Michigan Department of Health and Human Services

HIPAA 5010 EDI Companion Guide for ANSI ASC X12N 270/271

Health Care Eligibility Benefit Inquiry and Response

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MDHHS
Michigan Department of Health & Human Services

Behavioral and Physical Health and Aging Services Administration (BPHASA)

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www.michigan.gov/tradingpartners

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1. Introduction

This document is intended as a companion to the 005010X279 • 270/271 Health Care Eligibility Benefit Inquiry and Response Implementation Guide dated April 2008. This document also includes updates appearing in:

- Errata 005010X279E1 • 270/271 Health Care Eligibility Benefit Inquiry and Response dated January 2009
- Errata 005010X279A1 • 270/271 Health Care Eligibility Benefit Inquiry and Response dated June 2010

The 5010 Implementation Guide and related Errata documents are available from the Washington Publishing Company at www.wpc-edi.com.

1.1 Scope

This document is expected to be used in conjunction with the 270/271 Implementation Guide and related Errata. 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. Health plans, covered entities and their business associates that engage in the exchange of eligibility transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 270/271 transactions. These operating rules are maintained by CAQH CORE.

This Companion Guide provides MDHHS-specific instructions regarding certain elements within the Implementation Guide 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 MDHHS rules regarding:

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

Section 9, Transaction Specific Information, contains provider data clarifications for fields and values. Transaction specific data will be detailed using a table with the following information included:

- Loop
- Segment
- Data Element
- Loop/Segment/Element Name
- Companion Guide Rules

1.2 Overview

The primary purpose of this document is to assist trading partners with the submission and retrieval of valid 270/271 health care eligibility benefit inquire and response transactions and is intended to support use in batch and real-time mode.

This document provides information on the following topics:

- Real-time and batch use
- Search options
- Companion Guide Rules for the 270 and 271 transactions
- Appendix A containing a crosswalk of MDHHS Eligibility Data to the EB01, EB03, EB04, EB05, and EB07 Segments

Technical details for the following topics can be found in the MDHHS Electronic Submissions Manual (ESM). Please see Section 1.3 References for the ESM location.

- Testing with the Payer
- Data Exchange Gateway usage for batch
- Electronic Batch Upload
- Using the ACA CORE Communication Protocols with MDHHS, for real-time and batch, including header requirements, error reporting, and transmission procedures
- Acknowledgements and Reports (999 and TA1)

1.3 References

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

- Implementation Guides
  Washington Publishing Company (WPC) at www.wpc-edi.com

- MDHHS Electronic Submissions Manual
  In order to successfully download HIPAA transactions from the CHAMPS system, it is necessary to comply with the information contained in the MDHHS Electronic Submissions Manual. The most current version of this manual can be downloaded from the MDHHS web site at the following location:
  www.michigan.gov/tradingpartners >> HIPAA - Companion Guides >> Electronic Submissions Manual

- MDHHS Medicaid Policy, Provider Manual and Forms
  www.michigan.gov/medicaidproviders >> Policy and Forms

1.4 Transaction Description

The 270/271 Health Care Eligibility Request and Response transactions are used to convey health care eligibility and benefit information. This paired transaction set is comprised of two transactions: the 270, which is used to request (inquire) information, and the 271, which is used to respond with coverage, eligibility, and benefit information.

1.5 General Information

This document is for Medicaid enrolled providers and/or their contracted billing agents and clearinghouse vendors. Please note that the information contained within this document is based on existing MDHHS Benefit Plan (BP) information and is subject to change. See the Medicaid Provider Manual for more information on program policy and benefit information (Section 1.3 *References).*

2. Getting Started

2.1 Working with MDHHS

An entity (provider, billing agent, clearinghouse, etc.) who wishes to retrieve responses, must enroll with MDHHS as a provider or billing agent. Please access the Provider Enrollment section at the location below for information on provider and billing agent enrollment:

www.michigan.gov/tradingpartners >> Electronic Submissions Transactions >> How to Enroll

Note: Clearinghouse vendors will need to enroll as a Billing Agent in CHAMPS and also be associated to their Providers to be able to submit and receive 270/271 transactions on their behalf.

2.2 Certification and Testing Overview

MDHHS has a two-stage testing process, which is described in Section 3, *Testing with the Payer.*

Completion of the testing process is required prior to electronic submission of production data to MDHHS. Once the testing requirements are met, MDHHS will advise the entity when they can submit transactions.

3. Testing with the Payer

The MDHHS Electronic Submissions Manual contains an overview of the testing process (see Section 1.3 *References*). More information on testing is available at the following location:

www.michigan.gov/tradingpartners >> Electronic Submissions Transactions

In general, the steps to complete testing are as follows:

1. Register as an electronic biller
2. Obtain authentication credentials appropriate to the mode of electronic billing
3. Create a 270 request based on the Implementation Guide and this Companion Guide
4. Submit 270 request through the test environment
5. Retrieve acknowledgement(s)
6. Retrieve response 271 and review content

4. Connectivity with the Payer / Communications

4.1 System Availability

The MDHHS CHAMPS system is available 24 hours 7 days a week except for a regular weekly and monthly maintenance windows. The weekly maintenance window occurs every Sunday from 8:00 a.m. to 10:00 a.m. The monthly maintenance window starts at 6:00 p.m. on the third Saturday of each month and ends at 6:00 a.m. on Sunday. For information on unscheduled outages, please check the Biller "B" Aware page at the following location:

All Alerts and Updates>>Assistance Programs> Medicaid> Go To Medicaid> Providers> Provider Alerts

4.2 Process Flows

MDHHS supports several options for 270/271 transactions, including support for the ACA CORE required communication modes.

For ACA CORE, CHAMPS supports the following envelope standards for batch and real-time transport modes for the 270/271 transaction set.

- HTTP MIME Multipart (Envelope Standard A)
- SOAP+WSDL (normative) (Envelope Standard B)

MDHHS supports other batch options in addition to the ACA CORE transport mode standards. These include the Data Exchange Gateway and Electronic Batch Upload.

4.3 Transmission Administrative Procedures

4.3.1 Structure Requirements

- Real-time 270 requests are limited to one inquiry, per patient, per transaction.
- Per the Implementation Guide, on a batch 270, up to ninety-nine patient requests may be submitted in a single transaction. Loop 2000C occurrences in excess of ninety-nine will receive a negative 999 with the following error message: "Number of patient requests is <requests in the 271>. Recommended maximum for requests is 99".

4.3.2 Response Times for ACA CORE Communication Protocols

- A response to the real-time inquiry will be provided within 20 seconds during hours of availability.
- The v5010 271 response to a v5010 270 batch inquiry submitted by 9:00 pm Eastern time of a business day will be returned by 7:00 am Eastern time the following business day.

4.4 Communication Protocols

Please see the Electronic Submissions Manual for additional information on using communication protocols (see Section 1.3 *References*).

4.4.1 HTTP MIME Multipart

MDHHS supports standard HTTP MIME messages. The MIME format used must be that of multipart/form-data. Responses to transactions sent in this manner will also be returned as multipart/form-data.

4.4.2 SOAP+WSDL

MDHHS also supports transactions formatted according to the Simple Object Access Protocol (SOAP) conforming to standards set for the Web Services Description Language (WSDL) for XML envelope formatting, submission, and retrieval.

5. Contacts

EDI Services	EDI Services handles all issues and questions with the DEG or files exchanged with CHAMPS.
	Website: www.michigan.gov/tradingpartners >> Electronic Submissions Transactions
	Email: AutomatedBilling@michigan.gov
Provider Inquiry Unit	The Provider Inquiry Unit handles all billing questions related to paper claims and the 837 and questions regarding provider and billing agent enrollment.
	Website: www.michigan.gov/mdhhs >> Health Care Providers >> Providers >> CHAMPS
	Provider Inquiry Line: 1-800-292-2550
	Email: ProviderSupport@michigan.gov

6. Control Segments / Envelopes

6.1 ANSI ASC X12 270 - Interchange Control Header Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 270 transactions ***submitted*** to MDHHS.

Convention used	Explanation
< >	Text included within < > describes the values MDHHS requires for submission.
“ ”	Text with “ ” around a value represents HIPAA Implementation Guide values.
( )	The HIPAA Implementation Guide 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

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 / No Meaningful Information in I02)
	ISA	ISA02	Authorization Information	<10 Spaces>
	ISA	ISA03	Security Information Qualifier	“00” (No Security Information Present / No Meaningful Information in I04)
	ISA	ISA04	Security Information	<10 Spaces>
	ISA	ISA05	Interchange ID Qualifier	“ZZ” (mutually defined)
	ISA	ISA06	Interchange Sender ID	Trading Partner ID For FTP, SSL FTP, or HTTPS use the DEG ID. For electronic batch use the CHAMPS Provider ID or NPI. For SOAP+WSDL or MIME Multipart, use the CHAMPS Provider ID, NPI, or DEG ID.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				This value should always match GS02 <Application Sender's Code >.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA08	Interchange Receiver ID	<D00111>
	ISA	ISA15	Interchange Usage Indicator	"P" (production) or "T" (test) data
	ISA	ISA16	Component Element Separator	<:>
			Loop – Functional Group Header	
	GS		**Segment – Functional Group Header**	
	GS	GS02	Application Sender's Code	Trading Partner ID For FTP, SSL FTP, or HTTPS use the DEG ID. For electronic batch use the CHAMPS Provider ID or NPI. For SOAP+WSDL or MIME Multipart, use the CHAMPS Provider ID, NPI, or DEG ID. This value should always match ISA06 <Interchange Sender ID>.
	GS	GS03	Application Receiver's Code	"D00111" for MDHHS

6.2 ANSI ASC X12 271 - Interchange Control Header Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 271 transactions ***sent by*** MDHHS:

Convention used	Explanation
< >	Text included within < > describes the value sent by MDHHS.
" "	Text with " " around a value represents HIPAA Implementation Guide values.

( )	The HIPAA Implementation Guide description of the value in quotes, described above, is provided parenthetically.
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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 / No Meaningful Information in I02)
	ISA	ISA03	Security Information Qualifier	“00” (No Security Information Present / No Meaningful Information in I04)
	ISA	ISA05	Interchange ID Qualifier	“ZZ” (mutually defined)
	ISA	ISA06	Interchange Sender ID	<D00111>
	ISA	ISA07	Interchange ID Qualifier	“ZZ” (mutually defined)
	ISA	ISA08	Interchange Receiver ID	<CHAMPS Trading Partner ID>
	ISA	ISA09	Interchange Date	(interchange date), in YYMMDD format
	ISA	ISA10	Interchange Time	(interchange time), in HHMM format
	ISA	ISA12	Interchange Control Standards Identifier	<00501>
	ISA	ISA13	Interchange Control Number	<Unique Identifier for a Trading Partner>
	ISA	ISA14	Acknowledgment Requested	“0” (no acknowledgment requested) “1” (acknowledgement requested)
	ISA	ISA15	Interchange Usage Indicator	“P” (production) or “T” (test) data
	ISA	ISA16	Component Element Separator	<:>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Functional Group Header	
	GS		**Segment – Functional Group Header**	
	GS	GS02	Application Sender's Code	"D00111"
	GS	GS03	Application Receiver's Code	<CHAMPS Trading Partner ID>
	GS	GS04	Date	(functional group creation date), in CCYYMMDD format
	GS	GS05	Time	(functional group creation time), in HHMM format
	GS	GS07	Responsible Agency Code	"X" (Accredited Standards Committee X12)
	GS	GS08	Version/Release/Industry Identifier Code	"005010X279A1"

7. Payer Specific Business Rules and Limitations

7.1 Supported Service Types

MDHHS supports the Service Types required by the HIPAA 5010 270/271 Implementation Guide and CAQH CORE.

7.2 Search Options and Responses

MDHHS supports the data set search criteria outlined below:

- Primary Search Options:
  - **Member ID**:
    - **2100A Loop**:
      - Data Element NM109: Use Code '**D00111'**
    - **2100C Loop**:
      - Data Element NM108: Use Qualifier '**MI'**
      - Data Element NM109: '**Beneficiary ID**'
  - **Inquiries using the UIC**:
    - **2100A Loop**:
      - Data Element NM109: Use Code '**D00111-UIC'**
    - **2100C Loop**:
      - Data Element REF01: Use Qualifier '**18'**
      - Data Element REF02: '**UIC Number**'

- Alternate Search Options - any two of the following:
  - Recipient Full Name (First Name, Last Name)
  - Recipient Date of Birth
  - Recipient SSN
- Additional Alternate Search Options to identify a unique member if AAA 76 (Duplicate Subscriber/Insured ID Number) is returned in 271:
  - Gender Code
  - Postal Code

- MA Case Number (Applicable for Member ID Selection only)

7.2.1 Invalid Social Security Numbers

MDHHS follows the Social Security Administration validation logic for SSNs. For example SSNs beginning with 666 and 999 and SSNs containing zeros for any segment of the number are not valid. A 271 will be returned with an AAA of 75 “Subscriber Not Found”.

7.2.2 Recipient Name (First Name or Last Name) Containing Special Characters

When performing an Eligibility Search using the Recipient’s Full Name (First and Last) all applicable special characters should be included. For example, if a Member has a special character (hyphen (-), apostrophe (‘), etc.) in their First and/or Last Name and the special character is not included in the search the System will return a 271 response with the AAA of 73 error “Invalid/Missing Subscriber/Insured Name”.

7.3 Disproportionate Share Hospitals - DSH Audit Support

Eligibility inquiries for Disproportionate Share Hospital (DSH) audits are available for Hospital Providers (Inpatient only) enrolled under the Facility/Agency/Organization (FAO) enrollment type. Providers need to complete the following steps to submit Dates of Service (DOS) older than 1 year:

Step 1	Go to the ‘Complete Modification Checklist’ in the CHAMPS Provider Subsystem to complete the “Manage Provider Checklist” questions, including the following DSH question: ➢ “Do you need eligibility data (via HIPAA 270/271 real time and batch transactions) for DOS older than 1 year to complete a Medicare DSH audit? Selecting Yes acknowledges that any 270 - eligibility inquiry you submit with a DOS older than 1 year will only be used for Medicare DSH validation and for services related to Inpatient Hospital.”
Step 2	Select “Yes” under the Answer field drop-down for this question and complete the last 2 steps: Complete Modification Check List and Submit Modification Request for Review. This will generate an access request to MDHHS to approve.
Step 3	Once approved by MDHHS, begin submitting 270 transactions using EQ01 Service Type code “48” (Hospital – Inpatient) in the 2110C Loop. *Note: Submitting a 270 transaction with a 48 Service Type Code is an explicit request. The response will return all Benefit Plans associated with this service type code. A generic response will not be provided.*

8. Trading Partner Agreements

An EDI Trading Partner is defined as any MDHHS customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits directly to, or receives electronic data directly from MDHHS.

If you are not already submitting electronic transactions to MDHHS, you will need to enroll with MDHHS. Please refer to Section 2.1 for information on enrolling with MDHHS as a provider or billing agent. Enrollment is required to send or retrieve electronic transactions.

Note: Electronic submitters will need to be associated to their Providers (or to themselves) within CHAMPS to be able to submit and receive 270/271 transactions on the Provider's behalf.

9. Transaction Specific Information

9.1 ANSI ASC X12 270 - Transaction Set Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 270 transactions ***submitted*** to MDHHS.

Convention used	Explanation
< >	Text included within < > describes the values MDHHS requires for submission.
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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Transaction Set Header	
			Segment – Beginning of Hierarchical Transaction	
	BHT	BHT02	Transaction Set Purpose Code	"13" (Request)
2100A			**Loop – Information Source Name**	
2100A	**NM1**		**Segment – Information Source Name**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	NM1	NM101	Entity Identifier Code	“PR” (Payer)
2100A	NM1	NM103	Name Last or Organization Name	<Michigan Department of Health and Human Services>
2100A	NM1	NM108	Identification Code Qualifier	“PI” (Payor Identification)
2100A	NM1	NM109	Identification Code	<D00111> <D00111-UIC>
2100B			**Loop – Information Receiver Name**	
2100B	**NM1**		**Segment – Information Receiver Name**	
2100B	NM1	NM108	Identification Code Qualifier	“SV” (Service Provider Number) “XX” (Use Center for Medicare and Medicaid Services National Provider Identifier) to identify NPI unless exempt. “PI” (Payor Identification) Can use if PR is sent in NM101.
2100B	NM1	NM109	Identification Code	When NM108 is “SV” or “PI” use 7-digit CHAMPS Provider ID. When NM108 is “XX” use 10-digit National Provider Identifier.
2100C			**Loop – Subscriber Name**	
2100C	**NM1**		**Segment – Subscriber Name**	
2100C	NM1	NM103	Name Last or Organization Name	<Member Last Name>
2100C	NM1	NM104	Name First	<Member First Name>
2100C	NM1	NM105	Name Middle	<Member Middle Name>
2100C	NM1	NM106	Name Suffix	<Member Name Suffix>
2100C	NM1	NM108	Identification Code Qualifier	“MI” (Member Identification Number)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	NM1	NM109	Identification Code	<Beneficiary ID>
2100C	**REF**		**Segment – Subscriber Additional Information**	
2100C	REF	REF01	Reference Identification Qualifier	• Use "**SY**" if identifying the beneficiary using SSN. • Use "**GH**" if identifying the beneficiary using card control number and the card is swiped. • Use "**HJ**" if identifying the beneficiary using card control number that is printed in the MI heath card and keyed in by the provider. • Use "**18**" if identifying the beneficiary using UIC. ○ Loop 2100A NM109 must be D00111-UIC. (For real-time 270/271: if both UIC and SSN are present, UIC must be present first, and SSN will not be validated or used for retrieving any information.)
2100C	REF	REF02	Reference Identification	• Send SSN if REF 01 = "**SY**". • Send card control number from swipe if REF01 = "**GH**". • Send card control number that is printed on the card if REF01 = "**HJ**". • Send UIC if REF 01 = "**18**"
2100C	**N4**		**Segment – Subscriber City, State, Zip Code**	
2100C	N4	N403	Postal Code	<Subscriber Postal Zone or ZIP Code> Identify the Beneficiary's Zip code in this segment if using as Alternate Search option
2100C	**DMG**		**Segment – Subscriber Demographic Information**	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	DMG	DMG02	Date Time Period	<Member's Birth Date>, in CCYYMMDD format if using as a search option
2100C	DMG	DMG03	Gender Code	"F" (Female) "M" (Male) If using as Alternate Search option
2100C	**DTP**		**Segment – Subscriber Date**	
2100C	DTP	DTP03	Date Time Period	A single date of service or a date range (not to exceed 3 months from current date). Can be a maximum of one year prior or up to the last day of the current month. Exception: DSH Inquiry Exception - See Section 7.
2110C			**Loop – Subscriber Eligibility or Benefit Inquiry**	
2110C	**EQ**		**Segment – Subscriber Eligibility or Benefit Inquiry**	
2110C	EQ	EQ01	Service Type Code	When service type code is not supplied or unsupported (see Section 7), use Service Type Code "30" (Health Benefit Plan Coverage) as the default. DSH Inquiries: Use "48" (Hospital – Inpatient).

9.2 ANSI ASC X12 271 - Transaction Set Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 271 transactions ***sent by*** MDHHS:

Convention used	Explanation
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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Transaction Set Header	
	ST		**Segment - Transaction Set Header**	
	ST	ST01	Transaction Set Identifier Code	<271> (Eligibility, Coverage, or Benefit Inquiry)
	ST	ST03	Implementation Code Reference	"005010X279A1"
2100A			**Loop – Information Source Name**	
2100A	**NM1**		**Segment – Information Source Name**	
2100A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payor Identification)
2100A	NM1	NM109	Identification Code	<D00111> or <D00111-UIC>
2100B			**Loop – Information Receiver Name**	
2100B	**NM1**		**Segment – Information Receiver Name**	
2100B	NM1	NM103	Name Last or Organization Name	Reported if available and NM102 is 1.
2100B	NM1	NM104	Name First	Reported if available and NM102 is 1
2100B	NM1	NM105	Name Middle	Reported if available and NM102 is 1

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100B	NM1	NM107	Name Suffix	Reported if available and NM102 is 1
2100B	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Service National Provider Identifier) for NPI-mandated providers. "SV" (Service Provider Number) or "PI" (Payor Identification) for NPI-exempt providers.
2100B	NM1	NM109	Identification Code	7-digit CHAMPS Provider if NM108 qualifier is "SV" 10-digit National Provider Identifier if NM108 qualifier is "XX"
2100B	**AAA**		**Segment – Information Receiver Request Validation**	
2100B	AAA	AAA03	Reject Reason Code	"43" (Invalid/Missing Provider Identification) "51" (Provider Not on File)
2000C			**Loop – Subscriber Level**	
2000C	**TRN**		**Segment – Subscriber Trace Number**	
2000C	TRN	TRN02	Reference Identification	Reported if present in 270
2000C	TRN	TRN03	Originating Company Identifier	Reported if present in 270
2100C			**Loop – Subscriber Name**	
2100C	**NM1**		**Segment – Subscriber Name**	
2100C	NM1	NM101	Entity Identifier Code	"IL" (Insured or Subscriber)
2100C	NM1	NM103	Name Last or Organization Name	Reported if available and NM102 is 1.
2100C	NM1	NM104	Name First	Reported if available and NM102 is 1.
2100C	NM1	NM105	Name Middle	Reported if available and NM102 is 1.
2100C	NM1	NM107	Name Suffix	Reported if available and NM102 is 1.
2100C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	NM1	NM109	Identification Code	Ten-digit Beneficiary ID
2100C	**REF**		**Segment – Subscriber Additional Information**	
2100C	REF	REF01	Reference Identification Qualifier	The following codes are returned as applicable: • "**3H**" (Case Number) Source MA only • "**EJ**" (Patient Account Number) if sent in 270. • "**SY**" (Social Security Number) if used as a search option in 270. • "**18**" UIC if used as a search option in 270.
2100C	REF	REF02	Reference Identification	• If REF 01 qualifier = to "**3H**" (only data Source MA): <Case Number>, <DHS Service County Code>, <DHS District Code>, <DHS Local Office Phone Number>, <Residence County Code> • If REF 01 qualifier = to "**EJ**": Patient Account Number • If REF 01 qualifier = to "**SY**": Social Security Number • If REF 01 qualifier = to "**18**": UIC
2100C	DTP	DTP01	Subscriber Date	If a value of 540 (Policy Expiration) is returned, this represents the Current Redetermination Date when one of the following Benefit Plans is active: MICHOICEMC, PACE, NH, MA-MC, MA-HMP-MC, CSHCS-MC, MME-MC, ICO-MC, HHMICARE, BHMA and BHHMP.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	DTP	DTP01	Date Qualifier	• If Qualifier **540**: Current MA Redetermination Date will be returned in the DTP03 if it exists in CHAMPS and beneficiary has Benefit Plan ID MICHOICEMC or PACE or NH or MA-MC or MA-HMP-MC or CSHCS-MC or MME-MC or ICO-MC or PIHP or PIHP-HMP or BHMA or BHHMP • If Qualifier **458**: Current CSHCS Redetermination Date will be returned in the DTP03 if it exists in CHAMPS and beneficiary has Benefit Plan ID is CSHCS for the dates of inquiry **Note:** DTP segments will repeat if a beneficiary has both a MA Redt and CSHCS Redt date in CHAMPS to report each redetermination date separately
2100C	DTP	DTP02	Date Format Qualifier	**D8**: CCYYMMDD
2100c	DTP	DTP03	Date Period	• **MA Redt** will be returned if DTP01 Qualifier 540 • **CSHCS Redt** will be returned if DTP01 Qualifier 458
2110C	**REF**		**Subscriber Additional Identification**	
2110C	REF	REF01	**Reference Identification Qualifier**	A code of '**M7**' will be used to report the MAGI Category Indicator Code if the data is available in CHAMPS for the date of service in the REF02. If a beneficiary has both MAGI and TOA code data a code of '**IG**' will be used to report the TOA code for the date of service in the REF02.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2110C	REF	REF02	**Reference Identification**	**If REF01 = 'M7', REF02 will contain MAGI Category Indicator Code** data (See Appendix F codes with description). **If REF01 = 'IG', REF02 will contain TOA Code** (See Appendix E for codes with description)
2110C	**MSG**		**Message Text**	

2110C	MSG	MSG01	Free-Form Message Text	One or more of the following messages can be returned in the 271 response as supplemental information for providers and can follow any EB segment with Benefit Plan ID data **if applicable**: • "Citizenship Status-<status description>" • "Contact the MHP for further details on covered services including PA, copay and other requirements." • Cost Share Met <Y/N>,Cap Remaining Amount $<XXX.XX> • "ICO-MC DEEMING Status. During DEEMING Status this individual's Medicaid and Medicare services will be provided by the ICO Health Plan. Check with the ICO Health Plan for covered services, PA, and other requirements." • "Long Term Care and Support Services not covered." • "No Benefits: This Benefit Plan only pays Medicare premiums and is part of the Medicare Savings Program (MSP), also known as the "Buy-In" Program. Refer to the Medicaid Provider Manual/MDHHS website for further details." • "PE Indicator – Yes (reported for beneficiaries with a Benefit Plan that approved through the Presumptive Eligibility process)." • "Refer to Medicaid Provider Manual/MDHHS website for details covered services including PA, copay and other requirements." • "Some services may not be covered if age 21 and older." • "The 271 can only report up to 8 diag codes for DOS. Check CHAMPS-Elig Inquiry for all diag codes authorized for DOS. (This message is returned for Benefit Plan ID CSHCS if more than 8 Diagnosis codes if in CHAMPS for the DOS.)" • "Use V25 diagnosis code family as primary." • "Some services may not be covered if age 21 and older."

10. Supplementary Information

Appendix A: Crosswalk of MDHHS Eligibility Data to EB01, EB03, EB04, EB05 and EB07

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: ALMB	30	IND		SP	ALMB-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: APS	1	IND	30^50^69^88^98^BU^	OT	APS-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan: BH-Cover	1		30^MH^AI^	HM	BH-Cover-ProgramCode		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C
Benefit Plan ID: BHMA-MHP	1	IND	30^MH^Afacl^	HM	BHMA-MHP-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C
Benefit Plan ID: BHMA	1	IND	30^MH^AI^	HM	BHMA-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: BHHMP-MHP	1	IND	30^MH^AI^	HM	BHHMP-MHP-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, Provider name, Provider address, and phone number in Loop 2120C
Benefit Plan ID: BHHMP	1	IND	30^MH^AI^	HM	BHHMP-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, Provider name, Provider address, and phone number in Loop 2120C
Benefit Plan ID: BIS	1	IND	30^A9^	OT	BIW-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: BMP	1	IND	30^	OT	BMP-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: NPI, Provider name, Provider Address and phone number in Loop 2120C
Benefit Plan ID: CCBHC	1	IND	30^MH^AI	OT	CCBHC		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan: CCBHC-FFS	1		30^MH^AI	OT	CCBHC-FFS		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements.	
Benefit Plan ID: CSHCS	1	IND	30^1^33^35^47^48^50^71^86^88^98^AL^UC^	OT	CSHCS "This NPI is listed. See CSHCS guidelines." or "This NPI not listed. See CSHCS guidelines."		Refer to Medicaid <Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: If inquiring provider is Authorized for the DOS: ·Loop 2100C, HI Segment(s): Diagnosis code(s) ·Loop 2110C, EB14 Segment(s): Diagnosis Code Pointer, use to link to HI code. ·Loop 2120C, NM1 Segment: Authorized provider data. Note: Diagnosis codes provided for single DOS only.
Benefit Plan ID: CSHCS-MC	1	IND	30^1^33^47^48^50^71^86^88^98^AL^UC^	HM	CSHCS-MC <PET Code>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, Medicaid Health Plan name, Billing address, and 24HR phone number in Loop 2120C

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: CSHCS-MC (Dental)	1	IND	30^35^	HM	CSHCS-MC Dental-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: CSHCS-MH	1	IND	30^CQ^	OT	CSHCS-MH-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: If inquiring provider is Authorized or PCCM for the DOS: ·Loop 2120C, NM1 Segment: Authorized provider data
Benefit Plan ID: CTS	1	IND	30^TC	OT	CTS-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS Provider ID/NPI and Provider Name/Facility Name in Loop 2120C
Benefit Plan ID: CWP-MC	1	IND	30^MH^	OT	CWP-MC-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, Provider Name, Provider Address and Phone number in Loop 2120C

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan: HDE-SNP-MC	1		1^30^1^33^35^47^48^50^54^86^88^98^MH^AL^UC	HM	HIDE SNP-ProgramCode		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements.	Additional Data: CHAMPS ID, ICO Provider name, Billing address, and 24HR phone number **in Loop 2120C**
Benefit Plan: HDE-SNP-MC		B	30^1^33^35^47^48^50^54^86^88^98^MH^AL^UC	HM	HIDE SNP PPA-ProgramCode	<PPA>		EB Reported if PPA on file.
Benefit Plan: HDE-SNP-MC		G	30^1^33^35^47^48^50^54^86^88^98^MH^AL^UC	HM	HIDE SNP PEME-ProgramCode	<PEME Amount>		EB Reported if PPA on file.
Benefit Plan: HDE-SNP-MC Deemed	1		30^7	OT	HIDE SNP Deemed		HDE-SNP-MC DEEMING Status. During DEEMING Status this individual's Medicaid and Medicare services will be provided by the HIDE SNP. Check with the HIDE SNP for covered services, PA, and other requirements.	Additional Data: Deeming start date - deeming end date **in Loop 2100C and 2110C DTP RD8** **Additional Data: CHAMPS ID, ICO Health Plan name, Billing address, and 24HR phone number in Loop 2120C**

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: HHBH	1	IND	30^MH^AI^	OT	HHBH-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, Provider Name, Provider Address and Phone number in Loop 2120C
Benefit Plan ID: HHMICARE	1	IND	30^CQ^	OT	HHMICARE		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, Provider Name, Provider Address and Phone number in Loop 2120C
Benefit Plan ID: HK-Dental	1	IND	30^35^	HM	HK-Dental-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS Provider ID, Dental Plan Name, Billing address and 24HR Phone number reported in Loop 2120C
Benefit Plan ID: HK-EXP	1	IND	30^35^	MC	HK-EXP FFS Dental-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Note: Segment is reported if the beneficiary has Fee for Service Dental
Benefit Plan ID: HK-EXP	1	IND	30^1^33^35^47^48^50^71^86^88^98^AL^MH^UC^	MC	HK-EXP-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: HK-EXP-ESO	1	IND	30^1^47^48^50^86^88^91^92^MH^UC^	MC	HK-EXP-ESO-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: Hospice	1	IND	30^45^	OT	Hospice-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Note: Separate EB Segment reported if PPA if data is available in CHAMPS for DOS.
Benefit Plan ID: Hospice Patient Pay Amount (PPA)	B	IND	30^45^	OT	Hospice PPA-<Program Code from Appendix B>	<PPA>	<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: Hospice PEME Amount	G	IND	30^45^	OT	Hospice PEME-<Program Code from Appendix B>	<PEME Amount>	<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: ICO-MC	1	IND	30^1^33^35^42^47^48^50^54^56^71^86^88^98^AL^UC^	HM	ICO-MC-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, ICO Provider name, Billing address, and 24HR phone number in Loop 2120C

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: ICO-MC Patient Pay Amount (PPA)	B	IND	30^1^33^35^42^47^48^50^54^56^71^86^88^98^AL^UC^	HM	ICO-MC PPA-<Program Code from Appendix B>	<PPA>	<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	EB Reported if PPA on file.
Benefit Plan ID: ICO-MC PEME Amount	G	IND	30^1^33^35^47^48^50^54^86^88^98^MH^AL^UC	HM	ICO PEME-<Program Code from Appendix B>	<PEME Amount>	<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	EB Reported if PPA on file.
Benefit Plan: ICO-MC Deemed	1	IND	30^7^	HM	ICO-MC Deemed <PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: Deeming start date – deeming end date in Loop 2100C and 2110C DTP RD8 CHAMPS Provider ID, ICO Health Plan name, Billing address, and 24 HR phone number in Loop 2120C.
Benefit Plan ID: INCAR	1	IND	30^48^	OT	INCAR-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: INCAR-ESO	1	IND	30^48^	OT	INCAR-ESO-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: INCAR-MA	1	IND	30^48^	OT	INCAR-MA-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: INCAR-MA-E	1	IND	30^48^	OT	INCAR-MA-E-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: LTC-EXEMPT	I	IND	54^	OT	LTC-EXEMPT-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: MA	1	IND	30^35^	MC	MA FFS Dental-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Note: Segment is reported if the beneficiary has Fee for Service Dental due to not being enrolled into Managed Care.
Benefit Plan ID: MA	1	IND	30^1^33^47^48^50^86^88^98^AL^MH^UC^	MC	MA-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: MA-ESO	1	IND	30^1^47^48^50^86^88^91^92^MH^UC^	MC	MA-ESO-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: MA-FTW	1	IND	30^35^	MC	MA-FTW FFS Dental-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Note: Segment is reported if the beneficiary has Fee for Service Dental due to not being enrolled into Managed Care.
Benefit Plan ID: MA-FTW	1	IND	30^1^33^35^45^48^50^71^86^88^91^92^98^AL^MH^UC^	MC	MA-FTW <Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: MA-HMP	1	IND	30^35^	MC	MA-HMP FFS Dental-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Note: If the BP ID is MA-HMP-MC or HK-Dental then do not display MA-HMP-FFS dental message in the MSG Segment of the EB05 Element
Benefit Plan ID: MA-HMP	1	IND	30^1^33^35^47^48^50^71^86^88^91^92^98^AL^MH^UC^	MC	MA-HMP-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: MA-HMP-ESO	1	IND	30^1^47^48^50^86^88^91^92^MH^UC^	MC	MA-HMP-ESO-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: MA-HMP-INC	1	IND	30^48^	OT	MA-HMP-INC-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: MA-HMP-MC	1	IND	30^1^33^35^47^48^50^71^86^88^91^92^98^AL^MH^UC^	HM	MA-HMP-MC-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, Health Plan name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan ID: MA-MC	1	IND	30^1^33^47^48^50^86^88^98^AL^MH^UC^	HM	MA-MC-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, Medicaid Health Plan name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan ID: MA-MICHILD	1	IND	30^1^33^35^47^48^50^71^86^88^98^AL^MH^UC^	MC	MA-MICHILD-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: MA-MICHILD	1	IND	30^35^	MC	MA-MICHILD FFS Dental-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: MICHILDESO	1	IND	30^1^47^48^50^86^88^91^92^98^ MH^UC^	MC	MICHILDESO-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: MICHOICEMC	1	IND	30^42^	HM	MICHOICEMC-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, Waiver Agent Name, Billing address and phone number in Loop 2120C
Benefit Plan ID: MME-MC	1	IND	30^1^33^47^48^50^71^86^88^98^AL^MH^UC^	HM	MME-MC-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, Medicaid Health Plan name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan ID: MOMS	1	IND	30^47^48^50^69^82^88^98^BU^	OT	MOMS		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: NEMT	1	IND	30^56^	OT	NEMT-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>	Additional Data: CHAMPS Provider ID, NEMT Provider Name, Billing Address and 24 HR phone in Loop 2120C
Benefit Plan ID: NH	1	IND	30^54^	OT	NH-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: NPI and Provider name in Loop 2120C. Separate EB Segment reported if PPA on file.

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: NH Patient Pay Amount (PPA)	B	IND	30^54^	OT	NH PPA-<Program Code from Appendix B>	<PPA>	<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: NPI and Facility name in Loop 2120C.
Benefit Plan ID: NH PEME Amount	G	IND	54	OT	NH PEME-<Program Code from Appendix B>	<PEME Amount>	<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: PACE	1	IND	30^1^33^35^47^48^50^54^71^86^88^98^AL^MH^UC^	HM	PACE-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, PACE Provider name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan ID: PACE Patient Pay Amount (PPA)	B	IND	30^1^33^35^47^86^88^98^AL^UC^	HM	PACE-<Program Code from Appendix B>	<PPA>	<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>.	Additional Data: CHAMPS ID, PACE Provider name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan ID: PACE PEME Amount	G	IND	30^1^33^35^47^86^88^98^AL^UC^	HM	PACE-<Program Code from Appendix B>	<PEME Amount>	<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS ID, PACE Provider name, Billing address, and 24HR phone number in Loop 2120C

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: PIHP	1	IND	30^MH^AI^	HM	PIHP-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C
Benefit Plan ID: PIHP-HMP	1	IND	30^MH^AI^	HM	PIHP-HMP-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C
Benefit Plan ID: Plan First	1	IND	30^82	OT	Plan First-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: PRTF	1	IND	30^RT^	OT	PRTF		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: QDWI	1	IND	30^	SP	QDWI-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: QMB	1	IND	30^	SP	QMB-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan ID: REENTRY-MA	1		30^	OT	REENTRY-MA>Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements.	
Benefit Plan ID: SED-MC	1	IND	30^MH^	OT	SED-MC-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number in Loop 2120C
Benefit Plan ID: SLMB	1	IND		SP	SLMB-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: Spenddown	1	IND	30^	OT	Spendown-<Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: Spenddown	Y	IND	30^	OT	Spendown-<Program Code from Appendix B>	<Spend-Down amount per DHS. A zero (0) amount will be reported if not on file.>	<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	No benefits Spend-Down AMT is information only, contact DHS for the exact amount and/or if the amount is equal to 0 (Zero).

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Benefit Plan: SUDHH	1		30^CQ^	OT	SUDHH			
Benefit Plan ID: SPF	1	IND	30^48^	OT	SPF-<PET Code><Program Code from Appendix B>		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Benefit Plan ID: TCMF	1	IND	30^CQ^	OT	TCMF<Program Code From Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>	
Benefit Plan ID: TCM-INC	1	IND	30^CQ^	OT	TCM-INC		<Refer to Section 9.2 under the 2110C Loop, MSG Segment for available messages returned after EB segment if applicable.>	
Other Information: Patient Pay Amount (PPA) for Inpatient Hospital	B	IND	30^48^	OT	PPA for Inpatient Hospital Acute Care	<PPA> (report a zero 0 amount if no PPA on file)		This segment is provided in addition to a separate segment to report Benefit Plan ID data above.

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Other Information: PCP reported with Benefit Plan IDs MA-MC, MA-HMP-MC, or MME-MC if on file for current DOS	L	IND	N/A	HM	PCP			Additional Data, **2120C Loop**: PCP name, and Phone. Note: PCP Data only reported if inquiry DOS (single or span) includes current date.
Other Information: PCP not available. Reported with Benefit Plan IDs MA-MC, MA-HMP-MC, or MME-MC	L	IND	N/A	HM	PCP Not Available, Contact the MHP.			Note: Only reported if inquiry DOS (single or span) includes current date.
Other Information: Pending Eligibility. Reported for beneficiaries with a pending MA Application	8	IND	30^		Pending Eligibility			Note: Reported if pending MA application record on file, and there is no active eligibility found for the DOS submitted.

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Other Information: TPL. Reported for beneficiaries with Other Insurance in CHAMPS for the data of service.	R	IND	30^	OT	TPL			Additional Data: ·**2120C Loop:** Payer ID, Payer Address, Group Number, Policy number, Policy Holder ID, and Policy Holder Name (if on file), ·**2110C Loop:** Date last updated (DTP), Coverage Type Code/Description and OI Code/Description reported (MSG; Data elements separated by commas).

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Other Information: TPL-Medicare. Reported for beneficiaries with Medicare as Other Insurance in CHAMPS for the data of service.	R	IND	30^	MA, MB or OT	Medicare			Additional Data: ·**2120C Loop:** Payer ID, Payer Address, Payer Phone, Policy number, Policy Holder ID, and Policy Holder Name (if on file), ·**2110C Loop:** Date last updated (DTP), Coverage Type Code/Description and OI Code/Description reported (MSG; Data elements separated by commas). See additional information in Appendix C regarding MBI.
Other Information: TPL-Medicare Excluded Alien	R	IND	30^					Note: Segment reported for Information only.

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Other Information: Presumptive Eligibility	W	IND	30^	MC	PRESUMPTIVE ELIGIBILITY			Note: Presumptive Eligibility (PE) data will be returned if the inquiry date of service (span or single) falls within the PE segment Begin and End Dates, regardless if the member has active Benefit Plan(s) for DOS. The entire PE segment will be returned.
Other: Managed Care Enrollment Grid Data	W		30^	HM	PTI-<Program Type Indicator = MA/IC/HK/HD>, ETI-<Enrollment Type Indicator = Mandatory/Voluntary/Excluded> Example: PTI-MA, ETI-Mandatory			If in the 270, the 2100B loop NM108 qualifier = “SV” or “PI” (the inquiring provider is a Managed Care provider), then return the "Other: Managed Care Enrollment Grid Data." Otherwise, do not return this information. When responding with the "Other: Managed Care Enrollment Grid Data," return all segments that have an End Date greater than or equal to System Date (regardless of the inquiry date(s) (which could be a single DOS or a span)).

Loop 2110C - Subscriber Eligibility or Benefit Information								
Eligibility Data	**EB01**	**EB02**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Additional Information/ Comments**
Other: MichiCANS/LOCUS Assessment Score	W		30^	OT	<MichiCANS or LOCUS>,<Score> Example: MichiCANS,3			This EB segment is only returned if assessment score data is available for a beneficiary and if the inquiring provider ID is a Managed Care Provider or FFS Provider with an approved Specialty and/or Subspecialty.

Appendix B: EB05 Program Codes

CHAMPS 270/271 HIPAA Eligibility Transaction reports the Program Code at the end of the Benefit Plan ID in EB05.

Program Code	Description
A	Medicaid for aged SSI recipients
B	Medicaid for blind SSI recipients
C	Medicaid (Family Independence Program (FIP))
E	Medicaid for disabled SSI recipients
G	Healthy Michigan Program
H	Healthy Michigan Program
I	Refugee Assistance Program (payment and medical)
J	Refugee Assistance Program (Medicaid only)
K	Ambulatory Prenatal Services (APS)
L	Healthy Kids Medicaid and Medicaid for Pregnant Women
M	Medicaid for the aged
N	Medicaid for caretaker relatives and families with dependent children
O	Medicaid for the blind
P	Medicaid for the disabled
Q	Medicaid for persons under age 21
R	Repatriate Assistance Program
T	MICHILD

Appendix C: TPL Medicare Response

Due to the Centers for Medicare & Medicaid Services (CMS) New Medicare Card Project, individual's Social Security numbers were removed from Medicare cards to help combat identify theft. The new cards will now use a unique, randomly-assigned number called a Medicare Beneficiary Identifier (MBI) to replace the Social Security based Health Insurance Claim Number (HICN). Below are the 271 response rules for this HICN to MBI change-over.

Scenario	Response Generation Rule
Subscriber Additional Identification Medicare Group Number Rule (Loop 2110C. REF 02 with REF01 qualifier 6P)	For All Commercial Payers, send Group Number. **Starting 10/1/2018 – 12/31/2019:** For Medicare Coverage with Payer ID= "11111111" OR "22222222" OR "33333333" OR "44444444" OR "77777777", System will send the current MBI, if available. If no MBI is available, the Medicare Group Number will be sent on the 271 response. For Medicare Coverage with Payer ID= "55555555" OR "66666666", the System will send the Group Number on the 271. **Starting 1/1/2020 – 12/31/2999:** For Medicare Coverage with Payer ID= "11111111" OR "22222222" OR "33333333" OR "44444444" OR "77777777", System will send the current MBI, if available. If no MBI is available, the Medicare Group Number will be left blank on the 271 response. For Medicare Coverage with Payer ID= "55555555" OR "66666666", the System will send the Group Number on the 271.
Subscriber Additional Identification Medicare Policy Number Rule (Loop 2110C, REF02 with REF01 qualifier 1L)	For All Commercial Payers, send Policy Number. **Starting 10/1/2018 – 12/31/2019:** For Medicare Coverage, (Payer ID= "11111111" OR "22222222" OR "33333333" OR "44444444" OR "55555555" OR "66666666" OR "77777777"), System will send the current MBI, if available. If no MBI is available, the Medicare Policy Number will be sent on the 271 response. **Starting 1/1/2020 – 12/31/2999:** For Medicare Coverage, (Payer ID= "11111111" OR "22222222" OR "33333333" OR "44444444" OR "55555555" OR "66666666" OR "77777777"), System will send the current MBI, if available. If no MBI is available, the Medicare Policy Number will be left blank on the 271 response.

Appendix D: Program Enrollment Type (PET) Codes

CHAMPS 270/271 HIPAA Eligibility Transaction reports the PET Code at the end of the Benefit Plan ID in EB05 if applicable.

PET Code	Description
EXM-ALJD	Long Term Care Exempt ALJD
EXM-BCCP	Breast and Cervical Treatment
EXM-DIVM	Long Term Care Exempt for Divestment
EXM-MPRR	Long Term Care Exempt MPRO
EXM-PASR	Long Term Care Exempt PASR
HDE-CMCF	MI Coordinated Health at County Medical Care Facility
HDE-COMM	MI Coordinated Health at Community
HDE-HCBS	MI Coordinated Health at Home and Community Based Services
HDE-HOSC	MI Coordinated Health with Hospice at County Medical Care Facility
HDE-HOSH	MI Coordinated Health with Hospice at Home
HDE-HOSN	MI Coordinated Health with Hospice at Nursing Facility
HDE-HOSR	MI Coordinated Health with Hospice at Residence Facility
HDE-HOSW	MI Coordinated Health Wavier with Hospice at Home
HDE-NFAC	MI Coordinated Health at Nursing Facility
HKD-MCDN	Managed Care Dental
HOS-COMM	Hospice at Community
HOS-NFAC	Hospice at Nursing Facility
HOS-RESD	Hospice at Residence Facility
ICO-CMCF	MI Health Link at County Medical Care Facility
ICO-COMM	MI Health Link at Community
ICO-HCBS	MI Health Link at Home and Community Based Services
ICO-HOSC	MI Health Link with Hospice at County Medical Care Facility
ICO-HOSH	MI Health Link with Hospice at Home
ICO-HOSN	MI Health Link with Hospice at Nursing Facility
ICO-HOSR	MI Health Link with Hospice at Residence Facility
ICO-HOSW	MI Health Link Wavier with Hospice at Home
ICO-NFAC	MI Health Link at Nursing Facility
INC-JAIL	Incarceration Jail
INC-JDET	Incarceration Juvenile Detention
INC-PRSN	Incarceration Prison

MHP-CMCF	Medicaid Health Plan at County Medical Care Facility
MHP-COMM	Medicaid Health Plan at Community
MHP-HOSH	Medicaid Health Plan with Hospice at Home
MHP-HOSN	Medicaid Health Plan with Hospice at Nursing Facility
MHP-HOSR	Medicaid Health Plan with Hospice at Residence Facility
MHP-NFAC	Medicaid Health Plan at Nursing Facility
MIC-COMM	MI Choice at Community
MIC-CSSP	MI Choice (SSP Indicator)
MIC-HOSH	MI Choice with Hospice at Home
MIC-HSSP	MI Choice (SSP Indicator) with Hospice
PCE-CMCF	PACE at County Medical Care Facility
PCE-COMM	PACE at Community
PCE-HOSH	PACE with Hospice at Home
PCE-HOSN	PACE with Hospice at Nursing Facility
PCE-HOSR	PACE with Hospice at Residence Facility
PCE-NFAC	PACE at Nursing Facility
SPF-INPT	State Psych Facility

Appendix E: Type of Assistance (TOA) Codes

CHAMPS 270/271 HIPAA Eligibility Transaction reports the TOA Codes in the 2110C Loop, REF02 if applicable.

TOA Code	TOA Description
ADMA	MA-AD-Care
AMPM	MA-Healthy Michigan Plan
AS4E	MA-Adoption Subsidy Title IV-E
ASDW	MA-Adoption Subsidy Department Wrd
BCCP	MA-Breast and Cervical Cancer
CHWM	MA-Children's Waiver
ECMA	MA-Extended Care
FC4E	MA-Foster Care Title IV-E
FCDW	MA-Foster Care Department Ward
FCTM	Children aging out of FC
FLNT	Flint Water Group
FTWM	MA-Freedom to Work
G2CM	MA-Group 2 Caretaker Relatives
G2PM	MA-Group 2 Pregnant Women
G2SM	MA-Group 2 Aged Blind Disabled
G2UM	MA-Group 2 under 21
HCCM	MA-Home Care Children
HKEM	MA-Other Healthy Kids Expansion (ages 16 to 19)
MCDM	MA-MiChild
MTMA	MA-Michigan Transitional MA
NRHM	MA-Non-resident Hospitalization
NSMH	MA-Non SER Migrant Hospitalization
PE-APS	Presumptive Eligibility - Ambulatory Prenatal Services
PFFP	MA-Plan First
RCHM	MA-Resident County Hospitalization
REPM	MA-Repatriates Assistance
RUMM	Refugee Unaccompanied Minors Medicaid
SEDM	MA-Serious Emotional Disturbance Waiver
SSIA	MA-SSI Appeal

SSIT	MA-Terminated SSI
TA22	MA-Manual SSI
TP02	MA-Refugee Assistance
TP03	MA-503
TP07	MA-Transitional MA Earnings
TP08	MA-Low Income Families
TP13	MA-SSI Recipients
TP18	MA-Disabled Adult Children
TP19	MA-Special Disabled Children
TP20	MA-Special N/Support
TP21	MA-COBRA Widow(er)s
TP22	MA-Early Widow(er)s
TP23	Special Low-Income Medicare Beneficiaries - ONLY
TP24	Qualified Medicare Beneficiaries- ONLY
TP25	Qualified Disabled Working Individuals- ONLY
TP26	Additional Low-Income Medicare Beneficiaries- ONLY
TP27	Additional Low-Income Medicare Beneficiaries 2- ONLY
TP40	MA-Healthy Kids for Pregnant Women
TP43	MA-Healthy Kids under age 1
TP44	MA-Other Healthy Kids (ages 1 to 19)
TP45	MA-Newborns

Appendix F: Modified Adjusted Gross Income (MAGI) Codes

CHAMPS 270/271 HIPAA Eligibility Transaction reports the MAGI Codes in the 2110C Loop, REF02 if applicable.

MAGI Program	MAGI Categories	CHAMPS MAGI Category Indicator Values
MAGI-U19	Children under age nineteen	A
		F
MAGI-PW	Pregnant Women	B
		G
MAGI-PCR	Parents/Caretakers	C
		H
MAGI-IND	Adults	I
		D
		R
		Q
		P
MAGI-MIChild	CHIP (MIChild)	E
		J
MAGI-FFC	Former Foster Care	L
MAGI-PlanFirst	Plan First	M

11. Revision Log

CG Version	270/271 Change Date	Revision Description
February 18, 2011 (Draft)	January 1, 2012	-This document replaces *Companion Guide For The CHAMPS - HIPAA 270/271 Health Care Eligibility Benefit Inquiry And Response Addenda Version 4010A1*, dated October 10, 2010.
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. -Added alternate search option. -Updated elements GS02, GS03, and GS08 in the 271 Group Header. -Updated data elements ST03 in Transaction Set Header. -Replaced content of Appendix A.
January 12, 2012	January 1, 2012	-Updated 2100C Loop REF 03 to: For Source MA if REF01 = "3H" <DHS Service County Code>, <DHS District Code>, <DHS Worker Load Number>, DHS Local Office Phone Number>, <Residence County Code>
January 12, 2012	January 1, 2012	-Removed PER Segments from 2120C Loop. This information is displayed in 2100C Loop REF 03.
January 12, 2012	January 1, 2012	-Updated heading in Appendix A to 2110C
January 12, 2012	January 12, 2012	-Added Copay Table
July 6, 2012	June 22, 2012	-Added additional Spenddown Benefit Plan segment to 2110C Loop
April 22, 2013	July 1, 2013	-Reformatted to conform with ACA CORE companion guide requirements. -Added information on the new ACA CORE required transport modes: MIME Multipart and SOAP+WSDL. -Updated transaction specific information for ACA CORE changes. -Updated links for new website design.
January 29, 2014	July 1, 2013	-Updated 2100C Loop REF segments. -Updated Appendix A 2110C Loop Level of Care, EB03 and EB05.
March 28, 2014	July 1, 2013	-Updated Appendix A with Healthy Michigan Plan Benefit Plans.
February 3, 2015	July 1, 2013	-Added EB05 Program Codes Table in Appendix B. -Updated Appendix A with Program Code in EB05. -Added Benefit Plans: APS, HHBH, ICO-MC, PIHP-HMP and Service Type Code changes. -Added to 270 in the 2100B Loop a value of PI (Payor Identification)

August 10, 2015	July 1, 2013	-Added Current Redetermination Date in 2100C DTP Loop. -Updated Appendix A by adding Citizenship Status to the MSG Segment and an Optional MSG column for Presumptive Eligibility. -Updated the INCAR-ESO and INCAR-MA-E Benefit Plans, adding STC under EB03 and removing the Additional Information/ Comments. -Updated website in footer. -Updated department from MDCH to MDHHS.
August 19, 2015	January 1, 2016	-Added MSG for the Current Quarter Cost Share Met and Cap Remaining Amount which returns on single date of service requests.
December 28, 2015	January 1, 2016	-Updated search options for Member ID -Added 3 new MICHILD benefit plans to Appendix A -Updated message segment for the INCAR benefit plan in Appendix A -Updated additional information for Other: LTC in Appendix A -Added the MICHILD Program Code to Appendix B
March 15, 2016	April 1, 2016	-Added Benefit Plan TCMF effective April 1, 2016 -Added Benefit Plan HHMICARE effective July 1, 2016 -Updated 2100C DTP01 segment to include HHMICARE
December 16, 2016	January 1, 2017	-Added Benefit Plan BIW tentatively effective April 1, 2017 -Added Benefit Plan CWP-MC effective January 1, 2017 -Added Benefit Plan ICO-MC Deemed effective July 1, 2016 -Added Benefit Plan SEC-MC effective January 1, 2017 -Updated 4.1 System Availability section to include weekly maintenance window
June 16, 2017	June 26, 2017	-Added Additional Information/Comments to Benefit Plan ICO-MC Deemed, including CHAMPS Provider ID, ICO Health Plan name, Billing address and 24 hour phone number in Loop 2120C. -Added Additional Information/Comments to Other: Pending Elig to clarify when Pending Elig will be returned on the 271.
August 14, 2017	August 14, 2017	-Added clarification to Companion Guide Rules for Loop 2110C Service Type Code.
September 26, 2017	September 26, 2017	-Added Benefit Plan MA-FTW effective October 1, 2017
January 2, 2018	January 2, 2018	-Added Benefit Plan LTC-EXEMPT to replace LOC 55 and LOC 56. -Made corrections to reporting codes on EB03 segment for the following Benefit Plans: ABW, HK-EXP-ESO, MA, MA-ESO, MOMS, Other: PPA for Inpatient Hospital -Replaced Level of Care column in Appendix A to Report PPA (Y/N) -Removed ‘Other: LTC has been Disapproved’ and ‘Other: LTC Facility or Waiver Service not Covered’ from Appendix A, as Benefit Plan LTC-EXEMPT is replacing this information.

May 1, 2018	May 1, 2018	-Added Benefit Plans MKPL-MC and MA-MKPL in Appendix A. -Added new Appendix (Appendix C) to provide additional information regarding TPL Medicare Response details.
July 25, 2018	July 25, 2018	-Added Section 7.2.2 to further explain Recipient Full Name search criteria to use when Recipient has a special character in their first and/or last name.
September 22, 2018	September 22, 2018	-Added PET Code to EB05 Segment -Added Appendix D: Program Enrollment Type (PET) Code -Added HK-Dental Provider ID and 24hr phone to HK-Dental MSG Segment in Loop 2120C. -Removed MA-MKPL and MKPL-MC Benefit Plans from Appendix A: Crosswalk of MDHHS Eligibility Data to EB01, EB03, EB04, EB05 and EB07, as these Benefit Plans are no longer valid.
October 1, 2018	September 22, 2018	-Updated the PET Code in the EB05 Segment, as this is returned before the Program Code.
December 17, 2018	December 15, 2018	-The Presumptive Eligibility (PE) segment with Begin and End Dates will be reported for all inquiries if on file for the inquiry date of service (single or span) when the date of service falls within the PE segment Begin and End Dates. This will be displayed in the EB05 segment and will return regardless if the Member has active Benefit Plan ID(s) for that date of service.
July 6, 2021	October 4, 2019	Added the following Behavioral Health Benefit Plans to receive the Redetermination Date in the 2100C DTP Loop: BHMA and BHHMP
August 2022	August 2022	Removed following obsolete Benefit Plans from Appendix A: ABW, ABW-ESO, ABW-MC, CMH, CWP, HSW, ICF/MR-DD, INCAR-ABW, MICHILD, MI Choice, MICHILD – D, Plan First, SA, SED, TMA-PLUS, and TMA-PLUS-E
May 2024	October 1, 2021	New EB Segment added to Appendix A and the 271 response to report Benefit Plan ID: CCBHC (Certified Community Behavioral Health Clinic; see Policy Bulletin for more information: MSA 21-34)
May 2024	January 1, 2022	New EB Segment added to Appendix A and the 271 response to report Benefit Plan ID: CTS (Community Transition Services; see Policy Bulletin for more information: MSA 21-11)
May 2024	July 1, 2023	New EB Segment added to Appendix A and the 271 response to report Benefit Plan ID: Plan First (Plan First Family Planning Program; see Policy Bulletins for more information: MMP 23-36 and MMP 23-41)
May 2024	July 1, 2023	New EB Segment added to Appendix A and the 271 response to report Benefit Plan ID: TCM-INC (Targeted Case Management-INCAR; see Policy Bulletin for more information: MMP 23-37)

May 2024	July 1, 2023	New EB Segment added to Appendix A and the 271 response to report Benefit Plan ID: PRTF (Psychiatric Residential Treatment Facility; see Policy Bulletin for more information: MMP 23-39)
May 2024	October 1, 2019	EB segments added for the following Benefit Plan ID's to Appendix A (Note they were added to the CHAMPS 271 response back in 2019 but were missing in Appendix A): BHMA-MHP, BHMA, BHHMP-MHP, and BHHMP
May 2024	October 2023	New EB Segments added to Appendix A and the 271 response to report the following Medicare BuyIn "no benefit" Benefit Plan IDs: ALMB, SLMB, and QDWI.
May 2024	March 24, 2023	Change to where UIC number can be sent in the 270 as an identifier from 2100C Loop, NM109 to the REF02 with a REF01 qualifier '18'. See Section 7.2 under Primary Search Options and Section 9.1 270 Transaction Set Companion Guide Rules for more information. (Note: 2100A loop NM109 must still equal <D00111-UIC> to submit 270 inquiries using the UIC number)
May 2024	June 21, 2024	New EB segments with EB02 qualifier code 'G' to report the Pre-eligibility Patient Pay offsets (PEME) if data is available in CHAMPS for the following Benefit Plan IDs with Patient Pay Amounts if applicable (Note: PPAs are still returned in separate EB segments): Hospice, ICO-MC, NH, and PACE.
May 2024	March 10, 2025	Removed the worker load number under the 2100C Loop REF02 segment; page 26
May 2024	March 10, 2025	MDHHS – was updated to a new webpage layout. Biller beware location changed – page 9

August 2025	September 19th, 2025	-Appendix A update for new EB segments to report the following new Benefit Plan IDs: • CCHBC-FFS • HIDE-SNP-MC • BH-Cover -Appendix A update for new "Other" EB segment to report "Managed Care Enrollment Grid" data. -Appendix B update for new PET codes which will be reported under new Benefit Plan ID HDE-SNP-MC: • HDE-CMCF MI Coordinated Health at County Medical Care Facility • HDE-COMM MI Coordinated Health at Community • HDE-HCBS MI Coordinated Health at Home and Community Based Services • HDE-HOSC MI Coordinated Health with Hospice at County Medical Care Facility • HDE-HOSH MI Coordinated Health with Hospice at Home • HDE-HOSN MI Coordinated Health with Hospice at Nursing Facility • HDE-HOSR MI Coordinated Health with Hospice at Residence Facility • HDE-HOSW MI Coordinated Health Wavier with Hospice at Home • HDE-NFAC MI Coordinated Health at Nursing Facility
December 2025	December 12, 2025	Appendix A update to add new EB segments to report new Benefit Plan ID REENTRY-MA and MichiCANS/LOCUS Assessment Score data.
March 2026	March 20, 2026	Added the CSHCS Redetermination date to the 271 Response under the 2100C Loop, DTP Segment. See Section 9.2 - ANSI ASC X12 271 - Transaction Set Companion Guide Rules on Page 25 for the details.
June 2026	June 18, 2026	In the 2110C Loop, REF01 = 'M7' previously was used to report MAGI and TOA codes in multiple segments. REF01 Code 'IG' was added so that code M7 now reports MAGI Category Indicator and 'IG' now reports TOA code.
July 2026	July 27, 2026	Added Business Rule 24 to Other: Managed Care Enrollment Grid Data - If in the 270, the 2100B loop NM108 qualifier = "SV" or "PI" (the inquiring provider is a Managed Care provider), then return the "Other: Managed Care Enrollment Grid Data." Otherwise, do not return this information. When responding with the "Other: Managed Care Enrollment Grid Data," return all segments that have an End Date greater than or equal to System Date (regardless of the inquiry date(s) (which could be a single DOS or a span)).
July 2026	July 27, 2026	Appendix A update to add new EB segments to update benefit plan HHO (Opioid Health Home) to SUDHH (Substance Use Disorder Health Home)