



WellCare Health Plans, Inc.
Benefit Enrollment Data
Transaction Guide

WELLCARE EDI TRANSACTION SET

834 X12N HEALTH CARE BENEFIT ENROLLMENT AND MAINTENANCE ASCX12N (004010X095A1)

Companion Guide

Version 4.0

Outbound 834 Benefit Enrollment Reporting



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REVISION HISTORY

Date	Rev #	Author	Description
12/01/2005	DRAFT	G. Webb	Initial draft
01/10/2006	"	"	Split the 834 into individual Subcontractors
10/01/2006	Final	GWebb	Review with final additions
10/03/2006	"	Jmstutz	Add the Responsible party for Florida Reform
10/18/2006	"	Gwebb	Review with final additions to file example
08/28/2007	Version 2.0	Kwhittingham	Incorporate changes due to discrepancies found with actual files and Ticket #151220.
06/11/2008	2.0	L Bouabid	Bring document up to date for 834 OB generic format.
06/27/2008	2.0	K. Tongs	Final Business Approval
10/6/2008	3.0	L. Bouabid	Update for Dual information 2300 loop & R4 address option 2100C
09/24/2009	4.0	L. Bouabid	Update for 834 Daily Change file differences

DOCUMENT APPROVERS

Role	Name	Title	Approval	Date
Business Owner	Claudius Conner	Sr Mgr, Vendor and Service Ops		
IT Owner	Carl Zumbano	Mgr, Application Development		

CONTACT ROSTER

Trading Partners and Providers ; Questions, Concerns, Testing information please email the following

EDI Coordinator	
EDICoordinator@wellcare.com	Multi group supported email distribution
EDI Testing	
EDITesting@wellcare.com	Multi group supported email distribution
EDI Dev Support	
#Dept-IT-EDIDevSupport@wellcare.com	Multi group supported email distribution



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INTRODUCTION

WellCare Health Plans, Inc. (“WellCare”) has determined the need to use the standard format for outbound Benefit Enrollment and Maintenance for Providers or Trading Partners (TPs). This X12N 834 Benefit Enrollment and Maintenance Companion Guide are intended for use by all WellCare Providers and TPs in conjunction with the ANSI ASC X12N National Implementation Guide. It has been written to assist those Receivers who will be implementing the standard X12N 834 EDI inbound transaction. This WellCare Companion Guide clarifies the HIPAA-designated standard usage and must be used in conjunction with the following document:

The 834 Benefit Enrollment and Maintenance Implementation Guides (IG)

To purchase the IG contact the Washington Publishing company at www.wpc-edi.com/hipaa/HIPAA_40.asp or call 1-800-972-4334.

This WellCare Companion Guide contains data clarifications derived from specific business rules that apply to individual subcontractors and will be extracted and sent by WellCare.



GENERAL INFORMATION

The outbound enrollment batch file is transmitted from WellCare to the trading partner. The 834 Benefit Enrollment transactions will be sent monthly unless otherwise contracted, with the option of a daily Change file.

Additional Items of Note

Provider Information (Loop 2310)

In compliance with the NPI implementation and guidelines, WellCare will send Provider's applicable NPI number in loop 2310.NM109.

Delimiters

A delimiter is a character used to separate two (2) data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, the ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are then used as data element separators elsewhere in the transaction. The following characters are used as data delimiters for all transaction segments:

CHARACTER	PURPOSE
* Asterisk	Data Element Separator
: Colon	Sub-Element Separator
~ Tilde	Segment Terminator

Electronic Submission

834 Enrollment files sent by WellCare after January 01, 2006 will be sent electronically using the ANSI ASC X12N 834 format.

File Transmission

834 Transaction files for production will be sent to Trading Partner specific site using secure File Transfer Protocol; See section FTP Process

Submission Frequency

The files will be sent per negotiated agreements with WellCare's Trading Partners.

File Size Requirements

The following list outlines the file sizes by transaction type:



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Transaction Type	Testing Purposes	Production Purposes
834 formats	50-100 member records per file	< 5000 member records per file

FTP PROCESS

Secure File Transfer Protocol

MOVEit® is WellCare’s preferred file transfer method of transferring electronic transactions over the Internet. It has the FTP option or online web interface.

Secure File Transfer Protocol (SFTP) is specifically designed to handle large files and sensitive data. WellCare utilizes Secure Sockets Layer (SSL) technology, the standard Internet security, and SFTP ensures unreadable data transmissions over the Internet without a proper digital certificate.

- Registered users are assigned a secure mailbox where all reports are posted. Upon enrollment, they will receive a login and password.

In order to send files to WellCare submitters need to have an FTP client that supports AUTH SSL encryption.

The AUTH command allows WellCare to specify the authentication mechanism name to be used for securing the FTP session. Sample FTP client examples are:

- WS_FTP PRO® (The commercial version supports automation and scripting)
 - WS_FTP PRO® has instructions on how to connect to a WS_FTP Server using SSL.
- Core FTP Lite® (The free version supports manual transfers)
 - Core FTP Lite® has instructions on how to connect to a WS_FTP Server. Additionally, WellCare can provide setup assistance.



FILE TEST PROCESS

WellCare will send test files on a case-by-case basis. The Testing Coordinator will contact Vendor for to coordinate a testing schedule.

Testing

1. WellCare will create test files in the ANSI ASC X12N 834 format.
 - Files will include all multiple member record; adds, changes, terms.
 - Batch files by 834 type and group by month.
 - Set Header Loops for Production:
 - Header ISA15 will be set to 'P'
 - Header REF02 will be set to '004010X095A1' (834)
 - Header BGN08 value will be "4" = Verify (full audit)
 - Header BGN08 value will be "2" = Change file
2. Each batch file will be named according to the File Naming Standards listed below:
 - Node One equals Enroll834
 - Node Two equals Vendor name (e.g. JoeVendor)
 - Node Three equals Line of Business (i.e. WMR, GMR, OAB, etc.)
 - Node Four equals "AUDIT" or "CHANGE"
 - Node Five equals Date test file is created (CCYYMMDDHHMM)
 - **Example:** Enroll834_JoeVendor_WMR_AUDIT_200806041115.edi
Enroll834_JoeVendor_WMR_Change_200909231012.edi

Production

For Production processing, WellCare will send a monthly full file 834 Benefit Enrollment to the specified FTP site negotiated with each receiver and if requested also send an 834 daily Benefit Enrollment Change file.

Naming Standards: WellCare uses the file name to help track each batch file sent to the SFTP drop off site.

- 1- Name each batch file according to the File Naming Standards listed below:
 - Node One equals Enroll834
 - Node Two equals Vendor name (e.g. JoeVendor)
 - Node Three equals Line of Business (i.e. WMR, GMR, OAB, etc.)



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- Node Four equals "AUDIT" or "CHANGE"
- Node Five equals Date test file is created (CCYYMMDDHHMM)
- **Example:** Enroll834_JoeVendor_WMR_AUDIT_200806041115.edi
Enroll834_JoeVendor_WMR_Change_200909231012.edi



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WELLCARE VALIDATION PROCESS

When 834 Enrollment files are created by the WellCare enterprise system, that process calls the HIPAA validation process to ensure every file passes WEDI/SNIP levels. The Data Edit Program will:

- Validate using a HIPAA X12 validation tool.
- Edit the transactions for content against X12 Standards, eligibility history, Medicaid, and valid dates.
 - All dates are in the CCYYMMDD format.
 - All date/times are in the CCYYMMDDHHMM format.
 - Provider Ids are edited per line of business contract.

See the 834 IG for additional information about the response coding and Addendum C in this Guide.



FURTHER ENROLLMENT FIELD DESCRIPTION

Refer to the IG for the initial mapping information the grid below further clarifies additional information WellCare will send.

Interchange Control Header:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
	ISA06	Interchange Sender ID	M	1		Set to 'WELLCARE'
	ISA08	Interchange Receiver ID	M	1		Set to a Unique ID assigned by WellCare for the TP.
	ISA14	Acknowledgment Requested	M	1		Set to: 0 – Interchange Acknowledgment not necessary
	ISA16	Component Element Separator	M	1		Set to: : - Colon

Functional Group Header:

GS02	Senders Code	M	1	Set to "WELLCARE"
GS03	Receivers Code	M	1	Matches ISA08

Transaction Set Header:

010	ST02	Transaction set Control Number	M	1	ST02 will be unique and identical to SE02
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Header:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
020	BGN01	Code identifying purpose of transaction set	R	1		Set to: 00 – Original
020	BGN08	Action Code	R	1		Set to: 4 – Audit (full file) 2 – Change file
030	DTP01	Date/Time Qualifier	R	1		Set to: 303 – Maintenance Effective (date)

LOOP ID 1000A – Sponsor Name

					1	
070	N101	Sponsor Entity Identifier Code	R			Set to: P5 – Plan Sponsor
070	N102	Sponsor Name	S			Set to "WELLCARE OF ...", (based upon the Line of Business/vendor).
070	N103	Sponsor Identification Code	R			Set to:



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ZZ – Mutually defined

Federal Taxpayer's Id

Qualifier

070 **N104** Sponsor Identification R

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
LOOP ID 1000B – Payer Name						1
070	N101	Payer Entity Identifier Code	R			Set to: IN – Insurer
070	N102	Payer Name	S			Set to “WELLCARE”
070	N103	Payer Identification Code Qualifier	R			Set to: FI – Federal Taxpayer's Id Number
LOOP ID 2000 – Member Level Detail						≥1
010	INS01	Member Name	R	1		Set to Y – Yes
010	INS02	Individual Relationship Code	R	1		Set to: 18 – Self
010	INS03	Maintenance Type Code	R	1		Set to: 030 – Audit or Compare (full roster) 001 – for Change file Changes 021 – Change file Adds 024 – Change file Terms
010	INS05	Benefit Status Code	R	1		Set to A – Active
010	INS06	Medicare Plan Code	S	1		For Medicare only. Set to: D – Medicare Part – Unknown
010	INS08	Employment Status Code	R	1		Set to: FT – Full Time
020	REF01	Subscriber Reference Identification Qualifier	R	3		Set to: 0F – Subscriber Number
020	REF02	Subscriber Reference Identification	R	3		Set to Subscriber ID Number (Medicaid – Medicare ID)
020	REF01	Member Policy Number Reference Identification Qualifier	S			Set to: 1L – Group or Policy Number
020	REF02	Reference Identification	S			Set to insured Group or Policy Number
020	REF01	Client Number Reference Identification Qualifier	S	5		Set to: 23 – Client Number



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020	REF02	Reference Identification	S	5
020	REF01	Medicare Eligibility Reference Identification Qualifier	S	5
020	REF02	Reference Identification	S	5

Set to the Recipient Identification Number

For Medicare only.
Set to: **F6** – Health Insurance Claim Number (Hic Number)
For Medicaid
Set to: **23** – Medicaid Number

Set to the member's HIC number or Medicaid #



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Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
LOOP ID - 2100A – Member Name						<i>This loop will contain the members Primary Address except for Medicare lines of business – for Medicare only this is the secondary address, see 2100G loop for Medicare Primary address</i>
030	NM101	Entity Identifier Code	R	1		Set to: IL – Insured or Subscriber
030	NM102	Entity Type Qualifier	R	1		Set to: 1 – Person
030	NM103	Name Last or Organization Name	R	1		Subscriber Last Name
030	NM104	Name First	R	1		Subscriber First Name
030	NM105	Name Middle	R	1		Subscriber Middle Initial
030	NM107	Name Suffix	R	1		Subscriber Suffix
040	PER01	Contact Function Code	S	1		Set to: IP – Insured Party
040	PER03	Communication Number Qualifier	S	1		Set to: TE –Telephone
040	PER04	Communication Number	S	1		Set to Member’s Telephone Number
050	N301	Address Information	S	1		Set to Member’s Primary Address Line 1
050	N302	Address Information	S	1		Set to Member’s Primary Address Line 2
060	N401	City Name	S	1		Set to Member’s Primary City
060	N402	State or Province Code	S	1		Set to Member’s Primary State
060	N403	Postal Code	S	1		Set to Member’s Postal Code
060	N405	Location Qualifier	S	1		Set to: CY – County/Parish



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060	N406	Location Identifier	S	1	Set to Member's County
080	DMG01	Date Time Period Format Qualifier	S	1	Set to: D8 – CCYYMMDD
080	DMG02	Date Time Period	S	1	Set to Member's Birth Date
080	DMG03	Gender Code	S	1	Set to one of the following: F – Female M – Male U – Unknown
080	DMG05	Race or Ethnicity Code	S	1	Set to: 7 – Not Provided
150	LUI01	Member Language Identification Code Qualifier	S		Set to: LD - NISO Z39.53 Language Codes
150	LUI02	Member Language Id. Code	S		Set to member language from code list

Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
LOOP ID - 2100C– Postal Mailing Address						This segment only sent when requested by trading partner.
030	NM101	Entity Identifier Code	S	1		Set to 31 – Insured or Subscriber Postal Mailing Address
030	NM102	Entity Type Qualifier	S	1		Set to: 1 – Person
050	N301	Address Information	S	1		Set to Member's Mailing Address Line 1
050	N302	Address Information	S	1		Set to Member's Mailing Address Line 2
060	N401	City Name	S	1		Set to Member's Mailing City
060	N402	State or Province Code	S	1		Set to Member's Mailing State
060	N403	Postal Code	S	1		Set to Member's Mailing Postal Code



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Detail:

<u>Pos</u>	<u>Id</u>	<u>Segment Name</u>	<u>Req</u>	<u>Max Use</u>	<u>Repeat</u>	<u>Notes</u>
LOOP ID - 2100G – Responsible Person						
						<i>For Medicare only this address should be used as the primary address if not sent then default to address in 2100A loop.</i>
030	NM101	Entity Identifier Code	S	1		Set to: E1 – Person or Other Entity Legally Responsible for a Child (under age 18 or 21 depending on state) QD – Responsible Party
030	NM102	Entity Type Qualifier	S	1		Set to: 1 – Person
030	NM103	Name Last or Organization Name	S	1		Set to Responsible Party's Last Name
030	NM104	Name First	S	1		Set to Responsible Party's First Name
030	NM105	Name Middle	S	1		Set to Responsible Party's Middle Initial
030	NM107	Name Suffix	S	1		Set to Responsible Party's Suffix
050	N301	Address Information	S	1		Set to Responsible Party's Address Line 1
050	N302	Address Information	S	1		Set to Responsible Party's Address Line 2
060	N401	City Name	S	1		Set to Responsible Party's City
060	N402	State or Province Code	S	1		Set to Responsible Party's State
060	N403	Postal Code	S	1		Set to Responsible Party's Postal Code
LOOP ID - 2300 – Health Coverage						
260	HD01	Maintenance Type Code	S	1		Set to: 030 - Audit/Compare 001 – for Change file Change 002 – for Change Void 021 – Change file Adds 024 – Change file Terms



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260	HD03	Insurance Line Code	S	1	Set to: HMO – Care Management Organ.
260	HD04	Plan Coverage Description	S	1	Set to member's Plan Code.
260	HD05	Coverage Level Code	S	1	Set to: IND – Individual
270	DTP01	Health Coverage Date/Time Qualifier	R	1	Set to: 348 – Benefit Begin 349 – Benefit End
270	DTP02	Date Time Period Format Qualifier	R	1	Set to: D8 – CCYYMMDD
270	DTP03	Date Time Period	R	1	Set to one of the following: Benefit Begin Date Benefit End Date
290	REF01	Reference Identification Qualifier	S	1	Only used in cases where both Medicare and Medicaid enrollment may apply
290	REF02	Payment Methodology Indicator	S	1	Client reporting category: 17 See external documents listed below for details regarding this value:

[Step Actions for Access
Claims Payment
Methodology](#)

[Step Actions for Access
and Select Dual
Capitation Claims
Payment Methodology](#)

Contact Provider Representative with any specific questions.

LOOP ID - 2310 – Provider Information					
310	LX01	Assigned Number	S	1	Set to 001 and increment by 1 for each repetition of the 2310 Loop.
320	NM101	Entity Identifier Code	R	1	Set to: P3 – Primary Care Provider
320	NM102	Entity Type Qualifier	R	1	Set to one of the following 1 – Person 2 – Entity



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Detail:

Pos	Id	Segment Name	Req	Max Use	Repeat	Notes
LOOP ID - 2310 – Provider Information						
320	NM108	Identification Code Qualifier	R	1		Set to: XX – National Provider ID or SV – where NPI is not found
320	NM109	Identification Code	R	1		Set to National Provider ID (NPI)
320	NM110	Entity Relationship Code	R	1		Set to: 25 – Established Patient
LOOP ID - 2320 – Coordination of Benefits						
400	COB01	Payer Responsibility Sequence Number Code	S	1		Set to: U – Unknown
400	COB03	Coordination of Benefits Code	S	1		Set to: 1 – Coordination of Benefits
405	REF01	Reference Identification Qualifier	S	1		Set to one of the following: 6P – Group Number A6 – Employee
405	REF02	Reference Identification	S	1		3 iterations of this segment will be sent Iteration 1: Set to Carrier ID Iteration 2: Set to Policy Number Iteration 3: Policy Seq Number
410	N101	Entity Identifier Code	S	1		Set to: IN – Insurer
410	N102	Name	S	1		Set to Insurance Company Name



ATTACHMENT A

Glossary

Term	Definition
HIPAA	In 1996, Congress passed into federal law the Health Insurance Portability and Accountability Act (HIPAA) in order to improve the efficiency and effectiveness of the entire health care system. The provisions of HIPAA, which apply to health plans, healthcare providers, and healthcare clearinghouses, cover many areas of concern including, preventing fraud and abuse, preventing pre-existing condition exclusions in health care coverage, protecting patients' rights through privacy and security guidelines and mandating the use of a national standard for EDI transactions and code sets.
SSL (Secure Sockets Layer)	SSL is a commonly used protocol for managing the security of a message transmission through the Internet. SSL uses a program layer located between the HTTP and TCP layers. The "sockets" part of the term refers to the sockets method of passing data back and forth between a client and a server program in a network or between program layers in the same computer. SSL uses the public-and-private key encryption system from RSA, which also includes the use of a digital certificate.
Secure FTP (SFTP)	Secure FTP, as the name suggests, involves a number of optional security enhancements such as encrypting the payload or including message digests to validate the integrity of the transported files to name two examples. Secure FTP uses Port 21 and other Ports, including SSL.
AUTH SSL	AUTH SSL is the explicit means of implementing secure communications as defined in RFC 2228. AUTH SSL provides a secure means of transmitting files when used in conjunction with an FTP server and client that both support AUTH SSL.
Required Segment	A required segment is a segment mandated by HIPAA as mandatory for exchange between trading partners.
Situational Segment	A situational segment is a segment mandated by HIPAA as optional for exchange between trading partners.
Required Data Element	A mandatory data element is one that must be transmitted between trading partners with valid data.
Situational Data Element	A situational data element may be transmitted if data is available. If another data element in the same segment exists and follows the current element the character used for missing data should be entered.
N/U (Not Used)	An N/U (Not Used) data element included in the shaded areas if the Implementation Guide is NOT USED according to the standard and no attempt should be made to include these in transmissions.



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Term	Definition								
ATTENDING PROVIDER	The primary individual provider who attended to the client/member during an in-patient hospital stay. Must be identified in 837I, Loop 2310A, REF02 Segment, by their assigned Medicaid/Medicare ID number assigned by State to the individual provider while the client was in-patient.								
BILLING PROVIDER	The Billing Provider entity may be a health care provider, a billing service, or some other representative of the provider.								
IMPLEMENTATION GUIDE (IG)	Instructions for developing the standard ANSI ASC X12N Health Care Claim 837 transaction sets. The Implementation Guides are available from the Washington Publishing Company.								
PAY-TO-PROVIDER	This entity may be a medical group, clinic, hospital, other institution, or the individual provider who rendered the service.								
REFERRING PROVIDER	Identifies the individual provider who referred the client or prescribed Ancillary services/items such as Lab, Radiology and Durable Medical Equipment (DME). Report this provider in Loop 2310A, REF02 Segment using the Medicaid/Medicare ID number assigned by State to the referring provider.								
RENDERING PROVIDER	The primary individual provider who attended to the client/member. They must be identified in 83P, Loop 2310B, REF02 Segment, use the Medicaid/Medicare ID number assigned by State to the individual provider while the client was in active status.								
TRADING PARTNERS (TPs)	Includes all of the following; payers, switch vendors, software vendors, providers, billing agents, clearinghouses								
DATE FORMAT	All dates are eight (8) character dates in the format CCYYMMDD. The only date data element that varies from the above standard is the Interchange Date data element located in the ISA segment. The Interchange Data date element is a six (6) character date in the YYMMDD format.								
DELIMITERS	<p>A delimiter is a character used to separate two (2) data elements or sub-elements, or to terminate a segment. Delimiters are specified in the interchange header segment, ISA. The ISA segment is a 105 byte fixed length record. The data element separator is byte number 4; the component element separator is byte number 105; and the segment terminator is the byte that immediately follows the component element separator. Once specified in the interchange header, delimiters are not to be used in a data element value elsewhere in the transaction. The following characters are used as data delimiters for all transaction segments:</p> <table border="1"> <thead> <tr> <th>CHARACTER</th> <th>PURPOSE</th> </tr> </thead> <tbody> <tr> <td>* Asterisk</td> <td>Data Element Separator</td> </tr> <tr> <td>: COLON</td> <td>Sub-Element Separator</td> </tr> <tr> <td>~ Tilde</td> <td>Segment Terminator</td> </tr> </tbody> </table>	CHARACTER	PURPOSE	* Asterisk	Data Element Separator	: COLON	Sub-Element Separator	~ Tilde	Segment Terminator
CHARACTER	PURPOSE								
* Asterisk	Data Element Separator								
: COLON	Sub-Element Separator								
~ Tilde	Segment Terminator								



ATTACHMENT B

File Example

834 Outbound Benefit Enrollment and Maintenance file– single transaction

Loop	Transaction Segment
ST	ST*834*0001~
BGN	BGN*00*1*20080531001*20080531*023220****4~
DTP	DTP*303*D8*20070111~
1000A	N1*P5*WELLCARE OF XXXXXX*FI*58-1234567~
1000B	N1*IN*WELLCARE*ZZ*121234567~
2000	INS*Y*18*030**A***FT~
2000	REF*0F*111014065934~ Medicaid Number/All states
2000	REF*IL*XXX000001~ Group or Policy Number
2000	REF*23*1111111111~ Client/Subscriber number
2000	REF*F6*111014065934~ HIC Number /Florida or Medicare
2100A	NM1*IL*1*NELLON*INDIA*D~
2100A	PER*IP**TE*8005947324~
2100A	N3*1101 ELM STREET~
2100A	N4*LAGRANGE*OH*302400000**CY*ERIE~
2100A	DMG*D8*19970723*F**7~
2100A	LUI*LD*ENG~
2100G	NM1*QD*1*NELLON*SHERIKA*D~
2100G	N3*1101 ELM STREET~
2100G	N4*LAGRANGE*OH*302400000**CY*ERIE~
2300	HD*030**HMO*OABMAA*IND~
2300	DTP*348*D8*20070401~
2310	LX*1~
2310	NM1*P3*1*****XX*8287646150*25~
2310	N4*ASHTABULA*OH*44044~
2320	COB*U**1~
SE	SE*000000021*0001~



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ATTACHMENT C

997 Interpretation

Accepted 997

ISA*00* 00*5265 *ZZ*100000 *ZZ*100008
*050923*1126*U*00401*000000166*1*T*~GS*FA*77046*100008*20031023*112600*1660001
*X*004010X097A1~ST*997*0001~AK1*BE*1887~AK2*834*000000905~AK5*E*5~AK9*A*1*1*1~
SE*6*0001~GE*1*1660001~IEA*1*000000166~

Rejected 997

ISA*00* 00*5264 *ZZ*100000 *ZZ*100008
*050923*1124*U*00401*000000165*1*T*~GS*FA*77046*100008*20031023*112400*1650001
*X*004010X097A1~ST*997*0001~AK1*BE*1999~AK2*837*000000945~AK5*R*7~AK9*R*1*1*0~
SE*6*0001~GE*1*1650001~IEA*1*000000165~