**CoreSource, Inc.**

**HIPAA Transaction Sets and Code Sets**

**(HTSCS)**

**834 Enrollment Companion Guide**

**Specifications**

**Version 1.2**

# August 5, 2011

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**1. INTRODUCTION**

Companion Guides are designed to be used in conjunction with the HIPAA-required *ANSI X12 Implementation Guide and Addenda.* The Companion Guide specifications define current functions and other information specific to CoreSource for the Health Insurance Portability and Accountability Act of 1996 (HIPAA) requires that providers utilize this companion guide for the indicated transactions.

This Companion Guide supports the requirements of the 5010A1 version of the *ANSI X12 Implementation Guide* and the changes indicated by any addenda for this transaction.

The *ANSI X12 Implementation Guide* can be obtained by purchasing the files from the following WEB site: <http://www.wpc-edi.com/hipaa/HIPAA_40.asp>

**2. SCOPE**

The United States Congress included provisions to address the need for standards for electronic transactions and other administrative simplification issues in the HIPAA, Public Law 104-191, which was enacted on August 21, 1996. Through subtitle F of title II of that law, Congress added to title XI of the Social Security Act a new part C, titled “Administrative Simplification.” On August 17, 2000, final regulations were published in the *Federal Register* for “Standards for Electronic Transactions”, which became effective on October 16, 2000. The final rule requires compliance be met within two years of the rule effective date, making compliance necessary by October 16, 2002 unless covered entities have filed for an extension to the deadline. In 2001, in the Administrative Simplification Compliance Act, Congress authorized a one-year extension to October 16, 2003, for those covered and required to comply in 2002.

This Companion Guide includes the scope and transaction maps for the ASC X12N 834 005010X220A1 Benefit Enrollment and Maintenance transaction set.

All questions related to the contents of this document should be directed to the CoreSource Inc. EDI Help Desk at 800-689-0106.

**3. 834 MANAGED CARE ENROLLMENT TRANSACTION MAP**

\*The “Usage” column consists whether required (“R”) or situation (“S”)

\*\*Unless otherwise noted, please follow the rules of the *ANSI X12 Implementation Guide* (including Addendum) for 005010X220A1.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| HIPAA 834 Transaction, CoreSource Inc. – 08/05/2011 | | | | | | | |  |  |
| HIPAA X12 834 BENEFIT ENROLLMENT AND MAINTENANCE TRANSACTION | | | | | | |  |  |  |
|  |  |  |  |  |  |  |  |  | **"CARRIER" BUSINESS COMMENTS** |
| **LOOP** | **POS#** | **SEG** | **ELEM** | **NAME** | **USAGE** | **VALUE** | **COMMENT** | **Mapping Notes** | **SEGMENT/ELEMENT USED-UNUSED FIELDS** |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **ISA** |  | **INTERCHANGE CONTROL HEADER** |  |  |  |  |  |
|  |  | 01 | I01 | Authorization Information Qualifier | R | 00 |  | **00** | **No Authorization Information Present** |
|  |  | 02 | I02 | Authorization Information | R |  |  | blanks |  |
|  |  | 03 | I03 | Security Information Qualifier | R | 0 |  | **00** | **No Security Information Present** |
|  |  | 04 | I04 | Security Information | R |  |  | blanks |  |
|  |  | 05 | I05 | Interchange ID Qualifier (Sender) | R |  | ZZ = Mutually Defined | **ZZ** | **Mutually Defined** |
|  |  | 06 | I06 | Interchange Sender ID | R |  |  |  | **Assigned VendorID** |
|  |  | 07 | I05 | Interchange ID Qualifier (Receiver) | R |  |  | **30** |  |
|  |  | 08 | I07 | Interchange Receiver ID | R |  | File Type + Vendor ID | **222586619** | **CORESOURCE** |
|  |  | 09 | I08 | Interchange Date | R |  | Date Format YYMMDD |  | **Required value YYMMDD** |
|  |  | 10 | I09 | Interchange Time | R |  | Time Format HHMM |  | **Required value HHMM** |
|  |  | 11 | I65 | Repetition Separator | R | ^ | A caret | **^** | **Required Value** |
|  |  | 12 | I11 | Interchange Control Version Number | R | 00501 |  | **00501** | **Required Value** |
|  |  | 13 | I12 | Interchange Control Number | R |  | Must be identical in IEA02 | **000000001** | **Created by Sender** |
|  |  | 14 | I13 | Acknowledgment Requested | R |  | 0 = No acknowledgement 1 = Acknowledgement Requested | **0** |  |
|  |  | 15 | I14 | Usage Indicator | R |  | P = Production; T = Test |  |  |
|  |  | 16 | I15 | Component Element Separator | R |  |  | **:** | **Defined by Sender** |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **GS** |  | **FUNCTIONAL GROUP HEADER** |  |  |  |  |  |
|  |  | 01 | 479 | Functional Identifier Code | R |  |  | **BE** | **Benefit Enrollment and Maintenance (834)** |
|  |  | 02 | 142 | Sender's Code | R |  |  |  | **Assigned VendorID** |
|  |  | 03 | 124 | Receiver's Code | R |  |  | **222586619** | **CORESOURCE** |
|  |  | 04 | 373 | Date |  |  | CCYYMMDD Group Date |  | **Required value CCYYMMDD** |
|  |  | 05 | 337 | Time | R |  | HHMM |  | **Required value HHMM** |
|  |  | 06 | 28 | Group Control Number | R |  | Must be identical in GE02 |  | **Created by sender** |
|  |  | 07 | 455 | Responsible Agency's Code | R |  |  | **X** | **Required Value** |
|  |  | 08 | 480 | Version/Release/Identifier Code | R |  |  | **005010X220A1** | **Required Value** |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **ST** |  | **TRANSACTION SET HEADER** |  |  |  |  |  |
|  | 010 | 01 | 143 | Transaction Set ID Code | R | 834 |  | **834** | **Required value** |
|  |  | 02 | 329 | Trans. Set Control Number | R |  | Must be identical in SE02 | **"00001"** |  |
|  |  | 03 |  |  | R |  |  | **005010X220A1** |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **BGN** |  | **BEGINNING SEGMENT** |  |  |  |  |  |
|  | 020 | 01 | 353 | Trans Set Purpose Code | R |  | 00=original | **"00"** | **"Carrier" maps all codes to "00" original** |
|  |  | 02 | 127 | Reference Identification | R |  |  |  | **Created by sender** |
|  |  | 03 | 373 | Date | R |  | CCYYMMDD Transaction Set Creation Date |  | **Required value CCYYMMDD** |
|  |  | 04 | 337 | Time | R |  | Transaction Set Creation Time |  | **Required value , "Carrier" uses (HHMMSS)** |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 08 | 306 | Action Code | R |  | 2 = Change (Update); 4 = Verify (Full File) | **4** | **Full File** |

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|  |  | **REF** |  | **MEMBER IDENTIFICATION** | **S** |  |  |  |  |
|  |  | 01 | 128 | ID Qualifier | R | 38 | Group or Policy Number Master Policy Number | **38** |  |
|  |  | 02 | 127 | Identification | R |  | Group or Policy Number | 1274 |  |
|  |  |  |  |  |  |  |  |  |  |
| **1000A** | **070** | **N1** |  | **SPONSOR NAME** |  |  |  |  |  |
|  |  | 01 | 98 | Id Code | R | P5 | Plan Sponsor | **P5** | **Required value** |
|  |  | 02 | 93 | Name | S |  | Plan Sponsor Name | **SAM'S HOLDINGS** |  |
|  |  | 03 | 66 | Type Qualifier | R | FI |  | **FI** | **Federal Tax ID** |
|  |  | 04 | 67 | Sponsor Id | R |  | Employer's Federal Tax ID number | **Client tax id #** |  |
|  |  |  |  |  |  |  |  |  |  |
| **1000B** | **070** | **N1** |  | **INSURER NAME** |  |  |  |  |  |
|  |  | 01 | 98 | Id Code | R | IN | Insurer | **IN** | **Required Value** |
|  |  | 02 | 93 | Name | S |  | Insurer Name | **CORESOURCE** |  |
|  |  | 03 | 66 | Type Qualifier | R |  | FI - Federal Tax ID XV - Health Care Financing Admin Nat’l Payer ID | **FI** |  |
|  |  | 04 | 67 | Insurer Id Code | R |  | Carrier ID | **222586619** | **Carrier Federal Tax ID** |
|  |  |  |  |  |  |  |  |  |  |

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|  |  |  |  |  |  |  |  |  |  |
| **2000** | **010** | **INS** |  | **MEMBER LEVEL DETAIL (SUBSCRIBER)** |  |  |  |  |  |
|  |  | 01 | 1073 | Insured Indicator | R | Y | Subscriber | **Y** | **Subscriber loop must come before dependent loop** |
|  |  | 02 | 1069 | Relationship Code | R | 18 | Self | **18** | **Indicates subscriber information to follow** |
|  | |  | 03 | 875 | Maint Type Code | R |  | 021 = code "A" (add) 024= code "D" (drop)  030 = code "S" (sync) | **030** | **BECAUSE FULL FILE FORMAT, USE SYNC CODE HERE; USE OTHER CODES IN LOOP 2300, POS 260, HD 01** |
|  | |  | 04 | 1203 | Maint Reason Code | S |  |  |  | **Please refer to the client’s companion guide (cancel code tab) for cancel code reasons for terminations.** |
|  | |  | 05 | 1216 | Benefit Status Code | R |  | A= Active; S = Surviving Insured | **A** |  |
|  | |  | 06 | 1218 | Medicare Plan Code | S |  | Send Medicare indicator if known. | **Leave blank** | **X12 code E = "carrier" code "N" (no)** |
|  | |  | 07 |  |  |  |  |  | **Leave blank** |  |
|  | |  | 08 | 584 | Employment Status Code | R |  | FT (Full Time); TE (Term Employ); RT (Retired) |  | If empstatus is Terminated and term reason is 202 send RT  If empstatus is Terminated and term reason is not 202 send TE, else send FT |
|  | |  | 09 | 1220 | Student Status Code | S |  | **F (Full-time); N (Not a Student); P (Part-time)** | **Leave blank** | **Supplied When Available** |
|  | |  | 10 | 1073 | Handicap Indicator | S |  | **Y (Yes); N (No)** | If eepIsDisabled = Y, send Y, else send N | **Supplied When Available** |
|  | |  | 12 |  |  |  |  |  | **Leave blank** |  |
|  | |  | 17 | 1470 | Birth Sequence Number | S |  |  | **Leave blank** | **Supplied When Available** |
|  | | **2000** | **REF** |  | **SUBSCRIBER NUMBER** |  |  |  |  |  |
|  | |  | 01 | 128 | Id Qualifier | R | 0F | Subscriber Number | **0F** |  |
|  | |  | 02 | 127 | Subscriber Id | R |  | SSN |  | **Always the insured /employee SSN** |
|  | |  | **REF** |  | **MEMBER IDENTIFICATION** | **S** |  |  |  |  |
|  | |  | 01 | 128 | ID Qualifier | R | 1L | Group or Policy Number | 1L | **Location Code/Number. Please refer to the companion guide.** |
|  | |  | 02 | 127 | Identification | R |  | Group or Policy Number | **See list on companion guide document** |  |
|  | |  | **REF** |  |  | **S** |  |  |  |  |
|  | |  | 01 | 128 | ID Qualifier | R | ZZ | Mutually Defined | F6 |  |
|  | |  | 02 | 127 | Identification | R |  | Key Employee Flag | **Eepssn** |  |
| **2000** | | **025** | **DTP** |  | **MEMBER LEVEL DATES (SUBSCRIBER)** |  |  |  |  |  |
|  | |  |  |  |  |  |  |  |  |  |
|  | |  | 01 | 374 | Date Qualifier | R |  | 336 = Employment Begin | **336** | **Map as follows: 336 = Date of Hire** |
|  | |  | 02 | 1250 | Date Format Qualifier | R | D8 |  | **D8** |  |
|  | |  | 03 | 1251 | Date | R |  | CCYYMMDD |  |  |
| **2100A** | | **030** | **NM1** |  | **MEMBER NAME (SUBSCRIBER)** |  |  |  |  |  |
|  | |  | 01 | 98 | Id Code | R |  | IL = Insured or Subscriber |  |  |
|  | |  | 02 | 1065 | Type Qualifier | R | 1 | Person | **1** |  |
|  | |  | 03 | 1035 | Subscriber Last Name | R |  |  |  | **Last name** |
|  | |  | 04 | 1036 | Subscriber First Name | R |  |  |  | **First name** |
|  | |  | 05 | 1037 | Name Middle | S |  |  |  | **Supplied When Available** |
|  | |  | 06 | 1038 | Name Prefix | S |  |  |  | **Supplied When Available** |
|  | |  | 07 | 1039 | Name Suffix | S |  |  |  | **Supplied When Available** |
|  | |  | 08 | 66 | Code Qualifier | S | 34 | SSN | **34** |  |
|  | |  | 09 | 67 | Subscriber Id | S |  |  | **Eepssn** | **SSN of subscriber or dependents, this is indicated in INS seg.** |

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| **2100A** | **040** | **PER** |  | **MEMBER COMMUNICATIONS NUMBERS (SUBSCRIBER)** |  |  |  |  |  |
|  |  | 01 | 366 | Contact Function Code | R | IP | Insured Party | **IP** |  |
|  |  | 03 | 365 | Communication Number Qualifier |  | HP |  | **HP** | **Home phone number** |
|  |  | 04 | 364 | Communication Number | R |  | Area Code + Home Phone | **EepPhoneHomeNumber** | **When Available example: 3097888118** |
|  |  | 05 | 365 | Communication Number Qualifier | S | WP |  | **WP** | **Work phone number** |
|  |  | 06 | 364 | Communication Number | S |  | Area Code + Work Phone | **Leave blank** | **When Available**  **example: 3097888118** |
|  |  | 07 | 365 | Communication Number Qualifier | S | EM |  | **EM** | **Email** |
|  |  | 08 | 364 | Communication Number | S |  | Email Address Maximum of 30 characters | **eepAddressEMail** | **When Available**  **Example: JohnDoe@gmail.com** |
|  |  |  |  |  |  |  |  |  |  |
| **2100A** | **050** | **N3** |  | **MEMBER STREET ADDRESS (SUBSCRIBER)** |  |  |  |  |  |
|  |  | 01 | 166 | Address Line 1 | R |  | Maximum of 25 characters | **EepAddressLine1** | **Street address** |
|  |  | 02 | 166 | Address Line 2 | O |  | Maximum of 25 characters | **EepAddressLine2** | **Use if there is Apartment # or Suite #** |
|  |  |  |  |  |  |  |  |  |  |
| **2100A** | **060** | **N4** |  | **MEMBER RESIDENCE CITY, STATE, ZIP CODE (SUBSCRIBER)** |  |  |  |  |  |
|  |  | 01 | 19 | City | R |  | Maximum of 16 characters | **EepAddressCity** | **City** |
|  |  | 02 | 156 | State or Province Code | R |  |  | **EepAddressState** | **State abrev. TN** |
|  |  | 03 | 116 | Zip Code | R |  |  | **EepAddressZipCode** | **Zip code (5 + 4); Postal Zone if Canada** |
|  |  | 04 | 26 | Country Code | S |  |  |  | **Required if country not USA** |
|  |  |  |  |  |  |  |  |  |  |
| **2100A** | **080** | **DMG** |  | **MEMBER DEMOGRAPHICS (SUBSCRIBER)** |  |  |  |  |  |
|  |  | 01 | 1250 | Date Format Qualifier | R | D8 |  | **D8** |  |
|  |  | 02 | 1251 | Member Birth Date | R |  | CCYYMMDD | EepDateOfBirth | **CCYYMMDD** |
|  |  | 03 | 1068 | Gender Code | R |  |  | EepGender | **F=female M=male U=Unknown** |
|  |  | 04 | 1067 | Marital Status Code | S |  |  | **Leave blank** | **Supplied When Available** |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **2300** | **260** | **HD** |  | **HEALTH COVERAGE** |  |  | |  |  |  | |
|  |  | 01 | 875 | Maint Type Code | R |  | | 021 = Addition 024 = Termination  030 = Sync | **30** |  | |
|  |  | 03 | 1205 | Insurance Line Code | R |  | | DEN = Dental PPO = Medical VIS = Vision | **HLT**  **DEN**  **VIS**  **AH**  **STD**  **LTD**  **FSA** | **If ded code = MED1, MEDPR, MED2, MED3 or MED4, send HLT**  **If ded code = DEN or DENPR, send DEN**  **If ded code VIS or VISPR, send VIS**  **If ded code LIFEE, LIFES or LIFEC, send AH**  **If ded code STD, send STD**  **If ded code LTD, send LTD**  **If ded code FSA or FSADC, send FSA** | |
|  |  | 04 | 1204 | Plan Coverage Description | S |  | | additional information to describe exact type of coverage being provided |  | **If ded code = MED1 or MEDPR, send OPT1**  **If ded code = MED2, send OPT2**  **If ded code = MED3, send OPT3**  **If ded code = MED4, send OPT4**  **If ded code = DEN or DENPR, send DXN**  **If ded code = VIS or VISPR, send VXS**  **If ded code = LIFEE, send V15**  **If ded code = LIFES, send V17**  **If ded code = LIFEC, send V20**  **If ded code = STD, send STD**  **If ded code = LTD, send LTD**  **If ded code = FSA or FSADC, leave blank** | |
|  |  | 05 | 1207 | Coverage Level Code | S |  | | EMP = Employee Only ESP = Employee/Spouse  ECH = Employee/Two or more Children FAM = Family | **EMP**  **ESP**  **ECH**  **FAM** | **If ded code = MED1, MEDPR, MED2, MED3, MED4, DEN, DENPR, VIS or VISPR, send one of these options.**  **Leave blank for all other ded codes** | |
| **2300** | **270** | **DTP** |  | **HEALTH COVERAGE ELIGIBILITY DATES** |  |  |  | |  | |  |
|  |  | 01 | 374 | Date Qualifier | R |  | 348 = Coverage Eff Date 349 = Coverage End Date | | **348 349** | |  |
|  |  | 02 | 1250 | Format Qualifier | R | D8 |  | |  | |  |
|  |  | 03 | 1251 | Date | R |  | CCYYMMDD | |  | |  |
|  |  |  |  |  |  |  |  | |  | |  |
| **2300** | **270** | **AMT** |  | **HEALTH COVERAGE POLICY** | **S** |  |  | |  | | **Send this section if ded code = LIFEE, LIFES, LIFEC, STD or LTD** |
|  |  | 01 | 522 | Amount Qualifier Code | R |  |  | | **FK** | |  |
|  |  | 02 | 782 | Monetary Amount | R |  |  | |  | | **if ded code = LIFEE, LIFES, LIFEC or STD, send EedBenAmt**  **if ded code = LTD, send EecAnnSalary** |
|  |  |  |  |  |  |  |  | |  | |  |

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| **2000** | **010** | **INS** |  | **MEMBER LEVEL DETAIL (DEPENDENT)** |  |  |  |  |  |
| **repeat** |  | 01 | 1073 | Insured Indicator | R | N | Dependent | **N** | **Indicates Dependent** |
|  |  | 02 | 1069 | Relationship Code | R |  | 01, 19, 38, 53 | **01**  **19**  **38**  **53** | **Dependent Relationship Mapping: 01 = SP 19 = CH, CD, DC, DD 38 = QO (Qualified Court Order) 53 = DP, DQ** |
|  |  | 03 | 875 | Maint Type Code | R |  | 021 = code "A" (add) 024= code "D" (drop) 030 = code "S" (sync) | **030** |  |
|  |  | 04 | 1203 | Maint Reason Code | S |  |  |  | **See Cancel Code tab in companion** |
|  |  | 05 | 1216 | Benefit Status Code | R |  | A = Active; S = Surviving Insured | **A** |  |
|  |  | 06 | 1218 | Medicare Plan Code | S |  | Send Medicare indicator if known | **Leave blank** | **X12 code E = "carrier" code "N" (no)** |
|  |  | 07 |  |  |  |  |  |  |  |
|  |  | 08 | 584 | Employment Status Code | R |  | FT = (Full Time); TE = (Term Employ); RT = (Retired) |  | If empstatus is Terminated and term reason is 202 send RT  If empstatus is Terminated and term reason is not 202 send TE, else send FT |

|  |  |  |  |  |  |  |  |  |  |
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| **2000** | **020** | **REF** |  | **DEPENDENT NUMBER** |  |  |  |  |  |
|  |  | 01 | 128 | Id Qualifier | R | 0F | Subscriber Number | 0F |  |
|  |  | 02 | 127 | Subscriber Id | R |  | Always the Policyholder ID | **ConSSN** | **SSN of Policy holder** |
|  |  |  |  |  |  |  |  |  |  |
| **2100A** | **030** | **NM1** |  | **MEMBER NAME (DEPENDENT)** |  |  |  |  |  |
|  |  | 01 | 98 | Id Code | R | IL | IL = Insured or Subscriber | **IL** |  |
|  |  | 02 | 1065 | Type Qualifier | R | 1 | Person | **1** |  |
|  |  | 03 | 1035 | Subscriber Last Name | R |  |  | ConNameLast | **Last name** |
|  |  | 04 | 1036 | Subscriber First Name | R |  |  | ConNameFirst | **First name** |
|  |  | 05 | 1037 | Name Middle | S |  |  | ConNameMiddle | **Supplied When Available** |
|  |  | 06 | 1038 | Name Prefix | S |  |  | **Leave blank** | **Supplied When Available** |
|  |  | 07 | 1039 | Name Suffix | S |  |  | ConNameSuffix | **Supplied When Available** |
|  |  | 08 | 66 | Code Qualifier | S | 34 | Social Security Number | **34** |  |
|  |  | 09 | 67 | Subscriber Id | S |  | Dependent SSN | **ConSSN** | **Supplied When Available.** Please do not zero fill. When a dependent doesn’t have a Social Security Number, the qualifier and ID should be excluded from the file.  Here’s an example…..  NM1\*IL\*1\*DOE\*JOHN~ |
|  |  |  |  |  |  |  |  |  |  |
| **2100A** | **080** | **DMG** |  | **MEMBER DEMOGRAPHICS (DEPENDENT)** |  |  |  |  |  |
|  |  | 01 | 1250 | Date Format Qualifier | R | D8 |  | **D8** | **Birthdate** |
|  |  | 02 | 1251 | Member Birth Date | R |  | CCYYMMDD |  | **CCYYMMDD** |
|  |  | 03 | 1068 | Gender Code | R |  |  | **ConGender** | **F=female M=male** |
|  |  |  |  |  |  |  |  |  |  |

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| **2300** | **260** | **HD** |  | **HEALTH COVERAGE** |  |  |  |  |  |
|  |  | 01 | 875 | Maint Type Code | R |  | 021 = Addition 024 = Termination 030 = Sync | **30** |  |
|  |  | 03 | 1205 | Insurance Line Code | R |  | DEN = Dental PPO = Medical VIS = Vision | **HLT**  **DEN**  **VIS**  **AH**  **STD**  **LTD**  **FSA** | **If ded code = MED1, MEDPR, MED2, MED3 or MED4, send HLT**  **If ded code = DEN or DENPR, send DEN**  **If ded code VIS or VISPR, send VIS**  **If ded code LIFEE, LIFES or LIFEC, send AH**  **If ded code STD, send STD**  **If ded code LTD, send LTD**  **If ded code FSA or FSADC, send FSA** |
|  |  | 04 | 1204 | Plan Coverage Description | S |  | additional information to describe exact type of coverage being provided |  | **If ded code = MED1 or MEDPR, send OPT1**  **If ded code = MED2, send OPT2**  **If ded code = MED3, send OPT3**  **If ded code = MED4, send OPT4**  **If ded code = DEN or DENPR, send DXN**  **If ded code = VIS or VISPR, send VXS**  **If ded code = LIFEE, send V15**  **If ded code = LIFES, send V17**  **If ded code = LIFEC, send V20**  **If ded code = STD, send STD**  **If ded code = LTD, send LTD**  **If ded code = FSA or FSADC, leave blank** |
|  |  |  |  |  |  |  |  |  |  |
|  | **270** | **DTP** |  | **HEALTH COVERAGE ELIGIBILITY DATES** |  |  |  |  |  |
|  |  | 01 | 374 | Date Qualifier | R |  | 348 = Coverage Eff Date 349 = Coverage End Date |  |  |
|  |  | 02 | 1250 | Format Qualifier | R | D8 |  |  |  |
|  |  | 03 | 1251 | Date | R |  | CCYYMMDD |  |  |
|  |  |  |  |  |  |  |  |  |  |
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| **2500** |  | **FSA** |  | **Flexible Spending Account** |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 01 | 0875 | Maintenance Type Code | O |  |  |  |  |
|  |  | 02 | 1202 | Flexible Spending Account Selection | R |  | H = Healthcare  D = Dependent Care | If ded code = FSA, send H  If ded code = FSADC, send D | **Type of Flexible Spending Account Elected.** |
|  |  | 03 | 1203 | Maintenance Reason Code | O |  |  | Leave blank |  |
|  |  | 04 | 508 | Account Number | O |  |  | Leave blank |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  | 05 | 594 | Pay Frequency Code | R |  | 1 = Weekly; 2 = Bi-Weekly; 3 = Semi-Monthly; 4 = Monthly | 2 | Client only has bi-weekly |
|  |  | 06 | 1204 | Plan Coverage Description | O |  |  | If ded code = FSA, send FLX  If ded code = FSADC, send FLD |  |
|  |  | 07 | 1161 | Product Option Code | O |  | Y = Reimbursement | **Y** | **Automatic Reimbursement: The Y would only be sent if the company does not have Benny Card. Please refer to the companion guide.** |
| **2500** |  | **AMT** |  | **FSA - Monetary Amount** |  |  |  |  |  |
|  |  | 01 | 522 | Amount Qualifier Code | R |  | E2 = Annual Amount  E3 = Per Pay Amount | **E2** |  |
|  |  | 02 | 782 | Monetary Amount | R |  | Dollar Amount Elected | EedEEGoalAmt | **Dollar Amount Elected for the Health Care and Dependent Care Accounts. Dollar Amount Format: Applied two digit decimal place. Example: $1500.00 would be sent as 1500.00** |
| **2500** |  | **DTP** |  | **FSA - Date** |  |  |  |  |  |
|  |  | 01 | 374 | Date Qualifier | R |  | 348 = Benefit Begin Date  349 = Benefit End Date |  |  |
|  |  | 03 | 1251 | Date | R |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |  |  |  |
|  | **690** | **SE** |  | **TRANSACTION SET TRAILER** |  |  |  |  |  |
|  |  | 01 | 96 | Number of included segs | R |  |  |  |  |
|  |  | 02 | 329 | Transaction Set Control Number |  |  | Must be identical to ST02 | **"00001"** |  |
|  |  |  |  |  |  |  |  |  |  |

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|  |  | **GE** |  | **FUNCTIONAL GROUP TRAILER** |  |  |  |  |  |
|  |  | 01 | 97 | Number of Transaction Sets | R |  |  |  |  |
|  |  | 02 | 28 | Group Control Number | R |  | Must be identical to GS06 | **01** | **Created by sender** |
|  |  |  |  |  |  |  |  |  |  |
|  |  | **IEA** |  | **INTERCHANGE CONTROL TRAILER** |  |  |  |  |  |
|  |  | 01 | I16 | Number of Included Functional Groups | R |  |  | **1** |  |
|  |  | 02 | I12 | Interchange Control Number | R |  | Must be identical to ISA13 | **000000001** | **Created by Sender** |