

**MICHIGAN DEPARTMENT OF  
COMMUNITY HEALTH**

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

**Medicaid Health Plans, County Health Plans,  
and Program of All-inclusive Care for the  
Elderly**

**(MHPs, CHPs and PACE)**

**Version  
June 11, 2009**



DOCUMENT TITLE <b>DATA CLARIFICATIONS FOR THE 834 BENEFIT ENROLLMENT AND MAINTENANCE, Version 4010, for MHPs, CHPs, and PACE</b>		PAGE <b>i</b>
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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).

Line Feeds

The 834 transaction can be downloaded from the Data Exchange Gateway (DEG) in two formats, either ASCII or binary formats. When downloading to ASCII, files will include line feeds. These control characters will appear after each segment, and will function as carriage returns. However, downloading to binary eliminates the use of line feeds.

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> 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.



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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> 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.



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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> 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.



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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> 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)
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 “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 “303” (maintenance effective) for an update transaction
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)
38	1000B -- Payer	N1 – Payer Name	N102 – Name	< Plan name>
38	1000B -- Payer	N1 – Payer Name	N103 – Identification Code Qualifier	“FI” (Federal Taxpayer’s ID Number)
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) “024” (cancellation or termination) “021” (addition) NOTE: Removed “025”
46-47	2000 – Member Level Detail	INS – Member Level Detail	INS04 – Maintenance Reason Code	“XN” (notification only) “07” (termination of benefits) For additional values, refer to Appendix A.



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Page	Loop	Segment	Data Element	Comments
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.
49	2000 – Member Level Detail	INS – Member Level Detail	INS08 – Employment Status Code	“FT” (full-time) for enrolled members “TE” (terminated) for disenrolled members
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	<recipient ID>
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>
56	2000 – Member Level Detail	REF – Member Identification Number	REF01 – Reference Identification Qualifier	“Q4” (prior identifier number) when applicable
56	2000 – Member Level Detail	REF – Member Identification Number	REF02 – Reference Identification	<mother’s recipient ID> for newborns
59-60	2000 – Member Level Detail	DTP – Member Level Dates	DTP01 – Date/Time Qualifier	“356” (eligibility begin) for new enrollment Note: Termination of coverage will be communicated in the 2300 DTP loop.
60	2000 – Member Level Detail	DTP – Member Level Dates	DTP03 – Date Time Period	<enrollment begin date>



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Page	Loop	Segment	Data Element	Comments
59-60	2000 – Member Level Detail	DTP – Member Level Dates	DTP01 – Date/Time Qualifier	“474” (Medicaid end)
60	2000 – Member Level Detail	DTP – Member Level Dates	DTP03 – Date Time Period	<last day of the current 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	NM103 – Subscriber Last Name	<member last name>
62	2100A – Member Name	NM1 – Member Name	NM104 – Subscriber First Name	<member first name> If member first name is missing, MDCH will transmit <Unknown>.
62	2100A – Member Name	NM1 – Member Name	NM105 – Subscriber Middle Name	<member middle name> when available
62	2100A – Member Name	NM1 – Member Name	NM107 – Name Suffix	<member name suffix> when available
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>
67	2100A – Member Name	N3 – Member Residence Street Address	N301 – Address Information	<Subscriber Address> If Subscriber Address is missing, and city, state, zip are present, MDCH will transmit <Unknown> for subscriber address.
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>
72	2100A – Member Name	DMG – Member Demographics	DMG05 – Race or Ethnicity Code	Refer to Appendix C.



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Page	Loop	Segment	Data Element	Comments
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.
79	2100A – Member Name	LUI – Member Language	LUI04 – Use of Language Indicator	“7” (language speaking)
115-116	2100G – Responsible Person	NM1 – Responsible Person	NM101 – Entity Identifier Code	“GD” (guardian) “QD” (responsible party)
116	2100G – Responsible Person	NM1 – Responsible Person	NM102 – Entity Type Qualifier	“1” (person)
116	2100G – Responsible Person	NM1 – Responsible Person	NM103 – NM105	<Guardian>, or <Case>
128-129	2300 – Health Coverage	HD – Health Coverage	HD01 – Maintenance Type Code	“030” (audit or compare) “021” (addition) “024” (cancellation or termination) “025” (reinstatement)
129-130	2300 – Health Coverage	HD – Health Coverage	HD03 – Insurance Line Code	“HMO” (health maintenance organization) for MHP and PACE “HTL” (includes both hospital and professional coverage) for CHP
130	2300 – Health Coverage	HD – Health Coverage	HD04 – Plan Coverage Description	Transmitted to indicate if maternal support services (MSS) are required. <Y> MSS required <N> MSS not required
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)
133	2300 – Health Coverage	DTP – Health Coverage Dates	DTP03 – Date Time Period	<enrollment begin date>



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Page	Loop	Segment	Data Element	Comments
132-133	2300 – Health Coverage	DTP – Health Coverage Dates	DTP01 – Date/Time Qualifier (health coverage end date)	“349” (benefit end)
133	2300 – Health Coverage	DTP – Health Coverage Dates	DTP03 – Date Time Period	<enrollment end date> when terminating coverage for a member
135-136	2300 – Health Coverage	REF – Health Coverage Policy Number	REF01 – Reference Identification Qualifier	“17” (client reporting category)
136	2300 – Health Coverage	REF – Health Coverage Policy Number	REF02 – Reference Identification	<p>&lt;client reporting category&gt;</p> <p>The client reporting category will include concatenated &lt;program code, level of care, scope, and coverage&gt;. The element is 5 characters long: 1 for program code, 2 for level of care, 1 for scope, and 1 for coverage.</p> <p>The element components will be populated when available and filled with &lt;space(s)&gt; when not available.</p>
<p>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.</p>				
150	2320 – Coordination of Benefits	COB – Coordination of Benefits	COB01 – Payer Responsibility Sequence Number Code	<p>“U” (unknown)</p> <p>Note: Medicaid is always the payer of last resort.</p>
151	2320 – Coordination of Benefits	COB – Coordination of Benefits	COB02 – Reference Identification	<group number>
151	2320 – Coordination of Benefits	COB – Coordination of Benefits	COB03 – COB Code	“1” (coordination of benefits)
152-153	2320 – Coordination of Benefits	REF – Additional COB Identifiers	REF01 – Reference Identification Qualifier	“A6” (employee identification number)
153	2320 – Coordination of Benefits	REF – Additional COB Identifiers	REF02 – Reference Identification	<policy number>



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Page	Loop	Segment	Data Element	Comments
152-153	2320 – Coordination of Benefits	REF – Additional COB Identifiers	REF01 – Reference Identification Qualifier	“6P” (group number)
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)
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>
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	DTP – COB Eligibility Dates	DTP01 – Date/Time Qualifier	“344” (COB begin)
157	2320 – Coordination of Benefits	DTP – COB Eligibility Dates	DTP03 – Date Time Period (begin)	<COB begin date>
156	2320 – Coordination of Benefits	DTP – COB Eligibility Dates	DTP01 – Date/Time Qualifier	“345” (COB end)
157	2320 – Coordination 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.



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**Appendix A: Crosswalk for Maintenance Reason Code, 2000 INS04**

Proprietary Values -- Reason Code on 4684 Weekly Transaction	HIPAA Codes -- HIPAA 834 Transaction Maintenance Reason Code (2000 INS04)	
Proprietary Value (Reason)	HIPAA Code	Description of HIPAA 2000 INS04 Code
CSHCS Disenrollments	22	Plan Change
CCI or Other Placements, Foster Care, Court Wards, Detention	07	Termination of Benefits
MA to GA, PACE, and Spend-down	07	Termination of Benefits
Out of Service Area	43	Change of Location
Medical Exception [member has some coverage]	26	Declined coverage
Newborn Enrollment	02	Birth
Administrative Error	A1	No Reason Given
Native American	14	Voluntary Withdrawal
Long Term Care	07	Termination of Benefits
Pregnant	07	Termination of Benefits
Newborn/MA HMO Enrollment	02	Birth
Death	03	Death
Other Insurance 89	07	Termination of Benefits
Level of Care Changes	07	Termination of Benefits
One Plan County	07	Termination of Benefits
Admission to State Psychiatric Facility	07	Termination of Benefits
Other Insurance 90 or above	07	Termination of Benefits
Excluded Scope of Cvrge or Prgm Cde	07	Termination of Benefits
Hab E & D Waiver	07	Termination of Benefits
Special Disenrollments	18	Suspended
Health Plan Changes	07	Termination of Benefits
Duplicate Recipient Ids	07	Termination of Benefits
Enrollment Problems	07	Termination of Benefits
Change in QHP Service Area	43	Change of Location
Enrolled in Hospice	07	Termination of Benefits
Hearing on Medical Exception or Special Disenrollment	07	Termination of Benefits
PCP Availability	07	Termination of Benefits
No Medicaid Eligibility	07	Termination of Benefits
TBI [Traumatic Brain Injury]	07	Termination of Benefits
ALS Home [Resident ALS prior to 10-1-98]	07	Termination of Benefits
Incarceration	07	Termination of Benefits



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**Appendix B: Crosswalk for Medicare Plan Code, 2000 INS06**

<b>Proprietary Codes -- State of Michigan Family Independence Agency Reference Codes Manual 1-1-2000</b>		<b>HIPAA Codes -- HIPAA 834 Transaction Medicare Plan Code (2000 INS06)</b>	
<b>Proprietary Code</b>	<b>Description - Medicare Other Insurance (OI) Code</b>	<b>HIPAA Code</b>	<b>Description of HIPAA 2000 INS06 Codes</b>
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



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

Proprietary Codes -- MDCH Data Warehouse and CIS Program Reference Manual		HIPAA Codes -- HIPAA 834 Transaction Race or Ethnicity Code 2100A DMG05	
Proprietary Code	Description	HIPAA Code	Description of HIPAA 2100 DMG05 Codes
1	Caucasian	O	White (Non-Hispanic)
2	Black	N	Black (Non-Hispanic)
3	American Indian	I	American Indian or Alaskan Native
4	Other (includes Asians and Pacific Islanders)	E	Other Race or Ethnicity
5	Unknown	7	Not Provided
6	Hispanic	H	Hispanic
A	Migrant Caucasian	O	White (Non-Hispanic)
B	Migrant Black	N	Black (Non-Hispanic)
C	Migrant American Indian	I	American Indian or Alaskan Native
D	Migrant Other (includes Asians and Pacific Islanders)	E	Other Race or Ethnicity
E	Migrant Unknown	7	Not Provided
F	Migrant Hispanic	H	Hispanic