Michigan Department of Health and Human Services

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

Medicaid Health Plans
4976 Audit File and 5790 Daily File

Version Date: January 17, 2025
Effective Date: March 21, 2025

MDHHS
Michigan Department of Health & Human Services

msa
MEDICAL
SERVICES
ADMINISTRATION

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Table of Contents

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Introduction

This document is the property of the Michigan Department of Health and Human Services (MDHHS). 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 accessed through the following site: https://x12.org/products/technical-reports

This document is expected to be used in conjunction with the TR3 and related Errata for the 834 transaction. The content of this document follows the guidelines authorized in the version modifications to the Health Insurance Portability and Accountability Act (HIPAA) Final Rule transaction standards as updated in 2016.

This document provides MDHHS-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 MDHHS rules regarding:

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

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

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Transaction Description

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

Download Notes for ANSI ASC X12 834 Benefit Enrollment and Maintenance

The 834 transactions can be downloaded from the File Transfer Service (FTS) (previously known as 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 MDHHS Electronic Submission Manual for information regarding:

- Interaction with the MDHHSMDHHS File Transfer Service (FTS)
- Modes of retrieval (ASCII and binary formats) including Line Feed information

This document includes clarifications for the following information:

- Interchange control header and trailer
- Functional group header and trailer
- 834 transaction set header and trailer
- Detail segments and elements of the 834 transaction itself

The interchange control header and trailer (ISA and ISE) are presented together in the first section of this document. The functional group header and trailer (GS and GE) are presented together in the second section of this document. The 834-transaction set header and trailer (ST and SE) are presented with the detail 834 segments and elements in the third section. Three appendices follow the detailed data clarifications; they contain crosswalks of elements cited in the data clarification comments.

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Supporting Appendices:

- Appendix A: Crosswalk for Maintenance Reason Code (2000 INS04)
- Appendix B: Crosswalk for Medicare Plan Code (2000 INS06)
- Appendix C: Crosswalk for Race or Ethnicity Code (2100A DMG05)
- Appendix D: MAGI Category Indicator (2300 REF 02 "17" Client Reporting Category)
- Appendix E: Dis-enrollment Reasons (2300 REF 02 "17" Client Reporting Category)
- Appendix F: Medically Frail Characters (2300 REF 02 "17" Client Reporting Category)
- Appendix G: County Codes (2100A N4 N406 Location Identifier)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

This document uses several text conventions to distinguish MDHHS data elements from the HIPAA TR3 data elements. The following table lists the text conventions used in this document:

Convention Used	Explanation
< >	Text included within < > describes what will be transmitted by MDHHS. This could be the MDHHS 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

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

ANSI ASC X12 834 Benefit Enrollment and Maintenance Companion Guide Rules

Interchange Control Header and Trailer

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

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA13	Interchange Control Number	\<interchange control number\> MDHHS will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.
	ISA	ISA14	Acknowledgment Requested	"0" (no acknowledgment requested)
	ISA	ISA15	Interchange Usage Indicator	"P" (Production) "T" (test)
	ISA	ISA16	Component Element Separator	\<:\>
			Loop – Functional Group Header	
	GS		**Segment – Functional Group Header**	
	GS	GS01	Functional Identifier Code	"BE" (benefit enrollment and maintenance, 834)
	GS	GS02	Application Sender's Code	\<D00111\>
	GS	GS03	Application Receiver's Code	\<service bureau ID\>
	GS	GS04	Date	\<functional group creation date\> in CCYYMMDD format
	GS	GS05	Time	\<functional group creation time\> in HHMM 24hr clock
	GS	GS06	Group Control Number	\<data interchange control number\> MDHHS 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)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	GS	GS08	Version/Release/Industry Identifier Code	<005010X220A1>
			Loop -Transaction Set Header	
	ST		**Segment - Transaction Set Header**	
	ST	ST01	Transaction Set Identifier Code	<834>
	ST	ST02	Transaction Set Control Number	<transaction set control number> MDHHS will assign a unique number within the transaction set, to indicate the start of the transaction. MDHHS will transmit identical transaction set control numbers in ST02 and SE02.
	ST	ST03	Implementation Convention Reference	<005010X220A1>
	BGN		**Segment – Beginning Segment**	
	BGN	BGN01	Transaction Set Purpose Code	"00" (original and resubmission of original upon request of trading partner) "15" (re-submission to correct an error on original transmission)
	BGN	BGN02	Reference Identification	<XXXXCCYYMMDD TT> Where <XXXX> is the DCH file number (4976 or 5790); <CCYYMMDD> is the batch number; <2 spaces>; <TT> is the Transaction Set Purpose Code from BGN01
	BGN	BGN03	Date	<CCYYMMDD> File Creation Date

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	BGN	BGN04	Time	<HHMMSS> Based on a 24-hour clock
	BGN	BGN05	Time Code	ET (Eastern Time)
	BGN	BGN06	Reference Identification	<cross reference to previous transaction> Not transmitted when BGN01 is "00"; if BGN01 is "15" will transmit the original transaction set reference number from BGN02.
	BGN	BGN08	Action Code	If BGN = "00" and file #5790, "2" (Change, Update) If BGN = "00" and file # 4976, "4" (Verify) If BGN="15", "RX"
	DTP		**Segment – File Effective Date**	
	DTP	DTP01	Date/Time Qualifier	"007" (effective) for a full file audit (file # 4976) "303" (maintenance effective) for an update transaction (file # 5790)
	DTP	DTP02	Date/Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
	DTP	DTP03	Date Time Period	Files # 4976 = first day of report month; file # 5790 = day of creation
	QTY		**Segment – Transaction Set Control Totals**	
	QTY	QTY01	Quantity Qualifier	"TO" (Total)
	QTY	QTY02	Quantity	<Total number of records transmitted in ST-SE loop>
			Loop – Transaction Set Trailer	

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	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> MDHHS will transmit identical transaction set control numbers in ST02 and SE02.
			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> MDHHS will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.
			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> MDHHS will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Transaction Set

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
1000A			**Loop – Sponsor Name**	
1000A	**N1**		**Segment – Sponsor Name**	
1000A	N1	N101	Entity Identifier Code	"P5"
1000A	N1	N102	Name	<Michigan Department of Health and Human Services>
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	N101	Entity Identifier Code	"IN" (Insurer)
1000B	N1	N102	Name	<Plan Name>
1000B	N1	N103	Identification Code Qualifier	"FI" (Federal Taxpayer's Identification Number)
1000B	N1	N104	Identification Code	<Plan Federal Taxpayer ID Number>
2000			**Loop - Member Level Detail**	
2000	**INS**		**Segment – Member Level Detail**	
2000	INS	INS01	Yes/No Condition or Response Code	"Y" (yes) – insured is always the subscriber
2000	INS	INS02	Individual Relationship Code	"18" (self) – insured is always the subscriber

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	INS	INS03	Maintenance Type Code	"030" (audit or compare; file # 4976) "024" (cancellation or termination); "021" (addition); "001" (demographic or other change); "025" (benefit plan change) file 5790
2000	INS	INS04	Maintenance Reason Code	"XN" (notification only; file # 4976) File # 5790 values in Appendix A - Crosswalk for Maintenance Reason Code
2000	INS	INS05	Benefit Status Code	"A" (Active)
2000	INS	INS06-1	Medicare Plan Code	Refer to Appendix B - Medicare Plan Code Crosswalk
2000	INS	INS08	Employment Status Code	"AC" (active) for enrolled members "TE" (terminated) for disenrolled members
2000	INS	INS11	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2000	INS	INS12	Date Time Period	<recipient date of death> when available and applicable
2000	**REF**		**Segment – Subscriber Identifier**	
2000	REF	REF01	Reference Identification Qualifier	"0F" (Subscriber Number)
2000	REF	REF02	Reference Identification	<beneficiary ID> 10 characters numbers ID, Right-justified, zero-filled (RJ0F)
2000	**REF**		**Segment – Member Policy Number**	
2000	REF	REF01	Reference Identification Qualifier	"1L" (Group or Policy Number)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	REF	REF02	Reference Identification	<provider ID> Plan's Provider ID – 12 Digits, leading zero filled
2000	**REF**		**Segment – Member Identification Number**	
2000	REF	REF01	Reference Identification Qualifier	"3H" <Case Number>
2000	REF	REF02	Reference Identification	<Case Number> 9 digits, right justified, leading zero filled
2000	**REF**		**Segment – Member Supplemental Identifier**	
2000	REF	REF01	Reference Identification Qualifier	"60" <Mother's Medicaid id on newborn enrollment> when applicable on file 5790
2000	REF	REF02	Reference Identification	<mother's beneficiary ID> for newborns, when applicable on file # 5790
2000	**DTP**		**Segment – Member Level Dates**	
2000	DTP	DTP01	Date/Time Qualifier	"356" (eligibility begin) On file 4976 is the first day of report month On file 5790 for Retro, New or Future Enrollees
2000	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2000	DTP	DTP03	Date Time Period	<enrollment begin date>
NOTE: No pending negative action is sent on 4976 file. Updates are provided on the 5790 daily file.				

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A			**Loop – Member Name**	
2100A	**NM1**		**Segment – Member Name**	
2100A	NM1	NM101	Entity Identifier Code	"74" for demographic change (used only on 5790); "IL" (Insured or Subscriber) for all others
2100A	NM1	NM102	Entity Type Qualifier	"1" (Person)
2100A	NM1	NM103	Name Last or Organization Name	\<member last name\>
2100A	NM1	NM104	Name First	\<member first name\> If member first name is missing, MDHHS will transmit \<Unknown\>.
2100A	NM1	NM105	Name Middle	\<member middle name\> when available
2100A	NM1	NM107	Name Suffix	\<member name suffix\> when available
2100A	NM1	NM108	Identification Code Qualifier	"34" (Social Security Number) when available
2100A	NM1	NM109	Identification Code	\<member SSN\>
2100A	**PER**		**Segment – Member Communications Numbers**	
2100A	PER	PER01	Contact Function Code	"IP" (Insured Party)
2100A	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2100A	PER	PER04	Communication Number	\<Case Telephone Number\> when available on interface from Department of Health and Human Services (DHHS)
2100A	PER	PER05	Contact Function Code	"EM" (Electronic Mail)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	PER	PER06	Communication Number	<Member E-Mail Address> when available on interface from DHHS
2100A	**N3**		**Segment – Member Residence Street Address**	
2100A	N3	N301	Address Information	<Subscriber Physical Address> If Subscriber Address is missing, and city, state, zip are present, MDHHS will transmit <Unknown> for subscriber address.
2100A	N3	N302	Address Information	<Subscriber Physical Address> (second line of address, if applicable)
2100A	**N4**		**Segment – Member Residence City, State, Zip Code**	
2100A	N4	N401	City name	<member's physical city name> if no city with physical address available then city with mailing address will show
2100A	N4	N402	State or Province Code	<member's physical state> if no state with physical address available then state with mailing address will show
2100A	N4	N403	Postal Code	<member's physical zip code> if no zip code with physical address available then zip code with mailing address will show
2100A	N4	N405	Location Qualifier	"CY" (county/parish)
2100A	N4	N406	Location Identifier	<physical county code> 2-character numeric county code refer to Appendix G

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	**DMG**		**Segment – Member Demographics**	
2100A	DMG	DMG01	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2100A	DMG	DMG02	Date Time Period	<Date of Birth>
2100A	DMG	DMB03	Gender Code	"M" (Male) "F" (Female)
2100A	DMG	DMG05-2	Race and Ethnicity code identifier	"RET" (Code Source 859: Classification of Race or Ethnicity)
2100A	DMG	DMG05-3	Race and Ethnicity code	Primary 6-digit race code followed by "," followed by secondary 6-digit race code (if available or AI Is present) followed by 6-digit ethnicity code. Format: XXXX-X, XXXX-X, XXXX-X. If secondary race code is not available Format will be primary 6-digit race code followed by "," followed by 6-digit ethnicity code. Format: XXXX-X, XXXX-X. Refer to Appendix C – Crosswalk for Race and Ethnicity Code for values.
2100A	DMG	DMG06	Citizenship Status Code	<Migrant Indicator> "1" (Yes for migrant) "2" (No for migrant)
2100A	**ICM**		**Segment - Member Income**	
2100A	ICM	ICM01	Frequency Code	"7" (Annual)
2100A	ICM	ICM02	Monetary Amount	Annual income (7 numeric digits, no decimal)
2100A	ICM	ICM03	Quantity	Group Composition (2 numeric digits, no decimal)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	ICM	ICM05	Salary Grade	Federal Poverty Level (3 numeric digits, right-justified, zero-filled, no decimal)
2100A	**LUI**		**Segment – Member Language**	
2100A	LUI	LUI01	Identification Code Qualifier	"LE" (ISO 639 Language Codes)
2100A	LUI	LUI02	Identification Code	MDHHS will use the ISO 639-1 version of the ISO 639 language codes.
2100A	LUI	LUI04	Use of Language Indicator	"7" (Language Speaking)
2100B			**Loop – Incorrect Member Name**	
NOTE: This loop is only on the 5790 file.				
2100B	**NM1**		**Segment – Incorrect Member Name**	
2100B	NM1	NM101	Entity Identifier Code	"70" (Prior Incorrect Insured) (NOTE: 2100B loop used only on 5790)
2100B	NM1	NM102	Entity Type Qualifier	"1" (Person)
2100B	NM1	NM103	Name Last or Organization Name	<previous sent member last name>
2100B	NM1	NM104	Name First	<previous sent member first name>
2100B	NM1	NM105	Middle Name	<previous sent member middle name>
2100B	NM1	NM107	Suffix Name	<previous sent member suffix name>
2100B	NM1	NM108	Identification Code Qualifier	"34" (Social Security Number)
2100B	NM1	NM109	Identification Code	<previous sent member SSN>

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100B	**DMG**		**Segment –Incorrect Member Demographics**	
2100B	DMG	DMG01	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2100B	DMG	DMG02	Date of Birth	<previous sent date of birth>
2100B	DMG	DMG03	Gender	<previous sent gender>
2100B	DMG	DMG05-2	Race and Ethnicity code identifier	"RET" (Code Source 859: Classification of Race and Ethnicity)
2100B	DMG	DMG05-3	Race and Ethnicity code	<previous sent race and ethnicity code> Primary 6-digit race code followed by "," followed by secondary 6-digit race code (if available or AI Is present) followed by 6-digit ethnicity code. Format: XXXX-X, XXXX-X, XXXX-X. If secondary race code is not available Format will be Primary 6-digit race code followed by "," followed by 6-digit ethnicity code. Format: XXXX-X, XXXX-X. Refer to Appendix C – Crosswalk for Race and Ethnicity Code for values.
2100B	DMG	DMG06	Citizenship Status Code	<previous sent Migrant Indicator> "1" (Yes for migrant) "2" (No for migrant)
2100C			**Loop – Member Mailing Address**	
2100C	**NM1**		**Segment – Member Mailing Address**	
2100C	NM1	NM101	Entity Identifier Code	"31" Postal Mailing Address
2100C	NM1	NM102	Entity Type Qualifier	"1" Person

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	**N3**		**Segment – Member Street Address**	
2100C	N3	N301	Address Information	<Subscriber Mailing Address> when applicable
2100C	N3	N302	Address Information	<Subscriber Mailing Address> second line of address, if applicable
2100C	**N4**		**Member City, State, Zip Code**	
2100C	N4	N401	City Name	<member mailing city name>
2100C	N4	N402	State or Province Code	<member mailing state>
2100C	N4	N403	Postal Code	<member mailing zip code>
2100G			**Loop – Responsible Person**	
2100G	**NM1**		**Segment – Responsible Person**	
2100G	NM1	NM101	Entity Identifier Code	<GD> (guardian) <QD> (responsible party)
2100G	NM1	NM102	Entity Type Qualifier	"1" (Person)
2100G	NM1	NM103	Name Last or Organization Name	<Guardian Last Name>, or <Case Last Name>
2100G	NM1	NM104	Name First	<Guardian First Name>, or <Case First Name>
2100G	NM1	NM105	Name Middle	<Guardian Middle Name>, or <Case Middle Name>
2100G	NM1	NM107	Name Suffix	<Guardian Suffix>, or <Case Suffix>
2100G	**PER**		**Segment – Responsible Person Communications Numbers**	
2100G	PER	PER01	Contact Function Code	"RP" (Responsible Person)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100G	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2100G	PER	PER04	Communication Number	<Guardian or Responsible Party Telephone Number> when available on interface from Department of Human Services (DHS)
2100G	PER	PER05	Communication Number Qualifier	"EM" (Electronic Mail)
2100G	PER	PER06	Communication Number	<Guardian or Responsible Party E-Mail Address> when available on interface from DHS If Foster care flag = Y populate DHS worker email
2100G	**N3**		**Responsible Person Street Address**	
2100G	N3	N301	Address Information	<Guardian or Responsible Party address>
2100G	N3	N302	Address Information	<if applicable second line for responsible party address>
2100G	**N4**		**Responsible Person City, State and Zip Code**	
2100G	N4	N401	City Name	<Guardian or Responsible Party City Name>
2100G	N4	N402	State or Province Code	<Guardian or Responsible Party State>
2100G	N4	N403	Postal Code	<Guardian or Responsible Party Zip Code>
2100G	N4	N404	County Code	<Guardian or Responsible Party County Code>
2100G	N4	N407	Country Subdivision Code	Only on the 5790 file indicate if maternal support services (MIHP) are required. <Y> <MIHP required> <N> <MIHP not required>

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300			**Loop – Health Coverage**	
2300	**HD**		**Segment – Health Coverage**	
2300	HD	HD01	Maintenance Type Code	"030" (audit or compare; file # 4976) "021" (addition); "024" (cancellation or termination); "001" (demographic changes); ""025" (benefit plan) file # 5790
2300	HD	HD03	Insurance Line Code	"HMO" (health maintenance organization) for MHP
2300	HD	HD04	Plan Coverage Description	<PET Code><Benefit Plan Code> (18 digits maximum, no special characters, space fill 7 digits if PET missing)
2300	HD	HD05	Coverage Level Code	"IND" (Individual)
2300	**DTP**		**Segment – Health Coverage Dates**	
2300	DTP	DTP01	Date/Time Qualifier	"348" (Benefit Begin)
2300	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	On 5790 <enrollment begin date>; On 4976 <first day of report month>
2300	**DTP**		**Segment – Health Coverage Dates**	
2300	DTP	DTP01	Date/Time Qualifier	"349" (Benefit End) used only on 5790
2300	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	DTP	DTP03	Date Time Period	<enrollment end date> when terminating coverage for a member
2300	**REF**		**Segment – Health Coverage Policy Number**	
2300	REF	REF01	Reference Identification Qualifier	"17" (Client Reporting Category)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	REF	REF02	Reference Identification	<client reporting category> The element is 49 characters (chr) long: 1 chr for <Program Code> 1 chr for <Scope> 1 chr for <Coverage> 1 chr for <Foster Care Indicator-Y/N> 1 chr for <BMP Indicator - Y/N> 1 chr for <Pharmacy Restriction Indicator - Y/N> 3 chr for <MAGI Category Indicator – Appendix D> 1 chr for <Parent Flag – Y/N> 1 chr for <Cost Share Met - Y/N> 5 chr for <Cost Share Remaining-00000> 1 chr for <Native American Cost Share Exemption - Y/N> 1 chr for <CSHCS Indicator - Y/N> 1 chr for <CFP Indicator - Y/N> 1 chr for <Auto Assigned or Voluntary Indicator - A/V> 1 chr for <Member chose plan based on specialist - Y/N> 1 chr for <Disenrollment Reason – Appendix E> 8 chr for <CSHCS Eligibility Begin Date - CCYYMMDD> 8 chr for <Pregnancy Due Date – CCYYMMDD> 8 chr for <Redetermination Date - CCYYMMDD)> 1 chr for <HHO BP Indicator - Y/N> 1 chr for <Homeless Indicator - Y/N> 1 chr for <Medically Frail - S/C/F/B/M/N – Appendix F> The element components will be populated when available and filled with <space(s)> when not available.

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

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

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2310	**NM1**		**Segment- Individual or Organizational Name**	**Segment Information for PCP Information for HHMICARE**
2310	NM1	NM101	Entity Identifier Code	"P3" (Primary Care Provider)
2310	NM1	NM102	Entity Type Qualifier	1" (Person)
2310	NM1	NM103	Name Last or Organization Name	Primary Care Physician name at HHMI Care Team
2310	NM1	NM108	Identification Code Qualifier	"XX" (NPI)
2310	NM1	NM109	Identification Code	NPI for PCP for HHMICARE Team
2310	NM1	NM110	Entity Relationship Code	"25" Established Patient "
2310	**NM1**		**Segment- Individual or Organizational Name**	**Segment Information for PCP Information Chosen at Maximus**
2310	NM1	NM101	Entity Identifier Code	"P3" (Primary Care Provider)
2310	NM1	NM102	Entity Type Qualifier	1" (Person)
2310	NM1	NM103	Name Last or Organization Name	PCP chosen at Maximus
2310	NM1	NM108	Identification Code Qualifier	"SV"
2310	NM1	NM109	Identification Code	Health Plan's provider ID number for PCP
2310	NM1	NM110	Entity Relationship Code	"25" (Established Patient)
2310	**NM1**		**Segment- Individual or Organizational Name**	**Segment Information for Site Number of PCP Information Chosen at Maximus**
2310	NM1	NM101	Entity Identifier Code	"Y2" (Site number)
2310	NM1	NM102	Entity Type Qualifier	"1" (Person)
2310	NM1	NM103	Name Last or Organization Name	PCP chosen at Maximus

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2310	NM1	NM108	Identification Code Qualifier	"SV"
2310	NM1	NM109	Identification Code	Health Plan's Provider Site Number
2310	NM1	NM110	Entity Relationship Code	"25" Established Patient "
2320			**Loop – Coordination of Benefits**	**First occurrence of the 2320 loop used to transmit Dental Health Plan information if present on beneficiary record**
2320	**COB**		**Segment – Coordination of Benefits**	
2320	COB	COB01	Payer Responsibility Sequence Number Code	"U" (Unknown) Note: Medicaid is always the payer of last resort.
2320	COB	COB02	Reference Identification	<Medicaid ID>
2320	COB	COB03	Coordination of Benefits Code	"1" (Coordination of Benefits)
2320	**REF**		**Segment – Additional Coordination of Benefits Identifiers**	**Repeats 3 times**
2320	REF	REF01	Reference Identification Qualifier	"ZZ" (employee identification number)
2320	REF	REF02	Reference Identification	<Policy Number> Use beneficiary ID for first occurrence when showing Dental Health Plan enrollment
2320	**REF**		**Segment – Additional Coordination of Benefits Identifiers**	
2320	REF	REF01	Reference Identification Qualifier	"6P" (Group Number)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	REF	REF02	Reference Identification	\<Payer ID> CHAMPS provider ID displayed for Dental Health Plan
2320	**REF**		**Segment – Additional Coordination of Benefits Identifiers**	
2320	REF	REF01	Reference Identification Qualifier	"60" (Account Suffix Code)
2320	REF	REF02	Reference Identification	\<Beneficiary Coverage Type> From Beneficiary record; leave blank for first occurrence when showing Dental Health Plan enrollment
2320	**DTP**		**Segment – Coordination of Benefits Eligibility Dates**	**Segment is repeated twice.**
2320	DTP	DTP01	Date/Time Qualifier	"344" (COB begin)
2320	DTP	DTP02	Date Time Period Format	"D8" (Date Expressed in Format CCYYMMDD)
2320	DTP	DTP03	Date Time Period	\<Begin Date of HK-Dental Benefit Plan>
2320	**DTP**		**Segment – Coordination of Benefits Eligibility Dates**	
2320	DTP	DTP01	Date/Time Qualifier	"345" (COB end)
2320	DTP	DTP02	Date Time Period Format	"D8" (Date Expressed in Format CCYYMMDD)
2320	DTP	DTP03	Date Time Period	\<End Date of HK-Dental Benefit Plan>
2330			**Loop – Coordination of Benefits Related Entity**	
2330	**NM1**		**Segment – Coordination of Benefits Related Entity**	

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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	<Provider name from PET system >
2330	NM1	NM108	Identification Code Qualifier	"FI" (Federal Tax ID Number)
2330	NM1	NM109	Identification Code	<Federal Tax ID Number from PE system>
2330	**N3**		**Segment – Coordination of Benefits Related Entity Address**	
2330	N3	N301	Address Information	<Address line 1 from PE system>
2330	N3	N302	Address Information	<Address line 2 from PE system> if applicable
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 PE system>

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320			**Loop – Coordination of Benefits**	**Second occurrence of the 2320 loop used to transmit TCM-INCAR information. If Dental is not present, TCM-INCAR will be in the 1st occurrence**
2320	**COB**		**Segment – Coordination of Benefits**	
2320	COB	COB01	Payer Responsibility Sequence Number Code	"U" (Unknown)
2320	COB	COB02	Reference Identification	<TCM-INC>
2320	COB	COB03	Coordination of Benefits Code	"1" (Coordination of Benefits)
2320	**REF**		**Segment – Additional Coordination of Benefits Identifiers**	
2320	REF	REF01	Reference Identification Qualifier	"ZZ" (employee identification number)
2320	REF	REF02	Reference Identification	<TCM-INC>
2320	**DTP**		**Segment – Coordination of Benefits Eligibility Dates**	**Segment is repeated twice.**
2320	DTP	DTP01	Date/Time Qualifier	"344" (COB begin)
2320	DTP	DTP02	Date Time Period Format	"D8" (Date Expressed in Format CCYYMMDD)
2320	DTP	DTP03	Date Time Period	<Begin Date of TCM-INC>
2320	**DTP**		**Segment – Coordination of Benefits Eligibility Dates**	
2320	DTP	DTP01	Date/Time Qualifier	"345" (COB end)
2320	DTP	DTP02	Date Time Period Format	"D8" (Date Expressed in Format CCYYMMDD)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	DTP	DTP03	Date Time Period	<End Date of TCM-INC>
2320			**Loop – Coordination of Benefits**	**Third through fifth occurrence of the 2320 loop used to transmit remainer of COB information. If Dental is no present this will be second through fifth occurrence**
2320	**COB**		**Segment – Coordination of Benefits**	
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)
2320	**REF**		**Segment – Additional Coordination of Benefits Identifiers**	**Repeats 3 times**
2320	REF	REF01	Reference Identification Qualifier	"ZZ" (employee identification number)
2320	REF	REF02	Reference Identification	<Policy Number>
2320	**REF**		**Segment – Additional Coordination of Benefits Identifiers**	
2320	REF	REF01	Reference Identification Qualifier	"6P" (Group Number)
2320	REF	REF02	Reference Identification	<Payer ID>

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

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	"60" (Account Suffix Code)
2320	REF	REF02	Reference Identification	<Beneficiary Coverage Type> From Beneficiary record
2320	**DTP**		**Segment – Coordination of Benefits Eligibility Dates**	**Segment is repeated twice.**
2320	DTP	DTP01	Date/Time Qualifier	"344" (COB begin)
2320	DTP	DTP02	Date Time Period Format	"D8" (Date Expressed in Format CCYYMMDD)
2320	DTP	DTP03	Date Time Period	<Begin Date of other insurance>
2320	**DTP**		**Segment – Coordination of Benefits Eligibility Dates**	
2320	DTP	DTP01	Date/Time Qualifier	"345" (COB end)
2320	DTP	DTP02	Date Time Period Format	"D8" (Date Expressed in Format CCYYMMDD)
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)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2330	NM1	NM103	Name Last or Organization Name	<Payer Name from Payer Table >
2330	NM1	NM108	Identification Code Qualifier	"FI" (Federal Tax ID Number)
2330	NM1	NM109	Identification Code	<Federal Tax ID Number from payer table>
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> if applicable
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>

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2750			**Loop - Reporting Category**	
2750	N1	N101	Entity Identifier Code	"75" (Participant)
2750	N1	N102	Name	<Healthy MI Plan 3>
2750	**REF**		**Segment Reporting Category Reference**	
2750	REF	REF01	Reference Identification Qualifier	"9X"
2750	REF	REF02	Reference Identification	<Y> <Start Date> <End Date> for HMP3 indicator
2750	**REF**		**Segment Reporting Category Reference**	
2750	REF	REF01	Reference Identification Qualifier	"ZZ"
2750	REF	REF02	Reference Identification	<Y> <Start Date> <End Date> for noncompliance with healthy behavior requirements
2750	**REF**		**Segment Reporting Category Reference**	
2750	REF	REF01	Reference Identification Qualifier	"9V"
2750	REF	REF02	Reference Identification	<Y> <Start Date> <End Date> for noncompliance with premium requirements
2750	**REF**		**Segment Reporting Category Reference**	
2750	REF	REF01	Reference Identification Qualifier	"17" (Health Behavior)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2750	REF	REF02	Reference Identification	<End Date of Healthy Behavior> <Number of Months with MA-HMP-MC benefit plan>

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Supplementary Information

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

	HIPAA 834 Transaction Maintenance Type Code (2000 INS03) and Maintenance Reason Code (2000 INS04) for 5790 File		Transaction Reason
Scenario	INS 03	INS 04	Description of Transaction
1	021	28	Prospective New Enrollment
2	021	02	Newborn Enrollments
3	024	07	Disenrollment (Prospective or retroactive)
4	001	25	Demographic Changes (First Name, Last Name, Middle Name, SSN, Gender, DOB, Residential County, Foster Care Indicator, Redetermination Date, Physical Address, Mailing Address, and Pregnancy Due Date Change)
5	001	33	Third Party Liability (other insurance additions, terminations, changes in coverage dates)
6	021	41	Receive an earlier begin date than what exists in CHAMPS for an ongoing enrollee
7	025	18	Completely Retroactive Re-enrollment Segment
8	025	41	Re-enrollment after loss of eligibility (less than 60-day gap in eligibility)
9	001	59	HHMI Care Team or HSW enrollment
10	001	29	Program Enrollment Type (PET) Changes
11	025	22	Benefit Plan Change

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

HIPAA 834 Transaction Maintenance Type Code (2000 INS03) and Maintenance Reason Code (2000 INS04) for 5790 File			Transaction Reason
Scenario	**INS 03**	**INS 04**	**Description of Transaction**
12	001	AI	Change in Premium Non-Compliance and/or Healthy Behavior Non-Compliance (indicator, begin date, and/or end date)
13	001	03	Date of Death (addition or change)

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

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

State of Michigan Department of Health and Human Services Third Party Liability Data Base		HIPAA 834 Transaction Maintenance Reason Code (2000 INS06-1)	
Proprietary Code	**Description – Medicare Other Insurance Payer ID**	**HIPAA Code**	**Description of HIPAA 2000 INS06 Code**
3333333 without 4444444	Recipient enrolled in Medicare Part A but not Medicare Part B	A	Medicare Part A
4444444 without 3333333	Recipient enrolled in Medicare Part B but not Medicare Part A	B	Medicare Part B
Both 3333333 and 4444444	Recipient enrolled in both Medicare Part A and Part B	C	Medicare Part A and B
Does not have either 3333333 or 4444444	Recipient not enrolled in neither Medicare Part A nor Part B	Blank	Neither Medicare Part A nor Part B

Note: To improve accuracy, the propriety other insurance codes from Bridges are no longer used to populate INS06-1.

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Appendix C: Crosswalk for Race and Ethnicity Code (2100A DMG05-3)

MDCHMDHHS Data Warehouse and DHS Program Reference Manual		HIPAA Code Set 859 Race Code (2100A DMG05-3)	
Proprietary Race Code	**Race Code Description**	**Code Set 859**	**Code Set Description**
AA	Black or African American	2054-5	Black or African American
AI	American Indian or Alaskan Native	1002-5	American Indian or Alaska Native
AN	Asian Indian	2029-7	Asian Indian
AS	Asian	2028-9	Asian
CH	Chinese	2034-7	Chinese
FL	Filipino	2036-2	Filipino
GC	Guamanian or Chamorro	2086-7	Guamanian or Chamorro
JP	Japanese	2039-6	Japanese
KO	Korean	2040-4	Korean
MN	Middle Eastern or North African	2118-8	Middle Eastern or North African
NA	Native Hawaiian	2079-2	Native Hawaiian
OA	Other Asian	2131-1	Other Race
OO	Other	2131-1	Other Race
OP	Other Pacific Islander	2500-7	Other Pacific Islander
SA	Samoan	2080-0	Samoan
UN	Unable to Determine the Race	2131-1	Other Race
VN	Vietnamese	2047-9	Vietnamese
WH	White	2106-3	White

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

MDCHMDHHS Data Warehouse and DHS Program Reference Manual		HIPAA Code Set 859 Ethnicity Code (2100A DMG05-3)	
Proprietary Ethnicity Code	Ethnicity Code Description	Code Set 859	Code Set Description
HS	Hispanic	2135-2	Hispanic or Latino
NH	Non-Hispanic	2186-5	Non-Hispanic or Latino
MX	Mexican	2148-5	Mexican
AM	Mexican American	2149-3	Mexican American
CH	Chicano	2151-9	Chicano
PR	Puerto Rican	2180-8	Puerto Rican
BN	Cuban	2182-4	Cuban
OT	Other	2133-7	Ethnicity
UK	Unknown	2133-7	Ethnicity

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Appendix D – MAGI Category Indicator (2300 REF 02 "17" Client Reporting Category)

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

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

CHAMPS MAGI Category Indicator Values	FPL % Test*	Champs Description
D	19-20 YR Old	19-20 YR Old
R	Disabled Institutionalized Old	Disabled Institutionalized Old
Q	Disabled Non-institutionalized Old	Disabled Non-institutionalized Old
P	Parents/Caretakers Old	Parents/Caretakers Old
F11	19-20 YR Old Flint	19-20 YR Old - Flint
F12	Disabled Institutionalized Old Flint	Disabled Institutionalized Old - Flint
F13	Disabled Non-institutionalized Old Flint	Disabled Non-institutionalized Old - Flint
F14	PCR Old Flint	Parents/Caretakers Old - Flint
F15	Adult New Flint	HMP 21+ becomes pregnant under FPL 133% - Flint
F16	Flint	HMP 21+ becomes pregnant over FPL 133% - Flint
F17	Flint	19-20 and is over the FPL - Flint
F18	Flint	Adult New over FPL - Flint
F19	Flint	Disabled Institutionalized Old over FPL - Flint
F20	Flint	Disabled Non-institutionalized Old over FPL - Flint
F21	Flint	Parents/Caretakers Old over FPL - Flint
E	Old	CHIP (MIChild) Old
J	New	CHIP (MIChild) New
F22	Old Flint	CHIP (MIChild) Old - Flint
F23	New Flint	CHIP (MIChild) New - Flint
F24	Flint with Comprehensive Insurance within FPL	Flint with Comprehensive Insurance within FPL
F25	Flint Without Comprehensive Insurance	Flint Without Comprehensive Insurance
F26	Flint with Comprehensive Insurance	Flint with Comprehensive Insurance

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

CHAMPS MAGI Category Indicator Values	FPL % Test*	Champs Description
F27	Flint with /or without Comprehensive Insurance	Flint with /or without Comprehensive Insurance
L	N/A	Former Foster Care
F28	Flint	Former Foster Care - Flint
M	N/A	Plan First
F29	Flint	Plan First - Flint
K	Old	APS
F30	Flint Old	APS old - Flint
F31	Flint	APS - Flint
F32		Non-MAGI - Flint

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Appendix E: Dis-enrollment Reasons (2300 REF 02 "17" Client Reporting Category)

Proprietary Code	Dis-enrollment Reason
I	Disenrollment due to Incarceration
N	Disenrollment due to Nursing Facility Placement
D	Disenrollment due to Death
L	Disenrollment due to Loss of Medicaid
C	Change to Another Plan
O	Disenrollment due to a reason not otherwise specified
T	Sent when OI89 or higher/TPL triggers disenrollment.

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Appendix F: Medically Frail Characters (2300 REF 02 "17" Client Reporting Category)

Character	Reason
S	Self-Attestation
C	Claims and Encounters
F	Facility or Hospice or PACE Enrollment
B	ICO-MC BP or CSHCS BP
M	Medicare
N	Not Medically Frail in the last 12 months

NOTE: Medically Frail Indicator will be present only for HMP-MC members.

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

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

County Code	County Name	County Code	County Name	County Code	County Name	County Code	County Name
00	Unknown/Out of State	22	Dickinson	44	Lapeer	66	Ontonagon
01	Alcona	23	Eaton	45	Leelanau	67	Osceola
02	Alger	24	Emmet	46	Lenawee	68	Oscoda
03	Allegan	25	Genesee	47	Livingston	69	Otsego
04	Alpena	26	Gladwin	48	Luce	70	Ottawa
05	Antrim	27	Gogebic	49	Mackinac	71	Presque Isle
06	Arenac	28	Grand Traverse	50	Macomb	72	Roscommon
07	Baraga	29	Gratiot	51	Manistee	73	Saginaw
08	Barry	30	Hillside	52	Marquette	74	Sanilac
09	Bay	31	Houghton	53	Mason	75	Schoolcraft
10	Benzie	32	Huron	54	Mecosta	76	Shiawassee
11	Berrien	33	Ingham	55	Menominee	77	St Clair
12	Branch	34	Ionia	56	Midland	78	St Joseph
13	Calhoun	35	Iosco	57	Missaukee	79	Tuscola
14	Cass	36	Iron	58	Monroe	80	Van Buren
15	Charlevoix	37	Isabella	59	Montcalm	81	Washtenaw
16	Cheboygan	38	Jackso	60	Montmorency	82	Wayne
17	Chippewa	39	Kalamazoo	61	Muskegon	83	Wexford
18	Clare	40	Kalkaska	62	Newaygo	84	Central DHHS Serving County
19	Clinton	41	Kent	63	Oakland		
20	Crawford	42	Keweenaw	64	Oceana		
21	Delta	43	Lake	65	Ogemaw		

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Revision Log

Version Date	Effective Date	Revision Description
February 1, 2011 (Draft)	January 1, 2012	This document replaces *Data Clarifications For The 834 Benefit Enrollment And Maintenance, Version 4010 Medicaid Health Plans, County Health Plans, and Program of All-inclusive Care for the Elderly (MHPs, CHPs and PACE)*, dated July 11, 2009
February 17, 2011 (Draft)	January 1, 2012	Corrects ISA ISA01 Authorization Information Qualifier; value sent is always "00", *(No Authorization Information Present) Corrects element name for ISA ISA12 to Interchange Control Version Number
November 30, 2011	January 1, 2012	This document includes changes identified as part of business to business testing and reflects the 5010 implementation effective January 1, 2012. Updated location and link for Electronic Submitter's Guide. Updated Loop 2100A Segment LUI Data Element LUI02. Replaced content of Appendix C: Crosswalk for Race or Ethnicity Code (2100A DMG05-1).
April 1, 2012	April 1, 2012	This document updates the client reporting category to include pharmacy restriction status and BMP status.
March 4, 2014	March 28, 2014	This documents updates needed for Medicaid Healthy Michigan Plan enrollment changes – FPL%, income, group compensation, and addition of Appendix D.
April 7, 2015	April 26, 2015	This documents updates needed for the new MHP Daily 834 file 5790 and removal of files 2012 and 2013.
June 11, 2015	June 26, 2015	This documents updates needed for the change of the 4976 file to a positive only file.
July 29, 2015	September 28, 2015	This documents the changes to the 2300 loop for cost share information

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Version Date	Effective Date	Revision Description
March 22, 2016	April 25, 2016	This documents the changes to the 2300 loop: Increase to MAGI filed, new MAGI table, and indicator added to 2300 REF*02 Client reporting category.
April 8, 2016	April 25, 2016	Corrected MAGI Value table, removal of duplicate values.
May 13 2016	June 27, 2016	Addition of 2310 loop data for HHMICare benefit program/FQHC
March 7, 2017	March 24, 2017	This documents the changes to the 2300 loop: Addition of CSHCS Indicator and CFP Flag.
July 6, 2017	January 1, 2018	Changes for Modernizing Continuum of Care
August 29, 2017	January 1, 2018	Updated race code "J"; new crosswalk for INS03 and INS04
October 3, 2017	January 1, 2018	Clarify that 2300 HD04 will have 7 digit space fill if PET missing; Add INS03 and INS04 values for PET changes to Appendix A
January 29, 2018	January 1, 2018	Add in INS03/04 combination 001/22 inadvertently to missed in Appendix A in the previous version
March 14, 2018	March 26, 2018	Alteration of 2320 COB loops for change from HICN to MBI
September 5, 2018	September 24, 2018	Modified 2320 COB loops to show Dental Health Plan in first occurrence.
September 10, 2018	September 24, 2018	Adding 47th character to Client Reporting Category. Opioid Health Home indicator 'O'.
October 01, 2018	September 24, 2018	Change to new Opioid Health Home Indicator Y/N from 'O'. Updated INS 03/04 table, updated disenrollment reason code table.
December 12, 2018	December 17, 2018	Addition of Appendix E, value 'T' TPL. Correction to INS 03/04 coding combination for scenario 7 in appendix A.
August 19, 2019	October 4, 2019	Adding 48th character to Client Reporting Category. Homeless Indicator Y/N

Michigan Department of Health and Human Services
HIPAA 5010 EDI Companion Guide for ANSI ASC X12N **Error! Reference source not found.**
Error! Reference source not found. for MHP
Effective Date: March 21, 2025

Version Date	Effective Date	Revision Description
October 15, 2019	January 24, 2020	Adding 49th character to Client Reporting Category. Medically Frail Indicator. Added Appendix F for reason for Medical Frail Character. Corrected formatting inconsistencies. Added 2750 loop segments
October 31, 2019	January 24, 2020	Corrected 2750 loop information
August 4, 2020	August 4, 2020	Corrected Medicare Plan Code Crosswalk, Appendix B
January 21, 2021	April 1, 2021	Clarified INS03 and INS04 Descriptions in Appendix A; added HHO and HHBH information in 2310 loop
March 5, 2021	April 1, 2021	Corrected description in the 2310 Loop NMA MN109 Identification Code from When NM108 is "XX" - NPI for FQHC; When NM109 is "SV" CHAMPS provider ID for PIHP to When NM108 is "XX" - NPI for FQHC; When NM108 is "SV" CHAMPS provider ID for PIHP
June 7, 2022	September 16, 2022	2100A loop was updated for the Race and Ethnicity code to send both Race and Ethnicity code if supplied. DMG05-3 is "6-digit Race Code with "- ", 6-digit Ethnicity code. With "- " DMG05-1 will no longer be used.
January 17, 2025	March 21, 2025	2100A loop DMG05-3 was updated for the Race and Ethnicity code to send primary and secondary Race code when applicable. 2100A loop new segment DMG06 added for Migrant Indicator. 2100A loop N3 and N4 added additional words to description. New loop 2100C segment NM1, N3 and N4 added for Mailing address, city, state and zip code when applicable. 2320 loop COB and REF added TCM INC information when applicable. Updated the Appendix A and Appendix C
April 16, 2025	March 21, 2025	Update Appendix C to reflect the new race code of Middle Eastern or North African and Unknown for ethnicity