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|  | <b>COMPANION GUIDE FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE FOR MICHILD AND MICHILD DENTAL, VERSION 4010</b> | <b>1</b>                     |
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# **MICHIGAN DEPARTMENT OF COMMUNITY HEALTH**

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

**MIChild Medical**

**MIChild Dental**

**EFFECTIVE UPON CHAMPS IMPLEMENTATION  
Version Date: August 26, 2009**



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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/admsimp/bannertx.htm>. The implementation guide can be found at [http://www.wpc-edi.com/hipaa/hipaa\\_40.asp](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.

| 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.   |

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### 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><br>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><br>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.                           |

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| 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><br>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><br>MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope. |

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### 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><br>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          | GS – 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><br>MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group. |

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## 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><br>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)<br>All options “00” (original) will be most common.<br>Resubmission 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<br><br>CCYYMMDD is the batch number, 2 spaces, TT is the TRANSACTION SET PURPOSE CODE (BGN01)   |
| 29    | Transaction Set Header | BGN – Beginning Segment     | BGN05 – Time Code                         | Eastern   |
| 31    | Transaction Set Header | BGN – Beginning Segment     | BGN06 – Reference Identification          | <cross reference to previous transaction><br>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<br>“2” (change or update) for an update  |
| 34    | Transaction Set Header | DTP – File Effective Date   | DTP01 – Date/Time Qualifier               | “007” (effective) for a full file audit<br>“303” (maintenance effective) for an update transaction  |
| 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                  | Medical Audit <1 <sup>st</sup> day of the next month><br>Medical update <daily-day of creation><br>Dental Audit <1 <sup>st</sup> day of the next month><br>Dental update <daily-day of creation>                          |
| 35    | 1000A – Sponsor Name   | N1 – Sponsor Name           | N101 – Entity Identifier Code             | “P5” (plan sponsor)   |
| 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)   |

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| 36    | 1000A – Sponsor Name       | N1 – Sponsor Name         | N104 – Identification Code  | <386000134>  |
|       | 1000B – Payer              | N1 – Payer                | N101 – Entity Identifier Code   | “IN” (insurer)   |
| 38    | 1000B -- Payer             | N1 – Payer Name           | N102 – Name   | < provider name in provider enrollment>  |
| 38    | 1000B - Payer              | N1 – Payer Name           | N103 – Identification Code Qualifier                                      | “FI” (Federal Taxpayer’s ID Number)  |
| 38    | 1000B – Payer              | N1 – Payer Name           | N104 – Identification Code`   | <plan 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   | Medical and dental audit “030” (audit or compare)<br>Medical and Dental update<br>“001” (change)<br>“021” (addition)<br>“024” (termination)  |
| 46-47 | 2000 – Member Level Detail | INS – Member Level Detail | INS04 – Maintenance Reason Code   | Medical and Dental audit<br>“XN” (notification only)<br>Medical and dental update<br>“07” (termination of benefits)<br>“25” (change in identifying data elements)<br>“28” (initial enrollment) |
| 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  | <blank>  |
| 48    | 2000 – Member Level Detail | INS – Member Level Detail | INS07 – Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying | <blank>  |

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| 49   | 2000 – Member Level Detail | INS – Member Level Detail          | INS08 – Employment Status Code             | Medical and Dental audit<br>“FT” (full-time) for enrolled members<br>Medical and Dental update<br>“FT” (full-time) for enrolled members<br>“TE” (terminated) for disenrolled members |
| 49   | 2000 – Member Level Detail | INS – Member Level Detail          | INS09 – Student Status Code                | <blank>  |
| 49   | 2000 – Member Level Detail | INS – Member Level Detail          | INS10 – Handicap Indicator – Y/N           | <blank>  |
| 50   | 2000 – Member Level Detail | INS – Member Level Detail          | INS11 – Date/Time Period Format Qualifier  | “D8” (Date Expressed in Format CCYYMMDD)   |
| 50   | 2000 – Member Level Detail | INS – Member Level Detail          | INS12 – Date Time Period                   | <recipient date of death> when available and applicable  |
|      | 2000 – Member Level Detail | INS – Member Level Detail          | INS17 Birth Sequence Number                | <blank>  |
| 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           | <CIN MICHild ID> - 10 digits with leading zeros  |
| 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           | BCBS Group ID<br><000> Medical and dental<br><001> Medical only<br><002> Dental only<br><009> No medical or dental<br><009> All other plans  |
| 56   | 2000 – Member Level Detail | REF – Member Identification Number | REF01 – Reference Identification Qualifier | “3H” (case number)   |



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| 56   | 2000 – Member Level Detail | REF – Member Identification Number | REF02 – Reference Identification          | <case number> 9 character ID, alphanumeric<br><br>From Maximus System feed   |
| 59   | 2000 – Member Level Detail | DTP – Member Level Dates           | DTP01 – Date/Time Qualifier               | Medical and dental audit<br>“303” (Maintenance Effective)<br>“021” See Appendix B<br>“024” See Appendix B<br>“001” See Appendix B<br><br>Medical and dental update |
| 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                  | Medical and dental audit<br>(first day of next month)<br>Medical and dental update <current date>  |
| 62   | 2100A – Member Name        | NM1 – Member Name                  | NM101 – Entity Identifier Code            | Medical and dental audit<br>“IL” (insured or subscriber)<br>Medical and dental update<br>“IL” (insured or subscriber)<br>“74” (Corrected Insured)                  |
| 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> if beneficiary’s first name is null <unknown> will be returned   |
| 62   | 2100A – Member Name        | NM1 – Member Name                  | NM106 – Name Prefix                       | <blank>  |
| 62   | 2100A – Member Name        | NM1 – Member Name                  | NM107 – Name Suffix                       | <blank>  |
| 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 on file  |

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| 69   | 2100A – Member Name           | N4 – Member Residency City, State, Zip Code | N404 – County Code                        | <blank><br>See Appendix D  |
| 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 county code. See Appendix D      |
| 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)<br>“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            | See Appendix C.  |
| 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)  |
| 82   | 2100B – Incorrect Member Name | NM1 – Incorrect Member Name                 | NM101 – Entity Identifier Code            | Medical and dental update only<br>“70” (Prior Incorrect Insured)   |
| 82   | 2100B – Incorrect Member Name | NM1 – Incorrect Member Name                 | NM102 – Entity Type Qualifier             | Medical and dental update only<br>“1” (person)                     |
| 83   | 2100B – Incorrect Member Name | NM1 – Incorrect Member Name                 | NM108 – Identification Code Qualifier     | Medical and dental update only<br>“34” (SSN)                       |

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| 83      | 2100B – Incorrect Member Name | NM1 – Incorrect Member Name                    | NM109 – Identification Code             | Medical and dental only<br>“SSN”  |
| 85      | 2100B – Incorrect Member Name | DMG – Incorrect Member Demographics            | DMG03 – Gender Code                     | “M” (male)<br>“F” (female)  |
| 115-116 | 2100G – Responsible Person    | NM1 – Responsible Person                       | NM101 – Entity Identifier Code          | “QD” (responsible party)  |
| 117     | 2100G – Responsible Person    | NM1 – Responsible Person                       | NM102 – Entity Type Qualifier           | “1” (person)  |
| 116     | 2100G – Responsible Person    | NM1 – Responsible Person                       | NM103 – NM105 and NM107                 | <Guardian> or <Case><br>Responsible party middle name and suffix name will be transmitted when available  |
| 118     | 2100G – Responsible Person    | NM1 – Responsible Person                       | NM106 – Name Prefix                     | <blank>   |
| 120     | 2100G – Responsible Person    | PER – Responsible Person Communications Number | PER01 – Contact Function Code           | “RP” (Responsible Person)   |
| 120     | 2100G – Responsible Person    | PER – Responsible Person Communications Number | PER03 – Communications Number Qualifier | “TE” (telephone)  |
|         | 2100G – Responsible Person    | N3 – Responsible Person Street Address         |   |   |
| 128-129 | 2300 – Health Coverage        | HD – Health Coverage                           | HD01 – Maintenance Type Code            | Medical and dental audit<br>“030” (audit or compare)<br>Medical and dental update<br>“021” See Appendix B<br>“024” See Appendix B<br>“001” See Appendix B |

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| 129-130 | 2300 – Health Coverage | HD – Health Coverage                | HD03 – Insurance Line Code                 | Medical<br>“HMO” (health maintenance organization), unless BCBS MI then PPO<br><br>Dental<br>“DEN” (dental)  |
| 130     | 2300 – Health Coverage | HD – Health Coverage                | HD04 – Plan Coverage Description           | <blank>  |
| 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                | Medical and dental audit<br>“348” (benefit begin) initial enrollment<br><br>Medical and dental update<br>“348” (benefit begin) additions<br>“349” (benefit end) terminations for partial term coverage |
| 134     | 2300 – Health Coverage | DTP – Health Coverage Dates         | DTP02 – Date/Time Period Format Qualifier  | “D8” (Date Expressed in Format CCYYMMDD)   |
| 135-136 | 2300 – Health Coverage | REF – Health Coverage Policy Number | REF01 – Reference Identification Qualifier | <blank>  |
| 136     | 2300 – Health Coverage | REF – Health Coverage Policy Number | REF02 – Reference Identification           | 5 blanks   |
| 138     | 2300 - Health Coverage | IDC – Identification Card           | IDC01 – Plan Coverage Description          | Medical and dental update<br>“0”   |
| 138     | 2300 – Health Coverage | IDC – Identification Card           | IDC02 – Identification Card Type Code      | Medical update<br>“H” (health insurance)<br><br>Dental update<br>“D” (dental insurance)  |
| 139     | 2300 – Health Coverage | IDC – Identification Card           | IDC03 - Quantity                           | Medical and dental update<br><blank>   |

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|------|---------------------------------|-----------------------------------|---|--|
| 139  | 2300 – Health Coverage          | IDC – Identification Card         | IDC04 – Action Code                               | Medical and dental update<br>“RX” (replace)  |
| 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                  | <CSHCS Recipient ID>   |
| 151  | 2320 – Coordination of Benefits | COB – Coordination of Benefits    | COB03 – COB Code                                  | “5” (unknown)  |
| 155  | 2320 – Coordination of Benefits | N1 – Other Insurance Company Name | N101 – Entity Identifier Code                     | “IN” (insurer)   |
| 154  | 2320 – Coordination of Benefits | N1 – Other Insurance Company Name | N102 – Name                                       | <CSHCS>  |
| 156  | 2320 – Coordination of Benefits | DTP – COB Eligibility Dates       | DTP01 – Date/Time Qualifier                       | “344” (COB begin) Coordination Of Benefits begin CSHCS or plan<br><br>“345” (benefit ends) termination of CSHCS    |
| 157  | 2320 – Coordination of Benefits | DTP – COB Eligibility Dates       | DTP02 – Date/Time Period Format Qualifier         | “D8” (Date Expressed in Format CCYYMMDD)   |
| 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><br>MDCH will transmit identical transaction set control numbers in ST02 and SE02. |



DOCUMENT TITLE

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**Appendix A: Reserved for future use**

|   |                                       |
|---|---------------------------------------|
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## Appendix B: Member Level Date/Time Qualifier Update Codes

|   |                     |  |
|---|---------------------|--|
| Add new member with Medical and Dental                | "021" (Addition)    | HD01 = "021" (Addition); HD03 = "PPO"          |
| Add new member with Medical only                      | "021" (Addition)    | HD01 = "021" (Addition); HD03 = "DEN"          |
| Add new member with Dental only                       | "021" (Addition)    | HD01 = "021" (Addition); HD03 = "HMO" or "PPO" |
| Add Medical to existing Dental member                 | "001" (Change)      | HD01 = "021" (Addition); HD03 = "DEN"          |
| Add Dental to existing Medical member                 | "001" (Change)      | HD01 = "021" (Addition); HD03 = "PPO"          |
| Terminate member of Medical and Dental                | "024" (Termination) | HD01 = "021" (Addition); HD03 = "DEN"          |
| Terminate Medical from Medical-only member            | "024" (Termination) | Not used                                       |
| Terminate Dental from Dental-only member              | "024" (Termination) | Not used                                       |
| Terminate only Medical from Medical and Dental member | "001" (Change)      | Not used                                       |
| Terminate only Dental from Medical and Dental member  | "001" (Change)      | HD01 = "024" (Term); HD03 = "PPO"              |
|   |                     | HD01 = "024" (Term); HD03 = "DEN"              |

|  |  |                                      |
|--|--|--------------------------------------|
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Appendix C: Crosswalk for Race or Ethnicity Code, 2000 **DMG05 (Includes values in addenda)**

| HIPAA Codes--                      |  |
|------------------------------------|--|
| HIPAA 834 Transaction              |  |
| Race or Ethnicity Code 2100A DMG05 |  |
| <b>HIPAA Code</b>                  | <b>Description</b>                       |
| A                                  | Asian or Pacific Islander                |
| B                                  | Black or African American (Non-Hispanic) |
| E                                  | Other Race or Ethnicity                  |
| I                                  | American Indian or Alaskan Native        |
| J                                  | Native Hawaiian                          |
| O                                  | White                                    |
| Z                                  | Multiracial                              |



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**Appendix D: 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 <b>servicing</b> county |
| 00          | County not provided or resides out of State.  |