID to route data to them; the sender always codes this value in the sender ID element Groups should sent the 10-byte, BCBS-assigned customer ID in this element, followed by five spaces.	
M	ISA07	I05	Interchange ID Qualifier	M ID 2/2
			Qualifier to designate the system/method of code structure used to designate the sender or receiver ID element being qualified HCSC recommends sending 'ZZ' in this data element.	
			01 Duns (Dun & Bradstreet) 14 Duns Plus Suffix 20 Health Industry Number (HIN) 27 Carrier Identification Number as assigned by Health Care Financing Administration (HCFA) 28 Fiscal Intermediary Identification Number as assigned by Health Care Financing Administration (HCFA) 29 Medicare Provider and Supplier Identification Number as assigned by Health Care Financing Administration (HCFA) 30 U.S. Federal Tax Identification Number 33 National Association of Insurance Commissioners Company Code (NAIC) ZZ Mutually Defined	
M	ISA08	I07	Interchange Receiver ID	M AN 15/15
			Identification code published by the receiver of the data; When sending, it is used by the sender as their sending ID, thus other parties sending to them will use this as a receiving ID to route data to them HCSC recommends sending the following values in ISA08, followed by nine spaces: Illinois groups = 'G00621' New Mexico groups = 'G00790' Oklahoma groups = 'G00840' Texas groups = 'G84980'	
M	ISA09	I08	Interchange Date	M DT 6/6
			Date of the interchange The date format for this element is YYMMDD. All other dates in the 834 are CCYYMMDD.	
M	ISA10	I09	Interchange Time	M TM 4/4
			Time of the interchange Please send the interchange time in HHMM format.	
M	ISA11	I10	Interchange Control Standards Identifier	M ID 1/1
			Code to identify the agency responsible for the control standard used by the message that is enclosed by the interchange header and trailer Please send 'U' in this element.	
			U U.S. EDI Community of ASC X12, TDCC, and UCS	
M	ISA12	I11	Interchange Control Version Number	M ID 5/5
			This version number covers the interchange control segments Please send the value '00401' in this element.	
			00401 Draft Standards for Trial Use Approved for Publication by ASC X12 Procedures Review Board through October 1997	
M	ISA13	I12	Interchange Control Number	M N0 9/9
			A control number assigned by the interchange sender Please send a 9-digit control number in this element. The value in header element ISA13 must match the value in trailer element IEA02.	

M	ISA14	I13	Acknowledgment Requested	M ID 1/1
			Code sent by the sender to request an interchange acknowledgment (TA1)	
			Please send '0' (zero) in this element.	
			0 No Acknowledgment Requested	
			1 Interchange Acknowledgment Requested	
M	ISA15	I14	Usage Indicator	M ID 1/1
			Code to indicate whether data enclosed by this interchange envelope is test, production or information	
			During testing, please send 'T' (test) in this element. All production files should be sent with a value of 'P' (production) in this element.	
			P Production Data	
			T Test Data	
M	ISA16	I15	Component Element Separator	M AN 1/1
			Type is not applicable; the component element separator is a delimiter and not a data element; this field provides the delimiter used to separate component data elements within a composite data structure; this value must be different than the data element separator and the segment terminator	
			Please send a special character in this element, such as '>' (greater than sign) or ':' (colon). The selected character should not appear anywhere else in the file.	

Segment: **GS** Functional Group Header
Position: 007
Loop:
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To indicate the beginning of a functional group and to provide control information
Syntax Notes:
Comments: 1 A functional group of related transaction sets, within the scope of X12 standards, consists of a collection of similar transaction sets enclosed by a functional group header and a functional group trailer.
Notes: GS*BE*123456*G00621*20080523*180037*1060*X*004010X095A1~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	GS01	479 Functional Identifier Code	M ID 2/2
		Code identifying a group of application related transaction sets Groups should send 'BE' in this data element.	
		BE Benefit Enrollment and Maintenance (834)	
M	GS02	142 Application Sender's Code	M AN 2/15
		Code identifying party sending transmission; codes agreed to by trading partners Groups should send the HCSC-defined account number in this element. HCSC will supply the number.	
M	GS03	124 Application Receiver's Code	M AN 2/15
		Code identifying party receiving transmission; codes agreed to by trading partners HCSC recommends sending one of the following values in GS03: Illinois groups = 'G00621' New Mexico groups = 'G00790' Oklahoma groups = 'G00840' Texas groups = 'G84980'	
M	GS04	373 Date	M DT 8/8
		Date expressed as CCYYMMDD This element can be populated with either the file creation date or the transmission date. The data must be in CCYYMMDD format.	
M	GS05	337 Time	M TM 4/8
		Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99) This element can be populated with either the time of the file creation or the time of the file transmission.	
M	GS06	28 Group Control Number	M N0 1/9
		Assigned number originated and maintained by the sender Please populate this element with a control number. The value in header element GS06 must match the value in trailer element GE02.	
M	GS07	455 Responsible Agency Code	M ID 1/2
		Code used in conjunction with Data Element 480 to identify the issuer of the standard Please send 'X' in this data element.	
		X Accredited Standards Committee X12	
M	GS08	480 Version / Release / Industry Identifier Code	M AN 1/12

Code indicating the version, release, subrelease, and industry identifier of the EDI standard being used, including the GS and GE segments; if code in DE455 in GS segment is X, then in DE 480 positions 1-3 are the version number; positions 4-6 are the release and subrelease, level of the version; and positions 7-12 are the industry or trade association identifiers (optionally assigned by user); if code in DE455 in GS segment is T, then other formats are allowed. Our map can accept either '004010X095' or '004010X095A1' in this data element.

004010X095

Draft Standards Approved for Publication by ASC X12
Procedures Review Board through October 1997, as
published in this implementation guide.

Segment: **ST** Transaction Set Header
Position: 010
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the start of a transaction set and to assign a control number
Syntax Notes:
Comments:
Notes: Example: ST*834*0001~

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	ST01	143	Transaction Set Identifier Code Code uniquely identifying a Transaction Set Groups should send the value '834' in this data element.	M ID 3/3
			834 Benefit Enrollment and Maintenance	
M	ST02	329	Transaction Set Control Number Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set HCSC recommends sending a number that will uniquely identify each ST segment. The transaction set control numbers in ST02 and SE02 must be identical.	M AN 4/9

Segment: **BGN** Beginning Segment
Position: 020
Loop:
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To indicate the beginning of a transaction set
Syntax Notes: 1 If BGN05 is present, then BGN04 is required.
Comments:
Notes:

Example: BGN*00*1*20080523*0609****4~

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	BGN01	353	Transaction Set Purpose Code Code identifying purpose of transaction set Please send '00'. 00 Original 15 Re-Submission 22 Information Copy	M ID 2/2
M	BGN02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Groups should send a unique identifier in this field. This can be any value that the group chooses.	M AN 1/30
M	BGN03	373	Date Date expressed as CCYYMMDD	M DT 8/8
>>	BGN04	337	Time Time expressed in 24-hour clock time as follows: HHMM, or HHMMSS, or HHMMSSD, or HHMMSSDD, where H = hours (00-23), M = minutes (00-59), S = integer seconds (00-59) and DD = decimal seconds; decimal seconds are expressed as follows: D = tenths (0-9) and DD = hundredths (00-99)	X TM 4/8
>>	BGN08	306	Action Code Code indicating type of action Please send '2' (Change/Update) for changes only files or '4' (Verify) for full files. Full files are preferred. 2 Change (Update) 4 Verify	O ID 1/2

Segment: **DTP** File Effective Date
Position: 040
Loop:
Level: Heading
Usage: Optional (Recommended)
Max Use: >1
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Comments:

Notes:
 Example: DTP*007*D8*19961001~
 Example: DTP*382*D8*19961001~

HCSC recommends sending two DTP segments in this loop. One for the From date of the transmission. And the other for the to date of the transmission.

Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	DTP01	374 Date/Time Qualifier	M ID 3/3
		Code specifying type of date or time, or both date and time	
		Please send the file effective date in DTP03 where DTP01 = '007'.	
		007 Effective	
		303 Maintenance Effective	
		Date on which the maintenance is effective	
		382 Enrollment	
		388 Payment Commencement	
		Date of the initial benefit payment (for installment payments)	
M	DTP02	1250 Date Time Period Format Qualifier	M ID 2/3
		Code indicating the date format, time format, or date and time format	
		HCSC recommends sending 'D8' in this field.	
		D8 Date Expressed in Format CCYYMMDD	
M	DTP03	1251 Date Time Period	M AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times	
		Groups should pass the file effective date in this element.	

Segment: **N1** Sponsor Name
Position: 070
Loop: 1000A Mandatory
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To identify a party by type of organization, name, and code
Syntax Notes: 1 At least one of N102 or N103 is required.
 2 If either N103 or N104 is present, then the other is required.
Comments: 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
 2 N105 and N106 further define the type of entity in N101.
Notes: Example: N1*P5*SPONSORNAME*FI*111222333~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	N101	98 Entity Identifier Code	M ID 2/3
		Code identifying an organizational entity, a physical location, property or an individual	
		HCSC recommends sending 'P5' in this data element	
		P5 Plan Sponsor	
	N102	93 Name	X AN 1/60
		Free-form name	
		HCSC recommends sending the full company name in this data element.	
>>	N103	66 Identification Code Qualifier	X ID 1/2
		Code designating the system/method of code structure used for Identification Code (67)	
		HCSC recommends sending 'FI' in this field.	
		FI Federal Taxpayer's Identification Number	
		ZZ Mutually Defined	
>>	N104	67 Identification Code	X AN 2/80
		Code identifying a party or other code	
		HCSC recommends sending the Sponsor's Federal Tax ID in this field.	

Segment: **N1** Payer
Position: 070
Loop: 1000B Mandatory
Level: Heading
Usage: Mandatory
Max Use: 1
Purpose: To identify a party by type of organization, name, and code
Syntax Notes: 1 At least one of N102 or N103 is required.
 2 If either N103 or N104 is present, then the other is required.
Comments: 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
 2 N105 and N106 further define the type of entity in N101.
Notes: Example: N1*IN*HEALTH CARE SERVICE CORPORATION*FI*361236610~

Data Element Summary

Ref.	Data Des.	Element	Name	Attributes
M	N101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual HCSC recommends sending 'IN' (Insurer) in this data element IN Insurer	M ID 2/3
	N102	93	Name Free-form name Please send the value 'HEATH CARE SERVICE CORPORATION' in this data element.	X AN 1/60
>>	N103	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) HCSC recommends sending 'FI' in this field. FI Federal Taxpayer's Identification Number XV Health Care Financing Administration National Payer Identification Number (PAYERID)	X ID 1/2
>>	N104	67	Identification Code Code identifying a party or other code Please send the value '361236610'in this element.	X AN 2/80

Segment: **N1** TPA/Broker Name
Position: 070
Loop: 1000C Optional
Level: Heading
Usage: Optional
Max Use: 1
Purpose: To identify a party by type of organization, name, and code
Syntax Notes: 1 At least one of N102 or N103 is required.
 2 If either N103 or N104 is present, then the other is required.
Comments: 1 This segment, used alone, provides the most efficient method of providing organizational identification. To obtain this efficiency the "ID Code" (N104) must provide a key to the table maintained by the transaction processing party.
 2 N105 and N106 further define the type of entity in N101.
Notes: Example: N1*TV*TPANAME*FI*123356799~

Data Element Summary

Ref.	Data Element	Name	Attributes
M	N101	98 Entity Identifier Code	M ID 2/3
		Code identifying an organizational entity, a physical location, property or an individual	
		Send 'TV' in this data element	
		BO Broker or Sales Office	
		TV Third Party Administrator (TPA)	
>>	N102	93 Name	X AN 1/60
		Free-form name	
		Send the full name of the third party (vendor, TPA, clearing house) in this data element.	
>>	N103	66 Identification Code Qualifier	X ID 1/2
		Code designating the system/method of code structure used for Identification Code (67)	
		HCSC recommends sending 'FI' in this data element.	
		94 Code assigned by the organization that is the ultimate destination of the transaction set	
		FI Federal Taxpayer's Identification Number	
		XV Health Care Financing Administration National Payer Identification Number (PAYERID)	
>>	N104	67 Identification Code	X AN 2/80
		Code identifying a party or other code	
		Please send the third party's federal tax ID in this data element.	

Segment: **INS** Member Level Detail
Position: 010
Loop: 2000 Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To provide benefit information on insured entities
Syntax Notes: 1 If either INS11 or INS12 is present, then the other is required.
Comments:
Notes:

Examples:

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INS*Y*18*030**A***FT~ <---- subscriber
INS*N*19*030**A***F*N <---- dependent

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Data Element Summary

<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
<u>Des.</u>	<u>Element</u>		
M	INS01	1073 Yes/No Condition or Response Code	M ID 1/1

Code indicating a Yes or No condition or response

Groups should send one of two values in this element:

"Y" = the member in this record set is a subscriber
"N" = the member in this record set is a dependent

Dependents must be passed immediately after the subscriber in the file.

N	No
Y	Yes

M	INS02	1069 Individual Relationship Code	M ID 2/2
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Code indicating the relationship between two individuals or entities

Groups should send one of the following codes to identify the relationship of the member to the subscriber. In most cases, not all codes will apply. The most commonly sent 834 relationship codes are: 18 (subscriber), 01, (spouse), and 19 (child).

01	Spouse
02	Son or Daughter
03	Father or Mother
04	Grandfather or Grandmother
05	Grandson or Granddaughter
06	Uncle or Aunt
07	Nephew or Niece
08	Cousin
09	Adopted Child
10	Foster Child
11	Son-in-law or Daughter-in-law
12	Brother-in-law or Sister-in-law
13	Mother-in-law or Father-in-law
14	Brother or Sister
15	Ward
17	Stepson or Stepdaughter
18	Self
19	Child
23	Dependent between the ages of 0 and 19; age qualifications may vary depending on policy
	Sponsored Dependent
	Dependents between the ages of 19 and 25 not attending

- 24 school; age qualifications may vary depending on policy
Dependent of a Minor Dependent
A child not legally of age who has been granted adult status
- 25 Ex-spouse
- 26 Guardian
An adult who is given legal responsibility for a child by the court
- 31 Court Appointed Guardian
- 32 Mother
- 33 Father
- 38 Collateral Dependent
Relative related by blood or marriage who resides in the home and is dependent on the insured for a major portion of their support
- 48 Stepfather
- 49 Stepmother
- 53 Life Partner

>> **INS03 875 Maintenance Type Code O ID 3/3**

Code identifying the specific type of item maintenance

The value '030' (Audit or Compare) can be sent for all members.

- 001 Change
- 021 Addition
- 024 Cancellation or Termination
- 025 Reinstatement
To place in force again, without the usual probationary or service period, a group contract or an individual's group insurance that for some reason has terminated
- 030 Audit or Compare

INS04 1203 Maintenance Reason Code O ID 2/3

Code identifying the reason for the maintenance change

This element may be sent to further characterize why the member data in this record set is changing. If the exact change reason is not know, please send the default codes 'AI' ('No Reason Given") or 'XN' (Notification Only).

- 01 Divorce
- 02 Birth
- 03 Death
- 04 Retirement
- 05 Adoption
- 06 Strike
- 07 Termination of Benefits
- 08 Termination of Employment
- 09 Consolidation Omnibus Budget Reconciliation Act (COBRA)
A federal act that enables an insured, spouse, or dependent to continue benefits after a qualifying event which would otherwise cause them to lose their benefits
- 10 Consolidation Omnibus Budget Reconciliation Act (COBRA) Premium Paid
- 11 Surviving Spouse
- 14 Voluntary Withdrawal
- 15 Primary Care Provider (PCP) Change
- 16 Quit
- 17 Fired

18	Suspended
20	Active
21	Disability A physical or mental condition that makes an insured incapable of performing one or more duties of his or her own occupation
22	Plan Change
25	Change in Identifying Data Elements A change has been made to the primary elements that identify a specific employee. Such elements are first name, last name, social security number, date of birth, and employee identification number
26	Declined Coverage
27	Pre-Enrollment
28	Initial Enrollment
29	Benefit Selection
31	Legal Separation
32	Marriage
33	Personnel Data General information about the participant
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
AI	No Reason Given
XN	Notification Only
XT	Transfer

>> **INS05** **1216** **Benefit Status Code** **O ID 1/1**

The type of coverage under which benefits are paid

Groups should send this code to denote the benefit status. The most common codes are 'A' (Active) and 'C' (COBRA). If the group tracks COBRA members, INS05 must equal 'C'. If the groups does not report on COBRA or Surviving Insureds (INS05 = 'S'), this element can be defaulted to 'A'.

A	Active
C	Consolidated Omnibus Budget Reconciliation Act (COBRA) A federal act that enables an insured, spouse, or dependent to continue benefits after a qualifying event which would otherwise cause them to lose their benefits
S	Surviving Insured
T	Tax Equity and Fiscal Responsibility Act (TEFRA)

INS06 **1218** **Medicare Plan Code** **O ID 1/1**

Code identifying the Medicare Plan

If member-level Medicare information is not tracked by the group, INS06 can be skipped.

A	Medicare Part A Portion of Medicare bill involving patient's hospital stay; hospital insurance
B	Medicare Part B Portion of Medicare bill involving charges by doctor, or other non hospital related services
C	Medicare Part A and B
D	Medicare

Federal program to pay the medical expenses of those people who are 65 years or older, are disabled to the extent that they receive other Social Security benefits, dependents of deceased Social Security recipients under the age of 21, and chronic renal disease patients

The value of 'D' should not be sent.

	E	No Medicare	
INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code	O ID 1/2
		A Qualifying Event is any of the following which results in loss of coverage for a Qualified Beneficiary	
		Groups need to send this element if the member is enrolled in a COBRA only benefit.	
	1	Termination of Employment The termination or reduction in hours of the employee's employment, excluding termination due to gross misconduct. Maximum coverage period is 18 months	
	2	Reduction of work hours The termination or reduction in hours of the employee's employment, excluding termination due to gross misconduct. Maximum coverage period is 18 months	
	3	Medicare The employee's entitlement to Medicare benefits. Dependents only qualify for continuation of coverage. Maximum coverage period is 36 months	
	4	Death Death of the employee. Maximum coverage period is 36 months	
	5	Divorce Divorce or legal separation of the employee from his or her spouse. Maximum coverage period is 36 months	
	6	Separation Divorce or legal separation of the employee from his or her spouse. Maximum coverage period is 36 months	
	7	Ineligible Child A dependent child ceases to qualify as a dependent child under the plan's dependent definition. Maximum coverage period is 36 months	
	8	Bankruptcy of a Retired Employee	
INS08	584	Employment Status Code	O ID 2/2
		Code showing the general employment status of an employee/claimant	
		This element is required for subscribers. The most commonly sent codes are 'FT' (Full-time) and 'RT' (Retired). If retirees are not tracked by the group, this element can be defaulted to 'FT' for all subscribers.	
	AO	Active Military - Overseas	
	AU	Active Military - USA	
	FT	Full-time	
	L1	Leave of Absence	
	PT	Part-time	
	RT	Retired	
	TE	Terminated	
INS09	1220	Student Status Code	O ID 1/1
		Code indicating the student status of the patient if 19 years of age or older, not handicapped and not the insured	
		The group should send INS09 = 'F' for all students. Subscribers and spouses should never be sent with a Student Status code of 'F'.	
	F	Full-time	

		N	Not a Student	
		P	Part-time	
INS10	1073	Yes/No Condition or Response Code		O ID 1/1
		Code indicating a Yes or No condition or response		
		Please send INS10 = 'Y' to denote disabled dependents.		
		N	No	
		Y	Yes	
INS12	1251	Date Time Period		X AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times		
		HCSC recommends sending the date of death in this field.		

Segment: **REF** Subscriber Number
Position: 020
Loop: 2000 Optional (Must Use)
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To specify identifying information
Syntax Notes:

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Comments:
Notes: Example: REF*0F*987654321~

HCSC recommends sending a unique subscriber identification number in REF02 (where REF01 = '0F'). The Unique ID can be either the SSN (when HCSC generates the unique ID) or an account-generated unique ID (when the account assigns the ID). The value in REF02 is used for linking the subscriber with dependents. Pass this segment for every member.

Data Element Summary

Ref.	Des.	Data Element	Name	Attributes
M	REF01	128	Reference Identification Qualifier Code qualifying the Reference Identification Group should send '0F' for every member.	M ID 2/3
			0F Subscriber Number	
			3H Case Number	
>>	REF02	127	Reference Identification Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier Please send the unique ID in this field.	X AN 1/30

Segment: **DTP** Member Level Dates
Position: 025
Loop: 2000 Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
Max Use: 20
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Comments:
Notes:

Examples:

DTP*303*D8*20080601~
DTP*336*D8*20080301~
DTP*393*D8*20080601~

HCSC recommends sending the following codes:

DTP*303 (Maintenance Effective) - This date will be used to track demographic or member-detail changes.

DTP*336 (Employment Begin) - Hire date. Required for subscribers only.

DTP*393 - This date can be defaulted to the benefit effective date in Loop 2300. This date represents the date this member first became active at HCSC.

Data Element Summary

Ref.	Data Element	Name	Attributes
M	DTP01	374 Date/Time Qualifier	M ID 3/3

Code specifying type of date or time, or both date and time

HCSC recommends sending the appropriate codes in this element.

Send multiple DTP segments in this loop as needed. At minimum, please pass the following codes:

'303' = Maintenance Effective (i.e., details effective date). This date is the effective date of personal detail or demographic changes.

'336' = Employment Begin (i.e., Hire Date). Required for subscriber only.

286	Retirement
	Date on which the subscriber became retired
296	Return to Work
297	Date Last Worked
300	Enrollment Signature Date
	Date subscriber or dependent signed policy enrollment card
301	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event
	Date of the qualifying event which initiated COBRA benefits
303	Maintenance Effective
	Date on which the maintenance is effective
336	Employment Begin
	Date on which the subscriber or dependent became employed
337	Employment End
	Date on which the subscriber or dependent ceased to be employed

338 Medicare Begin
Date on which Medicare benefits went into effect

339 Medicare End
Date on which Medicare benefits ceased to be in effect

340 Consolidated Omnibus Budget Reconciliation Act (COBRA) Begin
Date on which COBRA benefits begin

341 Consolidated Omnibus Budget Reconciliation Act (COBRA) End
Date on which COBRA benefits end

350 Education Begin
Date on which the subscriber or dependent became a student

351 Education End
Date on which the subscriber or dependent ceased to be a student

356 Eligibility Begin
Date on which eligibility begins

357 Eligibility End
Date on which eligibility ends

383 Adjusted Hire
Date of rehire is adjusted to give an employee credit for prior years of service, after a break in service has occurred

393 Plan Participation Suspension
Date the participant is suspended from the plan

394 Rehire
Date the participant is rehired, after termination

473 Medicaid Begin
Date patient became eligible for Medicaid benefits

474 Medicaid End
Date patient no longer eligible for Medicaid benefits

M DTP02 1250 Date Time Period Format Qualifier M ID 2/3

Code indicating the date format, time format, or date and time format

HCSC recommends sending the 'D8' code in this field

D8 Date Expressed in Format CCYYMMDD

M DTP03 1251 Date Time Period M AN 1/35

Expression of a date, a time, or range of dates, times or dates and times

Segment: **NM1** Member Name
Position: 030
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply the full name of an individual or organizational entity
Syntax Notes: 1 If either NM108 or NM109 is present, then the other is required.
 2 If NM111 is present, then NM110 is required.
Comments: 1 NM110 and NM111 further define the type of entity in NM101.
Notes: Example: NM1*IL*1*PUBLIC*JOHN*Q***34*987654321~

Note: For subscribers and dependents, the name information should always be sent. The SSN (NM108/NM109) should be sent for every subscriber. If the member is a dependent and the SSN is not known, NM108 and NM109 are optional. If the dependent's SSN is available, NM108 & NM109 must be sent.

Data Element Summary

	<u>Ref.</u> <u>Des.</u>	<u>Data</u> <u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	NM101	98	Entity Identifier Code Code identifying an organizational entity, a physical location, property or an individual Group should send 'IL' (letter eye, letter el) in NM101.	M ID 2/3
			74 Corrected Insured	
			IL Insured or Subscriber	
M	NM102	1065	Entity Type Qualifier Code qualifying the type of entity	M ID 1/1
			1 Person	
>>	NM103	1035	Name Last or Organization Name Individual last name or organizational name	O AN 1/35
>>	NM104	1036	Name First Individual first name	O AN 1/25
	NM105	1037	Name Middle Individual middle name or initial	O AN 1/25
	NM106	1038	Name Prefix Prefix to individual name	O AN 1/10
	NM107	1039	Name Suffix Suffix to individual name	O AN 1/10
	NM108	66	Identification Code Qualifier Code designating the system/method of code structure used for Identification Code (67) If NM108 is sent, then NM109 must also be sent. SSN's are required for all subscribers and - when available - for dependents.	X ID 1/2
			34 Social Security Number	
			ZZ Mutually Defined	
	NM109	67	Identification Code Code identifying a party or other code Groups should populate NM109 with the SSN for all subscribers. The NM109 element must contain the SSN even if Loop 2000, REF02 (where REF01 = 'OF') is not the SSN. NM108 and NM109 must be sent for dependents as long as the group knows the dependent SSN. If the group does not know the SSN for a given dependant, the Loop 2100A, NM1 segment should terminate after the name.	X AN 2/80

Segment: **PER** Member Communications Numbers
Position: 040
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional (Recommended)
Max Use: 1
Purpose: To identify a person or office to whom administrative communications should be directed
Syntax Notes: 1 If either PER03 or PER04 is present, then the other is required.
 2 If either PER05 or PER06 is present, then the other is required.
 3 If either PER07 or PER08 is present, then the other is required.
Comments:
Notes: Example: PER*IP**HP*7086703535*WP*3126530001~

If available, the home phone, work phone, and/or e-mail address can be sent in this segment. If none of this information is available, please skip this segment.

Data Element Summary

	<u>Ref. Des.</u>	<u>Data Element</u>	<u>Name</u>	<u>Attributes</u>
M	PER01	366	Contact Function Code	M ID 2/2
			Code identifying the major duty or responsibility of the person or group named HCSC recommends sending 'IP' in this field.	
			IP Insured Party	
>>	PER03	365	Communication Number Qualifier	X ID 2/2
			Code identifying the type of communication number Please send 'HP' for home phone, 'WP' for work phone, and 'EM' for the e-mail address.	
			EM Electronic Mail	
			EX Telephone Extension	
			FX Facsimile	
			HP Home Phone Number	
			TE Telephone	
			WP Work Phone Number	
>>	PER04	364	Communication Number	X AN 1/80
			Complete communications number including country or area code when applicable Please send the home phone number, work phone number, or e-mail address. The contact information passed in this element is qualified in the previous element.	
	PER05	365	Communication Number Qualifier	X ID 2/2
			Code identifying the type of communication number Please send 'HP' for the home phone, 'WP' for the work phone, and 'EM' for the e-mail address.	
			EM Electronic Mail	
			EX Telephone Extension	
			FX Facsimile	
			HP Home Phone Number	
			TE Telephone	
			WP Work Phone Number	
	PER06	364	Communication Number	X AN 1/80
			Complete communications number including country or area code when applicable Please send the home phone number, work phone number, or e-mail address. The contact information passed in this element is qualified in the previous element.	

PER07 365 Communication Number Qualifier X ID 2/2

Code identifying the type of communication number

Please send 'HP' for the home phone, 'WP' for the work phone, and 'EM' for the e-mail address.

EM	Electronic Mail
EX	Telephone Extension
FX	Facsimile
HP	Home Phone Number
TE	Telephone
WP	Work Phone Number

PER08 364 Communication Number X AN 1/80

Complete communications number including country or area code when applicable

Please send the home phone number, work phone number, or e-mail address. The contact information passed in this element is qualified in the previous element.

Segment: N3 Member Residence Street Address
Position: 050
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the location of the named party
Syntax Notes:
Comments:
Notes:

N3*54321 N MAPLE ST*APT 1A~

Loop 2100A, element N301 (1st address line) must be sent for all subscribers. For dependents, the street address is optional. If a dependents address is not sent, the address will default to the subscriber's address.

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	N301	166 Address Information	M AN 1/55
		Address information	
		Please send the first street address line in this element.	
	N302	166 Address Information	O AN 1/55
		Address information	
		Please send the second street address line (if applicable) in this element.	

Segment: **N4** Member Residence City, State, ZIP Code
Position: 060
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To specify the geographic place of the named party
Syntax Notes: 1 If N406 is present, then N405 is required.
Comments: 1 A combination of either N401 through N404, or N405 and N406 may be adequate to specify a location.
 2 N402 is required only if city name (N401) is in the U.S. or Canada.
Notes: Example: N4*CHICAGO*IL*60641*~

The city, state, and zip code are required for all subscribers. If the dependent's address is not sent, the dependent's address will be defaulted to the subscriber's address.

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
>>	N401	19 City Name	O AN 2/30
		Free-form text for city name	
>>	N402	156 State or Province Code	O ID 2/2
		Code (Standard State/Province) as defined by appropriate government agency	
	N403	116 Postal Code	O ID 3/15
		Code defining international postal zone code excluding punctuation and blanks (zip code for United States)	
		Please send the zip code in this field. If any zip codes + 4 are sent, do not hyphenate - send only the numeric portion of the zip.	

Segment: **DMG** Member Demographics
Position: 080
Loop: 2100A Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To supply demographic information
Syntax Notes: 1 If either DMG01 or DMG02 is present, then the other is required.
Comments:
Notes:

Example: DMG*D8*19780613*F*M~

Groups must send the DMG segment for all subscribers and all dependents.

Data Element Summary

Ref.	Data Element	Name	Attributes
>>	DMG01	1250 Date Time Period Format Qualifier	X ID 2/3
		Code indicating the date format, time format, or date and time format Please send 'D8' in this field.	
		D8 Date Expressed in Format CCYYMMDD	
>>	DMG02	1251 Date Time Period	X AN 1/35
		Expression of a date, a time, or range of dates, times or dates and times Please send the Date of Birth for all members (subscribers and dependents).	
>>	DMG03	1068 Gender Code	O ID 1/1
		Code indicating the sex of the individual Groups should send the gender ('F' or 'M') in DMG03. Though valid per the HIPAA Implementation Guide, the value 'U' (unknown) should be avoided. If the DMG03 code is not sent or is sent with the value 'U', the transaction will error and the group will be contacted for a correct gender.	
		F Female	
		M Male	
		U Unknown	
	DMG04	1067 Marital Status Code	O ID 1/1
		Code defining the marital status of a person Please send a valid marital status code for all subscribers in DMG04 if available. If not available, please default this element to the value 'R' (Unreported).	
		B Registered Domestic Partner	
		D Divorced	
		I Single	
		M Married	
		R Unreported	
		S Separated	
		U Unmarried (Single or Divorced or Widowed)	
		W Widowed	
		X Legally Separated	

Segment: **HD** Health Coverage
Position: 260
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 1
Purpose: To provide information on health coverage

Syntax Notes:

Comments:

Notes:

Example: HD*001**PPO**EMP~

Please send Loop 2300, segment HD for all members (subscribers and dependents).

Data Element Summary

Ref.	Data Element	Name	Attributes
M	HD01	875 Maintenance Type Code	M ID 3/3
		Code identifying the specific type of item maintenance	
		Please send '030' (audit or compare) for all subscribers and dependents.	
		001 Change	
		002 Delete	
		021 Addition	
		024 Cancellation or Termination	
		025 Reinstatement	
		To place in force again, without the usual probationary or service period, a group contract or an individual's group insurance that for some reason has terminated	
		026 Correction	
		030 Audit or Compare	
		032 Employee Information Not Applicable	
		Certain situations such as military duty and CHAMPUS classify the subscriber ineligible for coverage or benefits. However, dependents of the subscriber are still eligible for coverage or benefits under the subscriber. Subscriber identifying elements are needed to accurately identify dependents	
>>	HD03	1205 Insurance Line Code	O ID 2/3
		Code identifying a group of insurance products	
		Please send the product type closest to the coverage type. For instance, for members with PPO benefits, send HD03 = 'PPO'.	
		AG Preventative Care/Wellness	
		AH 24 Hour Care	
		AJ Medicare Risk	
		AK Mental Health	
		DCP Dental Capitation	
		DEN Dental	
		EPO Exclusive Provider Organization	
		HE Hearing	
		HLT Health	
		HMO Health Maintenance Organization	
		An organization that provides a wide range of comprehensive health care services for a specified group at a fixed periodic payment	
		LTC Long-Term Care	
		A plan that provides a specified dollar benefit or more	

	commonly a percent of expenses charged if a covered person suffers a loss of functional capacity due to an accidental injury or sickness
LTD	Long-Term Disability A plan that provides a source of monthly income for covered employees who are unable to work because of total disability; benefits are payable for a period of 5 to 10 years, or more commonly to the employee's normal age of retirement
MM	Major Medical
MOD	Mail Order Drug
PDG	Prescription Drug
POS	Point of Service
PPO	Preferred Provider Organization
STD	Short-Term Disability A plan that provides a source of income for covered employees who are unable to work because of disability; benefits are payable for a period of 13, 26, or 52 weeks
UR	Utilization Review A committee of professionals in the medical field who review cases involving extended duration of hospitalization and patterns of care in order to establish guidelines in terms of actual medical necessity; their review will also include the efficiency of institutional use, the appropriateness of admission, services ordered and provided, length of stay, and discharge practices
VIS	Vision

HD05 1207 Coverage Level Code O ID 3/3

Code indicating the level of coverage being provided for this insured

This element is required for subscribers only. The codes values sent relate back to the number of members on the policy as well as their relationship with the subscriber.

CHD	Children Only
DEP	Dependents Only
E1D	Employee and One Dependent
E2D	Employee and Two Dependents
E3D	Employee and Three Dependents
E5D	Employee and One or More Dependents
E6D	Employee and Two or More Dependents
E7D	Employee and Three or More Dependents
E8D	Employee and Four or More Dependents
E9D	Employee and Five 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

Segment: **DTP Health Coverage Dates**
Position: 270
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 4
Purpose: To specify any or all of a date, a time, or a time period
Syntax Notes:
Comments:
Notes:

Examples:
 DTP*348*D8*20080101~
 DTP*349*D8*20080601~

Please pass this DTP segment for all members. The date passed in DTP03 (where DTP01= '303' or '348') represents the effective date of the benefits passed in Loop 2300, element REF02 (where REF01 = '1L'). For brand new adds, DTP*303 or 348 must be the date when the coverage begins. For transfers, this date must be the effective date of the new benefit begins (the benefit to which the member transferred).

For cancelling members, the DTP*349 is required to terminate coverage. If the member is not cancelling, the DTP*349 cannot be sent. The date can be either the last day of coverage or the first day without coverage. When cancelling a member, the DTP*303 or 348 date is optional.

Data Element Summary

	Ref. Des.	Data Element	Name	Attributes
M	DTP01	374	Date/Time Qualifier	M ID 3/3
			Code specifying type of date or time, or both date and time	
			HCSC recommends sending '348' (Benefit Begin Date) in this segment. The qualifier '349' (Benefit End Date) should be sent to indicate a cancellation/termination.	
		303	Maintenance Effective Date on which the maintenance is effective	
		348	Benefit Begin Date on which the subscriber's or dependent's benefit begin	
		349	Benefit End Date on which the subscriber's or dependent's benefit ends	
		543	Last Premium Paid Date	
M	DTP02	1250	Date Time Period Format Qualifier	M ID 2/3
			Code indicating the date format, time format, or date and time format	
			HCSC recommends sending the 'D8' code in this field.	
		D8	Date Expressed in Format CCYYMMDD	
M	DTP03	1251	Date Time Period	M AN 1/35
			Expression of a date, a time, or range of dates, times or dates and times	
			The actual benefit effective date or benefit end date (i.e., cancel date) should be sent here with the appropriate qualifier in DTP01.	

Segment: **REF** Health Coverage Policy Number
Position: 290
Loop: 2300 Optional (Must Use)
Level: Detail
Usage: Optional (Must Use)
Max Use: 2
Purpose: To specify identifying information
Syntax Notes:

- 1 At least one of REF02 or REF03 is required.
- 2 If either C04003 or C04004 is present, then the other is required.
- 3 If either C04005 or C04006 is present, then the other is required.

Comments:
Notes: Example: REF*1L*P540001000~

Please pass the group/section number from the HCSC account structure.

Group Number should be passed in Loop 2300, element REF02 (where REF01 = '1L'), positions 1 through 6 . Section Number should be passed in Loop 2300, element REF02 (where REF01 = '1L'), positions 7 through 10.

Data Element Summary

Ref.	Data	Name	Attributes
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	REF01	128 Reference Identification Qualifier	M ID 2/3
		Code qualifying the Reference Identification	
		Please send '1L' (number one, letter el) in this element.	
		17 Client Reporting Category	
			Code assigned by the client to categorize participants for reporting requirements
		1L Group or Policy Number	
		ZZ Mutually Defined	
>>	REF02	127 Reference Identification	X AN 1/30
		Reference information as defined for a particular Transaction Set or as specified by the Reference Identification Qualifier	
		HCSC recommends sending the Group/Section in this field. The Group/Section will be defined in greater detail on the Account Structure.	
		Positions 1-6 = Group number	
		Positions 7-10 = Section number	

Segment: **SE** Transaction Set Trailer
Position: 690
Loop:
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of the transaction set and provide the count of the transmitted segments (including the beginning (ST) and ending (SE) segments)

Syntax Notes:

Comments: 1 SE is the last segment of each transaction set.

Notes: Example: SE*3049*0001~

Data Element Summary

	<u>Ref.</u>	<u>Data</u>	<u>Name</u>	<u>Attributes</u>
	<u>Des.</u>	<u>Element</u>		
M	SE01	96	Number of Included Segments	M N0 1/10
			Total number of segments included in a transaction set including ST and SE segments	
			Please send the total number of transmitted segments between the ST segment and SE segment. Include the ST and SE segments in the total segment count.	
M	SE02	329	Transaction Set Control Number	M AN 4/9
			Identifying control number that must be unique within the transaction set functional group assigned by the originator for a transaction set	
			Please send a value that matches header element ST02.	

Segment: **GE** Functional Group Trailer
Position: 700
Loop:
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To indicate the end of a functional group and to provide control information
Syntax Notes:
Comments: 1 The use of identical data interchange control numbers in the associated functional group header and trailer is designed to maximize functional group integrity. The control number is the same as that used in the corresponding header.
Notes: GE*1*1~

Data Element Summary

Ref.	Data		
<u>Des.</u>	<u>Element</u>	<u>Name</u>	<u>Attributes</u>
M	GE01	97 Number of Transaction Sets Included	M N0 1/6
		Total number of transaction sets included in the functional group or interchange (transmission) group terminated by the trailer containing this data element	
		Please pass the total segment count between ST and SE (inclusive).	
M	GE02	28 Group Control Number	M N0 1/9
		Assigned number originated and maintained by the sender	
		The group should pass a value that matches header element GS06.	

Segment: **IEA** Interchange Control Trailer
Position: 710
Loop:
Level: Detail
Usage: Mandatory
Max Use: 1
Purpose: To define the end of an interchange of zero or more functional groups and interchange-related control segments

Syntax Notes:

Comments:

Notes:

Example: IEA*1*000001060~

Data Element Summary

	Ref.	Data	Name	Attributes
	Des.	Element		
M	IEA01	I16	Number of Included Functional Groups	M N0 1/5
			A count of the number of functional groups included in an interchange	
			Please pass the total number of GS segments in your file. In most cases, this value is '1'.	
M	IEA02	I12	Interchange Control Number	M N0 9/9
			A control number assigned by the interchange sender	
			This control number should match the value passed in ISA13.	