**834 Companion Guide**

**5010 Version**

**Prepared by: Delta Dental of Washington**

**TABLE OF CONTENTS**

[**Introduction** 3](#_2et92p0)

[**Supplemental Information** 4](#_tyjcwt)

[**834 Examples** 4](#_3dy6vkm)

[Business Scenario 1 – Enroll an Active Employee 4](#_1t3h5sf)

[Envelope Segments 6](#_4d34og8)

[**Transmission Options** 7](#_2s8eyo1)

[**FTP with PGP Encryption Method** 7](#_17dp8vu)

[**Password Protected Email Attachment** 8](#_23ckvvd)

[**Frequently Asked Questions** 9](#_3rdcrjn)

[**Contacts** 12](#_lnxbz9)

[**5010 Companion Guide - Condensed** 13](#_35nkun2)

##### **Introduction**

The Health Insurance Portability and Accountability Act (HIPAA) requires that all health insurance payers in the United States comply with the electronic data interchange (EDI) standards for healthcare as established by the Secretary of Health and Human Services. The American National Standards Institute (ANSI) X12N implementation guides have been established as the standards of compliance for benefit enrollment and maintenance transactions.

Effective January 1, 2012, all health insurance payers must use the HIPAA ANSI 5010 X12N transaction formats. Delta Dental of Washington is providing the following information and associated companion guide to the 834 Benefit Enrollment and Maintenance HIPAA ANSI 5010 X12N implementation guides. The use of this guide is solely for the purpose of clarification. The information describes specific requirements to be used for processing data. This companion guide supplements, but does not contradict, any requirements in the 834 5010 X12N implementation guide.

The HIPAA Implementation Guides can be accessed at http://www.wpc-edi.com/hipaa/HIPAA\_40.asp.

##### **Supplemental Information**

The attached 834 5010 Implementation Guide is a generic version of the data that Delta Dental of Washington needs for eligibility. Some of the elements are shown as “Value assigned by Delta Dental of Washington”.

Below are the values that DDWA has defined for you.

|  |  |
| --- | --- |
| **Loop/Segment/Element** | **Value** |
| *Header ISA Segment* |  |
| ISA04 | *ET00141* |
| ISA06 | *DDWA (15 character limit)* |
|  |  |
| *Header GS Segment* |  |
| GS02 | *DDWA (15 character limit)* |
|  |  |
| *2000 REF Segment – Member Policy Number* |  |
| REF01 | *1L* |
| REF02 | *Group and Sub Group Number*  *00141-20010 DDWA* |
|  |  |
| *2300 HD Segment – Health Coverage* | *Tier Rate Structure* |
| HD05 |  |
| *SUPERCOMPOSITE* | *FAM* |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |
|  |  |

##### **834 Examples**

##### Business Scenario 1 – Enroll an Active Employee

|  |  |
| --- | --- |
| **Field** | **Value** |
| Eligibility Effective Date: | 01/01/2018 |
| Group: | 00826 |
| Sub-Group: | 02380 |
| Subscriber: | John P Doe |
| MemberID: | 123456789 |
| Birthdate: | 08/16/1970 |
| Eligibility Starts: | 01/01/2018 |

ST\*834\*000223115\*005010X220~

BGN\*00\*000525135\*20180101\*2019\*PS\*\*\*4~

DTP\*007\*D8\*20180101~

N1\*P5\*\*FI\*202563188~

N1\*IN\*Delta Dental of Washington\*FI\*910621480~

INS\*Y\*18\*030\*XN\*A\*\*\*FT~

REF\*0F\*123456789~

DTP\*356\*D8\*20180101~

NM1\*IL\*1\*DOE\*JOHN\*P~

PER\*IP\*\*HP\*2065551212\*EM\*jdoe@aol.com\*WP\*2535551212~

N3\*100 MARKET ST\*APT 3G~

N4\*SEATTLE\*WA\*98115~

DMG\*D8\*19700816\*M~

HD\*030\*\*DEN\*\*EMP~

DTP\*348\*D8\*20180101~

REF\*1L\*00826-02380~

SE\*17\*000000001~

The PER segment is optional. It is shown as an example.

##### Envelope Segments

ISA\*00\* \*01\*ET00826 \*ZZ\*COMPANYNAME \*ZZ\*WADENTALSERVICE\*111231\*2019\*^\*00501\*000201903\*0\*P\*:~

GS\*BE\*COMPANYNAME\*WDS\_GRP\_ADMIN\*20181231\*2019\*212004\*X\*005010X220~

ST\*…

.

.

.

SE\*…

GE\*1\*212004~

IEA\*1\*000201903~

##### **Transmission Options**

The preferred option for transmission of eligibility data is File Transfer Protocol (FTP) with Pretty Good Protection (PGP). Other options are diskette and password protected attachments in e-mails. The procedures to use these transmission methods are described below.

##### **FTP with PGP Encryption Method**

The PGP e-Business Server v7.0 software from Network Associates is the software Delta Dental of Washington uses. You will need to determine which PGP software is best for your company/business needs. There is a broad range of shareware and retail products from which to choose depending on whether you want to automate your processes or run them manually. Visit [www.pgp.com](http://www.pgp.com) for product descriptions. We do recommend that your version of software be at least v6.0 for compatibility with our server.

Getting Started

* We need an I.T. contact name (with e-mail address and telephone number) from your company.
* We will email your public PGP key.
* You need to decide if you wish to FTP the file to us, or if you want us to retrieve the file from one of your FTP servers.

We Retrieve the File

* You will need to provide us the name of your FTP server and an account and password to login with.
* You will encrypt an eligibility file with our public key (using PGP software) and place it in the specified FTP directory (that matches our account).
* We will automate the process on our end so that the file is picked up from your FTP site and copied to our internal system. We will then decrypt the file using our private PGP key and will process your eligibility file.
* We will email the designated DDWA employees to let them know that a new file has arrived.

You FTP the File to Delta Dental of Washington

* We will supply you with the name of our FTP server and an account and password with which to login.
* You will encrypt an eligibility file with our public key (using PGP software) and you will FTP it to us on a predefined schedule using the FTP server, account and password supplied to you.
* We will automate the process on our end to check for the file. When it arrives, we will decrypt it using our private PGP key and will process your eligibility file.
* We will email the designated DDWA employees to let them know that a new file has arrived.

##### **Frequently Asked Questions**

**What file format should I use?**

Files should be created in ASCII (**American Standard Code for Information Interchange)** format. Records should be variable length for space efficiency. Records may be fixed length at 105 bytes per record. If the records are sent as fixed length, the carriage return line feed must be at the end of each record instead of immediately following the ‘~’.

**Where can I find the envelope information?**

The envelope segments are defined in the Companion Guide. An example is included here:

ISA\*00\* \*01\*ET00826 \*ZZ\*COMPANYNAME \*ZZ\*WADENTALSERVICE\*111231\*2019\*^\*00501\*000201903\*0\*P\*:~

GS\*BE\*COMPANYNAME\*WDS\_GRP\_ADMIN\*20181231\*2019\*212004\*X\*005010X220~

ST\*…

.

.

.

SE\*…

GE\*1\*212004~

IEA\*1\*000201903~

**Where do I get the identifiers the guide says will be assigned by Delta Dental of Washington?**

The Group Support team at Delta Dental of Washington provides your specific identifier information.

**What is the difference between a “wrapped” file and an “unwrapped” file?**

In an unwrapped file, each segment is terminated with a carriage return line feed. In a wrapped file, the end of the segment is detected by a tilde and the last segment sent has a carriage return line feed.  DDWA can accept both wrapped and unwrapped, but we prefer to receive the file unwrapped.

**What segments are necessary for my group?**

All required segments are mandatory for successful translation of the information. Additionally, you may use any situational segments that meet your needs. (i.e. the PER segment). We will validate them against the valid values supplied by the implementation guide and if not in the correct format these will reject. You may include the optional segments if your business dictates, but DDWA will not load the information in our system and it will not be available for reference.

**What does it mean when the guide says a segment is mandatory?**

Mandatory segments are required for successful translation of the information. DDWA will reject the transaction if mandatory segments are not present.

**What happens with optional segments?**

DDWA will validate optional segments against the valid values supplied by the implementation guide, but DDWA will not use the segments. You may include them if your business dictates, however, that information will not be in DDWA systems and will not be available for reference.

**What is an HD segment?**

HD segment refers to the Health Coverage Dates; the HD03 will always be DEN for DDWA. This segment is used to define the Coverage Code level. The dates following the HD segment define the start and end dates of this Coverage level.

**Where should dependent information be placed in the 834 transmission?**

Each dependent’s information set is required to follow the related subscriber. For example, if a subscriber has 5 dependents, the subscriber’s data loop would be followed by each of the 5 dependent’s data loops. The dependents are linked together by the Member ID. Member ID number must be a valid Member ID. ‘123456789’ or place holder numbers will not be accepted.

**Should the coverage code information be sent for subscribers and dependents?**

No, the coverage information should only be sent in the subscriber data loop. However, the HD segment will still need to be sent for the dependent, but does not need to include the coverage level code.

**Do we have to send phone numbers and e-mail addresses?**

No, this is not a required segment. If phones numbers or email addresses are being sent, the phone numbers must be 10 numeric digits and the email address can be alpha and/or numeric.

**What is the DTP\*007 segment?**

The DTP\*007 segment is the file effective date, which identifies the group’s eligibility status as of this date.

**What is the difference between the dates in the DTP\*356 and 357 segment and the DTP\*348 and \*349 segment?**

The *356* and *357* dates apply to the member’s effective and termination dates for benefits. The *348* and *349* dates apply to the effective and termination dates of the subscriber’s coverage level. If the *348* and *349* dates are sent, the *356* and *357* are not required.

**What date should be sent in the DTP\*348 segment when a member is changing sub groups?**

If a member changes sub groups, the effective date of that change will need to be sent in DTP\*348 segment.

**When a Subscriber adds dependents and a Coverage Code change is required, should I just change the Coverage Code (i.e. Coverage Code is changing from ESP to E5D)?**

No, you should send a new effective date in the DTP\*348 segment. The effective date is the date of the New Coverage. (i.e. If the Coverage Level is changing from ESP to E5D as of 03/01/2018, the new date in the DTP\*348 segment should be 20180301).

**What is a TBA list and do I only receive these if I send a Full File?**

TBA (Term by Absence) list is only used when a Full File is submitted. If a member is active on the DDWA system, but not on the incoming eligibility file, the member will terminate by absence. There are two TBA options when sending a Full File: Prior Month (member will terminate as of the last date of the prior month) or Control Month (member will terminate the last day of the Control Month of the file).

**What is the SE segment counting?**

The SE segment is used to indicate the total number of segments included in the transaction set, inclusive of the ST and SE segments.

**What will happen if I send a numeric character in an alpha character field?**

The member will reject. Numeric fields must contain numbers and alpha fields must contain only alpha characters.

**What will happen if I send a name suffix, such as the 3rd?**

This will reject. Roman numerals (i.e. III) need to be sent in the NM107 (Name Suffix) field. Other examples for the suffix field are JR and SR.

**Why is DELTA DENTAL OF WASHINGTON not utilizing the Confidentiality Code?**

After reviewing the description for confidentiality code in the HIPAA implementation guide, our compliance department feels we maintain the highest level of confidentiality for all member data. We do provide additional support for special restricted needs by working directly with the affected member. Since the detail about the nature of the special restriction cannot be relayed via the eligibility file, we ask that you instruct your member to contact our compliance department directly with their request. They should send a written request to:

Compliance Department  
Delta Dental of Washington  
9706 Fourth Ave. NE  
Seattle, Washington 98115

##### **Contacts**

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|  | | | |
| **834 Benefit Enrollment and Maintenance** | | | |
| **5010 Companion Guide - Condensed** | | | |
| **Version: 1.0** | | | |
|  | | | |
|  | **Company:** | **Delta Dental of Washington** |  |

|  |  |  |  |
| --- | --- | --- | --- |
| **834** | |  | | --- | | **Benefit Enrollment and Maintenance** | | **Functional Group=BE** | |

**Not Defined:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Pos** | **Id** | **Segment Name** | **Req** | **Max Use** | **Repeat** | **Notes** | **Usage** |  |  |
|  |  | [ISA](#_1ksv4uv) | Interchange Control Header | M | 1 |  |  | Required |  |  |
|  |  | [GS](#_44sinio) | Functional Group Header | M | 1 |  |  | Required |  |  |

**Heading:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Pos** | **Id** | **Segment Name** | **Req** | **Max Use** | **Repeat** | **Notes** | **Usage** |  |  |
|  | 0100 | [ST](#_2jxsxqh) | Transaction Set Header | M | 1 |  |  | Required |  |  |
|  | 0200 | [BGN](#_z337ya) | Beginning Segment | M | 1 |  |  | Required |  |  |
|  | 0300 | [REF](#_ihv636) | Transaction Set Policy Number | O | 1 |  |  | Situational |  |  |
|  | 0400 | [DTP](#_32hioqz) | File Effective Date | O | >1 |  |  | Situational |  |  |
|  | **LOOP ID - 1000A** | | |  |  | **1** | **N1/0700L** |  |  |  |
|  | 0700 | [N1](#_3j2qqm3) | Sponsor Name | M | 1 |  | N1/0700 | Required |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **LOOP ID - 1000B** | | |  |  | **1** | **N1/0700L** |  |  |  |
|  | 0700 | [N1](#_1y810tw) | Payer | M | 1 |  | N1/0700 | Required |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **LOOP ID - 1000C** | | |  |  | **2** | **N1/0700L** |  |  |  |
|  | 0700 | [N1](#_1hmsyys) | TPA/Broker Name | O | 1 |  | N1/0700 | Situational |  |  |
|  | **LOOP ID - 1100C** | | |  |  | **1** |  |  |  |  |
|  | 1200 | [ACT](#_41mghml) | TPA/Broker Account Information | O | 1 |  |  | Situational |  |  |
|  |  |  |  |  |  |  |  |  |  |  |

**Detail:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Pos** | **Id** | **Segment Name** | **Req** | **Max Use** | **Repeat** | **Notes** | **Usage** |  |  |
|  | **LOOP ID - 2000** | | |  |  | **>1** | **N2/0100L** |  |  |  |
|  | 0100 | [INS](#_4i7ojhp) | Member Level Detail | O | 1 |  | N2/0100 | Required |  |  |
|  | 0200 | [REF](#_2xcytpi) | Subscriber Identifier | M | 1 |  | N2/0200 | Required |  |  |
|  | 0200 | [REF](#_1ci93xb) | Member Policy Number | O | 1 |  | N2/0200 | Situational |  |  |
|  | 0200 | [REF](#_2grqrue) | Member Supplemental Identifier | O | 13 |  | N2/0200 | Situational |  |  |
|  | 0250 | [DTP](#_vx1227) | Member Level Dates | O | 24 |  |  | Situational |  |  |
|  | **LOOP ID - 2100A** | | |  |  | **1** |  |  |  |  |
|  | 0300 | [NM1](#_3whwml4) | Member Name | O | 1 |  |  | Required |  |  |
|  | 0400 | [PER](#_3fwokq0) | Member Communications Numbers | O | 1 |  |  | Situational |  |  |
|  | 0500 | [N3](#_2bn6wsx) | Member Residence Street Address | O | 1 |  |  | Situational |  |  |
|  | 0600 | [N4](#_qsh70q) | Member City, State, ZIP Code | O | 1 |  |  | Required |  |  |
|  | 0800 | [DMG](#_3as4poj) | Member Demographics | O | 1 |  |  | Situational |  |  |
|  | 1200 | [AMT](#_1v1yuxt) | Member Policy Amounts | O | 7 |  |  | Situational |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **LOOP ID - 2100C** | | |  |  | **1** |  |  |  |  |
|  | 0300 | [NM1](#_4f1mdlm) | Member Mailing Address | O | 1 |  |  | Situational |  |  |
|  | 0500 | [N3](#_2u6wntf) | Member Mail Street Address | O | 1 |  |  | Required |  |  |
|  | 0600 | [N4](#_19c6y18) | Member Mail City, State, ZIP Code | O | 1 |  |  | Required |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **LOOP ID - 2200** | | |  |  | **>1** |  |  |  |  |
|  | 2000 | [DSB](#_3tbugp1) | Disability Information | O | 1 |  |  | Situational |  |  |
|  | 2100 | [DTP](#_28h4qwu) | Disability Eligibility Dates | O | 2 |  |  | Situational |  |  |
|  |  |  |  |  |  |  |  |  |  |  |
|  | **LOOP ID - 2300** | | |  |  | **99** |  |  |  |  |
|  | 2600 | [HD](#_1pxezwc) | Health Coverage | O | 1 |  |  | Situational |  |  |
|  | 2700 | [DTP](#_49x2ik5) | Health Coverage Dates | O | 6 |  |  | Required |  |  |
|  | 2800 | [AMT](#_nmf14n) | Health Coverage Policy | O | 9 |  |  | Situational |  |  |
|  | 2900 | [REF](#_37m2jsg) | Health Coverage Policy Number | O | 14 |  |  | Situational |  |  |
|  | 6900 | [SE](#_2p2csry) | Transaction Set Trailer | M | 1 |  |  | Required |  |  |

**Not Defined:**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Pos** | **Id** | **Segment Name** | **Req** | **Max Use** | **Repeat** | **Notes** | **Usage** |  |  |
|  |  | [GE](#_147n2zr) | Functional Group Trailer | M | 1 |  |  | Required |  |  |
|  |  | [IEA](#_3o7alnk) | Interchange Control Trailer | M | 1 |  |  | Required |  |  |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ISA** | **Interchange Control Header** | |  |  | | --- | --- | | **Pos:** | **Max: 1** | | **Not Defined - Mandatory** | | | **Loop: N/A** | **Elements: 16** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | ISA01 | I01 | **Authorization Information Qualifier** | | M | ID | 2/2 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 7, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 00 | No Authorization Information Present (No Meaningful Information in I02) | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ISA02 | I02 | **Authorization Information** | | M | AN | 10/10 | Required | |
|  |  |  | *Value = Spaces* | | | | | | |
|  | ISA03 | I03 | **Security Information Qualifier** | | M | ID | 2/2 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 2, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 01 | Password | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ISA04 | I04 | **Security Information** | | M | AN | 10/10 | Required | |
|  |  |  | *ET00141* | | | | | | |
|  | ISA05 | I05 | **Interchange ID Qualifier** | | M | ID | 2/2 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 41, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | ZZ | Mutually Defined | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ISA06 | I06 | **Interchange Sender ID** | | M | AN | 15/15 | Required | |
|  |  |  | DDWA | | | | | | |
|  | ISA07 | I05 | **Interchange ID Qualifier** | | M | ID | 2/2 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 41, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | ZZ | Mutually Defined | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ISA08 | I07 | **Interchange Receiver ID** | | M | AN | 15/15 | Required | |
|  |  |  | *Value = WADENTALSERVICE* | | | | | | |
|  | ISA09 | I08 | **Interchange Date** | | M | DT | 6/6 | Required | |
|  |  |  | *The date format is YYMMDD.* | | | | | | |
|  | ISA10 | I09 | **Interchange Time** | | M | TM | 4/4 | Required | |
|  |  |  | *The time format is HHMM.* | | | | | | |
|  | ISA11 | I65 | **Repetition Separator** | | M |  | 1/1 | Required | |
|  |  |  | *Value = '^'* | | | | | | |
|  | ISA12 | I11 | **Interchange Control Version Number** | | M | ID | 5/5 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 20, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 00501 | Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003 | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ISA13 | I12 | **Interchange Control Number** | | M | N0 | 9/9 | Required | |
|  |  |  | *The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02.  Must be a positive unsigned number.* | | | | | | |
|  | ISA14 | I13 | **Acknowledgment Requested** | | M | ID | 1/1 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 2, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 0 | No Interchange Acknowledgment Requested | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ISA15 | I14 | **Interchange Usage Indicator** | | M | ID | 1/1 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 3, Included: 2) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | P | Production Data | | | | |
|  | | | T | Test Data | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ISA16 | I15 | **Component Element Separator** | M |  | 1/1 | Required | |
|  |  |  |  | | | | | |
| **Example:** | | | | | | | |
| *ISA\*00\*..........\*00\*..........\*ZZ\*TradPrtnr......\*ZZ\*WADENTALSERVICE\*110101\*1253\*^\*00501\*000000905\*1\*P\*:~* | | | | | | | |
| **User Note 6:** | | | | | | | |
| *1. The ISA is a fixed record length segment and all positions within each of the data elements must be filled. 2. The first element separator defines the element separator to be used through the entire interchange. 3. The segment terminator used after the ISA defines the segment terminator to be used throughout the entire interchange. 4. Spaces in the example are represented by '.' for clarity.* | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GS** | **Functional Group Header** | |  |  | | --- | --- | | **Pos:** | **Max: 1** | | **Not Defined - Mandatory** | | | **Loop: N/A** | **Elements: 8** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | GS01 | 479 | **Functional Identifier Code** | | M | ID | 2/2 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 262, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | BE | Benefit Enrollment and Maintenance (834) | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | GS02 | 142 | **Application Sender's Code** | | M | AN | 2/15 | Required | |
|  |  |  | DDWA | | | | | | |
|  | GS03 | 124 | **Application Receiver's Code** | | M | AN | 2/15 | Required | |
|  |  |  | *Value = WDS\_GRP\_ADMIN* | | | | | | |
|  | GS04 | 373 | **Date** | | M | DT | 8/8 | Required | |
|  |  |  | **User Note 5:** *Use this date for the functional group creation date.* | | | | | | |
|  | GS05 | 337 | **Time** | | M | TM | 4/8 | Required | |
|  |  |  | **User Note 5:** *Use this time for the creation time. The recommended format is HHMM.* | | | | | | |
|  | GS06 | 28 | **Group Control Number** | | M | N0 | 1/9 | Required | |
|  |  |  | **User Note 5:** *. GS06 must be unique within a single transmission (that is, within a single ISA to IEA enveloping structure).   The value in GS06 must be identical to the value in GE02.* | | | | | | |
|  | GS07 | 455 | **Responsible Agency Code** | | M | ID | 1/2 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 2, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | X | Accredited Standards Committee X12 | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | GS08 | 480 | **Version / Release / Industry Identifier Code** | | M | AN | 1/12 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 65, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 005010X220A1 | Standards Approved for Publication by ASC X12 Procedures Review Board through October 2003 | | | | |
| **Example:** | | | | | | | | |
| *GS\*BE\*TradPrtnr-EB\*WDS\_GRP\_ADMIN\*20180101\*0802\*1\*X\*005010X220A1~* | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **ST** | **Transaction Set Header** | |  |  | | --- | --- | | **Pos: 0100** | **Max: 1** | | **Heading - Mandatory** | | | **Loop: N/A** | **Elements: 3** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | ST01 | 143 | **Transaction Set Identifier Code** | | M | ID | 3/3 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 318, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 834 | Benefit Enrollment and Maintenance | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | ST02 | 329 | **Transaction Set Control Number** | M | AN | 4/9 | Required | |
|  |  |  | **User Note 5:** *. The Transaction Set Control Number in ST02 and SE02 must be identical.   The number must be unique within a specific interchange (ISA-IEA), but can repeat in other interchanges.* | | | | | |
|  | ST03 | 1705 | **Implementation Convention Reference** | O | AN | 1/35 | Required | |
|  |  |  | **User Note 6:** *Value = '005010X220A1* | | | | | |
| **Example:** | | | | | | | |
| *ST\*834\*0001\*005010X220A1~* | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **BGN** | **Beginning Segment** | |  |  | | --- | --- | | **Pos: 0200** | **Max: 1** | | **Heading - Mandatory** | | | **Loop: N/A** | **Elements: 7** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | BGN01 | 353 | **Transaction Set Purpose Code** | | M | ID | 2/2 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 66, Included: 3) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 00 | Original   |  | | --- | | **User Note 6:** | | *Accepted by DELTA DENTAL OF WASHINGTON* | | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | BGN02 | 127 | **Reference Identification** | M | AN | 1/50 | Required |
|  |  |  | **User Note 5:** *This element is the transaction set reference number assigned by the sender’s application. It uniquely identifies this occurrence of the transaction for future reference.* | | | | |
|  | BGN03 | 373 | **Date** | M | DT | 8/8 | Required |
|  |  |  |  | | | | |
|  | BGN04 | 337 | **Time** | X | TM | 4/8 | Required |
|  |  |  | **User Note 6:** *HHMM is acceptable.* | | | | |
|  | BGN05 | 623 | **Time Code** | O | ID | 2/2 | Situational |
|  |  |  | Leave blank | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | BGN06 | 127 | **Reference Identification** | | O | AN | 1/50 | Situational | |
|  |  |  | Leave blank | | | | | | |
|  | BGN08 | 306 | **Action Code** | | O | ID | 1/2 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 320, Included: 3) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 4 | Verify | | | | |
|  | | |  | |  | | --- | | **User Note 6:** | | *This value will be mapped to '4' for DDWA processing.* | | | | | |
| **Example:** | | | | | | | | |
| *BGN\*00\*1\*20180101\*1200\*\*\*\*4~* | | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N1** | **Sponsor Name** | |  |  | | --- | --- | | **Pos: 0700** | **Max: 1** | | **Heading - Mandatory** | | | **Loop: 1000A** | **Elements: 4** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | N101 | 98 | **Entity Identifier Code** | | M | ID | 2/3 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 1500, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | P5 | Plan Sponsor | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | N102 | 93 | **Name** | | X | AN | 1/60 | Situational | |
|  |  |  | DDWA | | | | | | |
|  | N103 | 66 | **Identification Code Qualifier** | | X | ID | 1/2 | Required | |
|  |  |  | FI | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 241, Included: 3) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | FI | Federal Taxpayer's Identification Number | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | N104 | 67 | **Identification Code** | X | AN | 2/80 | Required | |
|  |  |  | 910621480 | | | | | |
| **Example:** | | | | | | | |
| *N1\*P5\*TradPrtnr\*FI\*91-1234567~  Trading Partners will agree on a value.* | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N1** | **Payer** | |  |  | | --- | --- | | **Pos: 0700** | **Max: 1** | | **Heading - Mandatory** | | | **Loop: 1000B** | **Elements: 4** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | N101 | 98 | **Entity Identifier Code** | | M | ID | 2/3 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 1500, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | IN | Insurer | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | N102 | 93 | **Name** | X | AN | 1/60 | Situational | |
|  |  |  | *Value = Delta Dental of Washington* | | | | | |
|  | N103 | 66 | **Identification Code Qualifier** | X | ID | 1/2 | Required | |
|  |  |  | FI | | | | | |
|  | | |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | N104 | 67 | **Identification Code** | X | AN | 2/80 | Required | |
|  |  |  | *Value = 910621480* | | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
| **Example:** | | | | | | | |
| *N1\*IN\*Delta Dental of Washington\*FI\*910621480~* | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **INS** | **Member Level Detail** | |  |  | | --- | --- | | **Pos: 0100** | **Max: 1** | | **Detail - Optional** | | | **Loop: 2000** | **Elements: 14** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | INS01 | 1073 | **Yes/No Condition or Response Code** | M | ID | 1/1 | Required | |
|  |  |  |  | | | | | |
|  | | | Y = Yes (Subscriber) N = No (Dependent) | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | INS02 | 1069 | **Individual Relationship Code** | | M | ID | 2/2 | Required | |
|  |  |  |  | | | | | | |
|  | | | If employee, send 18  if ConRelationship = SPS, send 01  if ConRelationship = DP, send 53  if ConRelationship = CHL, DIS or STC, send 19 | | | | | |
|  | | |  |  | | | | |
|  | | |  |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | INS03 | 875 | **Maintenance Type Code** | | O | ID | 3/3 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 123, Included: 5) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 030 | Audit or Compare | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | INS04 | 1203 | **Maintenance Reason Code** | | O | ID | 2/3 | Situational | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 118, Included: 48) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | XN | Notification Only | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | INS05 | 1216 | **Benefit Status Code** | | O | ID | 1/1 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 6, Included: 4) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | A | Active | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | INS06 | C052 | **Medicare Status Code** | O | Comp |  | Situational |
|  |  |  | **Leave blank** | | | | |
|  | INS06-01 | 1218 | **Medicare Plan Code** | M | ID | 1/1 | Required |
|  |  |  | **Leave blank** | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | INS06-02 | 1701 | **Eligibility Reason Code** | O | ID | 1/1 | Situational |
|  |  |  | **Leave blank** | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | INS07 | 1219 | **Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying Event Code** | O | ID | 1/2 | Situational |
|  |  |  | **Leave blank** | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | INS08 | 584 | **Employment Status Code** | O | ID | 2/2 | Situational |
|  |  |  | if EecEmplStatus = T, send TE, else send AC | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | INS09 | 1220 | **Student Status Code – leave blank** | O | ID | 1/1 | Situational |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | INS10 | 1073 | **Yes/No Condition or Response Code** | O | ID | 1/1 | Situational |
|  |  |  | If eepIsDisabled or ConIsDisabled = Y, send Y, else send N | | | | |

.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REF** | **Subscriber Identifier** | |  |  | | --- | --- | | **Pos: 0200** | **Max: 1** | | **Detail - Mandatory** | | | **Loop: 2000** | **Elements: 2** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | REF01 | 128 | **Reference Identification Qualifier** | | M | ID | 2/3 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 1731, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 0F | Subscriber Number | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | REF02 | 127 | **Reference Identification** | X | AN | 1/50 | Required | |
|  |  |  | Eepssn | | | | | |
|  | | | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **REF** | **Member Policy Number** | |  |  | | --- | --- | | **Pos: 0200** | **Max: 1** | | **Detail - Optional** | | | **Loop: 2000** | **Elements: 2** | |

**User Option (Usage):** Situational

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | REF01 | 128 | **Reference Identification Qualifier** | | M | ID | 2/3 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 1731, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 1L | Group or Policy Number | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | REF02 | 127 | **Reference Identification** | X | AN | 1/50 | Required |
|  |  |  | *00141-20010 DDWA* | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **NM1** | **Member Name** | |  |  | | --- | --- | | **Pos: 0300** | **Max: 1** | | **Detail - Optional** | | | **Loop: 2100A** | **Elements: 9** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | NM101 | 98 | **Entity Identifier Code** | | M | ID | 2/3 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 1500, Included: 2) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | IL | Insured or Subscriber   |  | | --- | | **User Note 5:** | | *Use this code for enrolling a new member or updating a member with no change in identifying information.* | | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | NM102 | 1065 | **Entity Type Qualifier** | | M | ID | 1/1 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 16, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 1 | Person | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | NM103 | 1035 | **Name Last or Organization Name** | | X | AN | 1/60 | Required | |
|  |  |  | EepNameLast or ConNameLast | | | | | | |
|  | NM104 | 1036 | **Name First** | | O | AN | 1/35 | Situational | |
|  |  |  | EepNameFirst or ConNameFirst | | | | | | |
|  | NM105 | 1037 | **Name Middle** | | O | AN | 1/25 | Situational | |
|  |  |  | EepNameMiddle or ConNameMiddle | | | | | | |
|  | NM106 | 1038 | **Name Prefix** | | O | AN | 1/10 | Situational | |
|  |  |  | leave blank | | | | | | |
|  | NM107 | 1039 | **Name Suffix** | | O | AN | 1/10 | Situational | |
|  |  |  | EepNameSuffix or ConNameSuffix | | | | | | |
|  | NM108 | 66 | **Identification Code Qualifier** | | X | ID | 1/2 | Situational | |
|  |  |  | **User Note 6:** *This element will be accepted and validated, but is currently not used by DELTA DENTAL OF WASHINGTON.* | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 241, Included: 2) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 34 | Social Security Number | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | NM109 | 67 | **Identification Code** | X | AN | 2/80 | Situational | |
|  |  |  | eepSSN or ConSSN   If dependent SSN is not available, do not send 34 in NM108 | | | | | |
|  | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N3** | **Member Residence Street Address** | |  |  | | --- | --- | | **Pos: 0500** | **Max: 1** | | **Detail - Optional** | | | **Loop: 2100A** | **Elements: 2** | |

**User Option (Usage):** Situational

**Element Summary:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | N301 | 166 | **Address Information** | M | AN | 1/55 | Required | |
|  |  |  | EepAddressLine1 | | | | | |
|  | N302 | 166 | **Address Information** | O | AN | 1/55 | Situational | |
|  |  |  | EepAddressLine2 | | | | | |
| **Example:** | | | | | | | |
| *N3\*50 ORCHARD STREET~* | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **N4** | **Member City, State, ZIP Code** | |  |  | | --- | --- | | **Pos: 0600** | **Max: 1** | | **Detail - Optional** | | | **Loop: 2100A** | **Elements: 7** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | N401 | 19 | **City Name** | O | AN | 2/30 | Required | |
|  |  |  | EepAddressCity | | | | | |
|  | N402 | 156 | **State or Province Code** | X | ID | 2/2 | Situational | |
|  |  |  | EepAddressState | | | | | |
|  | | |  | | | | |
|  | | |  | | | | |
|  | | |  | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | N403 | 116 | **Postal Code** | O | ID | 3/15 | Situational | |
|  |  |  | EepAddressZipCode | | | | | |
|  | | |  | | | | |
|  | | |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DMG** | **Member Demographics** | |  |  | | --- | --- | | **Pos: 0800** | **Max: 1** | | **Detail - Optional** | | | **Loop: 2100A** | **Elements: 8** | |

**User Option (Usage):** Situational

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | DMG01 | 1250 | **Date Time Period Format Qualifier** | | X | ID | 2/3 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 42, Included: 1) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | D8 | Date Expressed in Format CCYYMMDD | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | DMG02 | 1251 | **Date Time Period** | | X | AN | 1/35 | Required | |
|  |  |  | EepDateOfBirth | | | | | | |
|  | DMG03 | 1068 | **Gender Code** | | O | ID | 1/1 | Required | |
|  |  |  | EepGender | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 7, Included: 3) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | F | Female | | | | |
|  | | | M | Male | | | | |
|  | | | U | Unknown | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **HD** | **Health Coverage** | |  |  | | --- | --- | | **Pos: 2600** | **Max: 1** | | **Detail - Optional** | | | **Loop: 2300** | **Elements: 5** | |

**User Option (Usage):** Situational

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | HD01 | 875 | **Maintenance Type Code** | | M | ID | 3/3 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 123, Included: 8) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 030 | Audit or Compare | | | | |
|  | | |  |  | | | | |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | HD03 | 1205 | **Insurance Line Code** | O | ID | 2/3 | Required |
|  |  |  | DEN | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | HD04 | 1204 | **Plan Coverage Description** | | O | AN | 1/50 | Situational | |
|  |  |  | DEN | | | | | | |
|  | HD05 | 1207 | **Coverage Level Code** | | O | ID | 3/3 | Situational | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 25, Included: 18) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | |  |  | | | | |
|  | | | FAM | Family – send all as FAM | | | | |
|  | | |  |  | | | | |
|  | | |  |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DTP** | **Health Coverage Dates** | |  |  | | --- | --- | | **Pos: 2700** | **Max: 6** | | **Detail - Optional** | | | **Loop: 2300** | **Elements: 3** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | DTP01 | 374 | **Date/Time Qualifier** | | M | ID | 3/3 | Required | |
|  |  |  | **User Note 6:** *Only '348', '349' or '543' will be used. All other values will be accepted and validated, but are currently not used by DELTA DENTAL OF WASHINGTON.* | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 1280, Included: 7) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | 348 | Benefit Begin | | | | |
|  | | | 349 | Benefit End | | | | |

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | DTP02 | 1250 | **Date Time Period Format Qualifier** | | M | ID | 2/3 | Required | |
|  |  |  |  | | | | | | |
|  | | | **CodeList Summary** (Total Codes: 42, Included: 2) | | | | | |
|  | | | **Code** | **Name** | | | | |
|  | | | D8 | Date Expressed in Format CCYYMMDD | | | | |
|  | | |  |  | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | DTP03 | 1251 | **Date Time Period** | M | AN | 1/35 | Required | |
|  |  |  | 348 = EedBenStartDate  349 = EedBenStopDate | | | | | |
| **Example:** | | | | | | | |
| *DTP\*348\*D8\*20101001~* | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **SE** | **Transaction Set Trailer** | |  |  | | --- | --- | | **Pos: 6900** | **Max: 1** | | **Detail - Mandatory** | | | **Loop: N/A** | **Elements: 2** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | SE01 | 96 | **Number of Included Segments** | M | N0 | 1/10 | Required | |
|  |  |  | **User Note 6:** *. Value = Transaction Segment Count Used to indicate the total number of segments included in the transaction set inclusive of the ST and SE segments.* | | | | | |
|  | SE02 | 329 | **Transaction Set Control Number** | M | AN | 4/9 | Required | |
|  |  |  | **User Note 6:** *The value in SE02 must be identical to the value in ST02.* | | | | | |
| **Example:** | | | | | | | |
| *SE\*39\*0001~* | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **GE** | **Functional Group Trailer** | |  |  | | --- | --- | | **Pos:** | **Max: 1** | | **Not Defined - Mandatory** | | | **Loop: N/A** | **Elements: 2** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | GE01 | 97 | **Number of Transaction Sets Included** | M | N0 | 1/6 | Required | |
|  |  |  | **User Note 6:** *. Value = Number of Transaction Sets Included Used to indicate the total number of transactions sets (ST-SE) included in this functional group (GS-GE).* | | | | | |
|  | GE02 | 28 | **Group Control Number** | M | N0 | 1/9 | Required | |
|  |  |  | **User Note 6:** *The value in GE02 must be identical to the value in GS06.* | | | | | |
| **Example:** | | | | | | | |
| *GE\*1\*1~* | | | | | | | |

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **IEA** | **Interchange Control Trailer** | |  |  | | --- | --- | | **Pos:** | **Max: 1** | | **Not Defined - Mandatory** | | | **Loop: N/A** | **Elements: 2** | |

**User Option (Usage):** Required

**Element Summary:**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Ref** | **Id** | **Element Name** | **Req** | **Type** | **Min/Max** | **Usage** | |
|  | IEA01 | I16 | **Number of Included Functional Groups** | M | N0 | 1/5 | Required | |
|  |  |  | **User Note 6:** *. Value = Number of Included Functional Groups Used to indicate the total number of functional groups (GS-GE) included in this interchange.* | | | | | |
|  | IEA02 | I12 | **Interchange Control Number** | M | N0 | 9/9 | Required | |
|  |  |  | **User Note 6:** *The value in IEA02 must be identical to the value in ISA13.* | | | | | |
| **Example:** | | | | | | | |
| *IEA\*1\*000000905~* | | | | | | | |