

# *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 August 19, 2019  
Effective October 4, 2019*





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## Introduction

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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. 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 June 2013. 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/ESM\\_ACA\\_CORE\\_2013-08-01\\_V1\\_0\\_430365\\_7.pdf](http://www.michigan.gov/documents/mdch/ESM_ACA_CORE_2013-08-01_V1_0_430365_7.pdf)

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## Transaction Description

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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.

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## Download Notes for ANSI ASC X12 834 Benefit Enrollment and Maintenance

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The 834 transaction can be downloaded from the Data Exchange Gateway (DEG) in two formats, either ASCII or binary formats. When downloading to ASCII, files will include line feeds. These control which characters will appear after each segment, and will function as carriage returns. However, downloading to binary eliminates the use of line feeds. Please refer to the MDCH Electronic Submission Manual for information regarding:

- Interaction with the MDCH's Data Exchange Gateway (DEG)
- Modes of retrieval (ASCII and binary formats) including Line Feed information

This document includes clarifications for the following information:

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

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

Supporting Appendices:

- Appendix A: Crosswalk for 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 REF17)

This document uses several text conventions to distinguish MDCH 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 MDCH. This could be the MDCH data element name or value, or, if blank, will display <spaces>. |
| “ ”                  | Text with “ ” around a value represents HIPAA TR3 values.  |
| ( )                  | The HIPAA TR3 description of the value in quotes, described above, is provided parenthetically.  |
| Light yellow shading | Light yellow shading indicates items changed in this revision of the Companion Guide   |

## ANSI ASC X12 834 Benefit Enrollment and Maintenance Companion Guide Rules

### Interchange Control Header and Trailer

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                   | Companion Guide Rules  |
|---------|------------|-----------------|---|--|
|         |            |                 | <b>Loop – Interchange Control Header</b>    |  |
|         | <b>ISA</b> |                 | <b>Segment – Interchange Control Header</b> |  |
|         | ISA        | ISA01           | Authorization Information Qualifier         | “00” (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><br>Positions 7-15, <spaces>  |
|         | ISA        | ISA07           | Interchange ID Qualifier                    | “ZZ” (Mutually Defined)  |
|         | ISA        | ISA08           | Interchange Receiver ID                     | Positions 1-4, <service bureau ID><br>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>  |
|         | ISA        | ISA13           | Interchange Control Number                  | <interchange control number><br>MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope. |

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                    | Companion Guide Rules  |
|---------|------------|-----------------|--|--|
|         | ISA        | ISA14           | Acknowledgment Requested                     | "0" (no acknowledgment requested)  |
|         | ISA        | ISA15           | Interchange Usage Indicator                  | "P" (Production) or "T" (test)   |
|         | ISA        | ISA16           | Component Element Separator                  | <:>  |
|         |            |                 | <b>Loop – Interchange Control Trailer</b>    |  |
|         | <b>IEA</b> |                 | <b>Segment – Interchange Control Trailer</b> |  |
|         | IEA        | IEA01           | Number of Included Functional Groups         | <total number of functional groups> included within an interchange   |
|         | IEA        | IEA02           | Interchange Control Number                   | <interchange control number><br>MDCH will transmit identical interchange control numbers in ISA13 and IEA02 for a single interchange envelope.     |
|         |            |                 | <b>Loop – Functional Group Header</b>        |  |
|         | <b>GS</b>  |                 | <b>Segment – Functional Group Header</b>     |  |
|         | GS         | GS01            | Functional Identifier Code                   | "BE" (benefit enrollment and maintenance, 834)   |
|         | GS         | GS02            | Application Sender's Code                    | <D00111>   |
|         | GS         | GS03            | Application Receiver's Code                  | <service bureau ID>  |
|         | GS         | GS04            | Date   | <functional group creation date> in CCYYMMDD format  |
|         | GS         | GS05            | Time   | <functional group creation time> in HHMM 24hr clock  |
|         | GS         | GS06            | Group Control Number                         | <data interchange control number><br>MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group. |
|         | GS         | GS07            | Responsible Agency Code                      | "X" (Accredited Standards Committee X12)   |
|         | GS         | GS08            | Version/Release/Industry Identifier Code     | <005010X220A1>   |



| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name                 | Companion Guide Rules  |
|---------|------------|-----------------|---|--|
|         |            |                 | <b>Loop – Functional Group Trailer</b>    |  |
|         | <b>GE</b>  |                 | <b>Segment – Functional Group Trailer</b> |  |
|         | GE         | GE01            | Number of Transaction Set Included        | <total number of transaction sets>, included in the functional group or interchange  |
|         | GE         | GE02            | Group Control Number                      | <data interchange control number><br>MDCH will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group. |



## Transaction Set

| Loop ID | Segment ID | Data Element ID | Loop/Segment/Element Name               | Companion Guide Rules   |
|---------|------------|-----------------|---|---|
|         |            |                 | <b>Loop – Transaction Set Header</b>    |   |
|         | <b>ST</b>  |                 | <b>Segment - Transaction Set Header</b> |   |
|         | ST         | ST02            | Transaction Set Control Number          | <transaction set control number><br>MDCH will assign a unique number within the transaction set, to indicate the start of the transaction. MDCH will transmit identical transaction set control numbers in ST02 and SE02. |
|         | <b>BGN</b> |                 | <b>Segment – Beginning Segment</b>      |   |
|         | BGN        | BGN01           | Transaction Set Purpose Code            | “00” (original and resubmission of original upon request of trading partner)<br>“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        | BGN06           | Reference Identification                | <cross reference to previous transaction><br>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)<br>If BGN = “00” and file # 4976, “4” (Verify)<br>If BGN=“15”, “RX”  |
|         | <b>DTP</b> |                 | <b>Segment – File Effective Date</b>    |   |

| Loop ID      | Segment ID | Data Element ID | Loop/Segment/Element Name                       | Companion Guide Rules   |
|--------------|------------|-----------------|---|---|
|              | DTP        | DTP01           | Date/Time Qualifier                             | "007" (effective) for a full file audit (file # 4976)<br>"303" (maintenance effective) for an update transaction (files # 5790) |
|              | DTP        | DTP03           | Date Time Period                                | Files # 4976 = first day of report month; file # 5790 = file run date   |
|              | <b>QTY</b> |                 | <b>Segment – Transaction Set Control Totals</b> |   |
|              | QTY        | QTY01           | Quantity Qualifier                              | "TO" (Total)  |
|              | QTY        | QTY02           | Quantity  | <Total number of records transmitted in ST-SE loop>   |
| <b>1000A</b> |            |                 | <b>Loop – Sponsor Name</b>                      |   |
| <b>1000A</b> | <b>N1</b>  |                 | <b>Segment – Sponsor Name</b>                   |   |
| 1000A        | N1         | N102            | Name  | <Department of Community Health>  |
| 1000A        | N1         | N103            | Identification Code Qualifier                   | "FI" (Federal Taxpayer's Identification Number)   |
| 1000A        | N1         | N104            | Identification Code                             | <386000134>   |
| <b>1000B</b> |            |                 | <b>Loop – Payer</b>                             |   |
| <b>1000B</b> | <b>N1</b>  |                 | <b>Segment – Payer Name</b>                     |   |
| 1000B        | N1         | N102            | Name  | <Plan Name>   |
| 1000B        | N1         | N103            | Identification Code Qualifier                   | "FI" (Federal Taxpayer's Identification Number)   |
| 1000B        | N1         | N104            | Identification Code                             | <Plan Federal Taxpayer ID Number>   |
| <b>2000</b>  |            |                 | <b>Loop - Member Level Detail</b>               |   |
| <b>2000</b>  | <b>INS</b> |                 | <b>Segment – Member Level Detail</b>            |   |
| 2000         | INS        | INS01           | Yes/No Condition or Response Code               | "Y" (yes) – insured is always the subscriber  |
| 2000         | INS        | INS02           | Individual Relationship Code                    | "18" (self) – insured is always the subscriber  |

| 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)<br>"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)<br>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<br>"TE" (terminated) for disenrolled members  |
| 2000        | INS        | INS12           | Date Time Period                                | <recipient date of death> when available and applicable  |
| <b>2000</b> | <b>REF</b> |                 | <b>Segment – Subscriber Identifier</b>          |  |
| 2000        | REF        | REF01           | Reference Identification Qualifier              | "0F" (Subscriber Number)   |
| 2000        | REF        | REF02           | Reference Identification                        | <beneficiary ID> Right-justified, zero-filled (RJ0F)   |
| <b>2000</b> | <b>REF</b> |                 | <b>Segment – Member Policy Number</b>           |  |
| 2000        | REF        | REF01           | Reference Identification Qualifier              | "1L" (Group or Policy Number)  |
| 2000        | REF        | REF02           | Reference Identification                        | <provider ID><br>Plan's Provider ID – 12 Digits, leading zero filled   |
| <b>2000</b> | <b>REF</b> |                 | <b>Segment – Member Supplemental Identifier</b> |  |
| 2000        | REF        | REF01           | Reference Identification Qualifier              | "3H" (Case Number)   |
| 2000        | REF        | REF02           | Reference Identification                        | <Case Number>  |

| Loop ID      | Segment ID | Data Element ID | Loop/Segment/Element Name                       | Companion Guide Rules  |
|--------------|------------|-----------------|---|--|
| <b>2000</b>  | <b>REF</b> |                 | <b>Segment – Member Supplemental Identifier</b> |  |
| 2000         | REF        | REF01           | Reference Identification Qualifier              | “60” (Cross Reference Number) when applicable on file #5790                                  |
| 2000         | REF        | REF02           | Reference Identification                        | <mother’s beneficiary ID> for newborns, when applicable on file # 5790                       |
| <b>2000</b>  | <b>DTP</b> |                 | <b>Segment – Member Level Dates</b>             |  |
| 2000         | DTP        | DTP01           | Date/Time Qualifier                             | On 5790 only “356” (eligibility begin) for new enrollment                                    |
| 2000         | DTP        | DTP03           | Date Time Period                                | <enrollment begin date>  |
|              |            |                 |   |  |
|              |            |                 |   |  |
| <b>2100A</b> |            |                 | <b>Loop – Member Name</b>                       |  |
| <b>2100A</b> | <b>NM1</b> |                 | <b>Segment – Member Name</b>                    |  |
| 2100A        | NM1        | NM101           | Entity Identifier Code                          | “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><br>If member first name is missing, MDCH 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>   |
| <b>2100A</b> | <b>PER</b> |                 | <b>Segment – Member Communications Numbers</b>  |  |
| 2100A        | PER        | PER01           | Contact Function Code                           | “IP” (Insured Party)   |

| Loop ID      | Segment ID | Data Element ID | Loop/Segment/Element Name                               | Companion Guide Rules  |
|--------------|------------|-----------------|---|--|
| 2100A        | PER        | PER03           | Communication Number Qualifier                          | "TE" (Telephone)   |
| 2100A        | PER        | PER04           | Communication Number                                    | <Case Telephone Number> when available on interface from Department of Human Services (DHS)  |
| 2100A        | PER        | PER05           | Contact Function Code                                   | "EM" (Electronic Mail)   |
| 2100A        | PER        | PER06           | Communication Number                                    | <Member E-Mail Address> when available on interface from DHS   |
| <b>2100A</b> | <b>N3</b>  |                 | <b>Segment – Member Residence Street Address</b>        |  |
| 2100A        | N3         | N301            | Address Information                                     | <Subscriber Address><br>If Subscriber Address is missing, and city, state, zip are present, MDCH will transmit <Unknown> for subscriber address. |
| 2100A        | N3         | N302            | Address Information                                     | <Subscriber Address>   |
| <b>2100A</b> | <b>N4</b>  |                 | <b>Segment – Member Residence City, State, Zip Code</b> |  |
| 2100A        | N4         | N405            | Location Qualifier                                      | "CY" (county/parish)   |
| 2100A        | N4         | N406            | Location Identifier                                     | <county code>  |
| <b>2100A</b> | <b>DMG</b> |                 | <b>Segment – Member Demographics</b>                    |  |
| 2100A        | DMG        | DMG05 -1        | Race or Ethnicity Code                                  | Refer to Appendix C - Crosswalk for Race or Ethnicity Code   |
| <b>2100A</b> | <b>ICM</b> |                 | <b>Segment - Member Income</b>                          |  |
| 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)   |
| 2100A        | ICM        | ICM05           | Salary Grade  | Federal Poverty Level (3 numeric digits, right-justified, zero-filled, no decimal)   |

| Loop ID      | Segment ID | Data Element ID | Loop/Segment/Element Name                     | Companion Guide Rules  |
|--------------|------------|-----------------|---|--|
| <b>2100A</b> | <b>LUI</b> |                 | <b>Segment – Member Language</b>              |  |
| 2100A        | LUI        | LUI01           | Identification Code Qualifier                 | “LE” (ISO 639 Language Codes)  |
| 2100A        | LUI        | LUI02           | Identification Code                           | MDCH will use the ISO 639-1 version of the ISO 639 language codes.   |
| 2100A        | LUI        | LUI04           | Use of Language Indicator                     | “7” (Language Speaking)  |
| <b>2100B</b> |            |                 | <b>Loop – Incorrect Member Name</b>           |  |
| <b>2100B</b> | <b>NM1</b> |                 | <b>Segment – Incorrect Member Name</b>        |  |
| 2100B        | NM1        | NM101           | Entity Identifier Code                        | “74” (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 (incorrect) member last name>  |
| 2100B        | NM1        | NM104           | Name First                                    | <previous (incorrect) member first name><br>If member first name is missing, MDCH will transmit <Unknown>. |
| 2100B        | NM1        | NM108           | Identification Code Qualifier                 | “34” (Social Security Number) when available   |
| 2100B        | NM1        | NM109           | Identification Code                           | <previous (incorrect) member SSN>  |
| <b>2100B</b> | <b>DMG</b> |                 | <b>Segment –Incorrect Member Demographics</b> |  |
| 2100B        | DMG        | DMG02           | Date of Birth                                 | <previous (incorrect) date of birth>   |
| 2100B        | DMG        | DMG03           | Gender  | <previous (incorrect) gender>  |
| <b>2100G</b> |            |                 | <b>Loop – Responsible Person</b>              |  |
| <b>2100G</b> | <b>NM1</b> |                 | <b>Segment – Responsible Person</b>           |  |



| Loop ID      | Segment ID | Data Element ID | Loop/Segment/Element Name                                  | Companion Guide Rules  |
|--------------|------------|-----------------|--|--|
| 2100G        | NM1        | NM101           | Entity Identifier Code                                     | "GD" (guardian)<br>"QD" (responsible party)  |
| 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>  |
| <b>2100G</b> | <b>PER</b> |                 | <b>Segment – Responsible Person Communications Numbers</b> |  |
| 2100G        | PER        | PER03           | Communication Number Qualifier                             | "TE" (Telephone)   |
| 2100G        | PER        | PER04           | Communication Number                                       | <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  |
| <b>2300</b>  |            |                 | <b>Loop – Health Coverage</b>                              |  |
| <b>2300</b>  | <b>HD</b>  |                 | <b>Segment – Health Coverage</b>                           |  |
| 2300         | HD         | HD01            | Maintenance Type Code                                      | "030" (audit or compare; file # 4976)<br>"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)   |



| Loop ID     | Segment ID | Data Element ID | Loop/Segment/Element Name                      | Companion Guide Rules  |
|-------------|------------|-----------------|--|--|
| 2300        | HD         | HD05            | Coverage Level Code                            | "IND" (Individual)   |
| <b>2300</b> | <b>DTP</b> |                 | <b>Segment – Health Coverage Dates</b>         |  |
| 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        | 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)                             |
| 2300        | DTP        | DTP03           | Date Time Period                               | <enrollment end date> when terminating coverage for a member         |
| <b>2300</b> | <b>REF</b> |                 | <b>Segment – Health Coverage Policy Number</b> |  |
| 2300        | REF        | REF01           | Reference Identification Qualifier             | "17" (Client Reporting Category)                                     |



|      |     |       |                          |   |
|------|-----|-------|--------------------------|---|
| 2300 | REF | REF02 | Reference Identification | <p>&lt;client reporting category&gt;<br/> The client reporting category will include concatenated &lt;program code, scope, coverage, foster care status, BMP status, pharmacy restriction status, MAGI indicator, "parent flag", cost share met, cost share remaining, Native American cost share exempt, CSHCS Indicator, CFP Indicator, Auto-assigned or voluntary indicator, Plan chosen based on specialist indicator, dis-enrollment reason, CSHCS eligibility begin date, pregnancy due date, redetermination date in CCYYMMDD format, and Opioid Health Home indicator&gt;. The element is 48 characters long: 1 for program code, 1 for scope, 1 for coverage, 1 for foster care status, 1 for BMP status, 1 for pharmacy restriction status, 3 for MAGI indicator, 1 for "parent" flag for HMP population, 1 for Cost Share Met Flag, 5 for Cost Share Remaining, 1 for Native American Cost Share Exemption, 1 for CSHCS indicator, 1 for CFP flag, 1 for auto-assigned or voluntary indicator, 1 for plan chosen based on specialist indicator, 1 for disenrollment reason, 8 for CSHCS eligibility begin date, 8 for Pregnancy Due Date, 8 for redetermination date, 1 for Opioid Health Home indicator and 1 for Homeless Indicator.</p> <p>Foster care status, BMP status, pharmacy restriction status, parent flag, cost share met, Native American Cost Share Exemption, CSHCS indicator, CFP Flag, plan chosen based on specialist, Opioid Health Home and Homeless Indicator are "Y" or "N" MAGI category is a single alpha digit (see Appendix D). Auto-assigned or voluntary indicator is A or V; Dis-enrollment reason is a single alpha digit (see Appendix E).</p> |
|------|-----|-------|--------------------------|---|

| Loop ID     | Segment ID | Data Element ID | Loop/Segment/Element Name                  | Companion Guide Rules   |
|-------------|------------|-----------------|--|---|
|             |            |                 |  | The element components will be populated when available and filled with <space(s)> when not available.  |
| <b>2310</b> | <b>REF</b> |                 | <b>Loop – Provider Information</b>         | When member is enrolled in the HHMICare benefit plan, receiving services from a FQHC, this facility and Primary Care Physician information is shared with both MHP and PIHP's. For this usage the 2310 segment will loop twice. 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 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 |   |
| 2310        | NM1        | NM101           | Entity Identifier Code                     | "FA" Facility<br>"P3" Primary Care Provider at HHMI Care Team or PCP chosen at Maximus for non-HHMI Care Team enrollees<br>Y2 - Plan's Site number  |
| 2310        | NM1        | NM102           | Entity Type Qualifier                      | "2" Non-Person Entity<br>"1" Person<br>"2" Plan's Site Number   |
| 2310        | NM1        | NM103           | Name Last or Organization Name             | Federally Qualified Health Center name<br>Primary Care Physician name   |
| 2310        | NM1        | NM108           | Identification Code Qualifier              | "XX" for NPI<br>"XX" for NPI of PCP for HHMICare Team<br>"SV" for Plan's provider number for PCP<br>"SV" for Plan's Site number   |
| 2310        | NM1        | NM109           | Identification Code                        | NPI for FQHC<br>NPI for PCP for HHMICARE Team<br>Health Plan's provider ID number for PCP<br>Health Plan's Site Visit Number  |

| Loop ID     | Segment ID | Data Element ID | Loop/Segment/Element Name  | Companion Guide Rules  |
|-------------|------------|-----------------|--|--|
| 2310        | NM1        | NM110           | Entity Relationship Code   | “25” Established Patient “   |
| 2320        |            |                 | Loop – Coordination of Benefits                                  | When other insurance information for a member is in the MDCH Third Party Liability database, the information will be transmitted in the HIPAA-mandated 834 transaction in the 2320 Coordination of Benefits (COB) loop. It is the responsibility of the health plan to verify the information in the COB loop.   |
| 2320        | COB        |                 | Segment – Coordination of Benefits                               |  |
| 2320        | COB        | COB01           | Payer Responsibility Sequence Number Code                        | “U” (Unknown)<br>Note: Medicaid is always the payer of last resort.  |
| 2320        | COB        | COB02           | Reference Identification   | <Medicaid ID> First occurrence will send bene’s Medicaid ID if enrolled in Dental Health Plan.<br><Group Number> For Medicare types A and B we will send the Medicare Beneficiary Identifier (MBI) if present in CHAMPS, if MBI is not available then we will send the Health Insurance Claim Number (HICN).<br>If MBI is not present in CHAMPS by 4/1/2019 this field will be sent as blank |
| 2320        | COB        | COB03           | Coordination of Benefits Code                                    | “1” (Coordination of Benefits)   |
| <b>2320</b> | <b>REF</b> |                 | <b>Segment – Additional Coordination of Benefits Identifiers</b> |  |
| 2320        | REF        | REF01           | Reference Identification Qualifier                               | “ZZ” (employee identification number)  |

| Loop ID     | Segment ID | Data Element ID | Loop/Segment/Element Name                                   | Companion Guide Rules   |
|-------------|------------|-----------------|---|---|
| 2320        | REF        | REF02           | Reference Identification                                    | <Policy Number> When communicating Dental Health Plan first occurrence will show member's CHAMPS beneficiary ID.<br>For Medicare types C and D we will send the Medicare Beneficiary Identifier (MBI) if present in CHAMPS, if MBI is not available then we will send the Health Insurance Claim Number (HICN).<br>If MBI is not present in CHAMPS by 4/1/2019 this field will be sent as blank |
| 2320        | REF        | REF01           | Reference Identification Qualifier                          | "6P" (Group Number)   |
| 2320        | REF        | REF02           | Reference Identification                                    | <Payer ID> CHAMPS provider ID displayed for Dental Health Plan  |
| 2320        | REF        | REF01           | Reference Identification Qualifier                          | "60" (Account Suffix Code)  |
| 2320        | REF        | REF02           | Reference Identification                                    | <coverage type (health scope code)>   |
| <b>2320</b> | <b>DTP</b> |                 | <b>Segment – Coordination of Benefits Eligibility Dates</b> | <b>Segment is repeated twice.</b>   |
| 2320        | DTP        | DTP01           | Date/Time Qualifier   | "344" (COB begin)   |
| 2320        | DTP        | DTP03           | Date Time Period  | <COB begin date>  |
| 2320        | DTP        | DTP01           | Date/Time Qualifier   | "345" (COB end)   |
| 2320        | DTP        | DTP03           | Date Time Period  | <COB end date>  |
| <b>2330</b> |            |                 | <b>Loop – Coordination of Benefits Related Entity</b>       |   |
| <b>2330</b> | <b>NM1</b> |                 | <b>Segment – Coordination of Benefits Related Entity</b>    |   |
| 2330        | NM1        | NM101           | Entity Identifier Code                                      | "IN" (Insurer)  |
| 2330        | NM1        | NM103           | Name Last or Organization Name                              | <Payer (Carrier) Name>  |
| 2330        | NM1        | NM108           | Identification Code Qualifier                               | "FI" (Federal Tax ID Number)  |

| Loop ID     | Segment ID | Data Element ID | Loop/Segment/Element Name   | Companion Guide Rules  |
|-------------|------------|-----------------|---|--|
| 2330        | NM1        | NM109           | Identification Code   | <Federal Tax ID Number of Payer>, when available   |
| <b>2330</b> | <b>N3</b>  |                 | <b>Segment – Coordination of Benefits Related Entity Address</b>                        |  |
| 2330        | N3         | N301            | Address Information   | <Payer Address Line 1>   |
| 2330        | N3         | N302            | Address Information   | <Payer Address Line 2>   |
| <b>2330</b> | <b>N4</b>  |                 | <b>Segment – Coordination of Benefits Other Insurance Company City, State, Zip Code</b> |  |
| 2330        | N4         | N401            | City Name   | <Payer (Carrier) City Name>  |
| 2330        | N4         | N402            | State or Province Code  | <Payer (Carrier) two-digit State Abbreviation>   |
| 2330        | N4         | N403            | Postal Code   | <Postal (Carrier) Code>  |
| <b>2330</b> | <b>PER</b> |                 | <b>Segment – Administrative Communications Contact</b>                                  |  |
| 2330        | PER        | PER04           | Communication Number  | <Payer (Carrier) telephone number>, when available   |
|             |            |                 | <b>Loop – Transaction Set Trailer</b>   |  |
|             | <b>SE</b>  |                 | <b>Segment – Transaction Set Trailer</b>  |  |
|             | SE         | SE01            | Number of Included Segments   | < total number of segments included in a transaction set> including ST and SE segments                             |
|             | SE         | SE02            | Transaction Set Control Number  | <transaction set control number><br>MDCH will transmit identical transaction set control numbers in ST02 and SE02. |

## 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    | 28     | Prospective New Enrollment with future disenrollment sent on same day or subsequent day (e.g. 2/1/2017 – 2/28/2017) |
|   | 024    | 07     |   |
| 3   | 021    | 02     | Newborn Enrollments   |
| 4   | 024    | 07     | Disenrollment (Prospective or retroactive)  |
| 5   | 001    | 25     | Demographic Changes (not Third Party Liability related)   |
| 6   | 001    | 33     | Third Party Liability (other insurance) changes   |
| 7   | 024    | 18     | <del>Retroactive Enrollment other than newborn</del>  |
| 7   | 021    | 02     | Receive an earlier begin date than what exists in CHAMPS for an ongoing enrollee                                    |
| 8   | 025    | 18     | Retroactive Re-enrollment   |
| 9   | 025    | 41     | Re-enrollment after loss of eligibility (less than 60 day gap in eligibility)                                       |
| 10  | 001    | 59     | HHMI Care Team enrollment received  |
| 11  | 001    | 29     | Program Enrollment Type (PET) Changes   |



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|    |     |    |                     |
|----|-----|----|---------------------|
| 12 | 001 | 22 | Benefit Plan Change |
|----|-----|----|---------------------|

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

| State of Michigan Family Independence Agency<br>Reference Codes Manual 1-1-2000 |  | HIPAA 834 Transaction Maintenance Reason Code<br>(2000 INS06-1) |                                      |
|---|--|---|--------------------------------------|
| Proprietary Code  | Description – Medicare Other Insurance (OI) Code   | HIPAA Code  | Description of HIPAA 2000 INS06 Code |
| 90  | Recipient qualifies for or is enrolled in Medicare Part B  | B   | Medicare Part B                      |
| 91  | Recipient qualifies for or is enrolled in Medicare Parts A and B.                                | C   | Medicare Part A and B                |
| 92  | Recipient qualifies for or is enrolled in Medicare Part B only and has Blue Cross/Blue Shield.   | B   | Medicare Part B                      |
| 93  | Recipient qualifies for or is enrolled in Medicare Part B only and has other medical insurance.  | B   | Medicare Part B                      |
| 94  | Recipient qualifies for or is enrolled in Medicare Parts A and B and has Blue Cross/Blue Shield  | C   | Medicare Part A and B                |
| 95  | Recipient qualifies for or is enrolled in Medicare Parts A and B and has other medical insurance | C   | Medicare Part A and B                |
| 96  | Medicare HMO (to be identified and coded by Revenue and Reimbursement Division Staff Only.       | C   | Medicare Part A and B                |



Appendix C: 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  |
| J  | Native Hawaiian and Pacific Islander Migrant  | P  | Pacific Islander                                  |

## APPENDIX D – MAGI CATEGORY INDICATOR

| 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   |
| 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                  |
| 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   |



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|     |           |                  |
|-----|-----------|------------------|
| F30 | Flint Old | APS old - Flint  |
| F31 | Flint     | APS - Flint      |
| F32 |           | Non-MAGI - Flint |

## Appendix E: Dis-enrollment Reasons for 2300 Ref 02

| 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 some reason not otherwise specified                 |
| T                | Sent when OI89 or higher/TPL triggers disenrollment. (to begin Dec 2018) |

## Revision Log

| Version Date              | Effective Date  | Revision Description   |
|---------------------------|-----------------|--|
| February 1, 2011 (Draft)  | January 1, 2012 | This document replaces <i>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)</i> , 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)<br>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.<br>Updated location and link for Electronic Submitter's Guide.<br>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  |
| 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 47 <sup>th</sup> 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 48 <sup>th</sup> character to Client Reporting Category. Homeless Indicator Y/N                                     |