

# *Michigan Department of Community Health*

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

*MiChild Medical and MiChild Dental*

*Version Date November 30, 2011*

*Effective January 1, 2012*

Michigan Department  
of Community Health





## Table of Contents

---

Introduction .....	1
Transaction Description.....	2
Download Notes for ANSI ASC X12 834Benefit Enrollment and Maintenance .....	2
ANSI ASC X12 834Benefit Enrollment and Maintenance Companion Guide Rules.....	4
Interchange Control Header.....	4
Transaction Set .....	7
Supplementary Information .....	19
Appendix A: Crosswalk for Medicare Plan Code (2000 INS06-1).....	19
Appendix B: Crosswalk for Race or Ethnicity Code (2100A DMG05-1) .....	20
Appendix C: County Codes (2100A N4 N406 Location Identifier) .....	21
Appendix D: Member Level Date/Time Qualifier Update Codes (2300 – HD01/HD03).....	22
Revision Log .....	23

## 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 set. 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 March 2011. 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/Electronic\\_Submissions\\_Manual\\_030106\\_267252\\_7.pdf](http://www.michigan.gov/documents/mdch/Electronic_Submissions_Manual_030106_267252_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 834Benefit 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 Medicare Plan Code (2000 INS06)
- Appendix B: Crosswalk for Race or Ethnicity Code (2100A DMG05)
- Appendix C: County Codes (2100A N4 N406 Location Identifier)

This document uses several text conventions to distinguish MDCH data elements from the 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

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			<b>Loop – Interchange Control Header</b>	
	<b>ISA</b>		<b>Segment – Interchange Control Header</b>	
	ISA	ISA01	Authorization Information Qualifier	“00” (Additional Data Identification)
	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
	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	<:;>
			<b>Loop – Interchange Control Trailer</b>	
	<b>IEA</b>		<b>Segment – Interchange Control Trailer</b>	
	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.
			<b>Loop – Functional Group Header</b>	
	<b>GS</b>		<b>Segment – Functional Group Header</b>	
	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 format
	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
			<b>Loop – Functional Group Trailer</b>	
	<b>GE</b>		<b>Segment – Functional Group Trailer</b>	
	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
			<b>Loop – Transaction Set Header</b>	
	<b>ST</b>		<b>Segment - Transaction Set Header</b>	
	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.
	<b>BGN</b>		<b>Segment – Beginning Segment</b>	
	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 (5416 or 5417); <CCYYMMDD> is the batch number; <2 spaces>; <TT> is the Transaction Set Purpose Code from BGN01
	BGN	BGN05	Time Code	Eastern
	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 BGN01= “00” and file # 5417, “2” (Change, Update) If BGN01= “00” and file # 5416, “4” (Verify) If BGN01=“15”, “RX”

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	<b>DTP</b>		<b>Segment – File Effective Date</b>	
	DTP	DTP01	Date/Time Qualifier	“007” (effective) for a full file audit (file # 5416) “303” (maintenance effective) for an update transaction (files # 5417)
	DTP	DTP02	Date/Time Period Format Qualifier	“D8” (Date Expressed in Format CCYYMMDD)
	DTP	DTP03	Date Time Period	File # 5416, <first day of report month> File # 5417, <daily-day of creation>
	<b>QTY</b>		<b>Segment – Transaction Set Control Totals</b>	
	QTY	QTY01	Quantity Qualifier	“TO” (Total)
	QTY	QTY02	Quantity	<Total number of records transmitted in ST-SE loop>
<b>1000A</b>			<b>Loop – Sponsor Name</b>	
<b>1000A</b>	<b>N1</b>		<b>Segment – Sponsor Name</b>	
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>
<b>1000B</b>			<b>Loop – Payer</b>	
<b>1000B</b>	<b>N1</b>		<b>Segment – Payer Name</b>	
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>
<b>2000</b>			<b>Loop - Member Level Detail</b>	
<b>2000</b>	<b>INS</b>		<b>Segment – Member Level Detail</b>	
2000	INS	INS01	Yes/No Condition or Response Code	“Y” (Yes) – insured is always the subscriber

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	INS	INS02	Individual Relationship Code	"18" (Self) – insured is always the subscriber
2000	INS	INS03	Maintenance Type Code	Audit file # 5416, "030" (audit or compare) Daily file # 5417: "001" (change) "021" (addition) "024" (termination)
2000	INS	INS04	Maintenance Reason Code	Audit file # 5416, "XN" (notification only) Daily file # 5417: "07" (termination of benefits) "25" (change in identifying data elements) "28" (initial enrollment)
2000	INS	INS05	Benefit Status Code	"A" (Active)
2000	INS	INS06	Medicare Plan Code	Refer to Appendix A – Crosswalk for Medicare Plan Code
2000	INS	INS08	Employment Status Code	Audit file # 5416, "AC" (active) Daily file # 5417: "AC" (active) for enrolled members "TE" (terminated) for disenrolled members
2000	INS	INS12	Date Time Period	<recipient date of death> when available and applicable
<b>2000</b>	<b>REF</b>		<b>Segment – Subscriber Identifier</b>	
2000	REF	REF01	Reference Identification Qualifier	"0F" (subscriber number)
2000	REF	REF02	Reference Identification	<CIN MICHild ID> - 10 digits, right-justified, zero-filled (RJ0F)
<b>2000</b>	<b>REF</b>		<b>Segment – Member Policy Number</b>	
2000	REF	REF01	Reference Identification Qualifier	"1L" (Group or Policy Number)



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	REF	REF02	Reference Identification	BCBS Group ID <000> Medical and dental <001> Medical only <002> Dental only <009> No medical or dental <009> All other plans
<b>2000</b>	<b>REF</b>		<b>Segment – Member Supplemental Identifier</b>	
2000	REF	REF01	Reference Identification Qualifier	“3H” <case number>
2000	REF	REF02	Reference Identification	<case number> 9 character ID, RJ0F
<b>2000</b>	<b>DTP</b>		<b>Segment – Member Level Dates</b>	
2000	DTP	DTP01	Date/Time Qualifier	Audit file # 5416, “303” (Maintenance Effective)  Daily file # 5417, “356” (Eligibility Begin) used only for initial enrollment (INS04 = “28”)
2000	DTP	DTP03	Date Time Period	Audit file # 5416, <first day of report month>  Daily file # 5417, <first day of next month>, used only for initial enrollment (INS04 = “28”)
<b>2100A</b>			<b>Loop – Member Name</b>	
<b>2100A</b>	<b>NM1</b>		<b>Segment – Member Name</b>	
2100A	NM1	NM101	Entity Identifier Code	Audit file # 5416, “IL” (insured or subscriber) Daily file # 5417, “IL” (insured or subscriber) unless INS04 = “25”, then “74” (Corrected Insured)
2100A	NM1	NM102	Entity Type Qualifier	“1” (person)
2100A	NM1	NM103	Name Last or Organization Name	Audit file # 5416, <member last name> Daily file # 5417, <member last name> - (New or Term) <member correct last name> - (Changes)



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	NM1	NM104	Name First	Audit file # 5416, <member first name> if beneficiary's first name is null <unknown> will be returned Daily file # 5417, <member first name> - (New or Term) if beneficiary's first name is null <unknown> will be returned <member correct first name> - (Changes) if beneficiary's correct first name is null <unknown> will be returned
2100A	NM1	NM105	Name Middle	Audit file # 5416, <member middle name> Daily file # 5417, <member middle name> - (New or Term) <member correct middle name> - (Changes)
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> if on file.
<b>2100A</b>	<b>N3</b>		<b>Segment – Member Residence Street Address</b>	
2100A	N3	N301	Address Information	<Member Mailing Address>
2100A	N3	N302	Address Information	<Member Mailing Address>
<b>2100A</b>	<b>N4</b>		<b>Segment – Member Residence City, State, Zip Code</b>	
2100A	N4	N405	Location Qualifier	"CY" (county/parish)
2100A	N4	N406	Location Identifier	<county code> 2 character numeric county code. See Appendix C: County Codes
<b>2100A</b>	<b>DMG</b>		<b>Segment – Member Demographics</b>	
2100A	DMG	DMG02	Date Time Period	<Date of Birth>
2100A	DMG	DMG03	Gender Code	"M" (Male) "F" (Female)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	DMG	DMG05 -1	Race or Ethnicity Code	Refer to Appendix B – Crosswalk for Race/Ethnicity Code MICHild
<b>2100A</b>	<b>LUI</b>		<b>Segment – Member Language</b>	
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)
<b>2100B</b>			<b>Loop – Incorrect Member Name</b>	
<b>2100B</b>	<b>NM1</b>		<b>Segment – Incorrect Member Name</b>	
2100B	NM1	NM101	Entity Identifier Code	Daily file # 5417 only “70” (Prior Incorrect Insured)
2100B	NM1	NM103	Name Last or Organization Name	Daily file # 5417 only <Previously Sent Incorrect Last Name>
2100B	NM1	NM104	Name First	Daily file # 5417 only <Previously Sent Incorrect First Name>
2100B	NM1	NM107	Name Suffix	Daily file # 5417 only <Previously Sent Incorrect Suffix>
2100B	NM1	NM108	Identification Code Qualifier	Daily file # 5417 only “34” (SSN)
2100B	NM1	NM109	Identification Code	Daily file # 5417 only <Previously Sent Incorrect SSN>
<b>2100B</b>	<b>DMG</b>		<b>Segment – Incorrect Member Demographics</b>	
2100B	DMG	DMG02	Date Time Period	Daily file # 5417 only <Previously Sent Incorrect Date of Birth>



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100B	DMG	DMG03	Gender Code	Daily file # 5417 only "M" (Male) – Previously Sent "F" (Female) – Previously Sent
<b>2100G</b>			<b>Loop – Responsible Person</b>	
<b>2100G</b>	<b>NM1</b>		<b>Segment – Responsible Person</b>	
2100G	NM1	NM101	Entity Identifier Code	"QD" (responsible party)
2100G	NM1	NM103	Name Last or Organization Name	<Head of Household Name>
2100G	NM1	NM104	Name First	<Head of Household First Name>
2100G	NM1	NM105	Name Middle	<Head of Household Middle Name> when available
2100G	NM1	NM107	Name Suffix	<Head of Household Suffix> when available
<b>2100G</b>	<b>PER</b>		<b>Segment – Responsible Person Communications Numbers</b>	
2100G	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2100G	PER	PER04	Communication Number	<Head of Household Telephone Number> if available on interface
2100G	PER	PER05	Communications Number Qualifier	"EM" (Electronic Mail)
2100G	PER	PER06	Communications Number	<Head of Household Electronic Mail Address>, if available on interface
<b>2100G</b>	<b>N3</b>		<b>Segment – Responsible Person Street Address</b>	
2100G	N3	N301	Address Information	<Head of Household Address>
2100G	N3	N302	Address Information	<Head of Household Address>
<b>2100G</b>	<b>N4</b>		<b>Segment – Responsible Person City State Zip</b>	



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100G	N4	N401	City Name	<Head of Household City>
2100G	N4	N402	State or Province Code	<Head of Household State or Province>
2100G	N4	N403	Postal Code	<Head of Household Postal Code>
<b>2300</b>			<b>Loop – Health Coverage</b>	
<b>2300</b>	<b>HD</b>		<b>Segment – Health Coverage</b>	
2300	HD	HD01	Maintenance Type Code	Audit file # 5416, “030” (audit or compare) Daily update file # 5417:  Refer to Appendix D: Member Level Date/Time Qualifier Update Codes: “021” , “024”, or “001”
2300	HD	HD03	Insurance Line Code	MICHILD Medical “HMO” (health maintenance organization), for all trading partners but BCBS MI “PPO” for BCBS MI MICHILD Dental “DEN” (dental) for all trading partners  Refer to Appendix D: Member Level Date/Time Qualifier Update Codes
2300	HD	HD05	Coverage Level Code	“IND” (Individual)
2300	HD	HD09	Yes/No Condition Response Code	If retroactive enrollment, send “Y”, else send “N”
<b>2300</b>	<b>DTP</b>		<b>Segment – Health Coverage Dates</b>	
2300	DTP	DTP01	Date/Time Qualifier	“348” (benefit begin) initial enrollment
2300	DTP	DTP02	Date Time Period Format Qualifier	“D8” (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	<enrollment begin date>



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	DTP	DTP01	Date/Time Qualifier	Daily File # 5417 only "349" (benefit begin) initial enrollment
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
<b>2300</b>	<b>IDC</b>		<b>Segment – Identification Card</b>	
2300	IDC	IDC01	Plan Coverage Description	Daily File #5417 Only "0"
2300	IDC	IDC02	Identification Card Type Code	Daily file # 5417 MICHILD MEDICAL only "H" (health insurance) Daily file # 5417 MICHILD DENTAL only "D" (dental insurance)
2300	IDC	IDC03	Quantity	Daily File #5417 Only <blank>
2300	IDC	IDC04	Action Code	Daily File #5417 Only "RX" (replace)
<b>2320</b>			<b>Loop – Coordination of Benefits</b>	<b>CSHCS information is sent in the 1st Occurrence of this loop.</b>
<b>2320</b>	<b>COB</b>		<b>Segment – Coordination of Benefits</b>	
2320	COB	COB01	Payer Responsibility Sequence Number Code	"U" (Unknown)
2320	COB	COB02	Reference Identification	<CSHCS Recipient ID>
2320	COB	COB03	Coordination of Benefits Code	"5" (Unknown)
<b>2320</b>	<b>DTP</b>		<b>Segment – Coordination of Benefits Eligibility Dates</b>	
2320	DTP	DTP01	Date/Time Qualifier	"344" (COB begin) Coordination Of Benefits Begin

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	DTP	DTP03	Date Time Period	<CSHCS benefit begin date>
2320	DTP	DTP01	Date/Time Qualifier	"345" (benefit ends) termination of CSHCS
2320	DTP	DTP03	Date Time Period	<CSHCS benefit end date>
<b>2330</b>			<b>Loop – Coordination of Benefits Related Entity</b>	
<b>2330</b>	<b>NM1</b>		<b>Segment – Coordination of Benefits Related Entity</b>	
2330	NM1	NM101	Entity Identifier Code	"IN" (Insurer)
2330	NM1	NM102	Entity Type Qualifier	"2" (Non-Person Entity)
2330	NM1	NM103	Name Last or Organization Name	<CSHCS>
<b>2320</b>			<b>Loop – Coordination of Benefits</b>	<b>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 2<sup>nd</sup> through 5<sup>th</sup> occurrence of 2320 Coordination of Benefits (COB) loop. It is the responsibility of the health plan to verify the information in the COB loop.</b>
<b>2320</b>	<b>COB</b>		<b>Segment – Coordination of Benefits</b>	
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)
<b>2320</b>	<b>REF</b>		<b>Segment – Additional Coordination of Benefits Identifiers</b>	
2320	REF	REF01	Reference Identification Qualifier	"ZZ" (Employee Identification Number)



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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)>
<b>2320</b>	<b>DTP</b>		<b>Segment – Coordination of Benefits Eligibility Dates</b>	
2320	DTP	DTP01	Date/Time Qualifier	"344" (Coordination of Benefits Begin)
2320	DTP	DTP03	Date Time Period	<Coordination of Benefits Begin Date>
2320	DTP	DTP01	Date/Time Qualifier	"345" (Coordination of Benefits End)
2320	DTP	DTP03	Date Time Period	<Coordination of Benefits End Date>
<b>2330</b>			<b>Loop – Coordination of Benefits Related Entity</b>	
<b>2330</b>	<b>NM1</b>		<b>Segment – Coordination of Benefits Related Entity</b>	
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
<b>2330</b>	<b>N3</b>		<b>Segment – Coordination of Benefits Related Entity Address</b>	
2330	N3	N301	Address Information	<Payer Address Line 1>
2330	N3	N302	Address Information	<Payer Address Line 2>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
<b>2330</b>	<b>N4</b>		<b>Segment – Coordination of Benefits Other Insurance Company City, State, Zip Code</b>	
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	<Payer (Carrier) Code>
<b>2330</b>	<b>PER</b>		<b>Segment – Administrative Communications Contact</b>	
2330	PER	PER04	Communication Number	<Payer (Carrier) telephone number>, when available
			<b>Loop – Transaction Set Trailer</b>	
	<b>SE</b>		<b>Segment – Transaction Set Trailer</b>	
	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 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 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

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

CHAMPS Race or Ethnicity Code		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
P	Native Hawaiian and Pacific Islander Migrant	P	Pacific Islander

Appendix C: County Codes (2100A N4 N406 Location Identifier)

County Code	County Name	County Code	County Name	County Code	County Name	County Code	County Name
1	Alcona	24	Emmet	35	Iosco	70	Ottawa
2	Alger	25	Genesee	48	Luce	71	Presque Isle
3	Allegan	26	Gladwin	49	Mackinac	72	Roscommon
4	Alpena	27	Gogebic	50	Macomb	73	Saginaw
5	Antrim	28	Grand Traverse	51	Manistee	76	Sanilac
6	Arenac	29	Gratiot	52	Marquette	77	Schoolcraft
7	Baraga	30	Hillsdale	53	Mason	78	Shiawassee
8	Barry	31	Houghton	54	Mecosta	74	St. Clair
9	Bay	32	Huron	55	Menominee	75	St. Joseph
10	Benzie	36	Iron	56	Midland	79	Tuscola
11	Berrien	37	Isabella	57	Missaukee	80	Van Buren
12	Branch	38	Jackson	58	Monroe	81	Washtenaw
13	Calhoun	39	Kalamazoo	59	Montcalm	82	Wayne
14	Cass	40	Kalkaska	60	Montmorency	83	Wexford
15	Charlevoix	41	Kent	61	Muskegon		Indicates central DHS servicing county
16	Cheboygan	42	Keweenaw	62	Newaygo	84	
17	Chippewa	43	Lake	63	Oakland		County not provided or resides out of State.
18	Clare	44	Lapeer	64	Oceana	0	
19	Clinton	45	Leelanau	65	Ogemaw		
20	Crawford	46	Lenawee	66	Ontonagon		
21	Delta	47	Livingston	67	Osceola		
22	Dickinson	33	Ingham	68	Oscoda		
23	Eaton	34	Ionia	69	Otsego		

Appendix D: Member Level Date/Time Qualifier Update Codes (2300 – HD01/HD03)

Action	HD01/HD03 Values
Correct/Change member name or demographics	HD01 = "001" (Change/correction)
Add new member with Medical and Dental	HD01 = "021" (Addition); HD03 = "PPO" HD01 = "021" (Addition); HD03 = "DEN"
Add new member with Medical only	HD01 = "021" (Addition); HD03 = "HMO" or "PPO"
Add new member with Dental only	HD01 = "021" (Addition); HD03 = "DEN"
Add Medical to existing Dental member	HD01 = "021" (Addition); HD03 = "PPO"
Add Dental to existing Medical member	HD01 = "021" (Addition); HD03 = "DEN"
Terminate member of Medical and Dental	HD01 = "024" (Term); HD03 = "PPO" HD01 = "024" (Term); HD03 = "DEN"
Terminate Medical from Medical-only member	HD01 = "024" (Term); HD03 = "PPO"
Terminate Dental from Dental-only member	HD01 = "024" (Term); HD03 = "DEN"
Terminate only Medical from Medical and Dental member	HD01 = "024" (Term); HD03 = "PPO"
Terminate only Dental from Medical and Dental member	HD01 = "024" (Term); HD03 = "DEN"



**Revision Log**

<b>Version Date</b>	<b>Effective Date</b>	<b>Revision Description</b>
February 17, 2011 (Draft)	January 1, 2012	This document replaces <i>Data Clarifications For The 834 Benefit Enrollment and Maintenance, Version 4010 MICHild Medical and MICHild Dental</i> , dated August 26, 2009.
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 B: Crosswalk for Race or Ethnicity Code (2100A DMG05-1).