

Michigan Department of Health and Human Services

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

Prepaid Inpatient Health Plans (PIHP) (File numbers 5999 (BHI Audit) and 5997- (BHI daily update file)

*1115 Combined File (HSW-MC, SED-MC, CWP-MC, DHIP, AUT, HHO, HHBH) (File number 5093) for 1115-Waivers
and Home Health*

Version Date February 26, 2021

Effective January 1, 2021





Table of Contents

Introduction	1
Transaction Description.....	2
Download Notes for ANSI ASC X12 834 Benefit Enrollment and Maintenance.....	2
ANSI ASC X12 834 Benefit Enrollment and Maintenance Companion Guide Rules	4
Interchange Control Header.....	4
Transaction Set.....	7
Supplementary Information	20
Appendix A: Crosswalk for Medicare Plan Code (2000 INS06-1).....	20
Appendix B: Crosswalk for Race or Ethnicity Code (2100A DMG05-1)	21
Appendix C: County Codes (2100A N4 N406 Location Identifier).....	22
Appendix D: MAGI Indicators.....	23
Appendix E: INS03 & INS04 Combinations in 2000 Loop.....	26
Revision Log	27

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 5010A1 TR3 and related Errata documents can be downloaded from the Washington Publishing Company web site at <http://www.wpc-edi.com/content/view/817/1>.

This document is expected to be used in conjunction with the TR3 and related Errata for the 834 transaction set. The content of this document follows the guidelines authorized in the version modifications to the Health Insurance Portability and Accountability Act (HIPAA) Final Rule transaction standards published in the Federal Register January 16, 2009.

This document provides 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

In order 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 April 6, 2012. The most current version of this manual can be downloaded from the MDHHS web site at the following location:

http://www.michigan.gov/documents/MDHHS/Electronic_Submission_Manual2_040212_396492_7.pdf

Transaction Description

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

Download Notes for ANSI ASC X12 834 Benefit Enrollment and Maintenance

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

- Interaction with the MDHHS'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 Medicare Plan Code (2000 INS06)
- Appendix B: Crosswalk for Race or Ethnicity Code (2100A DMG05)
- Appendix C: County Codes (2100A N4 N406 Location Identifier)
- Appendix D: MAGI Indicators
- Appendix E: INS003 & INS004 Combination (Loop 2000)

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



Convention used	Explanation
< >	Text included within < > describes what will be transmitted by 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



ANSI ASC X12 834 Benefit Enrollment and Maintenance Companion Guide Rules

Interchange Control Header

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Interchange Control Header	
	ISA		Segment – Interchange Control Header	
	ISA	ISA01	Authorization Information Qualifier	“00” (No Authorization Information Present)
	ISA	ISA02	Authorization Information	<10 Spaces>
	ISA	ISA03	Security Information Qualifier	“00” (No Security Information Present)
	ISA	ISA04	Security Information	<10 Spaces>
	ISA	ISA05	Interchange ID Qualifier	“ZZ” (mutually defined)
	ISA	ISA06	Interchange Sender ID	Positions 1-6, <D00111> Positions 7-15, <spaces>
	ISA	ISA07	Interchange ID Qualifier	“ZZ” (Mutually Defined)
	ISA	ISA08	Interchange Receiver ID	Positions 1-4, <Service Bureau ID> Positions 5-15 <Spaces>
	ISA	ISA09	Interchange Date	<Interchange Date>, in YYMMDD format
	ISA	ISA10	Interchange Time	<Interchange Time>, in HHMM format
	ISA	ISA11	Repetition Separator	“^”
	ISA	ISA12	Interchange Control Version Number	<00501>
	ISA	ISA13	Interchange Control Number	<interchange control number> MDHHS 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	<:;>
			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.
			Loop – Functional Group Header	
	GS		Segment – Functional Group Header	
	GS	GS01	Functional Identifier Code	"BE" (Benefit Enrollment and Maintenance, 834)
	GS	GS02	Application Sender's Code	<D00111>
	GS	GS03	Application Receiver's Code	<Service Bureau ID>
	GS	GS04	Date	<Functional group Creation Date> in CCYYMMDD format
	GS	GS05	Time	<Functional Group Creation Time> in HHMM format
	GS	GS06	Group Control Number	<Data Interchange Control Number> 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)
	GS	GS08	Version/Release/Industry Identifier Code	<005010X220A1>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Functional Group Trailer	
	GE		Segment – Functional Group Trailer	
	GE	GE01	Number of Transaction Set Included	<Total Number of Transaction Sets>, included in the functional group or interchange
	GE	GE02	Group Control Number	<Data Interchange Control Number> MDHHS will transmit identical data interchange control numbers in GS06 and GE02 for a single functional group.

Transaction Set

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Transaction Set Header	
	ST		Segment - Transaction Set Header	
	ST	ST02	Transaction Set Control Number	<Transaction Set Control Number> 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.
	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)



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	BGN	BGN02	Reference Identification	<XXXXCCYYMMDD TT> Where <XXXX> is the DHHS file number 5999 (BHI Audit PIHP and HMP-PIHP), 5997 (BHI PIHP and HMP-PIHP daily update file, and 5093 (1115 Combined File) for HSW, HSW-MC, CWP-MC, SED-MC, AUT, DHIP, HHO, HHHB ; <CCYYMMDD> is the batch number; <2 spaces>; <TT> is the Transaction Set Purpose Code from BGN01
	BGN	BGN03	Date	<CCYYMMDD> File Creation Date
	BGN	BGN04	Time	<HHMMSS> Based on a 24 hour clock.
	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	For 5999 "4" unless BGN01="15", Then "RX" For 5997 "2" unless BGN01="15", Then RX
	DTP		Segment – File Effective Date	
	DTP	DTP01	Date/Time Qualifier	"007" (File Effective Date) for all files except 5997; "303" for 5997
	DTP	DTP02	Date/Time Period Format Qualifier	"D8"



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	DTP	DTP03	Date Time Period	<First Day of the Report Month> for all files except 5997; (Maintenance Effective Date)
	QTY		Segment – Transaction Set Control Totals	
	QTY	QTY01	Quantity Qualifier	“TO” (Total)
	QTY	QTY02	Quantity	<Total Number of Records Transmitted in ST-SE Loop>
1000A			Loop – Sponsor Name	
1000A	N1		Segment – Sponsor Name	
1000A	N1	N102	Name	<Department of 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	N102	Name	<PIHP Organization Name>
1000B	N1	N103	Identification Code Qualifier	“FI” (Federal Taxpayer’s Identification Number)
1000B	N1	N104	Identification Code	<PIHP 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)
2000	INS	INS02	Individual Relationship Code	“18” (Self)
2000	INS	INS03	Maintenance Type Code*	For all files except 5997 : “030” (Audit or Compare for all audit files) ; For 5997: 01-Change 021-Addition 024 Disenrollment (termination) 025 Change identifying data elements (reinstatement)



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	INS	INS04	Maintenance Reason Code*	>; For 5997: 28 - Initial enrollment, 25 - Change in identifying data elements. 07 - Termination / Disenrollments 41- Overlapping Segments
2000	INS	INS05	Benefit Status Code	"A" (Add); "C" (Change) "I" (Inactivate/Disenroll)
2000	INS	INS06-1	Medicare Status Code	Refer to Appendix A: Crosswalk for Medicare Plan Code
2000	INS	INS08	Employment Status Code	"AC" (Active), For Enrolled Members on all Audit Files; "AC" for Enrolled Members and "TE" for Disenrolled members on 5997
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	<Recipient ID> Medicaid Beneficiary ID Number 10 character number ID, right justify – zero filled (RJ0F).
2000	REF		Segment – Member Policy Number	
2000	REF	REF01	Reference Identification Qualifier	"1L" (Group or Policy Number)
2000	REF	REF02	Reference Identification	<Plan's Provider ID> 12 Digits, Leading Zero-Filled – This will be the PIHPs Regional ID
2000	REF		Segment – Member Supplemental Identifier	
2000	REF	REF01	Reference Identification Qualifier	"3H" <Case Number>
2000	REF	REF02	Reference Identification	<Medicaid Case Number> 9 character Alphanumeric
2000	DTP		Segment – Member Level Dates	



2000	DTP	DTP01	Date/Time Qualifier	"356" (Eligibility Begin)
2000	DTP	DTP03	Date Time Period	<Enrollment Begin Date>
NOTE: No Pending Negative Action is sent on 5999 file; Updates are provided on the 5997 daily file.				
2100A			Loop – Member Name	
2100A	NM1		Segment – Member Name	
2100A	NM1	NM101	Entity Identifier Code	"IL" (Insured or Subscriber)
2100A	NM1	NM103	Name Last or Organization Name	<Member Last Name> If beneficiary's first name is null, MDHHS will transmit <Unknown>.
2100A	NM1	NM104	Name First	<Member First Name> when available
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> when available
2100A	PER		Segment – Member Communications Numbers	
2100A	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2100A	PER	PER04	Communication Number	<Telephone Number>, when available on interface from DHHS
2100A	PER	PER05	Communication Number Qualifier	"EM" (Electronic Mail)
2100A	PER	PER06	Communication Number	<Member E-Mail Address> when available on interface from DHHS



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	N3		Segment – Member Residence Street Address	
2100A	N3	N301	Address Information	<Subscriber 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 Address>
2100A	N4		Segment – Member Residence City, State, Zip Code	
2100A	N4	N405	Location Qualifier	“CY” (County/Parish)
2100A	N4	N406	Location Identifier	<county code> 2 Character Numeric County Code Refer to Appendix C: County Codes
2100A	DMG		Segment – Member Demographics	
2100A	DMG	DMG02	Date Time Period	<Date of Birth>
2100A	DMG	DMG03	Gender Code	“M” (Male) “F” (Female)
2100A	DMG	DMG05-1	Composite Race or Ethnicity Information	Refer to Appendix B: Crosswalk for Race or Ethnicity Code
2100A	LUI		Segment – Member Language	
2100A	LUI	LUI01	Identification Code Qualifier	“LE” (ISO 639 Language Codes)
2100A	LUI	LUI02	Identification Code	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	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100B	NM1		Segment – Incorrect Member Name	
2100B	NM1	NM101	Entity Identifier Code	“74” (Prior Incorrect Insured) (NOTE: 2100B loop used only on 5997)
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> If member first name is missing, MDHHS will transmit <Unknown>.
2100B	NM1	NM108	Identification Code Qualifier	“34” (Social Security Number) when available
2100B	NM1	NM109	Identification Code	<previous (incorrect) member SSN>
2100B	DMG		Segment –Incorrect Member Demographics	
2100B	DMG	DMG02	Date of Birth	<previous (incorrect) date of birth>
2100B	DMG	DMG03	Gender	<previous (incorrect) gender>
2100G			Loop – Responsible Person	
2100G	NM1		Segment – Responsible Person	
2100G	NM1	NM101	Entity Identifier Code	“GD” (guardian) if Address Type = Guardian; otherwise “QD” (responsible party)
2100G	NM1	NM103	Name Last or Organization Name	<Guardian>, or <Case> Name, First, last, middle. If first name is unknown will transmit <Unknown>
2100G	NM1	NM104	Name First	<Guardian>, or <Case > Name, when available
2100G	NM1	NM105	Name Middle	<Guardian>, or <Case > Name, when available
2100G	NM1	NM107	Name Suffix	<Guardian>, or <Case> Suffix, when available



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100G	PER		Segment – Responsible Person Communications Numbers	
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 Health and Human Services (DHHS)
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 DHHS
2100G	N3		Segment – Responsible Person Street Address	
2100G	N3	N301	Address Information	<Guardian Address>
2100G	N3	N302	Address Information	<Guardian Address>
2300			Loop – Health Coverage	
2300	HD		Segment – Health Coverage	
2300	HD	HD01	Maintenance Type Code	“030” (Audit or Compare) “024” (Daily)
2300	HD	HD03	Insurance Line Code	“AK” (Mental Health)
2300	HD	HD04	Plan Coverage Description	All files except 1115 Combined File (5093): 13-character string of subcomponents:<age(3)>,<Benefit Plan Name (max 10)> 1115 Combined File (5093):20-character string of subcomponents: <Age(3)>,<HSW Capitation County(2)>,<Residential Status(2)>,<HSW MVA(2)>,<Action Code(1)>,<Benefit Plan Name (max 10)>
2300	HD	HD05	Coverage Level Code	“IND” (Individual)



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	DTP		Segment – Health Coverage Dates	
2300	DTP	DTP01	Date/Time Qualifier	“348” (Benefit Begin) “349” (Benefit End)
2300	DTP	DTP02	Date Time Period Format Qualifier	“D8” (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	“348”: 1 st day of the month being processed. “349”: end date of the retroactive month for all files except 5997. In file 5997 disenrollment date may be for report month or previous month.
2300	REF		Segment – Health Coverage Policy Number	
2300	REF	REF01	Reference Identification Qualifier	“17” (Client Reporting Category)



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	REF	REF02	Reference Identification	<p>5997/5999: 18-character string of subcomponents - <Prog Code>(1), <Scope>(1), <Coverage>(1), <Beneficiary Monitoring Program- Y/N>(1), <MAGI Category> (3), <ICO Member Indicator – Y/N>(1) <Deeming Indicator – Y/N>(1)<Redetermination Date YYYYMMDD (8)>, < Homeless Indicator Y/N> (1)</p> <p>5093*: 8-character string of subcomponents - <Prog Code>(1), <Scope>(1), <Coverage>(1), <Beneficiary Monitoring Program- Y/N>(1), <MAGI Category> (3), <Homeless Indicator Y/N> (1)</p> <p>*Note:-5093 files do not have the Beneficiary Monitoring Program indicator, MAGI Category or Redetermination Date</p>
2320			Loop – Coordination of Benefits	First occurrence of 2320 loop used to transmit Medicaid Health Plan or Integrated Care Plan information, if applicable
2320	COB		Segment – Coordination of Benefits	
2320	COB	COB01	Payer Responsibility Sequence Number Code	“U” (Unknown)
2320	COB	COB02	Reference Identification	<Medicaid ID>



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	COB	COB03	Coordination of Benefits Code	"1" (Coordination of Benefits)
2320	REF		Segment – Additional Coordination of Benefits Identifiers	Segment repeats three times.
2320	REF	REF01	Reference Identification Qualifier	"ZZ" (Mutually Defined)
2320	REF	REF02	Reference Identification	<Medicaid ID> when MHP or ICO Enrollment
2320	REF	REF01	Reference Identification Qualifier	"6P" (Group Number)
2320	REF	REF02	Reference Identification	<CHAMPS Provider ID>
2320	REF	REF01	Reference Identification Qualifier	"60" (Account Suffix Code)
2320	REF	REF02	Reference Identification	Blank when MHP or ICO Enrollment
2320	DTP		Segment – Coordination of Benefits Eligibility Dates	Include any terminated insurance having an end date in the last 12 months
2320	DTP	DTP01	Date/Time Qualifier	"344" (Coordination of Benefits Begin)
2320	DTP	DTP02		"D8"
2320	DTP	DTP03	Date Time Period	<Begin Date of MA-MC/ICO Benefit Plan>
2320	DTP	DTP01	Date/Time Qualifier	"345" (Coordination of Benefits End)
2320	DTP	DTP02		"D8"
2320	DTP	DTP03	Date Time Period	<End Date of MA-MC/ICO Benefit Plan>
2320			Loop – Coordination of Benefits	Second through Fifth occurrence of 2320 loop used to transmit other OI in ascending payer type code order
2320	COB		Segment – Coordination of Benefits	
2320	COB	COB01	Payer Responsibility Sequence Number Code	"U" (unknown)



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	COB	COB02	Reference Identification	<Group Number>
2320	COB	COB03	Coordination of Benefits Code	"1" (coordination of benefits)
2320	REF		Segment – Additional Coordination of Benefits Identifiers	Segment repeats three times.
2320	REF	REF01	Reference Identification Qualifier	"ZZ" (Mutually Defined)
2320	REF	REF02	Reference Identification	<Policy Number>
2320	REF	REF01	Reference Identification Qualifier	"6P" (Group Number)
2320	REF	REF02	Reference Identification	<Payer ID (Carrier)>
2320	REF	REF01	Reference Identification Qualifier	"60" (Account Suffix Code)
2320	REF	REF02	Reference Identification	<Coverage Type (Health Scope Code)>
2320	DTP		Segment – Coordination of Benefits Eligibility Dates	Include any terminated insurance having an end date in the last 12 months
2320	DTP	DTP01	Date/Time Qualifier	"344" (Coordination of Benefits Begin)
2320	DTP	DTP03	Date Time Period	<Begin Date of MA-MC Benefit Plan>
2320	DTP	DTP01	Date/Time Qualifier	"345" (Coordination of Benefits End)
2320	DTP	DTP03	Date Time Period	<End Date of MA-MC Benefit Plan>
2330			Loop – Coordination of Benefits Related Entity	
2330	NM1		Segment – Coordination of Benefits Related Entity	
2330	NM1	NM101	Entity Identifier Code	"IN" (Insurer)
2320	NM2	NM102		"2"



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2330	NM1	NM103	Name Last or Organization Name	<Provider Name> for MHP/ICO 1 st occurrence <Payer (Carrier) Name> for 2 nd through 5 th loops
2330	NM1	NM108	Identification Code Qualifier	"FI" (Federal Tax ID Number)
2330	NM1	NM109	Identification Code	<Federal Tax ID Number of Payer or Provider> when available
2330	N3		Segment – Coordination of Benefits Related Entity Address	
2330	N3	N301	Address Information	<Payer Provider Address Line 1>
2330	N3	N302	Address Information	<Payer/Provider Address Line 2>
2330	N4		Segment – Coordination of Benefits Other Insurance Company City, State, Zip Code	
2330	N4	N401	City Name	<Payer/Provider (Carrier) City Name>
2330	N4	N402	State or Province Code	<Payer Provider (Carrier) State>
2330	N4	N403	Postal Code	<Payer Provider (Carrier) Postal Code>
2330	PER		Segment – Administrative Communications Contact	
2330	PER	PER01		"CN" First Occurrence for MHP/ICO
2330	PER	PER03		"TE" First Occurrence for MHP/ICO
2330	PER	PER04	Communication Number	<Payer/Provider (Carrier) Telephone Number>, when available
			Loop – Transaction Set Trailer	
	SE		Segment – Transaction Set Trailer	
	SE	SE01	Number of Included Segments	< Total Number of Segments included in a Transaction Set> including ST and SE segments



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	SE	SE02	Transaction Set Control Number	<Transaction Set Control Number> MDHHS will transmit identical transaction set control numbers in ST02 and SE02.



Supplementary Information

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

State of Michigan Family Independence Agency Reference Codes Manual 1-1-2000		HIPAA 834 Transaction Maintenance Reason Code (2000 INS06-1)	
Proprietary Code	Description – Medicare Other Insurance (OI) Code	HIPAA Code	Description of HIPAA 2000 INS06 Code
90	Recipient qualifies for or 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 B: Crosswalk for Race or Ethnicity Code (2100A DMG05-1)

MDHHS Data Warehouse and DHHS Program Reference Manual		HIPAA 834 Transaction Race or Ethnicity Code (2100A DMG05-1)	
Proprietary Code	Description	HIPAA Code	Description of HIPAA 2100 DMG05-1 Codes
1	Non-Migrant White, not of Hispanic Origin	O	White (Non-Hispanic)
2	Non-Migrant Black, not of Hispanic Origin	N	Black (Non-Hispanic)
3	Non-Migrant American Indian or Alaskan Native	I	American Indian or Alaskan Native
4	Asian Non-Migrant	A	Asian or Pacific Islander
5	Non-Migrant Unknown	7	Not provided. Default value if race code is null.
6	Hispanic	H	Hispanic
7	Not provided. Default value if race code is null.	7	Not provided. Default value if race code is null.
A	Migrant White, not of Hispanic Origin	O	White (Non-Hispanic)
B	Migrant Black, not of Hispanic Origin	N	Black (Non-Hispanic)
C	Migrant American Indian or Alaskan Native	I	American Indian or Alaskan Native
D	Asian Migrant	A	Asian or Pacific Islander
E	Migrant Unknown (few, if any, persons should have this code)	7	Not provided. Default value if race code is null.
8	Native Hawaiian and Pacific Islander Non-Migrant	P	Pacific Islander
F	Migrant Hispanic (includes Mexican, Puerto Rican, Cuban, Central or South American or other whites with Spanish surnames)	H	Hispanic
P	Native Hawaiian and Pacific Islander Migrant	P	Pacific Islander



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

County Code	County Name	County Code	County Name	County Code	County Name	County Code	County Name
1	Alcona	24	Emmet	35	Iosco	70	Ottawa
2	Alger	25	Genesee	48	Luce	71	Presque Isle
3	Allegan	26	Gladwin	49	Mackinac	72	Roscommon
4	Alpena	27	Gogebic	50	Macomb	73	Saginaw
5	Antrim	28	Grand Traverse	51	Manistee	76	Sanilac
6	Arenac	29	Gratiot	52	Marquette	77	Schoolcraft
7	Baraga	30	Hillsdale	53	Mason	78	Shiawassee
8	Barry	31	Houghton	54	Mecosta	74	St. Clair
9	Bay	32	Huron	55	Menominee	75	St. Joseph
10	Benzie	36	Iron	56	Midland	79	Tuscola
11	Berrien	37	Isabella	57	Missaukee	80	Van Buren
12	Branch	38	Jackson	58	Monroe	81	Washtenaw
13	Calhoun	39	Kalamazoo	59	Montcalm	82	Wayne
14	Cass	40	Kalkaska	60	Montmorency	83	Wexford
15	Charlevoix	41	Kent	61	Muskegon	84	Indicates central DHHS servicing county
16	Cheboygan	42	Keweenaw	62	Newaygo	0	County not provided or resides out of State.
17	Chippewa	43	Lake	63	Oakland		
18	Clare	44	Lapeer	64	Oceana		
19	Clinton	45	Leelanau	65	Ogemaw		
20	Crawford	46	Lenawee	66	Ontonagon		
21	Delta	47	Livingston	67	Osceola		
22	Dickinson	33	Ingham	68	Oscoda		
23	Eaton	34	Ionia	69	Otsego		



Appendix D: MAGI Indicators

MAGI Program	MAGI Categories	CHAMPS MAGI Category Indicator Values	FPL % Test*	CHAMPS Description
MAGI-U19	Children under age nineteen	A	Old	Children under Age 19
		F	New	Children Under age 19
		F01	Flint Old	Children Under age 19 - Flint
		F02	Flint New	Children Under age 19 - Flint
MAGI-U19 (HKE OI)	Children under age nineteen	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
MAGI-PW	Pregnant Women	B	Old	Pregnant Women
		G	New	Pregnant Women
		F05	Old Flint	Pregnant Women - Flint
		F06	New Flint	Pregnant Women - Flint
		F07	Flint	Pregnant Women income is higher than 195% - Flint
MAGI-PCR	Parents/Caretakers	C	Old	Parents/Caretakers
		H	New	Parents/Caretakers
		F08	Old Flint	Parents/Caretakers - Flint
		F09	New Flint	Parents/Caretakers - Flint
		F10	Flint	Parents/Caretakers Medicare over 54% FPL - Flint

Appendix D: MAGI Indicators cont.

MAGI Program	MAGI Categories	CHAMPS MAGI Category Indicator Values	FPL % Test*	CHAMPS Description
MAGI-IND	Adults	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 - Flint
		F19	Flint	Disabled Institutionalized Old - Flint
		F20	Flint	Disabled Non-institutionalized Old - Flint
F21	Flint	Parents/Caretakers Old - Flint		



Appendix D: MAGI Indicators cont.

MAGI Program	MAGI Categories	CHAMPS MAGI Category Indicator Values	FPL % Test*	CHAMPS Description
MAGI-MiChild	CHIP (MiChild)	E	Old	CHIP (MiChild)
		J	New	CHIP (MiChild)
		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
MAGI-FFC	Former Foster Care	L	N/A	Former Foster Care
		F28	Flint	Former Foster Care - Flint
MAGI-PlanFirst	Plan First	M	N/A	Plan First
		F29	Flint	Plan First - Flint
MAGI-APS	APS	K	Old	APS
		F30	Flint Old	APS old - Flint
		F31	Flint	APS - Flint
Non-MAGI		F32		Non-MAGI - Flint



Appendix E: INS03 & INS04 Combinations in 2000 Loop

File Type	INS03	INS04	Reason Description	Use For Demographics	Use For Enrollment
5997	001	03	Death	Yes	No
5997	001	25	Demo Change	Yes	No
5997	001	33	TPL Change	Yes	No
5997	021	28	Enrollment	Yes	Yes
5997	024	07	Termination	No	Yes
5997	025	18	Re-enrollment	No	Yes
5997	025	22	BP Changed	No	Yes
5997	025	41	Re-enrollment	No	Yes
5999	030	XN	(Audit only)	Yes	Yes

INS03 and INS04 combinations



Revision Log

Version Date	Effective Date	Revision Description
February 17, 2011 (Draft)	January 1, 2012	This document replaces <i>Data Clarifications for The 834 Benefit Enrollment And Maintenance, Version 4010 (Prepaid inpatient Health Plans (PIHP) Habilitation Support Waiver (HSW)) DRAFT</i> , dated June 22, 2009
November 30, 2011	January 1, 2012	This document includes changes identified as part of business to business testing and reflects the 5010 implementation effective January 1, 2012. Updated location and link for Electronic Submitter's Guide. Updated Loop 2100A Segment LUI Data Element LUI02. Replaced content of Appendix B: Crosswalk for Race or Ethnicity Code (2100A DMG05-1).
September 17, 2012	October 1, 2012	Updates the REF segment in the 2300 loop to include the Beneficiary Monitoring Indicator of "Y" or "N"
February 5, 2013	January 1, 2013	Update information for the 5610 (DHIP) enrollment file
January 14, 2015	March 15, 2015	Notification that Redetermination date will be available after March 15, 2015
June 25, 2015	July 24, 2015	Update to REF02 segment in 2300 loop to include ICO Member Indicator and move Redetermination date from HD04 to REF02
September 4, 2015	September 28, 2015	Update for Daily Files and Retroactive (current month) benefit plan begin date.
September 14, 2015	September 28, 2015	Fix typographical errors in file reference
December 1, 2015	December 14, 2015	Update reference in 2300 REF loop to specify position of MAGI Category and ICO Member Indicator. Added MAGI Code Appendix D
April 1, 2016	May 9, 2016	Update MAGI Code Appendix D to include new codes for Flint and expanded MAGI Category from 1 character to 3 characters in the 2300 loop REF*17 segment.
May 25, 2016	June 26, 2016	Add COB, REF and DTP Segments to the 2320 and 2330 loops for MHP and ICO first occurrence.



Version Date	Effective Date	Revision Description
September 26, 2017	December 28, 2017	Deleted reference to the 5610 (DHIP), 5611(AUT) and 5709 (HHBH) files as they were combined with HSW into the 5093 back on September 26, 2016. Also added BGN03, BGN04 and DTP02 data elements to the Interchange Control Header. Corrected BGN08 Action Code to reflect different values for the 5999-PPPPPP (4) and the 5997-PPPPPP(2) and added the Benefit Plan Name to the end of 2300 HD04 segment.
February 21, 2018	January 1, 2018	Corrected 2300 HD04 segment Benefit Plan name to 10 characters possible instead of 8. Removed from 2320 REF*17 segment are the LOC (2) characters (no padding) but added was the Deeming Indicator (1) bringing the string from 18 to 17. All references to the LOC and Spend Down codes in these files have been stricken in accordance with system documentation.
September 1, 2019	October 1, 2019	Changed file numbers for 834 Audit from 5014 to 5999 and 834 Daily Update from 5877 to 5997 in accordance to the CHAMPS 1.7 release in which PIHP cap payments will be split between Fee for Service, Healthy Michigan and enrollment in a Medicaid Health Plan. Add Homeless Indicator (Y/N) in the 2300 Loop REF02 Segment. Removal of reference to Level of Care (LOC) in the 2320 Loop.
February 26, 2021	January 1, 2021	Added Appendix E (INS04 & INS03) 2000 Loop Combinations to identify segment class. Clarified REF*17 loop