

**MICHIGAN DEPARTMENT OF  
COMMUNITY HEALTH**

**COMPANION GUIDE  
FOR THE CHAMPS - HIPAA  
270/271 HEALTH CARE ELIGIBILITY  
BENEFIT INQUIRY AND RESPONSE  
ADDENDA VERSION 4010A1**

October 2010



This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Health Care Eligibility Benefit Inquiry and Response, ASC X12N 270/271 (004010X092)**, dated May 2000, and the modifications implemented with the adopted Addenda to these transactions (**004010X092A1**), dated October 2002. It contains data clarifications authorized by the Department of Health and Human Services on September 17, 2001. The clarifications include:  
    identifiers to use when a national standard has not been adopted [and]  
    parameters in the implementation guide that provide options

The Implementation Guide and Addenda can be found at [http://www.wpc-edi.com/hipaa/hipaa\\_40.asp](http://www.wpc-edi.com/hipaa/hipaa_40.asp). Information regarding data clarifications can be found at <http://aspe.os.dhhs.gov/admnsimp/q0321.htm>.)

This document is for enrolled Medicaid enrolled providers and/or their contracted clearinghouse vendors. Please note that the information contained within this document is based on existing MDCH Benefit Plan (BP) information and is subject to change. The Medicaid Provider Manual can be found at the following link to obtain program policy and benefit information: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> Policy and Forms >> Medicaid Provider Manual.

MDCH is required to offer and support HIPAA-compliant 270/271 transactions. However as noted in the X12N 270/271 (004010X092) Implementation Guide, a information source is not required to generate an explicit response to an explicit request and only needs to support the minimum requirements for HIPAA compliance. These minimum requirements are as follows:

- 270 – Support, at a minimum, a generic request for eligibility (service type code of “30” in the EQ segment).
- 271 – Include appropriate EB segment eligibility information or applicable AAA segments in the response.
- EB segment – Identifies the recipient’s applicable eligibility and TPL information.
- AAA segment(s) – Specifies an inability to provide eligibility information due to “recipient not being found” or errors encountered within the original 270 Request transaction.

Included in this document are the following topics of information:

- Search Options
- HIPAA 270/271 Real-Time Web-Service
- Batch Uses and Linkage
- Mode of Batch Submission Descriptions
- 270 and 271 Interchange Control Header and Trailer
- 270 and 271 Functional Group Header and Trailer
- 270 and 271 Transaction Set Segment and Data Elements
- Appendix A: CROSSWALK OF MDCH BENEFIT PLAN DATA TO EB01, EB03, EB04, AND EB05

## **Search Options**

MDCH supports the following data set search criteria outlined on pages 21 to 23 of the X12N 270/271 (004010X092) Implementation Guide:

- Subscriber Primary identifier: Beneficiary ID for all Other Inquires if EQ03 value “IND” or Client Identification Number (CIN) for MICHild Inquires if EQ03 value “CHD”.
- Subscriber Secondary Identifier:

Any two of the following:

1. Member Full Name (First Name, Last Name)
2. Member Date of Birth
3. Member SSN

Note: Either Subscriber Primary identifier or Subscriber Secondary identifier should be present.

## **HIPAA 270/271 Real-Time Web-Service**

A direct option is currently not available but is offered through MPHI for enrolled Providers, Billing Agents, and Clearinghouses registered with CHAMPS. The following services are provided on behalf of MDCH and are available free-of-charge:

- X12 270/271 (Real time) HIPAA Transaction:** This transaction allows users to submit individual eligibility requests at any time using a single DOS or DOS span. This option provides an immediate real time response to each eligibility request. For more information: <http://www.mihealth.org/champs/>
- X12 270/271 (Batch) HIPAA Transaction:** This transaction allows users to submit a batch file at any time and receive a response file within 24 hours. For more information: <http://www.mihealth.org/champs/>

## **Batch Business Use and Linkage**

MDCH supports the batch method for 270/271 transactions and requirements indicated in the X12N 270/271 (004010X092) Implementation Guide (pg 13). In addition, MDCH supports the linkage requirements beginning on page 18 of the guide. Note: The direct batch options indicated below are not currently offered but will be available as part of a future enhancement. Please refer to the above options available through MPHI.

## **Mode of Batch Submission Descriptions**

**Data Exchange Gateway (DEG):** This option allows Billing Agents and Providers to upload electronic 270 batches using the DEG. Providers and/or their clearinghouse vendor(s) must obtain a Billing Agent ID and DEG user ID/password to submit/receive HIPAA Transactions. Please visit the following website for more information:

[http://www.michigan.gov/mdch/0,1607,7-132-2945\\_42542\\_42545\\_42636---,00.html](http://www.michigan.gov/mdch/0,1607,7-132-2945_42542_42545_42636---,00.html)

**Electronic Batch – Upload Process:** This option in the CHAMPS system allows Billing Agents and Providers to upload electronic 270 batches directly into CHAMPS without using the DEG.

Note: Clearinghouse vendors will need to enroll as a Billing Agent in CHAMPS and also be associated to their Providers to be able to submit 270/271 transactions on their behalf. Please visit the MDCH website for more information: [www.michigan.gov/medicaidproviders](http://www.michigan.gov/medicaidproviders) >> CHAMPS >> Billing Agent.

## 270 and 271 Interchange Control Header and Trailer

MDCH supports the Interchange Control Header and Trailer requirements on pages B.3 through B.7 of the X12N 270/271 (004010X092) Implementation Guide. Please review the 270 and 271 Appendix addendum which defines the parameters in accordance with these compliance requirements.

## 270 and 271 Functional Group Header and Trailer

MDCH supports the Functional Group Header and Trailer requirements as outlined on pages B.8 through B.10 of the X12N 270/271 (004010X092) Implementation Guide. Please review the 270 and 271 Appendix addendum which defines the parameters in accordance with these compliance requirements.

**270 and 271 Transaction Segment And Data Elements:** Please review the 270 and 271 Appendix addendum for detailed information including the entire transaction layout.

## 270 Transaction Set Segment and Data Elements

| Page         | Loop                                  | Segment                                     | Data Element                               | Comments                                                                |
|--------------|---------------------------------------|---------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------|
| Appendix - B | Interchange Control Header            | ISA –Interchange Control Header             | ISA01 -Authorization Information Qualifier | 00,03<br>If multiple data element are acceptable, remove row from guide |
| Appendix – B | Interchange Control Header            | ISA –Interchange Control Header             | ISA03 - Security Information Qualifier     | 00,01<br>If multiple data element are acceptable, remove row from guide |
| Appendix – B | Interchange Control Header            | ISA –Interchange Control Header             | ISA05 - Interchange Sender ID Qualifier    | Use “ZZ”                                                                |
| Appendix – B | Interchange Control Header            | ISA –Interchange Control Header             | ISA07 - Interchange Receiver ID Qualifier  | Use “ZZ”                                                                |
| Appendix – B | Interchange Control Header            | ISA –Interchange Control Header             | ISA14 - Acknowledgment Requested           | “0” - No Acknowledgment Requested<br>“1” – Acknowledgment Requested     |
| Appendix – B | Interchange Control Header            | ISA –Interchange Control Header             | ISA15 - Usage Indicator                    | “P” for Production Files<br>“T” for Test Files                          |
| Appendix – B | Interchange Control Header            | ISA –Interchange Control Header             | ISA16 - Component Element Separator        | Use “^”                                                                 |
| 39           | Beginning of Hierarchical Transaction | BHT – Beginning of Hierarchical Transaction | BHT02 – Transaction Set Purpose Code       | • Please use “13”                                                       |
|              | 2100A – Information Source Name       | NM1 – Information Source Name               | NM103 - Last Name or Organization Name     | Michigan Department of Community Health.                                |

|    |                                   |                                 |                                                      |                                                                                                                                                                                          |
|----|-----------------------------------|---------------------------------|------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 46 | 2100A – Information Source Name   | NM1 – Information Source Name   | NM108 – Identification Code Qualifier                | Use “PI” (Payor Identification).                                                                                                                                                         |
| 46 | 2100A – Information Source Name   | NM1 – Information Source Name   | NM109 – Information Source Primary Identifier        | Use “D00111” for MDCH.                                                                                                                                                                   |
| 52 | 2100B – Information Receiver Name | NM1 – Information Receiver Name | NM108 – Identification Code Qualifier                | <ul style="list-style-type: none"> <li>• Use “SV” (Service Provider Number).</li> <li>• Use “XX” (Center for Medicare &amp; Medicaid Services) to identify NPI unless exempt.</li> </ul> |
| 52 | 2100B – Information Receiver Name | NM1 – Information Receiver Name | NM109 – Information Receiver Identification Number   | <ul style="list-style-type: none"> <li>• 10-digit NPI will be required unless HIPAA exempt.</li> <li>• ONLY IF HIPAA EXEMPT use the seven-digit provider ID assigned by MDCH.</li> </ul> |
| 69 | 2000C Subscriber Level            |                                 |                                                      | 2000C cannot exceed 99 Patient Requests                                                                                                                                                  |
| 69 | 2000C-Subscriber Level            | TRN-Subscriber Trace Number     | TRN01 – Trace Type Code                              | Value returned in the 271                                                                                                                                                                |
| 70 | 2000C – Subscriber Level          | TRN-Subscriber Trace Number     | TRN02 – Reference Identification/Trace Number        | Value returned in the 271                                                                                                                                                                |
| 70 | 2000C – Subscriber Level          | TRN-Subscriber Trace Number     | TRN03 – Trace Assigning Entity Identifier            | Value returned in the 271                                                                                                                                                                |
| 70 | 2000C – Subscriber Level          | TRN-Subscriber Trace Number     | TRN04 – Trace Assigning Entity Additional Identifier | Value returned in the 271                                                                                                                                                                |
| 73 | 2100C – Subscriber Name           | NM1 – Subscriber Name           | NM101 – Entity Identifier Code                       | Use “IL” to identify the beneficiary’s name in this segment if using as search option.                                                                                                   |
| 73 | 2100C – Subscriber Name           | NM1 – Subscriber Name           | NM102 – Entity Type Qualifier                        | 1                                                                                                                                                                                        |
| 73 | 2100C – Subscriber Name           | NM1 – Subscriber Name           | NM103 – Identification Code Qualifier                | Identify the beneficiary’s Last name if using as search option.                                                                                                                          |
| 73 | 2100C – Subscriber Name           | NM1 – Subscriber Name           | NM104 – Identification Code Qualifier                | Identify the beneficiary’s First name if using as search option.                                                                                                                         |
| 73 | 2100C – Subscriber Name           | NM1 – Subscriber Name           | NM108 – Identification Code Qualifier                | Use “MI” (Member Identification Number).                                                                                                                                                 |

|    |                         |                                          |                                            |                                                                                                                                                                                                                                                                                                                                                                                                                   |
|----|-------------------------|------------------------------------------|--------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 73 | 2100C – Subscriber Name | NM1 – Subscriber Name                    | NM109 – Subscriber Primary Identifier      | Identify the beneficiary’s ID in this segment if using as search option:<br><ul style="list-style-type: none"> <li>• <b>MIChild Inquires (if EQ03 value “CHD”)</b>: Use 10-digit Client Identification Number (CIN)</li> <li>• <b>All Other Inquires (if EQ03 value “IND”)</b>: Use the assigned MDCH 10-digit beneficiary ID. <b>Note:</b> Eight-digit IDs should be entered with two leading zeroes.</li> </ul> |
| 75 | 2100C – Subscriber Name | REF – Subscriber Additional Information  | REF01 – Reference Identification Qualifier | Identify the beneficiary’s SSN in this segment if using as search option:<br>Use “SY” (Social Security Number).                                                                                                                                                                                                                                                                                                   |
| 76 | 2100C - Subscriber Name | REF - Subscriber Additional Information  | REF02 - Reference Identification           | Identify the beneficiary’s SSN in this segment if using as search option.                                                                                                                                                                                                                                                                                                                                         |
| 77 | 2100C – Subscriber Name | N3 – Subscriber Address                  | N301 – Subscriber Address Line             | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                     |
| 77 | 2100C – Subscriber Name | N3 – Subscriber Address                  | N302 – Subscriber Address Line             | Not Used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                     |
| 78 | 2100C – Subscriber Name | N4 – Subscriber City/State/Zip Code      | N401 – Subscriber City Name                | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                     |
| 79 | 2100C – Subscriber Name | N4 – Subscriber City/State/Zip Code      | N402 – Subscriber State Code               | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                     |
| 79 | 2100C – Subscriber Name | N4 – Subscriber City/State/Zip Code      | N403 – Subscriber Postal Zone or Zip Code  | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                     |
| 79 | 2100C – Subscriber Name | N4 – Subscriber City/State/Zip Code      | N404 – Country Code                        | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                     |
| 81 | 2100C – Subscriber Name | PRV – Provider Information               | PRV01 – Provider Code                      | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                     |
| 82 | 2100C – Subscriber Name | PRV – Provider Information               | PRV02 – Reference Identification Qualifier | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                     |
| 82 | 2100C – Subscriber Name | PRV – Provider Information               | PRV03 – Provider Identifier                | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                     |
| 84 | 2100C – Subscriber Name | DMG – Subscriber Demographic Information | DMG01 - Date Time Period Format Qualifier  | Identify the beneficiary’s date of birth in this segment if using as search option:<br>Use “D8”                                                                                                                                                                                                                                                                                                                   |

|    |                                                               |                                                |                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|----|---------------------------------------------------------------|------------------------------------------------|--------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 84 | 2100C - Subscriber Name                                       | DMG - Subscriber Demographic Information       | DMG02 - Date/Time Period             | DMG02: Enter beneficiary's date of birth segment if using as search option:                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
| 84 | 2100C – Subscriber Name                                       | DMG – Subscriber Demographic Information       | DMG03 – Subscriber Gender Code       | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 86 | 2100C – Subscriber Name                                       | 1NS – Subscriber Relationship                  | INS01 – Insured Indicator            | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 86 | 2100C – Subscriber Name                                       | 1NS – Subscriber Relationship                  | INS02 – Individual Relationship Code | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 86 | 2100C – Subscriber Name                                       | 1NS – Subscriber Relationship                  | INS17 – Birth Sequence Number        | Not used. Ignored if present.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |
| 88 | 2100C – Subscriber Name                                       | DTP – Subscriber Date                          | DTP01 – Date/Time Qualifier          | The following codes are recommended:<br>“307” (Eligibility)<br>“435” (Admission)<br>“472” (Service) Code<br>“102” (Issue), is not currently supported.                                                                                                                                                                                                                                                                                                                                                                                |
| 88 | 2100C – Subscriber Name                                       | DTP – Subscriber Date                          | DTP03 – Date/Time Period             | Date can be a maximum of one year prior or up to the last day of the current month. MDCH currently does not provide eligibility information for dates greater than one year or beyond the last day of the current month. <b>Note:</b> Exception only for DSH related eligibility inquiries for inpatient services which is available for Hospital Providers under the FAO enrollment type. Providers must complete the DSH question under the 'Manage Provider Checklist' page in CHAMPS-PE Subsystem and receive approval from MDCH. |
| 90 | 2110C – Subscriber Eligibility or Benefit Inquiry Information |                                                |                                      | 2110C cannot Exceed 99 requests per Loop 2000C                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |
| 90 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EQ – Subscriber Eligibility or Benefit Inquiry | EQ01 – Service Type Code             | <ul style="list-style-type: none"> <li>For current eligibility inquiry, MDCH recommends using value '30' (Health Benefit Plan Coverage). Any value reported in this data element will result in the 271 Response containing EB segments applicable to the recipient's MDCH program coverage.</li> <li>DSH Inquiries: Use 48 Hospital – Inpatient</li> </ul>                                                                                                                                                                           |

|     |                                                               |                                                                        |                                                |                                                                                                                                                             |
|-----|---------------------------------------------------------------|------------------------------------------------------------------------|------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 97  | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EQ – Subscriber Eligibility or Benefit Inquiry                         | EQ03 – Coverage Level Code                     | <ul style="list-style-type: none"> <li>• MIChild inquires: Use “CHD” (Children Only).</li> <li>• Other Source inquiries: Use “IND” (Individual).</li> </ul> |
| 99  | 2110C-Subscriber Eligibility or Benefit Inquiry Information   | AMT – Subscriber Spend Down Amount                                     | AMT01 – Amount Qualifier Code                  | Not used. Ignored if present.                                                                                                                               |
| 100 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | AMT – Subscriber Spend Down Amount                                     | AMT02 – Spend Down Amount                      | Not used. Ignored if present.                                                                                                                               |
| 102 | 2110C-Subscriber Eligibility or Benefit Inquiry Information   | III – Subscriber Eligibility or Benefit Additional Inquiry Information | III01 – Code List Qual Code                    | Not used. Ignored if present.                                                                                                                               |
| 103 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | III – Subscriber Eligibility or Benefit Additional Inquiry Information | III02 – Industry Code                          | Not used. Ignored if present.                                                                                                                               |
| 104 | 2110C – Subscriber Eligibility or Inquiry Information         | REF – Subscriber Additional Information                                | REF01 – Reference Identification Qualifier     | Not used. Ignored if present.                                                                                                                               |
| 105 | 2110C – Subscriber Eligibility or Inquiry Information         | REF – Subscriber Additional Information                                | REF02 – Prior Authorization or Referral Number | Not used. Ignored if present.                                                                                                                               |
| 106 | 2110C-Subscriber Eligibility or Benefit Inquiry Information   | DTP – Subscriber Eligibility/Benefit Date                              | DTP01 – Date/Time Qualifier                    | Not used. Ignored if present.                                                                                                                               |
| 107 | 2110C – Subscriber Eligibility or Inquiry Information         | DTP – Subscriber Eligibility/Benefit Date                              | DTP02 – Date/Time Period Format Qualifier      | Not used. Ignored if present.                                                                                                                               |
| 107 | 2110C – Subscriber Eligibility or Inquiry Information         | DTP – Subscriber Eligibility/Benefit Date                              | DTP03 – Date/Time Period                       | Not used. Ignored if present.                                                                                                                               |

## 271 Transaction Set Segment and Data Elements

| Page         | Loop                              | Segment                          | Data Element                                | Comments                                                                |
|--------------|-----------------------------------|----------------------------------|---------------------------------------------|-------------------------------------------------------------------------|
| Appendix - B | Interchange Control Header        | ISA – Interchange Control Header | ISA01 - Authorization Information Qualifier | 00,03<br>If multiple data element are acceptable, remove row from guide |
| Appendix - B | Interchange Control Header        | ISA – Interchange Control Header | ISA03 - Security Information Qualifier      | 00,01<br>If multiple data element are acceptable, remove row from guide |
| Appendix - B | Interchange Control Header        | ISA – Interchange Control Header | ISA05 - Interchange Sender ID Qualifier     | “ZZ”                                                                    |
| Appendix - B | Interchange Control Header        | ISA – Interchange Control Header | ISA07 - Interchange Receiver ID Qualifier   | “ZZ”                                                                    |
| Appendix - B | Interchange Control Header        | ISA – Interchange Control Header | ISA14 - Acknowledgment Requested            | “0” - No Acknowledgment Requested<br>“1” – Acknowledgment Requested     |
| Appendix - B | Interchange Control Header        | ISA – Interchange Control Header | ISA15 - Usage Indicator                     | “P” for Production Files<br>“T” for Test Files                          |
| Appendix - B | Interchange Control Header        | ISA – Interchange Control Header | ISA16 - Component Element Separator         | “^”                                                                     |
| 163          | 2100A – Information Source Name   | NM1 – Information Source Name    | NM101 – Entity Identifier Code              | “PR” (Payor)                                                            |
| 165          | 2100A – Information Source Name   | NM1 – Information Source Name    | NM108 – Identification Code Qualifier       | “PI” (Payor Identification)                                             |
| 165          | 2100A – Information Source Name   | NM1 – Information Source Name    | NM109 – Identification Code                 | “D00111” (for MDCH)                                                     |
| 179          | 2100B - Information Receiver Name | NM1 - Information Receiver Name  | NM104 - Information Receiver First Name     | Reported if available and NM102 is 1                                    |
| 179          | 2100B - Information Receiver Name | NM1 - Information Receiver Name  | NM105 - Information Receiver Middle Name    | Reported if available and NM102 is 1                                    |
| 179          | 2100B - Information Receiver Name | NM1 - Information Receiver Name  | NM107 - Information Receiver Name Suffix    | Reported if available and NM102 is 1                                    |

|     |                                   |                                         |                                                    |                                                                                                                                                                                                                                                                   |
|-----|-----------------------------------|-----------------------------------------|----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 180 | 2100B – Information Receiver Name | NM1 – Information Receiver Name         | NM108 – Identification Code Qualifier              | “XX” for NPI-mandated providers.<br>“SV” for NPI-exempt providers.                                                                                                                                                                                                |
| 181 | 2100B – Information Receiver Name | NM1 – Information Receiver Name         | NM109 – Information Receiver Identification Number | The seven-digit provider identifier submitted on the 270 request transaction will be used here when NM108 = SV<br><br>The 10-digit NPI when NM108 = XX                                                                                                            |
| 195 | 2100C – Subscriber Name           | NM1 – Subscriber Name                   | NM108 – Identification Code Qualifier              | “MI” (Member Identification Number)                                                                                                                                                                                                                               |
| 195 | 2100C – Subscriber Name           | NM1 – Subscriber Name                   | NM109 – Subscriber Primary Identifier              | “CHD” for MIChild Inquires: 10-digit CIN returned<br>“IND” for all other inquires: 10-digit beneficiary ID will be returned.                                                                                                                                      |
| 197 | 2100C – Subscriber Name           | REF – Subscriber Additional Information | REF01 – Reference Identification Qualifier         | The following codes are returned, as applicable:<br>“3H” (Case Number) Source MA only<br>“EJ” (Patient Account Number) Code and Data in REF03 only returned if provided in 270.<br>“SY” (Social Security Number) Only returned if used as a search option in 270. |
| 198 | 2100C - Subscriber Name           | REF - Subscriber Additional Information | REF02 - Subscriber Supplemental Identifier         | Source MA: < Department of Human Services (DHS) Case Number > (REF01 = “3H”)                                                                                                                                                                                      |
| 199 | 2100C – Subscriber Name           | REF – Subscriber Additional Information | REF03 – Plan Sponsor Name                          | Source MA: <DHS Worker Load Number> (REF01 = “3H”)                                                                                                                                                                                                                |
| 200 | 2100C - Subscriber Name           | N3 - Subscriber Address                 | N301 - Subscriber Address Line                     | Beneficiary’s Address.                                                                                                                                                                                                                                            |
| 200 | 2100C - Subscriber Name           | N3 - Subscriber Address                 | N302 - Subscriber Address Line                     | Beneficiary’s Address.                                                                                                                                                                                                                                            |
| 201 | 2100C - Subscriber Name           | N4 - Subscriber City/State/Zip Code     | N401 - Subscriber City Name                        | Beneficiary’s City.                                                                                                                                                                                                                                               |
| 202 | 2100C - Subscriber Name           | N4 - Subscriber City/State/Zip Code     | N402 - Subscriber State Code                       | Beneficiary’s State.                                                                                                                                                                                                                                              |

|     |                                                               |                                      |                                           |                                                                                                                                                                                           |
|-----|---------------------------------------------------------------|--------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 202 | 2100C - Subscriber Name                                       | N4 - Subscriber City/State/Zip Code  | N403 - Subscriber Postal Zone or Zip Code | Beneficiary's Zip.                                                                                                                                                                        |
| 202 | 2100C – Subscriber Name                                       | N4 – Subscriber City/State/Zip Code  | N405 – Location Qualifier                 | “CY” (County/Parish) code will be returned when Source is MA.                                                                                                                             |
| 202 | 2100C – Subscriber Name                                       | N4 – Subscriber City/State/Zip Code  | N406 – Location Identification Code       | All Sources: <Residence county code and county name> (e.g., 82 WAYNE)                                                                                                                     |
| 204 | 2100C – Subscriber Name                                       | PER – Subscriber Contact Information | PER02 – Subscriber Contact Name           | Source is MA or Pending: <DHS Service County code and County Name> (e.g., 82 WAYNE)                                                                                                       |
| 204 | 2100C – Subscriber Name                                       | PER – Subscriber Contact Information | PER03 – Communication Number Qualifier    | Source is MA or Pending: “WP” (Work Phone Number [DHS Office])                                                                                                                            |
| 205 | 2100C – Subscriber Name                                       | PER – Subscriber Contact Information | PER04 – Subscriber Contact Number         | Source is MA or Pending: <DHS County office number>                                                                                                                                       |
| 216 | 2100C – Subscriber Name                                       | DTP – Subscriber Date                | DTP01 – Date/Time Qualifier               | The following codes will be returned as applicable: “307” (Eligibility) “435” (Admission) “472” (Service) Code                                                                            |
| 219 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EB - Eligibility/Benefit Information |                                           | 1 <sup>st</sup> 2110C loop/EB segments (EB01 & EB03): Identifies minimum data requirement for compliant response: EB01: 1 (Active) or 6 (Inactive) and EB03: 30 (Health Benefit Plan Cov) |
| 219 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EB – Eligibility/Benefit Information | EB01 – Eligibility or Benefit Information | 1 or 6                                                                                                                                                                                    |
| 221 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EB – Eligibility/Benefit Information | EB03 – Service Type Code                  | 30                                                                                                                                                                                        |
| 219 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EB - Eligibility/Benefit Information |                                           | 2 <sup>nd</sup> 2110C loop/EB segments (EB01/EB03): The Eligibility or Benefit Information. Refer to <b>APPENDIX A</b> for the applicable EB response.                                    |

|     |                                                               |                                            |                                                      |                                                                                                                                                                                                                                                                                                                                               |
|-----|---------------------------------------------------------------|--------------------------------------------|------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 219 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EB - Eligibility/Benefit Information       | EB01 - Eligibility or Benefit Information            | Refer to <b>APPENDIX A</b> of this document.                                                                                                                                                                                                                                                                                                  |
| 221 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EB - Eligibility/Benefit Information       | EB02 - Benefit Coverage Level Code                   | “CHD” (Children only) will be returned when the EB segments pertains to MICHild coverage.<br><br>“IND” (Individual) will be returned when the EB segment pertains to all other sources.                                                                                                                                                       |
| 221 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EB - Eligibility/Benefit Information       | EB03 - Service Type Code                             | The Service Type Codes outlined in <b>APPENDIX A</b> of this document will be returned as applicable.                                                                                                                                                                                                                                         |
| 226 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EB - Eligibility/Benefit Information       | EB04 – Insurance Type Code                           | The Insurance Type Codes outlined in <b>APPENDIX A</b> of this document will be returned as applicable.                                                                                                                                                                                                                                       |
| 228 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EB - Eligibility/Benefit Information       | EB05 – Plan Coverage Description                     | The MDCH Benefit Plan and/or additional message information (e.g. LOC explanation, etc.) will be returned as applicable. See <b>APPENDIX A</b> .                                                                                                                                                                                              |
| 229 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | EB - Eligibility/Benefit Information       | EB07 – Benefit Amount                                | Patient pay amounts for Hospice (LOC 16), Long Term Care (LOC 02), and Medicaid Inpatient (LOC 10), will be returned if on file.                                                                                                                                                                                                              |
| 239 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | REF – Subscriber Additional Identification | REF01 – Reference Identification Qualifier           | “1L” (Insurance Policy Number)<br>“1W” (Member ID)<br>“F6” (Medicare HIC number)<br>Returned when EB segment indicates TPL information and data on file. (See Appendix B.)                                                                                                                                                                    |
| 239 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | REF – Subscriber Additional Identification | REF02 – Subscriber Eligibility or Benefit Identifier | If “1L” (Insurance Policy Number) <TPL Policy number><br>If “1W” (Member ID) <TPL Group number><br>If “F6” (Medicare HIC number) <TPL Policy number> Returned if Medicare Payer on file for DOS.                                                                                                                                              |
| 240 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | DTP – Subscriber Eligibility/Benefit Date  | DTP01 – Date/Time Qualifier                          | “307” (Eligibility) will be returned when reporting eligibility pertinent to the corresponding EB segment.<br>“292” (Benefit) Returned for TPL related data pertinent to the corresponding EB segment.<br>“295” (Primary Care Provider) Returned for PCP related data if beneficiary has MA-MC Benefit Plan (BP) and DOS equals current date. |

|     |                                                               |                                              |                                           |                                                                                                                                                                                                                                                                                                                                                                |
|-----|---------------------------------------------------------------|----------------------------------------------|-------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 241 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | DTP – Subscriber Eligibility/Benefit Date    | DTP01 – Date Time Period Format Qualifier | RD8 (Range of Dates Expressed in Format CCYYMMDD-CCYYMMDD)                                                                                                                                                                                                                                                                                                     |
| 241 | 2110C – Subscriber Eligibility or Benefit Inquiry Information | DTP – Subscriber Eligibility/Benefit Date    | DTP01 – Date Time Period                  | Benefit Plan or additional information Date Time Period pertinent to the corresponding EB segment.                                                                                                                                                                                                                                                             |
| 250 | 2120C – Subscriber Benefit Related Entity Name                | NM1 – Subscriber Benefit Related Entity Name | NM101 – Entity Identifier Code            | The following codes will be returned if applicable:<br>“FA” (Facility) BP Hospice or NH<br>“IL” (Insured/Subscriber)<br>“P3” (Primary Care Provider) MHP PCP or CSHCS Medical Home name<br>“PR” (Payer) Used to designate a TPL Payer, Medicaid Health Plan, County Health Plan, PACE, Delta Dental, etc.<br>“1P” (Provider) CSHCS Authorized Provider Name(s) |
| 251 | 2120C – Subscriber Benefit Related Entity Name                | NM1 – Subscriber Benefit Related Entity Name | NM103 – Name Last or Organization Name    | The last name or organization name                                                                                                                                                                                                                                                                                                                             |
| 253 | 2120C – Subscriber Benefit Related Entity Name                | NM1 – Subscriber Benefit Related Entity Name | NM108 – Identification Code Qualifier     | The following codes will be returned if applicable:<br>“MI” (Member ID)<br>“SV” (Service Provider Number)<br>“XX” (NPI)<br>“PI” (Payor Identification ) Used to designate a TPL Payer, Medicaid Health Plan, County Health Plan, Delta Dental, etc.                                                                                                            |
| 253 | 2120C – Subscriber Benefit Related Entity Name                | NM1 – Subscriber Benefit Related Entity Name | NM109 – Identification Code               | TPL Payer ID and name will be returned for Source TPL Information including the member ID if on file.<br><br>Seven-digit ID will be returned (BP MA-MC or ABW MC)<br><br>NPI (if BP = to Hospice or NH).                                                                                                                                                       |

## APPENDIX A: CROSSWALK OF MDCH BENEFIT PLAN DATA TO EB01, EB03, EB04, AND EB05

The following table indicates the applicable EB01, EB03, EB04 codes and EB05 Plan Coverage Description used by MDCH to identify the Benefit Plan (BP) coverage a beneficiary has on file for the DOS. Repeats of the 2110C loop may be needed to communicate additional information (For Example: TPL, PCP, Pending, etc). In some instances there is no applicable code for the EB data elements and these are denoted with an asterisk (\*) in the EB column.

| Benefit Plan (BP) EB Segments |      |              |                                                       |                       | 1st 2110C Loop |      | 2nd 2110C Loop |      |      |                                                                                                   |                                                                                                                                                                                                                                                                                                                     | Reporting of additional information |
|-------------------------------|------|--------------|-------------------------------------------------------|-----------------------|----------------|------|----------------|------|------|---------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|
| Source                        | Type | Benefit Plan | Description                                           | Additional 2110C Loop | EB01           | EB03 | EB01           | EB03 | EB04 | EB05                                                                                              |                                                                                                                                                                                                                                                                                                                     |                                     |
| C1                            | FFS  | CSHCS        | Children Special Health Care Services                 | Yes                   | 1              | 30   | 1 or I         | 1    | OT   | CSHCS "This NPI is listed. See CSHCS guidelines." or "This NPI not listed. See CSHCS guidelines." | If inquiring provider is Authorized for the DOS: Primary/principal diagnosis code reported in the 2115C Loop; III segment. Additional diagnosis codes reported in separate 2110C & 2115C loop. Authorized providers data reported in 2120C loop NM1 segment and repeated if more than one provider on file for DOS. |                                     |
| C1                            | FFS  | CSHCS-MH     | Children Special Health Care Services                 | Yes                   | 1              | 30   | L              | *    | OT   | CSHCS-MH                                                                                          | Medical Home Provider is returned in the 2120C loop NM1 segment If inquiring provider is Authorized for the DOS.                                                                                                                                                                                                    |                                     |
| MA                            | FFS  | ABW          | Adult Benefit Waiver Program (ABW)                    | Yes                   | 1              | 30   | 1              | 30   | OT   | ABW                                                                                               |                                                                                                                                                                                                                                                                                                                     |                                     |
| MA                            | MCO  | ABW MC       | Adult Benefit Waiver Program with County Health Plan- | Yes                   | 1              | 30   | 1              | 30   | HM   | ABW-MC                                                                                            | Report the available County Health Plan name, Billing address, 24HR phone number in loop 2120C                                                                                                                                                                                                                      |                                     |
| MA                            | FFS  | ABW-ESO      | Adult Benefit Waiver Program (ABW)                    | Yes                   | 1              | 30   | 1              | 86   | OT   | ABW-ESO                                                                                           |                                                                                                                                                                                                                                                                                                                     |                                     |
| MA                            | MCO  | BMP          | Beneficiary Monitoring Program                        | Yes                   | 1              | 30   | N              | 60   | MC   | BMP                                                                                               | Report the available Provider name, and phone number in loop 2120C                                                                                                                                                                                                                                                  |                                     |

|    |     |            |                                                                                            |     |   |    |        |    |    |            |                                                                                                               |
|----|-----|------------|--------------------------------------------------------------------------------------------|-----|---|----|--------|----|----|------------|---------------------------------------------------------------------------------------------------------------|
| MA | MCO | HK-Dental  | Healthy Kids Dental                                                                        | Yes | 1 | 30 | 1      | 35 | OT | HK-Dental  | Name <Delta Dental Plan>, Billing address and Phone number reported in Loop 2120C                             |
| MA | FFS | HK-EXP     | Healthy Kids - Expansion                                                                   | Yes | 1 | 30 | 1      | 60 | OT | HK-EXP     |                                                                                                               |
| MA | FFS | HK-EXP-ESO | Healthy Kids Expansion Emergency Services                                                  | Yes | 1 | 30 | 1      | 86 | OT | HK-EXP-ESO |                                                                                                               |
| MA | FFS | Hospice    | Medicaid Hospice                                                                           | Yes | 1 | 30 | 1 or B | 45 | MC | Hospice    | If PPA on file for DOS, report EB07 with PPA and 2nd EB01 value will = 'B'. Report Hospice NPI in loop 2120C. |
| MA | FFS | ICF/MR-DD  | Intermediate Care Facility for Mental Retarded - DD                                        | Yes | 1 | 30 | 1 or B | 60 | MC | ICF/MR-DD  | If PPA on file for DOS, report EB07 with PPA and 2nd EB01 value will = 'B'.                                   |
| MA | FFS | INCAR      | Incarceration - Other inpatient hospital services only                                     | Yes | 1 | 30 | F      | 48 | OT | INCAR      |                                                                                                               |
| MA | FFS | INCAR-ABW  | Incarceration - ABW <b>No Benefits</b>                                                     | Yes | 1 | 30 | I      | *  | *  | INCAR-ABW  |                                                                                                               |
| MA | FFS | INCAR-ESO  | Incarceration - Emergency Services inpatient hospital only                                 | Yes | 1 | 30 | F      | 86 | OT | INCAR-ESO  |                                                                                                               |
| MA | FFS | INCAR-MA   | Incarceration - inpatient hospital services only                                           | Yes | 1 | 30 | F      | 48 | MC | INCAR-MA   |                                                                                                               |
| MA | FFS | INCAR-MA-E | Incarceration - Emergency Services inpatient hospital only                                 | Yes | 1 | 30 | F      | 86 | MC | INCAR-MA-E |                                                                                                               |
| MA | FFS | MA         | Full Fee-for-Service Medical Assistance                                                    | Yes | 1 | 30 | 1      | 60 | MC | MA         |                                                                                                               |
| MA | FFS | MA-ESO     | Medical Assistance Emergency Services                                                      | Yes | 1 | 30 | F      | 86 | MC | MA-ESO     |                                                                                                               |
| MA | MCO | MA-MC      | Medicaid Managed Care (Note: report this segment with a separate EB segment to report PCP) | Yes | 1 | 30 | 1      | 60 | HM | MA-MC      | Health Plan name, Billing address, 24HR phone number in loop 2120C                                            |

|         |     |              |                                                               |     |   |    |        |    |    |            |                                                                                                                               |
|---------|-----|--------------|---------------------------------------------------------------|-----|---|----|--------|----|----|------------|-------------------------------------------------------------------------------------------------------------------------------|
| MA      | MCO | MIChoice     | Home and Community Based Waiver Services                      | Yes | 1 | 30 | 1 or B | 60 | MC | MI Choice  | If PPA on file for DOS, report EB07 with PPA and 2nd EB01 value will = 'B'.                                                   |
| MA      | FFS | NH           | Nursing Home                                                  | Yes | 1 | 30 | 1 or B | 60 | LC | NH         | If PPA on file for DOS, report EB07 with PPA and 2nd EB01 value will = 'B'. Facility Name, and NPI in loop 2120C.             |
| MA      | MCO | PACE         | Program All-Inclusive Care For Elderly                        | Yes | 1 | 30 | 1      | 60 | HM | PACE       | Name <PACE>, address, 24HR phone number in loop 2120C (Note: PACE covers comprehensive health care services including Dental) |
| MA      | FFS | Plan First   | Family planning waiver                                        | Yes | 1 | 30 | 1      | 82 | OT | Plan First |                                                                                                                               |
| MA      | FFS | QMB          | Qualified Medicare Beneficiary                                | Yes | 1 | 30 | 1      | 60 | SP | QMB        |                                                                                                                               |
| MA      | NoB | Spenddown    | Spenddown (Or QDWI, ALMB, SLMB, QMB with Spenddown (ES of 7)) | Yes | 6 | 30 | 1      | 60 | MC | Spenddown  |                                                                                                                               |
| MA      | FFS | TMA-PLUS     | Transitional Medical Assistance                               | Yes | 1 | 30 | 1      | 60 | OT | TMA-PLUS   |                                                                                                                               |
| MA      | FFS | TMA-PLUS-E   | Transitional Medical Assistance - Plus Emergency              | Yes | 1 | 30 | 1      | 86 | OT | TMA-PLUS-E |                                                                                                                               |
| MICHILD | MCO | MI Child - D | MI-Child Dental Plan                                          | Yes | 1 | 30 | 1      | 35 | OT | MiChild-D  | Dental Plan name, Billing address, 24HR phone number in loop 2120C                                                            |
| MICHILD | MCO | MI Child     | MI-Child Medical Plan                                         | Yes | 1 | 30 | 1      | 60 | HM | MiChild    | Medical Plan name, Billing address, 24HR phone number in loop 2120C                                                           |
| MOM     | FFS | MOMS         | MOMS                                                          | Yes | 1 | 30 | 1      | 69 | OT | MOMS       |                                                                                                                               |
| CHAMPS  | MCO | PIHP         | Prepaid Inpatient Health Plan                                 | Yes | 1 | 30 | 1      | *  | OT | PIHP       | PIHP name, address, 24HR phone number in loop 2120C                                                                           |
| CHAMPS  | MCO | CMH          | Community Mental Health                                       | Yes | 1 | 30 | 1      | *  | OT | CMH        | CMH name, address, 24HR phone number in loop 2120C                                                                            |
| CHAMPS  | MCO | SA           | Substance Abuse                                               | Yes | 1 | 30 | 1      | *  | AI | SA         | SA name, address, 24HR phone number in loop 2120C                                                                             |

| Additional Information EB Segments |      |              |                                                                              |                       | 1st 2110C Loop |      | 2nd 2110C Loop |      |      |                     | Reporting of additional information                                                                                                                                                       |
|------------------------------------|------|--------------|------------------------------------------------------------------------------|-----------------------|----------------|------|----------------|------|------|---------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Source                             | Type | Benefit Plan | Description                                                                  | Additional 2110C Loop | EB01           | EB03 | EB01           | EB03 | EB04 | EB05                |                                                                                                                                                                                           |
| MA                                 | FFS  | N/A          | PPA for Inpatient Hospital Acute Care (Reported if BP on file for DOS).      | NO                    | N/A            | N/A  | B              | 48   | *    | *                   | PPA will be reported in EB07                                                                                                                                                              |
| MA                                 | FFS  | N/A          | Need for LTC has been disapproved. (Reported if BP on file for DOS).         | NO                    | N/A            | N/A  | E              | 54   | *    | *                   |                                                                                                                                                                                           |
| MA                                 | FFS  | N/A          | LTC facility or waiver service not covered (Reported if BP on file for DOS). | NO                    | N/A            | N/A  | E              | 54   | *    | *                   |                                                                                                                                                                                           |
| PCP                                | MCO  | N/A          | Reported if MA-MC BP on file for DOS.                                        | Yes                   | 1              | 30   | L              | 60   | HM   | PCP                 | PCP name, Service address and Phone are reported in 2120C loop. (Note: Only reported if inquiry DOS (single or span) includes current date.)                                              |
| PCP                                | MCO  | N/A          | Reported if MA-MC BP on file for DOS with no PCP record.                     | Yes                   | 1              | 30   | L              | 60   | HM   | PCP                 | 2110C Loop; MSG message: Primary Care Physician Information Not Available, Contact The Medicaid Health Plan. (Note: Only reported if inquiry DOS (single or span) includes current date.) |
| Pending                            | N/A  | N/A          | Pending Eligibility                                                          | Yes                   | 6              | 30   | 8              | 30   | *    | Pending Eligibility | (Note: Reported if pending MA application record on file regardless of DOS submitted in 270.)                                                                                             |
| TPL                                | N/A  | N/A          | TPL (Reported if BP on file for DOS)                                         | Yes                   | 1              | 30   | R              | *    | OT   | TPL                 | Payer Name, Payer ID, Address, and Phone (if available) reported in 2120C Loop. HS code, OI Code, Control number reported in 2110C Loop (MSG)                                             |

|     |     |     |                                                     |     |   |    |   |   |                       |          |                                                                                                                                                                                    |
|-----|-----|-----|-----------------------------------------------------|-----|---|----|---|---|-----------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| TPL | N/A | N/A | TPL-Medicare<br>(Reported if BP<br>on file for DOS) | Yes | 1 | 30 | R | * | MA,<br>MB<br>or<br>OT | Medicare | Payer Name,<br>Payer ID, Part D<br>or C Plan (if<br>'OT')<br>name/phone<br>reported in<br>2120C Loop.<br>HS code, OI<br>Code, Control<br>number reported<br>in 2110C Loop<br>(MSG) |
|-----|-----|-----|-----------------------------------------------------|-----|---|----|---|---|-----------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|