

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)
5999 (BHI) Audit File and 5997 (BHI) Daily File
1115 Combined File 5093 Audit (Waivers) file
(HSW-MC, SED-MC, CWP-MC, DHIP, AUT, HHO, HHBH, CCBHC)

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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](https://x12.org/products/technical-reports) 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 transactions. 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

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.

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 Category Indicator (2300 REF 02 “17” Client Reporting Category)
- Appendix E: INS03 & INS04 Combination (2000 Loop)

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

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>

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) or "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)

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)

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, CCBHC; <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	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	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 files # 5999 and 5093 "303" (maintenance effective date) for file # 5997
	DTP	DTP02	Date/Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
	DTP	DTP03	Date Time Period	Files # 5999 and 5093 = first day of report month; file # 5997 = day of creation

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	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	
	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 ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			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.

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”
1000B	N1	N102	Name	<PIHP Organization Name>
1000B	N1	N103	Identification Code Qualifier	“FI” (Federal Taxpayer’s Identification Number)
1000B	N1	N104	Identification Code	<PHIP 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)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2000	INS	INS03	Maintenance Type Code	"030" for file # 5999 and file # 5093 "024" (cancellation or termination); "021" (addition); "001" (demographic or other change); "025" (benefit plan change) for file 5997
2000	INS	INS04	Maintenance Reason Code	"XN" (notification only; file # 5999 and file #5093) File # 5997 values in Appendix E – INS03 & INS04 Combinations in 2000 Loop
2000	INS	INS05	Benefit Status Code	"A" (Active)
2000	INS	INS06-1	Medicare Plan Code	Refer to Appendix A - Medicare Plan Code Crosswalk
2000	INS	INS08	Employment Status Code	"AC" (active) for enrolled members on 5999 & 5093 "TE" (terminated) for disenrolled members only 5997
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	<Recipient ID> Medicaid Beneficiary ID Number, 10 characters numbers ID, Right-justified, zero-filled (RJ0F)
2000	REF		Segment – Member Policy Number	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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 Reginal ID
2000	REF		Segment – Member Identification Number	
2000	REF	REF01	Reference Identification Qualifier	"3H" <Case Number>
2000	REF	REF02	Reference Identification	<Medicaid Case Number> 9 digit Alphanumeric
2000	REF		Segment – Member Supplemental Identifier	
2000	REF	REF01	Reference Identification Qualifier	"60" <Mothers Recipient ID on Newborn Enrollment> Only the 5997 file)
2000	REF	REF02	Reference Identification	<Mothers Recipient ID> for newborns, when applicable on file # 5997
2000	DTP		Segment – Member Level Dates	
2000	DTP	DTP01	Date/Time Qualifier	"356" (Eligibility Begin)
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 5999 files; Updates are provided on the 5997 daily file.				
2100A			Loop – Member Name	
2100A	NM1		Segment – Member Name	
2100A	NM1	NM101	Entity Identifier Code	"74" for demographic change (used only on 5997); "1L" (Insured or Subscriber)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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 beneficiary's 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> when available
2100A	PER		Segment – Member Communications Numbers	
2100A	PER	PER01	Contact Function Code	"IP" (Insured Party)
2100A	PER	PER03	Communication Number Qualifier	"TE" (Telephone)
2100A	PER	PER04	Communication Number	<Case Telephone Number> when available on interface from Department of Health and Human Services (DHHS)
2100A	PER	PER05	Contact Function Code	"EM" (Electronic Mail)
2100A	PER	PER06	Communication Number	<Member E-Mail Address> when available on interface from DHHS
2100A	N3		Segment – Member Residence Street Address	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	N3	N301	Address Information	<Member 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 Address> second line of address, if applicable
2100A	N4		Segment – Member Residence City, State, Zip Code	
2100A	N4	N401	City name	<Member 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 Physical State> if no state with physical address available then state with mailing address will show
2100A	N4	N403	Postal Code	<Member 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	<county code> 2-character numeric county code refer to Appendix C
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>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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 B – Crosswalk for Race and Ethnicity Code for values.
2100A	DMG	DMG06	Citizenship Status Code	<Migrant Indicator> "1" (Yes for migrant) "2" (Non 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
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)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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 5997 files for the 2100B				
2100B	NM1		Segment – Incorrect Member Name	
2100B	NM1	NM101	Entity Identifier Code	"70" (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 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>
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)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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.
2100A	DMG	DMG06	Citizenship Status Code	<previous sent Migrant Indicator> “1” (Yes for migrant) “2” (Non 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
2100C	N3		Segment – Member Street Address	
2100C	N3	N301	Address Information	<Subscriber Mailing Address> if applicable
2100C	N3	N302	Address Information	<Subscriber Mailing Address> (second line of address, if applicable)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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)
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)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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 On the 5997 only if Foster Care Flag = Y, populate DHHS 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	N407	Country Subdivision Code	"Y" or "N" (Transmitted to indicate if maternal support services MIHP are required) Only on the 5997
2300			Loop – Health Coverage	
2300	HD		Segment – Health Coverage	
2300	HD	HD01	Maintenance Type Code	"030" (audit or compare; file # 5999 and 5093) "021" (addition); "024" (cancellation or termination); "001" (demographic changes); ""025" (benefit plan) for file 5997
2300	HD	HD03	Insurance Line Code	"AK" (Mental Health)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	HD	HD04	Plan Coverage Description	For file 5997 and 5999 13-character string of subcomponents: <age> - 3 spaces <Benefit Plan Name> - 10 spaces For file #5093 20-character string of subcomponents: <age> - 3 spaces <HSW Capitation County> - 2 spaces <Residential Status> - 2 spaces <HSW MVA> - 2 spaces <Action Code> - 1 space <Benefit Plan Name> - 10 spaces
2300	HD	HD05	Coverage Level Code	"IND" (Individual)
2300	DTP		Segment – Health Coverage Dates	
2300	DTP	DTP01	Date/Time Qualifier	"348" (Benefit Begin) Additions, Retroactive Enrollment, Change
2300	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	On 5997 <enrollment begin date>; On 5999 and 5093 <first day of month being processed>
2300	DTP		Segment – Health Coverage Dates	
2300	DTP	DTP01	Date/Time Qualifier	"349" (Benefit End) disenrollment used only on 5997 and 5093
2300	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	<enrollment end date>
2300	REF		Segment – Health Coverage Policy Number	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	REF	REF01	Reference Identification Qualifier	"17" (Client Reporting Category)
2300	REF	REF02	Reference Identification	For files 5997 and 5999 18-character string of subcomponents: <Program Code> - 1 space <Scope> - 1 space <Coverage> - 1 space <BMP Indicator (Y/N)> - 1 space <MAGI Category Indicator> - 3 spaces <ICO Member (Y/N)> - 1 space <Deeming indicator Y/N> - 1 space <Redetermination Date (CCYYMMDD)> - 8 spaces <Homeless Indicator (Y/N)> - 1 space For file 5093 8-character string of subcomponents: <Program Code> - 1 space <Scope> - 1 space <Coverage> - 1 space <BMP Indicator (Y/N)> - 1 space <MAGI Category Indicator> - 3 spaces <Homeless Indicator> - 1 space
2310	REF		Loop – Provider Information	
2310	NM1		Segment- Individual or Organizational Name	
2310	NM1	NM101	Entity Identifier Code	For file #5997 and #5999 "FA" (Facility) "P3" (Primary Care Provider)
2310	NM1	NM102	Entity Type Qualifier	"1" (Person) "2" (Non-Person Entity)
2310	NM1	NM103	Name Last or Organization Name	Federally Qualified Health Center (FQHC) or Prepaid Inpatient Health Plan (PIHP) Name

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2310	NM1	NM108	Identification Code Qualifier	"XX"
2310	NM1	NM109	Identification Code	<National Provider ID >
2310	NM1	NM110	Entity Relationship Code	"25" Established Patient "
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>
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)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	REF	REF02	Reference Identification	<Beneficiary Coverage Type> From beneficiary record, leave blank for first occurrence when showing MHP or ICO enrollment
2320	DTP		Segment – Coordination of Benefits Eligibility Dates	
2320	DTP	DTP01	Date/Time Qualifier	“344” (Coordination of Benefits Begin)
2320	DTP	DTP02	Date Time Period Format	“D8” (Date Expressed in Format CCYYMMDD)
2320	DTP	DTP03	Date Time Period	<Begin Date of MA-MC or ICO benefit plan>
2320	DTP	DTP01	Date/Time Qualifier	“345” (Coordination of Benefits End)
2320	DTP	DTP02	Date Time Period Format	“D8” (Date Expressed in Format CCYYMMDD)
2320	DTP	DTP03	Date Time Period	<End Date of MA-MC or ICO benefit plan>

2330			Loop – Coordination of Benefits Related Entity	
2330	NM1		Segment – Coordination of Benefits Related Entity	
2330	NM1	NM101	Entity Identifier Code	“IN” (Insurer)
2330	NM1	NM102	Entity Type Qualifier	“2” (non-person entity)
2330	NM1	NM103	Name Last or Organization Name	<Provider Name from the PE system>
2330	NM1	NM108	Identification Code Qualifier	“FI” (Federal Tax ID Number)
2330	NM1	NM109	Identification Code	<EIN from PE system> when available

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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>
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 PE system> when available
2320			Loop – Coordination of Benefits	Second occurrence of 2320 loop used to transmit MA/HMP Benefit Plan
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	<Medicaid ID>
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> Utilize beneficiary ID for second occurrence when showing MA-HMP information
2320	REF	REF01	Reference Identification Qualifier	"6P" (Group Number)
2320	REF	REF02	Reference Identification	<Payer ID> Utilize MDHHS Tax ID number for second occurrence when showing MA-HMP information
2320	REF	REF01	Reference Identification Qualifier	"60" (Account Suffix Code)
2320	REF	REF02	Reference Identification	<Beneficiary Coverage Type> From beneficiary record, leave blank for second occurrence when showing MA-HMP information
2320	DTP		Segment – Coordination of Benefits Eligibility Dates	
2320	DTP	DTP01	Date/Time Qualifier	"344" (Coordination of Benefits Begin)
2320	DTP	DTP02	Date Time Period Format	"D8" (Date Expressed in Format CCYYMMDD)
2320	DTP	DTP03	Date Time Period	<Begin Date of MA-HMP Benefit plan>
2320	DTP	DTP01	Date/Time Qualifier	"345" (Coordination of Benefits End)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	DTP	DTP02	Date Time Period Format	"D8" (Date Expressed in Format CCYYMMDD)
2320	DTP	DTP03	Date Time Period	<End Date of MA-HMP benefit plan>
2330			Loop – Coordination of Benefits Related Entity	
2330	NM1		Segment – Coordination of Benefits Related Entity	
2330	NM1	NM101	Entity Identifier Code	"IN" (Insurer)
2330	NM1	NM102	Entity Type Qualifier	"2" (non-person entity)
2330	NM1	NM103	Name Last or Organization Name	<MDHHS>
2330	NM1	NM108	Identification Code Qualifier	"FI" (Federal Tax ID Number)
2330	NM1	NM109	Identification Code	<MDHHS EIN number>
2330	N3		Segment – Coordination of Benefits Related Entity Address	
2330	N3	N301	Address Information	<401 S Pine St.>
2330	N3	N302	Address Information	<MDHHS>
2330	N4		Segment – Coordination of Benefits Other Insurance Company City, State, Zip Code	
2330	N4	N401	City Name	<Lansing>
2330	N4	N402	State or Province Code	<MI>
2330	N4	N403	Postal Code	<48933>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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 PE system> when available
2320			Loop – Coordination of Benefits	Third occurrence of 2320 loop used to transmit TCM-INCAR information. If MHP or ICO is not present TCM-INCAR information will occur in the second 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	Segment repeats three times
2320	REF	REF01	Reference Identification Qualifier	“ZZ” (Mutually Defined)
2320	REF	REF02	Reference Identification	<TCM-INC>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	DTP		Segment – Coordination of Benefits Eligibility Dates	
2320	DTP	DTP01	Date/Time Qualifier	“344” (Coordination of Benefits 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 Benefit plan>
2320	DTP	DTP01	Date/Time Qualifier	“345” (Coordination of Benefits End)
2320	DTP	DTP02	Date Time Period Format	“D8” (Date Expressed in Format CCYYMMDD)
2320	DTP	DTP03	Date Time Period	<End Date of TCM-INC benefit plan>
2320			Loop – Coordination of Benefits	Fourth and Fifth occurrence of 2320 loop used to transmit other insurance information
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	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>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	REF	REF01	Reference Identification Qualifier	"60" (Account Suffix Code)
2320	REF	REF02	Reference Identification	<Beneficiary Coverage Type> From beneficiary record
2320	DTP		Segment – Coordination of Benefits Eligibility Dates	
2320	DTP	DTP01	Date/Time Qualifier	"344" (Coordination of Benefits Begin)
2320	DTP	DTP02	Date Time Period Format	"D8" (Date Expressed in Format CCYYMMDD)
2320	DTP	DTP03	Date Time Period	<Begin Date of Other Insurance>
2320	DTP	DTP01	Date/Time Qualifier	"345" (Coordination of Benefits 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)
2330	NM1	NM103	Name Last or Organization Name	<Payer Name from Payer Table>
2330	NM1	NM108	Identification Code Qualifier	"F1" (Federal Tax ID Number)
2330	NM1	NM109	Identification Code	<EIN from Payer table> when available



Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2330	N3		Segment – Coordination of Benefits Related Entity Address	
2330	N3	N301	Address Information	<Address Line 1 from Payer Table.>
2330	N3	N302	Address Information	<Address Line 2 from Payer Table>
2330	N4		Segment – Coordination of Benefits Other Insurance Company City, State, Zip Code	
2330	N4	N401	City Name	<City Name>
2330	N4	N402	State or Province Code	<State>
2330	N4	N403	Postal Code	<Postal Code>
2330	PER		Segment – Administrative Communications Contact	
2330	PER	PER01	Contact Function Code	“CN” (General Contact)
2330	PER	PER03	Communication Number Qualifier	“TE” (Telephone)
2330	PER	PER04	Communication Number	<Payer Telephone Number from the Payer Table> when available



Supplementary Information

Appendix A: 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.



Appendix B: Crosswalk for Race or 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	Guam0anian 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



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	Unknown



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
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		



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
D	19-20 YR Old	19-20 YR Old
R	Disabled Institutionalized Old	Disabled Institutionalized Old



CHAMPS MAGI Category Indicator Values	FPL % Test*	Champs Description
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



CHAMPS MAGI Category Indicator Values	FPL % Test*	Champs Description
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



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



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
September 12, 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.
October 23, 2024	June 21, 2024	2320 Loop - Use 3rd occurrence of this loop to send TCM-INCAR information. If MHP or ICO is not present, TCM-INCAR will be in the 2nd occurrence.
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. Updated the Appendix B
April 14, 2025	March 21, 2025	Update Appendix B to reflect the new race code of Middle Eastern or North African and Unknown for ethnicity.