

Michigan Department of Health and Human Services

Third Party Liability Payer File Technical Record For National Eligibility File Transfer and Medicaid Claims Billing Process

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The Deficit Reduction Act of 2005 provides States with the ability to identify, and to recover payment from, third parties that are legally required to pay primary to Medicaid. The Michigan Public Act 593 of 2006 (MCL 550.283) requires various entities to provide the Michigan Department of Health and Human Services (MDHHS) with information necessary to determine which of their members are also beneficiaries of the State’s Medical Assistance Program. In order for Payers to comply with the Public Act 593, MDHHS and your technical team will establish a direct file transfer process that contains the required data elements as identified in the Payer File Technical Record below.

Payer File Technical Record

Header Layout					Required
Name	Length	Start	End	Comments	
Header flag	1	1	1	“**”	R
Insurance company name	25	2	26		R
Insurance company FEIN (tax ID)	9	27	35		R
Run type	1	36	36	P = Production, T=Test	R
Creation date	8	37	44	CCYYMMDD	R
Insurance company contact name	25	45	69	Technical contact name or email if space allows	R
Insurance company contact phone number	10	70	79	Technical contact phone number	R
Insurance company address line 1	30	80	109		R
Insurance company address line 2	30	110	139		O
Insurance company city	20	140	159		R
Insurance company state	2	160	161		R
Insurance company postal code	11	162	172		R
Filler	825	173	997	Space filled	R



Record Layout					
Member last name	25	1	25	Individual or dependent covered by this policy	R
Member first name	25	26	50		R
Member middle initial	1	51	51		O
Member SSN	9	52	60		O
Member date of birth	8	61	68	CCYYMMDD	R
Member gender	1	69	69	Allowed values M, F, U	R
Member address line 1	30	70	99	Can be populated with "Unknown" if not known or not available	R
Member address line 2	30	100	129		O
Member city	20	130	149		R
Member state	2	150	151		R
Member postal code	11	152	162		R
Member student indicator	1	163	163	Y = Member is a fulltime student N = Not a student	O
Member relationship to Policy holder	1	164	164	S=Self D=Dependent 0=Unspecified 1=Cardholder 2=Spouse 3=Child 4=Other 5=Student 6=Disabled Dependent 7=Adult Dependent 8=Significant Other 9=Reserved for Future Use	R
Member group number	25	165	189		R
Member policy number	20	190	209	Number required for claims billing	R
Member coverage effective date	8	210	217	Earliest continuous coverage start date in the format CCYYMMDD.	R



Member coverage termination date	8	218	225	Set to actual date when coverage termination date is in the past. All other future coverage termination dates are set to 29991231.	R
Type of policy / program	1	226	226	This field identifies the type of insurance policy or government program being reported in the record. Values are: 1 = Commercial policy 2 = COBRA policy 3 = Individual policy 4 = Government program (not Medicare) 5 = Medicare 6=Pharmacy Discount Cards 7 -9 = Reserved for future use	R
Type of policy / program modifier	1	227	227	This field provides additional information about the type of insurance policy or government program being reported in the record. Values are: 1 = Default	R



Pharmacy modifier	1	228	228	This field identifies who manages pharmacy benefits (if any) The values are: 1 = Not applicable 2 = PBM 3 = Medical insurance company uses PBM 4 = Medical insurance company does not use PBM	R
Member traditional / managed care indicator	1	229	229	T = Traditional: medical coverage has no provider network or no medical coverage M = Managed care: medical coverage has a provider network	R
Member general medical benefit flag	1	230	230	Y = standard/routine medical benefits (example EDI service type codes 55 or 60) N = no benefit U = Unknown	R
Member pharmacy benefit flag	1	231	231	Y = standard prescription coverage (EDI service type code 88) N = no benefit U = Unknown	R
Member dental benefit flag	1	232	232	Y = routine dental benefits (EDI service type code 35) N = no benefit U = Unknown	R
Member vision benefit flag	1	233	233	Y = routine vision benefits (EDI service type code AL) N = no benefit U = Unknown	R
Member psychiatric benefit flag	1	234	234	Y = standard/routine psychiatric benefits (EDI service type code A4) N = no benefit U = Unknown	R



Member long term care benefit flag	1	235	235	Y = long term care benefits covered on a per diem basis (EDI service types 42, 45 and/or 54) N = No benefit U = Unknown	R
Member BIN (Bank Identification Number)	6	236	241	Required if pharmacy modifier is 2 or 4	R _N
Member PCN (Processor Control Number)	10	242	251	Required if pharmacy modifier is 2 or 4	R _N
Member mail order pharmacy	1	252	252	N = Not available Y = Optional M = Mandatory	O
Member pharmacy copayment amount	5	253	257	Highest brand pharmacy co-pay amount or if co-pay is a % of charged amount or unknown then return 99999.	R
Policy related HSA	1	258	258	Y = the policy has an associated HSA N = No HSA	O
Group / employer name	25	259	283		O
Employer address line 1	30	284	313		O
Employer address line 2	30	314	343		O
Employer city	20	344	363		O
Employer state	2	364	365		O
Employer postal code	11	366	376		O
Employer FEIN (tax ID)	9	377	385	Employer Identification Number	O
Policy holder covered indicator	1	386	386	Y = Policy holder is also covered by policy N = Policy holder is not covered by policy	O
Policy holder last name	25	387	411	Populate "Last" if not known	R
Policy holder first name	25	412	436	Populate "First" if not known	R
Policy holder middle initial	1	437	437		O
Policy holder SSN	9	438	446		O
Policy holder DOB	8	447	454	CCYYMMDD, 19000101 if not known	R
Policy holder gender	1	455	455	Allowed values M, F, U	O
Policy holder address line 1	30	456	485	Populate "Unknown" if not known	R _M



Policy holder address line 2	30	486	515		O
Policy holder city	20	516	535		R _M
Policy holder state	2	536	537		R _M
Policy holder postal code	11	538	548		R _M
Insurance company name	25	549	573		R
Insurance company contact name	25	574	598	First and last name of contact person for Medicaid claims billing	R
Insurance company contact telephone	10	599	608	Phone number for above contact person	R
Insurance company address line 1	30	609	638	Address for electronic Medicaid claims billing	R
Insurance company address line 2	30	639	668		R
Insurance company city	20	669	688		R
Insurance company state	2	689	690		R
Insurance company postal code	11	691	701		R
Insurance company FEIN (tax ID)	9	702	710		R
Payer ID	10	711	720	Michigan Payer ID for this policy (MDHHS will provide values)	R
Non-Pharmacy Co-Pay Amount	5	721	725		O
Pharmacy Deductible Amount	10	726	735		O
Non-Pharmacy Deductible Amount	10	736	745		O
Internal Use	10	746	755		O
Pharmacy Group	20	756	775	Pharmacy carriers only (aka RX Group, Umbrella Group)	R _N
Person Code	3	776	778	If required for Medicaid claims billing_____	R _N
Health Plan ID	14	779	792	Pending regulation 45 CFR 162.502-514	O
Electronic Payer ID	5	793	797	Value populated for NM109 in loop 2010BB	O
Self-funded policy indicator (ASO indicator)	1	798	798	Administrative services only. Must continue to report coverage for termed clients.	R
Internal Use	1	799	799	Value will be determined by MDHHS if needed	O



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Internal Use	20	800	819		O
Internal Use	8	820	827		O
Member contraceptive benefit flag	1	828	828	Y = contraceptive and family planning benefits (EDI service type codes 82, 83, 84 and/or 88) or unknown N = no benefit	R
Notes/Filler	169	829	997		R

M—Required for Medical 5010 Billing

N – Required for NCPDP Claims Billing

* - EDI service type codes are available at <http://www.x12.org/codes/health-care-service-type-codes/>