Michigan Department of Health and Human Services

HIPAA 5010 EDI Companion Guide for ANSI ASC X12N 834 Benefit Enrollment and Maintenance

Medicaid Health Plans

4976 Audit File and 5790 Daily File

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Introduction

This document is the property of the Michigan Department of Community Health (MDCH). The information contained in this document is for the use of Trading Partners engaging in electronic data interchange (EDI) health care transactions with the State of Michigan's Community Health Automated Medicaid Payment System (CHAMPS).

This document is intended as a companion to the 005010X220 • 834 Benefit Enrollment and Maintenance Technical Report 3 (TR3) dated August 2006. It also includes the changes to be found in the following TR3 Errata documents:

- Errata 005010X220E1 • 834 Benefit Enrollment And Maintenance TR3 dated January 2009
- Errata 005010X220A1 • 834 Benefit Enrollment And Maintenance TR3 dated June 2010

The TR3 documents replace the 4010A1 Implementation Guide and related Addenda. The 5010 TR3 and related Errata documents can be downloaded from the Washington Publishing Company web site at http://www.wpc-edi.com/content/view/817/1.

This document is expected to be used in conjunction with the TR3 and related Errata for the 834 transaction. The content of this document follows the guidelines authorized in the version modifications to the Health Insurance Portability and Accountability Act (HIPAA) Final Rule transaction standards published in the Federal Register January 16, 2009.

This document provides MDCH-specific instructions regarding certain elements within the TR3 but does not change, supersede, or add to the definitions, data conditions, or use of data elements or segments in the standard. This document provides MDCH rules regarding:

- Identifiers to use when a national standard has not been adopted
- Parameters in the TR3 and related Errata that provide options

In order to successfully download HIPAA transactions from the CHAMPS system, it is necessary to comply with the information contained in the MDCH Electronic Submission Manual Dated June 2013. The most current version of this manual can be downloaded from the MDCH web site at the following location: http://www.michigan.gov/documents/mdch/ESM_ACA_CORE_2013-08-01_V1_0_430365_7.pdf

Transaction Description

The 834 is used to transfer enrollment information from the sponsor of the insurance coverage, benefits, or policy to a payer. Information transmitted includes initial enrollment and subsequent maintenance of individuals who are enrolled in CHAMPS.

Download Notes for ANSI ASC X12 834 Benefit Enrollment and Maintenance

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 which characters will appear after each segment, and will function as carriage returns. However, downloading to binary eliminates the use of line feeds. Please refer to the MDCH Electronic Submission Manual for information regarding:

- Interaction with the MDCH's Data Exchange Gateway (DEG)
- Modes of retrieval (ASCII and binary formats) including Line Feed information

This document includes clarifications for the following information:

- Interchange control header and trailer
- Functional group header and trailer
- 834 transaction set header and trailer
- 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.

Supporting Appendices:

- Appendix A: Crosswalk for Maintenance Reason Code (2000 INS04)
- Appendix B: Crosswalk for Medicare Plan Code (2000 INS06)
- Appendix C: Crosswalk for Race or Ethnicity Code (2100A DMG05)
- Appendix D: MAGI Category Indicator (2300 REF17)

This document uses several text conventions to distinguish MDCH data elements from the HIPAA TR3 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 TR3 values.
( )	The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.
Light yellow shading	Light yellow shading indicates items changed in this revision of the Companion Guide

ANSI ASC X12 834 Benefit Enrollment and Maintenance Companion Guide Rules

Interchange Control Header and Trailer

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		**Segment – Interchange Control Header**	
	ISA	ISA01	Authorization Information Qualifier	“00” (No Authorization Information Present)
	ISA	ISA02	Authorization Information	<10 Spaces>
	ISA	ISA03	Security Information Qualifier	“00” (No Security Information Present)
	ISA	ISA04	Security Information	<10 Spaces>
	ISA	ISA05	Interchange ID Qualifier	“ZZ” (mutually defined)
	ISA	ISA06	Interchange Sender ID	Positions 1-6, <D00111> Positions 7-15, <spaces>
	ISA	ISA07	Interchange ID Qualifier	“ZZ” (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	Positions 1-4, <service bureau ID> Positions 5-15 <spaces>
	ISA	ISA09	Interchange Date	<interchange date>, in YYMMDD format
	ISA	ISA10	Interchange Time	<interchange time>, in HHMM format, 24 hour clock
	ISA	ISA11	Repetition Separator	“^”
	ISA	ISA12	Interchange Control Version Number	<00501>
	ISA	ISA13	Interchange Control Number	<interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA14	Acknowledgment Requested	“0” (no acknowledgment requested)
	ISA	ISA15	Interchange Usage Indicator	“P” (Production) or “T” (test)
	ISA	ISA16	Component Element Separator	<:>
			Loop – Interchange Control Trailer	
	IEA		**Segment – Interchange Control Trailer**	
	IEA	IEA01	Number of Included Functional Groups	<total number of functional groups> included within an interchange
	IEA	IEA02	Interchange Control Number	<interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
			Loop – Functional Group Header	
	GS		Segment – Functional Group Header	
	GS	GS01	Functional Identifier Code	“BE” (benefit enrollment and maintenance, 834)
	GS	GS02	Application Sender’s Code	<D00111>
	GS	GS03	Application Receiver’s Code	<service bureau ID>
	GS	GS04	Date	<functional group creation date> in CCYYMMDD format
	GS	GS05	Time	<functional group creation time> in HHMM 24hr clock
	GS	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.
	GS	GS07	Responsible Agency Code	“X” (Accredited Standards Committee X12)
	GS	GS08	Version/Release/Industry Identifier Code	<005010X220A1>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Functional Group Trailer	
	GE		**Segment – Functional Group Trailer**	
	GE	GE01	Number of Transaction Set Included	<total number of transaction sets>, included in the functional group or interchange
	GE	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.

Transaction Set

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Transaction Set Header	
	ST		**Segment - Transaction Set Header**	
	ST	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.
	BGN		**Segment – Beginning Segment**	
	BGN	BGN01	Transaction Set Purpose Code	"00" (original and resubmission of original upon request of trading partner) "15" (re-submission to correct an error on original transmission)
	BGN	BGN02	Reference Identification	<XXXXCCYYMMDD TT> Where <XXXX> is the DCH file number (4976 or 5790); <CCYYMMDD> is the batch number; <2 spaces>; <TT> is the Transaction Set Purpose Code from BGN01
	BGN	BGN06	Reference Identification	<cross reference to previous transaction> Not transmitted when BGN01 is "00"; if BGN01 is "15" will transmit the original transaction set reference number from BGN02.
	BGN	BGN08	Action Code	If BGN = "00" and file #5790, "2" (Change, Update) If BGN = "00" and file # 4976, "4" (Verify) If BGN="15", "RX"
	DTP		**Segment – File Effective Date**	

Loop ID	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Companion Guide Rules**
	DTP	DTP01	Date/Time Qualifier	“007” (effective) for a full file audit (file # 4976) “303” (maintenance effective) for an update transaction (files # 5790)
	DTP	DTP03	Date Time Period	Files # 4976 = first day of report month; file # 5790 = file run date
	QTY		**Segment – Transaction Set Control Totals**	
	QTY	QTY01	Quantity Qualifier	“TO” (Total)
	QTY	QTY02	Quantity	<Total number of records transmitted in ST-SE loop>
1000A			**Loop – Sponsor Name**	
1000A	**N1**		**Segment – Sponsor Name**	
1000A	N1	N102	Name	<Department of Community Health>
1000A	N1	N103	Identification Code Qualifier	“FI” (Federal Taxpayer’s Identification Number)
1000A	N1	N104	Identification Code	<386000134>
1000B			**Loop – Payer**	
1000B	**N1**		**Segment – Payer Name**	
1000B	N1	N102	Name	<Plan Name>
1000B	N1	N103	Identification Code Qualifier	“FI” (Federal Taxpayer’s Identification Number)
1000B	N1	N104	Identification Code	<Plan Federal Taxpayer ID Number>
2000			**Loop - Member Level Detail**	
2000	**INS**		**Segment – Member Level Detail**	
2000	INS	INS01	Yes/No Condition or Response Code	“Y” (yes) – insured is always the subscriber
2000	INS	INS02	Individual Relationship Code	“18” (self) – insured is always the subscriber

Loop ID	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Companion Guide Rules**
2000	INS	INS03	Maintenance Type Code	“030” (audit or compare; file # 4976) “024” (cancellation or termination); “021” (addition); “001” (demographic or other change); “025” (benefit plan change) file 5790
2000	INS	INS04	Maintenance Reason Code	“XN” (notification only; file # 4976) File # 5790 values in Appendix A - Crosswalk for Maintenance Reason Code
2000	INS	INS05	Benefit Status Code	“A” (Active)
2000	INS	INS06-1	Medicare Plan Code	Refer to Appendix B - Medicare Plan Code Crosswalk
2000	INS	INS08	Employment Status Code	“AC” (active) for enrolled members “TE” (terminated) for disenrolled members
2000	INS	INS12	Date Time Period	<recipient date of death> when available and applicable
2000	**REF**		**Segment – Subscriber Identifier**	
2000	REF	REF01	Reference Identification Qualifier	“0F” (Subscriber Number)
2000	REF	REF02	Reference Identification	<beneficiary ID> Right-justified, zero-filled (RJ0F)
2000	**REF**		**Segment – Member Policy Number**	
2000	REF	REF01	Reference Identification Qualifier	“1L” (Group or Policy Number)
2000	REF	REF02	Reference Identification	<provider ID> Plan’s Provider ID – 12 Digits, leading zero filled
2000	**REF**		**Segment – Member Supplemental Identifier**	
2000	REF	REF01	Reference Identification Qualifier	“3H” (Case Number)
2000	REF	REF02	Reference Identification	<Case Number>

Loop ID	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Companion Guide Rules**
2000	**REF**		**Segment – Member Supplemental Identifier**	
2000	REF	REF01	Reference Identification Qualifier	"6O" (Cross Reference Number) when applicable on file #5790
2000	REF	REF02	Reference Identification	<mother's beneficiary ID> for newborns, when applicable on file # 5790
2000	**DTP**		**Segment – Member Level Dates**	
2000	DTP	DTP01	Date/Time Qualifier	On 5790 only "356" (eligibility begin) for new enrollment
2000	DTP	DTP03	Date Time Period	<enrollment begin date>
2100A			**Loop – Member Name**	
2100A	**NM1**		**Segment – Member Name**	
2100A	NM1	NM101	Entity Identifier Code	"74" for demographic change (used only on 5790); "IL" (Insured or Subscriber) for all others
2100A	NM1	NM102	Entity Type Qualifier	"1" (Person)
2100A	NM1	NM103	Name Last or Organization Name	<member last name>
2100A	NM1	NM104	Name First	<member first name> If member first name is missing, MDCH will transmit <Unknown>.
2100A	NM1	NM105	Name Middle	<member middle name> when available
2100A	NM1	NM107	Name Suffix	<member name suffix> when available
2100A	NM1	NM108	Identification Code Qualifier	"34" (Social Security Number) when available
2100A	NM1	NM109	Identification Code	<member SSN>
2100A	**PER**		**Segment – Member Communications Numbers**	
2100A	PER	PER01	Contact Function Code	"IP" (Insured Party)

Loop ID	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Companion Guide Rules**
2100A	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2100A	PER	PER04	Communication Number	<Case Telephone Number> when available on interface from Department of Human Services (DHS)
2100A	PER	PER05	Contact Function Code	"EM" (Electronic Mail)
2100A	PER	PER06	Communication Number	<Member E-Mail Address> when available on interface from DHS
2100A	**N3**		**Segment – Member Residence Street Address**	
2100A	N3	N301	Address Information	<Subscriber Address> If Subscriber Address is missing, and city, state, zip are present, MDCH will transmit <Unknown> for subscriber address.
2100A	N3	N302	Address Information	<Subscriber Address>
2100A	**N4**		**Segment – Member Residence City, State, Zip Code**	
2100A	N4	N405	Location Qualifier	"CY" (county/parish)
2100A	N4	N406	Location Identifier	<county code>
2100A	**DMG**		**Segment – Member Demographics**	
2100A	DMG	DMG05 -1	Race or Ethnicity Code	Refer to Appendix C - Crosswalk for Race or Ethnicity Code
2100A	**ICM**		**Segment - Member Income**	
2100A	ICM	ICM01	Frequency Code	"7" (Annual)
2100A	ICM	ICM02	Monetary Amount	Annual income (7 numeric digits, no decimal)
2100A	ICM	ICM03	Quantity	Group Composition (2 numeric digits, no decimal)
2100A	ICM	ICM05	Salary Grade	Federal Poverty Level (3 numeric digits, right-justified, zero-filled, no decimal)

Loop ID	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Companion Guide Rules**
2100A	**LUI**		**Segment – Member Language**	
2100A	LUI	LUI01	Identification Code Qualifier	"LE" (ISO 639 Language Codes)
2100A	LUI	LUI02	Identification Code	MDCH will use the ISO 639-1 version of the ISO 639 language codes.
2100A	LUI	LUI04	Use of Language Indicator	"7" (Language Speaking)
2100B			**Loop – Incorrect Member Name**	
2100B	**NM1**		**Segment – Incorrect Member Name**	
2100B	NM1	NM101	Entity Identifier Code	"74" (Prior Incorrect Insured) (NOTE: 2100B loop used only on 5790)
2100B	NM1	NM102	Entity Type Qualifier	"1" (Person)
2100B	NM1	NM103	Name Last or Organization Name	<previous (incorrect) member last name>
2100B	NM1	NM104	Name First	<previous (incorrect) member first name> If member first name is missing, MDCH will transmit <Unknown>.
2100B	NM1	NM108	Identification Code Qualifier	"34" (Social Security Number) when available
2100B	NM1	NM109	Identification Code	<previous (incorrect) member SSN>
2100B	**DMG**		**Segment –Incorrect Member Demographics**	
2100B	DMG	DMG02	Date of Birth	<previous (incorrect) date of birth>
2100B	DMG	DMG03	Gender	<previous (incorrect) gender>
2100G			**Loop – Responsible Person**	
2100G	**NM1**		**Segment – Responsible Person**	

Loop ID	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Companion Guide Rules**
2100G	NM1	NM101	Entity Identifier Code	"GD" (guardian) "QD" (responsible party)
2100G	NM1	NM103	Name Last or Organization Name	<Guardian Last Name>, or <Case Last Name>
2100G	NM1	NM104	Name First	<Guardian First Name>, or <Case First Name>
2100G	NM1	NM105	Name Middle	<Guardian Middle Name>, or <Case Middle Name>
2100G	NM1	NM107	Name Suffix	<Guardian Suffix>, or <Case Suffix>
2100G	**PER**		**Segment – Responsible Person Communications Numbers**	
2100G	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2100G	PER	PER04	Communication Number	<Guardian or Responsible Party Telephone Number> when available on interface from Department of Human Services (DHS)
2100G	PER	PER05	Communication Number Qualifier	"EM" (Electronic Mail)
2100G	PER	PER06	Communication Number	<Guardian or Responsible Party E-Mail Address> when available on interface from DHS
2300			**Loop – Health Coverage**	
2300	**HD**		**Segment – Health Coverage**	
2300	HD	HD01	Maintenance Type Code	"030" (audit or compare; file # 4976) "021" (addition) ; "024" (cancellation or termination); "001" (demographic changes); ""025" (benefit plan) file#5790)
2300	HD	HD03	Insurance Line Code	"HMO" (health maintenance organization) for MHP
2300	HD	HD04	Plan Coverage Description	<PET Code><Benefit Plan Code> (18 digits maximum, no special characters, space fill 7 digits if PET missing)

Loop ID	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Companion Guide Rules**
2300	HD	HD05	Coverage Level Code	"IND" (Individual)
2300	**DTP**		**Segment – Health Coverage Dates**	
2300	DTP	DTP01	Date/Time Qualifier	"348" (Benefit Begin)
2300	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	On 5790 <enrollment begin date>; On 4976 <first day of report month>
2300	DTP	DTP01	Date/Time Qualifier	"349" (Benefit End) used only on 5790
2300	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	<enrollment end date> when terminating coverage for a member
2300	**REF**		**Segment – Health Coverage Policy Number**	
2300	REF	REF01	Reference Identification Qualifier	"17" (Client Reporting Category)

2300	REF	REF02	Reference Identification	<client reporting category> The client reporting category will include concatenated <program code, scope, coverage, foster care status, BMP status, pharmacy restriction status, MAGI indicator, "parent flag", cost share met, cost share remaining, Native American cost share exempt, CSHCS Indicator, CFP Indicator, Auto-assigned or voluntary indicator, Plan chosen based on specialist indicator, dis-enrollment reason, CSHCS eligibility begin date, pregnancy due date and redetermination date in CCYYMMDD format>. The element is 46 characters long: 1 for program code, 1 for scope, 1 for coverage, 1 for foster care status, 1 for BMP status, 1 for pharmacy restriction status, 3 for MAGI indicator, 1 for "parent" flag for HMP population, 1 for Cost Share Met Flag, 5 for Cost Share Remaining, 1 for Native American Cost Share Exemption, 1 for CSHCS indicator, 1 for CFP flag, 1 for auto-assigned or voluntary indicator, 1 for plan chosen based on specialist indicator, 1 for disenrollment reason, 8 for CSHCS eligibility begin date, 8 for Pregnancy Due Date and 8 for redetermination date. Foster care status, BMP status, pharmacy restriction status, parent flag, cost share met, Native American Cost Share Exemption, CSHCS indicator, CFP Flag, and plan chosen based on specialist are "Y" or "N" MAGI category is a single alpha digit (see Appendix D). Auto-assigned or voluntary indicator is A or V; Dis-enrollment reason is a single alpha digit (see Appendix E). The element components will be populated when available and filled with <space(s)> when not available.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2310	**REF**		**Loop – Provider Information**	When member is enrolled in the HHMICare benefit plan, receiving services from a FQHC, this facility and Primary Care Physician information is shared with both MHP and PIHP's. For this usage the 2310 segment will loop twice. This loop will also be used to send PCP chosen at Maximus and the Plan's Site Number if chosen at Maximus; When no HHMICare benefit plan is present and no PCP sent on interface from Maximus; CHAMPS will not send this loop
2310	NM1		Segment- Individual or Organizational Name	
2310	NM1	NM101	Entity Identifier Code	"FA" Facility "P3" Primary Care Provider at HHMI Care Team or PCP chosen at Maximus for non-HHMI Care Team enrollees Y2 - Plan's Site number
2310	NM1	NM102	Entity Type Qualifier	"2" Non-Person Entity "1" Person "2" Plan's Site Number
2310	NM1	NM103	Name Last or Organization Name	Federally Qualified Health Center name Primary Care Physician name
2310	NM1	NM108	Identification Code Qualifier	"XX" for NPI "XX" for NPI of PCP for HHMICare Team "SV" for Plan's provider number for PCP "SV" for Plan's Site number
2310	NM1	NM109	Identification Code	NPI for FQHC NPI for PCP for HHMICARE Team Health Plan's provider ID number for PCP Health Plan's Site Visit Number
2310	NM1	NM110	Entity Relationship Code	"25" Established Patient "

Loop ID	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Companion Guide Rules**
2320			Loop – Coordination of Benefits	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	COB		Segment – Coordination of Benefits	
2320	COB	COB01	Payer Responsibility Sequence Number Code	"U" (Unknown) Note: Medicaid is always the payer of last resort.
2320	COB	COB02	Reference Identification	<Group Number>
2320	COB	COB03	Coordination of Benefits Code	"1" (Coordination of Benefits)
2320	**REF**		**Segment – Additional Coordination of Benefits Identifiers**	
2320	REF	REF01	Reference Identification Qualifier	"ZZ" (employee identification number)
2320	REF	REF02	Reference Identification	<Policy Number>
2320	REF	REF01	Reference Identification Qualifier	"6P" (Group Number)
2320	REF	REF02	Reference Identification	<Payer ID>
2320	REF	REF01	Reference Identification Qualifier	"60" (Account Suffix Code)
2320	REF	REF02	Reference Identification	<coverage type (health scope code)>
2320	**DTP**		**Segment – Coordination of Benefits Eligibility Dates**	**Segment is repeated twice.**
2320	DTP	DTP01	Date/Time Qualifier	"344" (COB begin)
2320	DTP	DTP03	Date Time Period	<COB begin date>
2320	DTP	DTP01	Date/Time Qualifier	"345" (COB end)

Loop ID	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Companion Guide Rules**
2320	DTP	DTP03	Date Time Period	<COB end date>
2330			**Loop – Coordination of Benefits Related Entity**	
2330	**NM1**		**Segment – Coordination of Benefits Related Entity**	
2330	NM1	NM101	Entity Identifier Code	"IN" (Insurer)
2330	NM1	NM103	Name Last or Organization Name	<Payer (Carrier) Name>
2330	NM1	NM108	Identification Code Qualifier	"FI" (Federal Tax ID Number)
2330	NM1	NM109	Identification Code	<Federal Tax ID Number of Payer>, when available
2330	**N3**		**Segment – Coordination of Benefits Related Entity Address**	
2330	N3	N301	Address Information	<Payer Address Line 1>
2330	N3	N302	Address Information	<Payer Address Line 2>
2330	**N4**		**Segment – Coordination of Benefits Other Insurance Company City, State, Zip Code**	
2330	N4	N401	City Name	<Payer (Carrier) City Name>
2330	N4	N402	State or Province Code	<Payer (Carrier) two-digit State Abbreviation>
2330	N4	N403	Postal Code	<Postal (Carrier) Code>
2330	**PER**		**Segment – Administrative Communications Contact**	
2330	PER	PER04	Communication Number	<Payer (Carrier) telephone number>, when available
			Loop – Transaction Set Trailer	
	SE		**Segment – Transaction Set Trailer**	

Loop ID	**Segment ID**	**Data Element ID**	**Loop/Segment/Element Name**	**Companion Guide Rules**
	SE	SE01	Number of Included Segments	< total number of segments included in a transaction set> including ST and SE segments
	SE	SE02	Transaction Set Control Number	<transaction set control number> MDCH will transmit identical transaction set control numbers in ST02 and SE02.

Supplementary Information

Appendix A: Crosswalk for Maintenance Type and Reason Code (2000 INS03 and INS04)

HIPAA 834 Transaction Maintenance Type Code (2000 INS03) and Maintenance Reason Code (2000 INS04) for 5790 File			Transaction Reason
Scenario	**INS 03**	**INS 04**	**Description of Transaction**
1	021	28	Prospective New Enrollment
2	021	28	Prospective New Enrollment with future disenrollment sent on same day or subsequent day (e.g. 2/1/2017 – 2/28/2017)
	024	07	
3	021	02	Newborn Enrollments
4	024	07	Disenrollment (Prospective or retroactive)
5	001	25	Demographic Changes (not Third Party Liability related)
6	001	33	Third Party Liability (other insurance) changes
7	021	18	Retroactive Enrollment other than newborn
8	025	18	Retroactive Re-enrollment
9	025	41	Re-enrollment after loss of eligibility (less than 60 day gap in eligibility
10	001	59	HHMI Care Team enrollment received
11	001	29	Program Enrollment Type (PET) Changes

Appendix B: Crosswalk for Medicare Plan Code (2000 INS06-1)

State of Michigan Family Independence Agency Reference Codes Manual 1-1-2000		HIPAA 834 Transaction Maintenance Reason Code (2000 INS06-1)	
Proprietary Code	**Description – Medicare Other Insurance (OI) Code**	**HIPAA Code**	**Description of HIPAA 2000 INS06 Code**
90	Recipient qualifies for or in 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

Appendix C: Crosswalk for Race or Ethnicity Code (2100A DMG05-1)

MDCH Data Warehouse and DHS Program Reference Manual		**HIPAA 834 Transaction Race or Ethnicity Code (2100A DMG05-1)**	
Proprietary Code	**Description**	**HIPAA Code**	**Description of HIPAA 2100 DMG05-1 Codes**
1	Non-Migrant White, not of Hispanic Origin	O	White (Non-Hispanic)
2	Non-Migrant Black, not of Hispanic Origin	N	Black (Non-Hispanic)
3	Non-Migrant American Indian or Alaskan Native	I	American Indian or Alaskan Native
4	Asian Non-Migrant	A	Asian or Pacific Islander
5	Non-Migrant Unknown	7	Not provided. Default value if race code is null.
6	Hispanic	H	Hispanic
7	Not provided. Default value if race code is null.	7	Not provided. Default value if race code is null.
A	Migrant White, not of Hispanic Origin	O	White (Non-Hispanic)
B	Migrant Black, not of Hispanic Origin	N	Black (Non-Hispanic)
C	Migrant American Indian or Alaskan Native	I	American Indian or Alaskan Native
D	Asian Migrant	A	Asian or Pacific Islander
E	Migrant Unknown (few, if any, persons should have this code)	7	Not provided. Default value if race code is null.
8	Native Hawaiian and Pacific Islander Non-Migrant	P	Pacific Islander
F	Migrant Hispanic (includes Mexican, Puerto Rican, Cuban, Central or South American or other whites with Spanish surnames)	H	Hispanic
J	Native Hawaiian and Pacific Islander Migrant	P	Pacific Islander

APPENDIX D – MAGI CATEGORY INDICATOR

CHAMPS MAGI Category Indicator Values	FPL % Test*	Champs Description
A	Old	Children under Age 19 Old
F	New	Children Under age 19 New
F01	Flint Old	Children Under age 19 - Flint Old
F02	Flint New	Children Under age 19 - Flint New
T	Old	Children under age nineteen old-HKE OI
U	New	Children under age nineteen new-HKE OI
F03	Flint Old - Comprehensive Insurance	Children under age nineteen old-HKE OI - Flint
F04	Flint New - Comprehensive Insurance	Children under age nineteen new-HKE OI - Flint
B	Old	Pregnant Women Old
G	New	Pregnant Women New
F05	Old Flint	Pregnant Women - Flint Old
F06	New Flint	Pregnant Women - Flint New
F07	Flint	Pregnant Women income is higher than 195% - Flint
C	Old	Parents/Caretakers Old
H	New	Parents/Caretakers New
F08	Old Flint	Parents/Caretakers - Flint Old
F09	New Flint	Parents/Caretakers - Flint New
F10	Flint	Parents/Caretakers medicare over 54% FPL - Flint
I	Adult New	Adult New
D	19-20 YR Old	19-20 YR Old
R	Disabled Institutionalized Old	Disabled Institutionalized Old

Q	Disabled Non-institutionalized Old	Disabled Non-institutionalized Old
P	Parents/Caretakers Old	Parents/Caretakers Old
F11	19-20 YR Old Flint	19-20 YR Old - Flint
F12	Disabled Institutionalized Old Flint	Disabled Institutionalized Old - Flint
F13	Disabled Non-institutionalized Old Flint	Disabled Non-institutionalized Old - Flint
F14	PCR Old Flint	Parents/Caretakers Old - Flint
F15	Adult New Flint	HMP 21+ becomes pregnant under FPL 133% - Flint
F16	Flint	HMP 21+ becomes pregnant over FPL 133% - Flint
F17	Flint	19-20 and is over the FPL - Flint
F18	Flint	Adult New over FPL - Flint
F19	Flint	Disabled Institutionalized Old over FPL - Flint
F20	Flint	Disabled Non-institutionalized Old over FPL - Flint
F21	Flint	Parents/Caretakers Old over FPL - Flint
E	Old	CHIP (MIChild) Old
J	New	CHIP (MIChild) New
F22	Old Flint	CHIP (MIChild) Old - Flint
F23	New Flint	CHIP (MIChild) New - Flint
F24	Flint with Comprehensive Insurance within FPL	Flint with Comprehensive Insurance within FPL
F25	Flint Without Comprehensive Insurance	Flint Without Comprehensive Insurance
F26	Flint with Comprehensive Insurance	Flint with Comprehensive Insurance
F27	Flint with /or without Comprehensive Insurance	Flint with /or without Comprehensive Insurance
L	N/A	Former Foster Care
F28	Flint	Former Foster Care - Flint
M	N/A	Plan First
F29	Flint	Plan First - Flint
K	Old	APS

F30	Flint Old	APS old - Flint
F31	Flint	APS - Flint
F32		Non-MAGI - Flint

Appendix E: Dis-enrollment Reasons for 2300 Ref 02

Proprietary Code	Dis-enrollment Reason
I	Disenrollment due to Incarceration
N	Disenrollment due to Nursing Facility Placement
D	Disenrollment due to Death
L	Disenrollment due to Loss of Medicaid
C	Change to Another Plan
O	Disenrollment due to some reason not otherwise specified

Revision Log

Version Date	Effective Date	Revision Description
February 1, 2011 (Draft)	January 1, 2012	This document replaces *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)*, dated July 11, 2009
February 17, 2011 (Draft)	January 1, 2012	Corrects ISA ISA01 Authorization Information Qualifier; value sent is always “00”, *(No Authorization Information Present) Corrects element name for ISA ISA12 to Interchange Control Version Number
November 30, 2011	January 1, 2012	This document includes changes identified as part of business to business testing and reflects the 5010 implementation effective January 1, 2012. Updated location and link for Electronic Submitter’s Guide. Updated Loop 2100A Segment LUI Data Element LUI02.

		Replaced content of Appendix C: Crosswalk for Race or Ethnicity Code (2100A DMG05-1).
April 1, 2012	April 1, 2012	This document updates the client reporting category to include pharmacy restriction status and BMP status.
March 4, 2014	March 28, 2014	This documents updates needed for Medicaid Healthy Michigan Plan enrollment changes – FPL%, income, group compensation, and addition of Appendix D.
April 7, 2015	April 26, 2015	This documents updates needed for the new MHP Daily 834 file 5790 and removal of files 2012 and 2013.
June 11, 2015	June 26, 2015	This documents updates needed for the change of the 4976 file to a positive only file.
July 29, 2015	September 28, 2015	This documents the changes to the 2300 loop for cost share information
March 22, 2016	April 25, 2016	This documents the changes to the 2300 loop: Increase to MAGI filed, new MAGI table, and indicator added to 2300 REF*02 Client reporting category.
April 8, 2016	April 25, 2016	Corrected MAGI Value table, removal of duplicate values.
May 13 2016	June 27, 2016	Addition of 2310 loop data for HHMICare benefit program/FQHC
March 7, 2017	March 24, 2017	This documents the changes to the 2300 loop: Addition of CSHCS Indicator and CFP Flag.
July 6, 2017	January 1, 2018	Changes for Modernizing Continuum of Care
August 29, 2017	January 1, 2018	Updated race code “J”; new crosswalk for INS03 and INS04
October 3, 2017	January 1, 2018	Clarify that 2300 HD04 will have 7 digit space fill if PET missing; Add INS03 and INS04 values for PET changes to Appendix A