Michigan Department of Community Health

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

Community Mental Health Services Programs (CMHSP) and Substance Abuse Coordinating Agencies (CA)

Version Date November 30, 2011

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Michigan Department
of Community Health

MDCH

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Table of Contents

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.

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 detailed 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 834Benefit Enrollment and Maintenance Companion Guide Rules

Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		**Segment – Interchange Control Header**	
	ISA	ISA01	Authorization Information Qualifier	"00" (No Authorization Information Present)
	ISA	ISA02	Authorization Information	<10 Spaces>
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present)
	ISA	ISA04	Security Information	<10 Spaces>
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA06	Interchange Sender ID	Positions 1-6, <D00111> Positions 7-15, <spaces>
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	Positions 1-4, <service bureau ID> Positions 5-15 <spaces>
	ISA	ISA09	Interchange Date	<interchange date>, in YYMMDD format
	ISA	ISA10	Interchange Time	<interchange time>, in HHMM format
	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.
	ISA	ISA14	Acknowledgment Requested	"0" (no acknowledgment requested)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA15	Interchange Usage Indicator	"P" (Production) or "T" (test)
	ISA	ISA16	Component Element Separator	<:>
			Loop – Interchange Control Trailer	
	IEA		**Segment – Interchange Control Trailer**	
	IEA	IEA01	Number of Included Functional Groups	<total number of functional groups> included within an interchange
	IEA	IEA02	Interchange Control Number	<interchange control number> MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
			Loop – Functional Group Header	
	GS		**Segment – Functional Group Header**	
	GS	GS01	Functional Identifier Code	"BE" (benefit enrollment and maintenance, 834)
	GS	GS02	Application Sender's Code	<D00111>
	GS	GS03	Application Receiver's Code	<service bureau ID>
	GS	GS04	Date	<functional group creation date> in CCYYMMDD format
	GS	GS05	Time	<functional group creation time> in HHMM 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
			Loop – Functional Group Trailer	
	GE		**Segment – Functional Group Trailer**	
	GE	GE01	Number of Transaction Set Included	\<total number of transaction sets\>, included in the functional group or interchange
	GE	GE02	Group Control Number	\<data interchange control number\> MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.

Transaction Set

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Transaction Set Header	
	ST		**Segment - Transaction Set Header**	
	ST	ST02	Transaction Set Control Number	<transaction set control number> MDCH will assign a unique number within the transaction set, to indicate the start of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE02.
	BGN		**Segment – Beginning Segment**	
	BGN	BGN01	Transaction Set Purpose Code	"00" (original and resubmission of original upon request of trading partner) "15" (re-submission to correct an error on original transmission)
	BGN	BGN02	Reference Identification	<XXXXCCYYMMDD TT> Where <XXXX> is the DCH file number (5418, 5419, 5420, or 5421); <CCYYMMDD> is the batch number; <2 spaces>; <TT> is the Transaction Set Purpose Code from BGN01
	BGN	BGN06	Reference Identification	<cross reference to previous transaction> Not transmitted when BGN01 is "00"; if BGN01 is "15" will transmit the original transaction set reference number from BGN02.
	BGN	BGN08	Action Code	If BGN01 = "00", "4" (Verify) If BGN01 = "15", "RX" (Replace)
	DTP		**Segment – File Effective Date**	
	DTP	DTP01	Date/Time Qualifier	"007" (File Effective Date)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	DTP	DTP03	Date Time Period	<First Day of the Report Month>
	QTY		**Segment – Transaction Set Control Totals**	
	QTY	QTY01	Quantity Qualifier	"TO" (Total)
	QTY	QTY02	Quantity	<Total number of records transmitted in ST-SE loop>
1000A			**Loop – Sponsor Name**	
1000A	**N1**		**Segment – Sponsor Name**	
1000A	N1	N102	Name	<Department of Community Health>
1000A	N1	N103	Identification Code Qualifier	"FI" (Federal Taxpayer's Identification Number)
1000A	N1	N104	Identification Code	<386000134>
1000B			**Loop – Payer**	
1000B	**N1**		**Segment – Payer Name**	
1000B	N1	N102	Name	<Plan name>
1000B	N1	N103	Identification Code Qualifier	"FI" (Federal Taxpayer's Identification Number)
1000B	N1	N104	Identification Code	<Provider Federal Tax ID Number>
2000			**Loop - Member Level Detail**	
2000	**INS**		**Segment – Member Level Detail**	
2000	INS	INS01	Yes/No Condition or Response Code	"Y" (Yes) – insured is always the subscriber
2000	INS	INS02	Individual Relationship Code	"18" (Self) – insured is always the subscriber
2000	INS	INS03	Maintenance Type Code	"030" (Audit or Compare)
2000	INS	INS04	Maintenance Reason Code	"XN" (Notification Only)
2000	INS	INS05	Benefit Status Code	"A" (Active)
2000	INS	INS06-1	Medicare Status Code	Refer to Appendix A - Crosswalk for Medicare Plan Code.
2000	INS	INS08	Employment Status Code	"AC" (active)
2000	INS	INS12	Date Time Period	<recipient date of death> when available and applicable

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	**REF**		**Segment – Subscriber Identifier**	
2000	REF	REF01	Reference Identification Qualifier	"0F" (Subscriber Number)
2000	REF	REF02	Reference Identification	ABW - <Medicaid Beneficiary Number> MIChild MH/SA - <client ID number (CIN)> right justify, zero filled RJ0F
2000	**REF**		**Segment – Member Policy Number**	
2000	REF	REF01	Reference Identification Qualifier	"1L" (Group or Policy Number)
2000	REF	REF02	Reference Identification	<Provider ID> Plan's Provider ID
2000	**REF**		**Segment – Member Supplemental Identifier**	
2000	REF	REF01	Reference Identification Qualifier	"3H" <Case Number>
2000	REF	REF02	Reference Identification	<Case Number> ABW - 9 character A/N, RJ0F MIChild 10 character A/N, RJ0F
2000	**DTP**		**Segment – Member Level Dates**	
2000	DTP	DTP01	Date/Time Qualifier	"356" (Eligibility Begin)
2000	DTP	DTP03	Date Time Period	<First Day of the Report Month>
2100A			**Loop – Member Name**	
2100A	**NM1**		**Segment – Member Name**	
2100A	NM1	NM101	Entity Identifier Code	"IL" (Insured or Subscriber) – New or Term
2100A	NM1	NM102	Entity Type Qualifier	"1" (Person)
2100A	NM1	NM103	Name Last or Organization Name	<member last name>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	NM1	NM104	Name First	<member first name> Set to "Unknown" when beneficiary's first name is null.
2100A	NM1	NM105	Name Middle	<member middle name> when avaialble
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> when available
2100A	**PER**		**Segment – Member Communications Numbers**	
2100A	PER	PER01	Contact Function Code	"IP" (Insured Party)
2100A	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2100A	PER	PER04	Communication Number	<Case Telephone Number> or <Member Telephone> when available
2100A	PER	PER05	Communication Number Qualifier	"EM" (Electronic Mail)
2100A	PER	PER06	Communication Number	<Beneficiary or MIChild Member Email Address> when available
2100A	**N3**		**Segment – Member Residence Street Address**	
2100A	N3	N301	Address Information	<Member Mailing Address> for MIChild <Case Address> for ABW
2100A	N3	N302	Address Information	<Member Mailing Address> for MIChild <Case Address> for ABW
2100A	**N4**		**Segment – Member Residence City, State, Zip Code**	
2100A	N4	N405	Location Qualifier	"CY" (county/parish)
2100A	N4	N406	Location Identifier	<county code>, 2 character numeric Refer to Appendix C: County Codes

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	**DMG**		**Segment – Member Demographics**	
2100A	DMG	DMG02	Date Time Period	<Date of Birth>
2100A	DMG	DMG03	Gender Code	"M" (Male) "F" (Female)
2100A	DMG	DMG05-1	Composite Race or Ethnicity Information	Refer to Appendix B: Crosswalk for Race or Ethnicity Code
2100A	**LUI**		**Segment – Member Language**	
2100A	LUI	LUI01	Identification Code Qualifier	"LE" (ISO 639 Language Codes)
2100A	LUI	LUI02	Identification Code	MDCH will use the ISO 639-1 version of the ISO 639 language codes.
2100A	LUI	LUI04	Use of Language Indicator	"7" (Language Speaking)
2100G			**Loop – Responsible Person**	
2100G	**NM1**		**Segment – Responsible Person**	
2100G	NM1	NM101	Entity Identifier Code	ABW: If address type = Guardian then use "GD" (Guardian), otherwise use "QD" (Responsible Party) MI Child: "QD" (Responsible Party)
2100G	NM1	NM103	Name Last or Organization Name	<Head of Household Last Name> "GD" - Guardian Name ABW: "QD" - Case Name MI Child: "QD" - HOH Name
2100G	NM1	NM104	Name First	<Head of Household First Name> "GD" - Guardian Name ABW: "QD" - Case Name MI Child: "QD" - HOH Name

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100G	NM1	NM105	Name Middle	<Head of Household Middle Name> "GD" - Guardian Name ABW: "QD" - Case Name MI Child: "QD" - HOH Name
2100G	NM1	NM107	Name Suffix	<Head of Household Suffix> "GD" - Guardian Name ABW: "QD" - Case Name MI Child: "QD" - HOH Name
2300			**Loop – Health Coverage**	
2300	**HD**		**Segment – Health Coverage**	
2300	HD	HD01	Maintenance Type Code	"030" (Audit or Compare)
2300	HD	HD03	Insurance Line Code	For SA (Substance Abuse) use "EPO" (Exclusive Provider Organization); for CMH (Community Mental Health) use "AK" (Mental Health)
2300	HD	HD04	Plan Coverage Description	"ABW" or "MIChild"
2300	HD	HD05	Coverage Level Code	"IND" (Individual)
2300	**DTP**		**Segment – Health Coverage Dates**	
2300	DTP	DTP01	Date/Time Qualifier	"348" (Benefit Begin)
2300	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	<First Day of the Report Month>
2320			**Loop – Coordination of Benefits**	
2320	**COB**		**Segment – Coordination of Benefits**	**ABW or MICHILD health plan information is sent in the 1st occurrence of this loop.**
2320	COB	COB01	Payer Responsibility Sequence Number Code	"U" (Unknown)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	COB	COB02	Reference Identification	For ABW beneficiary: <MA Beneficiary ID> For MIChild member: <MIChild CIN>
2320	COB	COB03	Coordination of Benefits Code	"1" (Coordination of Benefits)
2320	**DTP**		**Segment – Coordination of Benefits Eligibility Dates**	
2320	DTP	DTP01	Date/Time Qualifier	"344" (Coordination of Benefits Begin)
2320	DTP	DTP03	Date Time Period	<Begin Date of ABW-MC Benefit Plan>
2320	DTP	DTP01	Date/Time Qualifier	"345" (Coordination of Benefits End)
2320	DTP	DTP03	Date Time Period	<End Date of ABW-MC Benefit Plan>
2330			**Loop – Coordination of Benefits Related Entity**	
2330	**NM1**		**Segment – Coordination of Benefits Related Entity**	
2330	NM1	NM101	Entity Identifier Code	"IN" (Insurer)
2330	NM1	NM102	Entity Type Qualifier	"2" (Non-Person Entity)
2330	NM1	NM103	Name Last or Organization Name	<Name of County Health Plan or MIChild Health Plan in which Member is Enrolled>
2320			**Loop – Coordination of Benefits**	
2320	**COB**		**Segment – Coordination of Benefits**	**Other insurance is sent in the 2nd through 5th occurrence of this loop**
2320	COB	COB01	Payer Responsibility Sequence Number Code	"U" (Unknown)
2320	COB	COB02	Reference Identification	<Group Number>
2320	COB	COB03	Coordination of Benefits Code	"1" (Coordination of Benefits)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	**REF**		**Segment – Additional Coordination of Benefits Identifiers**	
2320	REF	REF01	Reference Identification Qualifier	"ZZ" (Mutually Defined)
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	<Beneficiary Coverage Type> (From Beneficiary Record)
2320	**DTP**		**Segment – Coordination of Benefits Eligibility Dates**	
2320	DTP	DTP01	Date/Time Qualifier	"344" (Coordination of Benefits Begin)
2320	DTP	DTP03	Date Time Period	<Begin Date of Other Insurance>
2320	DTP	DTP01	Date/Time Qualifier	"345" (Coordination of Benefits End)
2320	DTP	DTP03	Date Time Period	<End Date of Other Insurance >
2330			**Loop – Coordination of Benefits Related Entity**	
2330	**NM1**		**Segment – Coordination of Benefits Related Entity**	
2330	NM1	NM101	Entity Identifier Code	"IN" (Insurer)
2330	NM1	NM102	Entity Type Qualifier	"2" (Non-Person Entity)
2330	NM1	NM103	Name Last or Organization Name	<PAYER Name from Payer Table>
2330	NM1	NM108	Identification Code Qualifier	"FI" (Federal Taxpayer's Identification Number)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2330	NM1	NM109	Identification Code	<EIN from Payer Table if present>
2330	**N3**		**Segment – Coordination of Benefits Related Entity Address**	
2330	N3	N301	Address Information	<Address Line 1 from Payer Table>
2330	N3	N302	Address Information	<Address Line 2 from Payer Table>
2330	**N4**		**Segment – Coordination of Benefits Other Insurance Company City, State, Zip Code**	
2330	N4	N401	City Name	<City Name>
2330	N4	N402	State or Province Code	<State>
2330	N4	N403	Postal Code	<Postal Code>
2330	**PER**		**Segment – Administrative Communications Contact**	
2330	PER	PER01	Contact Function Code	"CN" (General Contact)
2330	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2330	PER	PER04	Communication Number	<PAYER Telephone Number from the Payer table>
			Loop – Transaction Set Trailer	
	SE		**Segment – Transaction Set Trailer**	
	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 in enrolled in Medicare Part B	B	Medicare Part B
91	Recipient qualifies for or is enrolled in Medicare Parts A and B.	C	Medicare Part A and B
92	Recipient qualifies for or is enrolled in Medicare Part B only and has Blue Cross/Blue Shield.	B	Medicare Part B
93	Recipient qualifies for or is enrolled in Medicare Part B only and has other medical insurance.	B	Medicare Part B
94	Recipient qualifies for or is enrolled in Medicare Parts A and B and has Blue Cross/Blue Shield	C	Medicare Part A and B
95	Recipient qualifies for or is enrolled in Medicare Parts A and B and has other medical insurance	C	Medicare Part A and B
96	Medicare HMO (to be identified and coded by Revenue and Reimbursement Division Staff Only.	C	Medicare Part A and B

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

MDCH Data Warehouse and DHS Program Reference Manual		HIPAA 834 Transaction Race or Ethnicity Code (2100A DMG05-1)	
Proprietary Code	Description	HIPAA Code	Description of HIPAA 2100 DMG05-1 Codes
1	Non-Migrant White, not of Hispanic Origin	O	White (Non-Hispanic)
2	Non-Migrant Black, not of Hispanic Origin	N	Black (Non-Hispanic)
3	Non-Migrant American Indian or Alaskan Native	I	American Indian or Alaskan Native
4	Asian Non-Migrant	A	Asian or Pacific Islander
5	Non-Migrant Unknown	7	Not provided. Default value if race code is null.
6	Hispanic	H	Hispanic
7	Not provided. Default value if race code is null.	7	Not provided. Default value if race code is null.
A	Migrant White, not of Hispanic Origin	O	White (Non-Hispanic)
B	Migrant Black, not of Hispanic Origin	N	Black (Non-Hispanic)
C	Migrant American Indian or Alaskan Native	I	American Indian or Alaskan Native
D	Asian Migrant	A	Asian or Pacific Islander
E	Migrant Unknown (few, if any, persons should have this code)	7	Not provided. Default value if race code is null.
8	Native Hawaiian and Pacific Islander Non-Migrant	P	Pacific Islander
F	Migrant Hispanic (includes Mexican, Puerto Rican, Cuban, Central or South American or other whites with Spanish surnames)	H	Hispanic
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	84	Indicates central DHS servicing county
16	Cheboygan	42	Keweenaw	62	Newaygo		
17	Chippewa	43	Lake	63	Oakland		
18	Clare	44	Lapeer	64	Oceana	0	County not provided or resides out of State.
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		

Revision Log

Version Date	Effective Date	Revision Description
February 17, 2011 (Draft)	January 1, 2012	This document replaces *Data Clarifications for the 834 Benefit Enrollment and Maintenance, Version 4010 Community Mental Health Services Programs (CMHSP) and Substance Abuse Coordinating Agencies (CA)* dated July 20, 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).