



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA	PAGE i
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION	DATE Version 7-20-09

**MICHIGAN DEPARTMENT OF
COMMUNITY HEALTH**

**DATA CLARIFICATIONS
FOR THE 834 BENEFIT ENROLLMENT AND
MAINTENANCE, VERSION 4010**

**Community Mental Health Services Programs
(CMHSP) and Substance Abuse Coordinating
Agencies (CA)**

Version 7-20-09



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE ii
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Michigan Department
of Community Health



This document is intended as a companion to the **National Electronic Data Interchange Transaction Set Implementation Guide, Benefit Enrollment and Maintenance, ASC X12N 834 (004010X095)**, dated May 2000 (IG) and the October 2002 Addenda to that guide (004010X095A1). It contains data clarifications authorized by the Department of Health and Human Services on September 17, 2001. The clarifications described herein include:

- Identifiers to use when a national standard has not been adopted, and
- Parameters in the implementation guide that provide options.

Additional information on the Final Rule for Standards for Electronic Transmissions can be found at <http://aspe.os.dhhs.gov/admnsimp/bannertx.htm>. The implementation guide can be found at http://www.wpc-edi.com/hipaa/hipaa_40.asp.

This document includes clarifications for the following information:

- interchange control header and trailer,
- functional group header and trailer,
- 834 transaction set header and trailer, and
- Detail segments and elements of the 834 transaction itself.

The interchange control header and trailer (ISA and ISE) are presented together in the first section of this document. The functional group header and trailer (GS and GE) are presented together in the second section of this document. The 834 transaction set header and trailer (ST and SE) are presented with the detail 834 segments and elements in the third section. Three appendices follow the detailed data clarifications; they contain crosswalks of elements cited in the data clarification comments. The HIPAA 834 IG contains a description of the interchange control structure; refer to IG Appendix A, page A.1.

This document uses several text conventions to distinguish MDCH data elements from the Health Insurance Portability and Accountability Act of 1996 (HIPAA) IG data elements. The following table lists the text conventions used in this document.



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE iii
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Convention used	Explanation
< >	Text included within < > describes what will be transmitted by MDCH. This could be the MDCH data element name or value, or, if blank, will display <spaces>.
“ ”	Text with “ ” around a value represents HIPAA IG values.
()	The HIPAA IG description of the value in quotes, described above, is provided parenthetically.



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE 1
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Interchange Control Header & Trailer

Page	Interchange Control	Control Segment	Data Element	Comments
B.3	Header	ISA – Interchange Control Header	ISA01 – Authorization Information Qualifier	“00” (no authorization information present)
B.3	Header	ISA – Interchange Control Header	ISA02 – Authorization Information	<spaces>
B.4	Header	ISA – Interchange Control Header	ISA03 – Security Information Qualifier	“00” (no security information present)
B.4	Header	ISA – Interchange Control Header	ISA04 – Security Information	<spaces>
B.4	Header	ISA – Interchange Control Header	ISA05 – Interchange ID Qualifier (sender)	“ZZ” (mutually defined)
B.4	Header	ISA – Interchange Control Header	ISA06 – Interchange Sender ID	Positions 1-6, <D00111> Positions 7-15, <spaces>
B.4 – B.5	Header	ISA – Interchange Control Header	ISA07 – Interchange ID Qualifier (receiver)	“ZZ” (mutually defined)
B.5	Header	ISA – Interchange Control Header	ISA08 – Interchange Receiver ID	Positions 1-4, <service bureau ID> Positions 5-15 <spaces>
B.5	Header	ISA – Interchange Control Header	ISA09 – Interchange Date	<interchange date>, in YYMMDD format
B.5	Header	ISA – Interchange Control Header	ISA10 – Interchange Time	<interchange time>, in HHMM format.



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE 2
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Page	Interchange Control	Control Segment	Data Element	Comments
B.5	Header	ISA – Interchange Control Header	ISA11 – Interchange Control Standards Identifier	“U” (U.S. EDI Community of ASC X12, TDCC, and UCS)
B.5	Header	ISA – Interchange Control Header	ISA12 – Interchange Control Version Number	<00401>
B.5	Header	ISA – Interchange Control Header	ISA13 – Interchange Control Number	<interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
B.6	Header	ISA – Interchange Control Header	ISA14 – Acknowledgment Requested	“0” (no acknowledgment requested)
B.6	Header	ISA – Interchange Control Header	ISA15 – Usage Indicator	“P” (production) or “T” (test)
B.6	Header	ISA – Interchange Control Header	ISA16 – Component Element Separator	<:>
B.7	Trailer	IEA – Interchange Control Trailer	IEA01 – Number of Included Functional Groups	<total number of functional groups> included within an interchange
B.7	Trailer	IEA – Interchange Control Trailer	IEA02 – Interchange Control Number	<interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE 3
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Functional Group Header & Trailer

Page	Functional Group	Control Segment	Data Element	Comments
B.8	Header	GS – Functional Group Header	GS01 – Functional Identifier Code	“BE” (benefit enrollment and maintenance, 834)
B.8	Header	GS – Functional Group Header	GS02 – Application Sender’s Code	<D00111>
B.8	Header	GS – Functional Group Header	GS03 – Application Receiver’s Code	<service bureau ID>
B.8	Header	GS – Functional Group Header	GS04 – Date	<functional group creation date> in CCYYMMDD format
B.8	Header	GS – Functional Group Header	GS05 – Time	<functional group creation time> in HHMM format
B.9	Header	GS – Functional Group Header	GS06 – Group Control Number	<data interchange control number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.
B.9	Header	GS – Functional Group Header	GS07 – Responsible Agency Code	“X” (accredited standards committee X12)
B.9	Header	GS – Functional Group Header	GS08 – Version/Release /Industry Identifier Code	<004010X095A1>
B.10	Trailer	GE – Functional Group Trailer	GE01 – Number of Transaction Set Included	<total number of transaction sets> included in the functional group or interchange
B.10	Trailer	GE – Functional Group Trailer	GE02 – Group Control Number	< data interchange control number> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE A-1
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Transaction Set

Page	Loop	Segment	Data Element	Comments
27	Transaction Set Header	ST – Transaction Set Header	ST02 – Transaction Set Control Number	<transaction set control number> MDCH will assign a unique number within the transaction set, to indicate the start of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE02.
28-29	Transaction Set Header	BGN – Beginning Segment	BGN01 – Transaction Set Purpose Code	“00” (original) “15” (re-submission) “22” (information copy) Resubmissions will typically be recopying the “00” file to the Data Exchange Gateway (DEG) All options "00" will be most common. Resubmissions will typically be recopying the "00" file to the Data Exchange Gateway (DEG)
29	Transaction Set Header	BGN - Beginning Segment	BGN02 - Reference Identification	XXXXCCYYMMDD TT Where XXXX is the DCH file number. ABW-CMH 5418 MIChild-CMH 5421 ABW-CA 5420 MIChild-CA 5419 CCYYMMDD is the batch number. 2 spaces, TT is the TRANSACTION SET PURPOSE CODE (BGN01)
31	Transaction Set Header	BGN - Beginning Segment	BGN05 - Time Code	2 time zones Eastern & Central, Home processing is Eastern. Others in Central
31	Transaction Set Header	BGN – Beginning Segment	BGN06 – Reference Identification	<cross reference to previous transaction> Only transmit when BGN01 is not “00”.
31	Transaction Set Header	BGN – Beginning Segment	BGN08 – Action Code	“4” (verify) for a full file audit transaction
34	Transaction Set Header	DTP – File Effective Date	DTP01 – Date/Time Qualifier	“007” (effective) for a full file audit
34	Transaction Set Header	DTP - File Effective Date	DTP02 - Date/Time Period Format Qualifier	“D8” (Date Expressed in Format CCYYMMDD
34	Transaction Set Header	DTP - File Effective Date	DTP03 – Date/Time Period	<First day of the month>



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE A-2
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Page	Loop	Segment	Data Element	Comments
35	1000A - Sponsor Name	N1Sponsor Name	N101 - Entity Identifier Code	"P5" (Sponsor name)
36	1000A – Sponsor Name	N1 – Sponsor Name	N102 – Name	<Department of Community Health>
36	1000A – Sponsor Name	N1 – Sponsor Name	N103 – Identification Code Qualifier	"FI" (Federal Taxpayer's ID Number)
36	1000A - Sponsor Name	N1 - Sponsor Name	N104 - Identification Code	<386000134>
38	1000B - Payer	N1 - Payer	N101 - Entity Identifier Code	"IN" (Insurer)
38	1000B - Payer	N1 – Payer	N102 – Name	< CMHSP or CA Organization Name>
38	1000B - Payer	N1 – Payer Name	N103 – Identification Code Qualifier	"FI" (Federal Taxpayer's ID Number)
38	1000B - Payer	N1 - Payer	N104 - Identification Code	<CMHSP or CA Tax ID>
44	2000 – Member Level Detail	INS – Member Level Detail	INS01 – Yes/No Condition or Response Code	"Y" (yes) – insured is always the subscriber
44	2000 – Member Level Detail	INS – Member Level Detail	INS02 – Individual Relationship Code	"18" (self) – insured is always the subscriber
45	2000 – Member Level Detail	INS – Member Level Detail	INS03 – Maintenance Type Code	"030" (audit or compare)
46-47	2000 – Member Level Detail	INS – Member Level Detail	INS04 – Maintenance Reason Code	"XN" (notification only)
47	2000 – Member Level Detail	INS – Member Level Detail	INS05 – Benefit Status Code	"A" (active)
48	2000 – Member Level Detail	INS – Member Level Detail	INS06 – Medicare Plan Code	Refer to Appendix B Crosswalk for Medicare Plan Code
49	2000 – Member Level Detail	INS – Member Level Detail	INS08 – Employment Status Code	"FT" (full-time) for enrolled members
50	2000 – Member Level Detail	INS – Member Level Detail	INS11 – Date/Time Period Format Qualifier	"D8" (date expressed in format CCYYMMDD)



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE A-3
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Page	Loop	Segment	Data Element	Comments
50	2000 – Member Level Detail	INS – Member Level Detail	INS12 – Date Time Period	<recipient date of death> when available and applicable
51	2000 – Member Level Detail	REF – Subscriber Number	REF01 – Reference Identification Qualifier	“0F” (subscriber number)
52	2000 – Member Level Detail	REF – Subscriber Number	REF02 – Reference Identification	ABW: <recipient ID> 10 character number ID, right justified, zero filled. MICChild: <client Identification Number> 10 character number ID, right justified, zero filled.
53	2000 – Member Level Detail	REF – Member Policy Number	REF01 – Reference Identification Qualifier	“1L” (group or policy number)
53	2000 – Member Level Detail	REF – Member Policy Number	REF02 – Reference Identification	<provider ID> Plan’s Provider ID – 12 Digits, leading zero filled
56	2000 – Member Level Detail	REF – Member Identification Number	REF01 – Reference Identification Qualifier	“3H” (case number)
56	2000 – Member Level Detail	REF – Member Identification Number	REF02 – Reference Identification	<case number> 9 character alphanumeric
59-60	2000 – Member Level Detail	DTP – Member Level Dates	DTP01 – Date/Time Qualifier	“356”
60	2000 – Member Level Detail	DTP – Member Level Dates	DTP02 – Date/Time Period Format Qualifier	“D8” (date expressed in format CCYYMMDD)
60	2000 – Member Level Detail	DTP – Member Level Dates	DTP03 – Date/Time Period	<first day of report month>
62	2100A – Member Name	NM1 – Member Name	NM101 – Entity Identifier Code	“IL” (insured or subscriber)
62	2100A – Member Name	NM1 – Member Name	NM102 – Entity Type Qualifier	“1” (person)
62	2100A – Member Name	NM1 – Member Name	NM104 – Subscriber First Name	<member first name> <unknown> when beneficiary’s first name is null.



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE A-4
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Page	Loop	Segment	Data Element	Comments
63	2100A – Member Name	NM1 – Member Name	NM108 – Identification Code Qualifier	“34” (Social Security Number) when available
63	2100A – Member Name	NM1 – Member Name	NM109 – Identification Code	<member SSN> if SSN on file.
69	2100A – Member Name	N4 – Member Residence City, State, Zip Code	N404 – County Code	<blank>
69	2100A – Member Name	N4 – Member Residence City, State, ZIP Code	N405 – Location Qualifier	“CY” (county/parish)
69	2100A – Member Name	N4 – Member Residence City, State, ZIP Code	N406 – Location Identifier	<county code> 2 character, numeric. See Appendix C
70	2100A – Member Name	DMG – Member Demographics	DMG01 – Date/Time Period Format Qualifier	“D8” (date expressed in format CCYYMMDD)
71	2100A – Member Name	DMG – Member Demographics	DMG03 – Gender Code	“M” (male) “F” (female)
71	2100A – Member Name	DMG – Member Demographics	DMG04 – Marital Status Code	<blank>
72	2100A – Member Name	DMG – Member Demographics	DMG05 – Race or Ethnicity Code	
72	2100A – Member Name	DMG – Member Demographics	DMG06 – Citizenship Status Code	<blank>
79	2100A – Member Name	LUI – Member Language	LUI01 – Identification Code Qualifier	“LE” (ISO 639 Language Codes)
79	2100A – Member Name	LUI – Member Language	LUI02 – Identification Code	MDCH will use the ISO 639-1 version of the ISO 639 language codes.
80	2100A – Member Name	LUI – Member Language	LUI03 - Description	<blank>
79	2100A – Member Name	LUI – Member Language	LUI04 – Use of Language Indicator	“7” (language speaking)



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE A-5
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Page	Loop	Segment	Data Element	Comments
128-129	2300 – Health Coverage	HD – Health Coverage	HD01 – Maintenance Type Code	“030” (audit or compare)
129-130	2300 – Health Coverage	HD – Health Coverage	HD03 – Insurance Line Code	“AK” (mental health) “EPO” (substance abuse)
130	2300 – Health Coverage	HD – Health Coverage	HD04 – Plan Coverage Description	“ABW” (Individual has Adult Benefit Waiver Enrollment) “MICHILD (Individual has MICHild Enrollment)
130-131	2300 – Health Coverage	HD – Health Coverage	HD05 – Coverage Level Code	“IND” (individual)
132-133	2300 – Health Coverage	DTP – Health Coverage Dates	DTP01 – Date/Time Qualifier (health coverage begin date)	“348” (benefit begin)
134	2300 – Health Coverage	DTP - Health Coverage Dates	DTP02 – Date/Time Period Format Qualifier	“D8” (date expressed in format CCYYMMDD)
133	2300 – Health Coverage	DTP – Health Coverage Dates	DTP03 – Date Time Period	<1 st day of the month being processed >
When other insurance information for a member is in the MDCH Third Party Liability database, the information will be transmitted in the HIPAA-mandated 834 transaction in the 2320 coordination of benefits (COB) loop. It is the responsibility of the health plan to verify the information in the COB loop.				
	2320 – Coordination of Benefits			Only prior 12 months
150	2320 – Coordination of Benefits	COB – Coordination of Benefits	COB01 – Payer Responsibility Sequence Number Code	“U” (unknown)
151	2320 – Coordination of Benefits	COB – Coordination of Benefits	COB02 – Reference Identification	<Group Number> For LOC 11 or LOC M no <Group Number> transmitted
151	2320 – Coordination of Benefits	COB – Coordination of Benefits	COB03 – COB Code	“1” (coordination of benefits)



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA	PAGE A-6
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION	DATE Version 7-20-09

Page	Loop	Segment	Data Element	Comments
152-153	2320 – Coordination of Benefits	REF – Additional COB Identifiers	REF01 – Reference Identification Qualifier	“A6” (employee identification number) For LOC 11 or LOC M (County Health Plan or MICHild Health Plan) no reference elements or information included for A6
153	2320 – Coordination of Benefits	REF – Additional COB Identifiers	REF02 – Reference Identification	<policy number>
152-153	2320 – Coordination of Benefits	REF – Additional COB Identifiers	REF01 – Reference Identification Qualifier	“6P” (group number) For LOC 11 or LOC M no reference elements or information included for 6P
153	2320 – Coordination of Benefits	REF – Additional COB Identifiers	REF02 – Reference Identification	<payer ID>
152-153	2320 – Coordination of Benefits	REF – Additional COB Identifiers	REF01 – Reference Identification Qualifier	“60” (account suffix code) For LOC 11 of LOC M no reference elements or information included for 60
153	2320 – Coordination of Benefits	REF – Additional COB Identifiers	REF02 – Reference Identification	<coverage type (health scope code)>
154	2320 – Coordination of Benefits	N1 – Other Insurance Company Name	N102 – Name	<carrier name> For LOC 11: <Name of LOC11 Authorization Segment (County Health Plan)> For LOC M <Name of LOC M Authorization Segment (MICHild Health Plan)>
155	2320 – Coordination of Benefits	N1 – Other Insurance Company Name	N103 – Identification Code Qualifier	“FI” (Federal Taxpayer’s ID) When available, this element will be transmitted.
156	2320 – Coordination of Benefits	N1 – Other Insurance Company Name	N104 – Identification Code	Tax ID For LOC 11: < LOC11 Authorization Segment (County Health Plan) FEIN> For LOC M < LOC M Authorization Segment (MICHild Health Plan) FEIN>
	2320 – Coordination of Benefits	DTP – COB Eligibility Dates		Include any terminated insurance having an end date in the last 12 months
156	2320 – Coordination of Benefits	DTP – COB Eligibility Dates	DTP01 – Date/Time Qualifier	“344” (COB begin)



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE A-7
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Page	Loop	Segment	Data Element	Comments
157	2320 – Coordinati on of Benefits	DTP – COB Eligibility Dates	DTP03 – Date Time Period (begin)	<COB begin date>
156	2320 – Coordinati on of Benefits	DTP – COB Eligibility Dates	DTP01 – Date/Time Qualifier	“345” (COB end)
157	2320 – Coordinati on of Benefits	DTP – COB Eligibility Dates	DTP03 – Date Time Period (end)	<COB end date>
158	Transaction Set Trailer	SE – Transaction Set Trailer	SE01 – Number of Included Segments	< total number of segments included in a transaction set> including ST and SE segments
158	Transaction Set Trailer	SE – Transaction Set Trailer	SE02 – Transaction Set Control Number	<transaction set control number> MDCH will transmit identical transaction set control numbers in ST02 and SE02.



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE A-8
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Appendix A: Reserved for Future Use



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE C-1
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Appendix B: Crosswalk for Medicare Plan Code, 2000 INS06

Proprietary Codes -- State of Michigan Family Independence Agency Reference Codes Manual 1-1-2000		HIPAA Codes -- HIPAA 834 Transaction Medicare Plan Code (2000 INS06)	
Proprietary Code	Description - Medicare Other Insurance (OI) Code	HIPAA Code	Description of HIPAA 2000 INS06 Codes
90	Recipient qualifies for or is enrolled in Medicare Part B.	B	Medicare Part B
91	Recipient qualifies for or is enrolled in Medicare Parts A and B.	C	Medicare Part A and B
92	Recipient qualifies for or is enrolled in Medicare Part B only and has Blue Cross/Blue Shield.	B	Medicare Part B
93	Recipient qualifies for or is enrolled in Medicare Part B only and has other medical insurance.	B	Medicare Part B
94	Recipient qualifies for or is enrolled in Medicare Parts A and B and has Blue Cross/Blue Shield.	C	Medicare Part A and B
95	Recipient qualifies for or is enrolled in Medicare Parts A and B and has other medical insurance.	C	Medicare Part A and B
96	Medicare HMO (to be identified and coded by Revenue and Reimbursement Division staff only).	C	Medicare Part A and B



DOCUMENT TITLE DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010 CMHSP AND CA		PAGE C-2
EFFECTIVE FOR ENROLLMENT AND MAINTENANCE UPON CHAMPS IMPLEMENTATION		DATE Version 7-20-09

Appendix C: County Codes, 2000 N406

County Code	County Name
1	Alcona
2	Alger
3	Allegan
4	Alpena
5	Antrim
6	Arenac
7	Baraga
8	Barry
9	Bay
10	Benzie
11	Berrien
12	Branch
13	Calhoun
14	Cass
15	Charlevoix
16	Cheboygan
17	Chippewa
18	Clare
19	Clinton
20	Crawford
21	Delta
22	Dickinson
23	Eaton
24	Emmet
25	Genesee
26	Gladwin
27	Gogebic
28	Grand Traverse
29	Gratiot
30	Hillsdale
31	Houghton
32	Huron
33	Ingham
34	Ionia
35	Iosco
36	Iron
37	Isabella
38	Jackson

County Code	County Name
39	Kalamazoo
40	Kalkaska
41	Kent
42	Keweenaw
43	Lake
44	Lapeer
45	Leelanau
46	Lenawee
47	Livingston
48	Luce
49	Mackinac
50	Macomb
51	Manistee
52	Marquette
53	Mason
54	Mecosta
55	Menominee
56	Midland
57	Missaukee
58	Monroe
59	Montcalm
60	Montmorency
61	Muskegon
62	Newaygo
63	Oakland
64	Oceana
65	Ogemaw
66	Ontonagon
67	Osceola
68	Oscoda
69	Otsego
70	Ottawa
71	Presque Isle
72	Roscommon
73	Saginaw
74	St. Clair
75	St. Joseph
76	Sanilac

County Code	County Name
77	Schoolcraft
78	Shiawassee
79	Tuscola
80	Van Buren
81	Washtenaw
82	Wayne
83	Wexford
84	Indicates central DHS servicing county
00	County not provided or resides out of State.