

Michigan Department of Health and Human Services

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

Integrated Care Organizations

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Michigan Department of Health & Human Services





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Introduction

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 March 2011. 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/Electronic_Submissions_Manual_030106_267252_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 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
			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>
	ISA	ISA13	Interchange Control Number	<interchange control number> 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	<:>
			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> MDCH 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 24 hour HHMM format
	GS	GS06	Group Control Number	<data interchange control number> 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
			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> 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
			Loop – Transaction Set Header	
	ST		Segment - Transaction Set Header	
	ST	ST02	Transaction Set Control Number	<transaction set control number> 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.
	BGN		Segment – Beginning Segment	
	BGN	BGN01	Transaction Set Purpose Code	“00” (original and resubmission of original upon request of trading partner) “15” (re-submission to correct an error on original transmission)
	BGN	BGN02	Reference Identification	<XXXXCCYYMMDD TT> Where <XXXX> is the DCH file number (5721 or 5705); <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> 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 # 5721, “2” (Change, Update) If BGN = “00” and file # 5705, “4” (Verify) If BGN=“15”, “RX”
	DTP		Segment – File Effective Date	

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 # 5705) "303" (maintenance effective) for an update transaction (files # 5721)
	DTP	DTP03	Date Time Period	Files # 5705 = first day of report month; file # 5721 = file run 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 Community Health>
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	<Plan Name>
1000B	N1	N103	Identification Code Qualifier	"FI" (Federal Taxpayer's Identification Number)
1000B	N1	N104	Identification Code	<Plan Federal Taxpayer ID Number>
2000			Loop - Member Level Detail	
2000	INS		Segment – Member Level Detail	
2000	INS	INS01	Yes/No Condition or Response Code	"Y" (yes) – insured is always the subscriber
2000	INS	INS02	Individual Relationship Code	"18" (self) – insured is always the subscriber

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 # 5705) "001" (change; file #5721) "021" (additions; file # 5721) "024" (terminations; file#5721)
2000	INS	INS04	Maintenance Reason Code	"XN" (notification only; file # 5705) "07" (termination of benefits; file # 5721) "25" (change in identifying elements, #5721) "28"(initial enrollment, #5721) "41" (overlapping segments, re-enrollment #5721)
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 "TE" (terminated) for disenrolled members
2000	INS	INS12	Date Time Period	<recipient date of death> when available and applicable
2000	REF		Segment – Subscriber Identifier	
2000	REF	REF01	Reference Identification Qualifier	"0F" (Subscriber Number)
2000	REF	REF02	Reference Identification	<beneficiary ID> Right-justified, 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	<provider ID> Plan's Provider ID – 12 Digits, leading zero filled
2000	REF		Segment – Member Supplemental Identifier	
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
2000	REF		Segment – Member Supplemental Identifier	
2000	DTP		Segment – Member Level Dates	
2000	DTP	DTP01	Date/Time Qualifier	“356” (eligibility begin) for new enrollment Note: Termination of coverage will be communicated in the 2300 DTP loop.
2000	DTP	DTP03	Date Time Period	<enrollment begin date>
2100A			Loop – Member Name	
2100A	NM1		Segment – Member Name	
2100A	NM1	NM101	Entity Identifier Code	“IL” (Insured or Subscriber); 74 (changes for file#5721)
2100A	NM1	NM102	Entity Type Qualifier	“1” (Person)
2100A	NM1	NM103	Name Last or Organization Name	<member last name> (new or term); Change (file #5721)
2100A	NM1	NM104	Name First	<member first name> 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>
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 Human Services (DHS)
2100A	PER	PER05	Contact Function Code	“EM” (Electronic Mail)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	PER	PER06	Communication Number	<Member E-Mail Address> when available on interface from DHS
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, MDCH 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>
2100A	DMG		Segment – Member Demographics	
2100A	DMG	DMG05 -1	Race or Ethnicity Code	Refer to Appendix C - Crosswalk for Race or Ethnicity Code
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)
2100A	LUI	LUI02	Identification Code	MDCH will use the ISO 639-1 version of the ISO 639 language codes.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100A	LUI	LUI04	Use of Language Indicator	"7" (Language Speaking)
2100B	NM1	NM101	Entity Identifier Code	70" (Prior Incorrect Insured) Daily file # 5721 only
2100B	NM1	NM102	Entity Type Qualifier	"1" (person) Daily file # 5721 only
2100B	NM1	NM108	Identification Code Qualifier	"34" (SSN) Daily file # 5721 only
2100B	NM1	NM109	Identification Code	<Previously sent incorrect SSN> Daily file # 5721 only
	DMG	DMG01	Date Time Period Format Qualifier	"D8" Daily file # 5721 only
2100B	DMG	DMG02	Date Time Period	<Previously sent incorrect DOB> Daily file # 5721 only
2100B	DMG	DMG03	Gender Code	"M" (male) Daily file # 5721 only "F" (female) Daily file # 5721 only
2100G			Loop – Responsible Person	
2100G	NM1		Segment – Responsible Person	
2100G	NM1	NM101	Entity Identifier Code	"GD" (guardian) "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>
2100G	PER		Segment – Responsible Person Communications Numbers	
2100G	PER	PER03	Communication Number Qualifier	"TE" (Telephone)

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
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
2300			Loop – Health Coverage	
2300	HD		Segment – Health Coverage	
2300	HD	HD01	Maintenance Type Code	"030" (audit or compare; file # 5705) "021" (addition; file#5721) "024" (cancellation or termination; files#5705) "001" (demographic or other changes; file #5721)
2300	HD	HD03	Insurance Line Code	"LTC" (long term care)
2300	HD	HD04	Plan Coverage Description	<PET Code> <Benefit Plan Code (18 digits max) no special characters; no spaces.
2300	HD	HD05	Coverage Level Code	"IND" (Individual)
2300	DTP		Segment – Health Coverage Dates	
2300	DTP	DTP01	Date/Time Qualifier	"348" (Benefit Begin)
2300	DTP	DTP02	Date Time Period Format Qualifier	"D8" (Date Expressed in Format CCYYMMDD)
2300	DTP	DTP03	Date Time Period	<enrollment begin date>
2300	DTP	DTP01	Date/Time Qualifier	"349" (Benefit End)
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

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2300	REF		Segment – Health Coverage Policy Number	
2300	REF	REF01	Reference Identification Qualifier	“17” (Client Reporting Category)
2300	REF	REF02	Reference Identification	<p><client reporting category> The client reporting category will include concatenated <program code, scope, coverage, patient pay amount, BMP status, pharmacy restriction status, HSW benefit plan indicator, MAGI value, Deeming Indicator, Passive v Voluntary enrollment indicator; and redetermination date in CCYYMMDD format>. The element is 24 characters long: 1 for program code, 1 for scope, 1 for coverage, 4 for patient pay amount, 1 for BMP status, 1 for pharmacy restriction status, 1 for HSW indicator, 3 for MAGI Category Indicator, 1 for Deeming Indicator, 1 for Passive v Voluntary enrollment indicator, 8 for redetermination date and Homeless indicator.</p> <p>Foster care status, BMP status, pharmacy restriction status, HSW indicator, the deeming indicator and Homeless indicator are “Y” or “N”: Passive v Voluntary enrollment, “P” indicates the beneficiary was passively enrolled and “V” indicates the beneficiary voluntarily enrolled.</p> <p>The element components will be populated when available and filled with <space(s)> when not available</p>
2310	LX		Loop – Provider Information	This loop will be used to send PCP chosen at Maximus and the Plan’s Site Number if chosen at Maximus;

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2310	NM1		Segment- Individual or Organizational Name	
2310	NM1	NM101	Entity Identifier Code	"P3" Primary Care Provider chosen at Maximus "Y2" - Plan's Site number
2310	NM1	NM102	Entity Type Qualifier	"1" Person "2" Plan's Site Number
2310	NM1	NM103	Name Last or Organization Name	Primary Care Physician name
2310	NM1	NM108	Identification Code Qualifier	"SV" for Plan's provider number for PCP "SV" for Plan's Site number
2310	NM1	NM109	Identification Code	Health Plan's provider ID number for PCP Health Plan's Site Visit Number
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) Note: Medicaid is always the payer of last resort.
2320	COB	COB02	Reference Identification	<Group Number>; ;For Medicare types A and B this will be the HIC number
2320	COB	COB03	Coordination of Benefits Code	"1" (Coordination of Benefits)
2320	REF		Segment – Additional Coordination of Benefits Identifiers	

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2320	REF	REF01	Reference Identification Qualifier	"ZZ" (employee identification number)
2320	REF	REF02	Reference Identification	<Policy Number>; For Medicare types C and D this will be the HIC number
2320	REF	REF01	Reference Identification Qualifier	"6P" (Group Number)
2320	REF	REF02	Reference Identification	<Payer ID>
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	Segment is repeated twice.
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>
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	NM103	Name Last or Organization Name	<Payer (Carrier) Name>
2330	NM1	NM108	Identification Code Qualifier	"FI" (Federal Tax ID Number)
2330	NM1	NM109	Identification Code	<Federal Tax ID Number of Payer>, when available
2330	N3		Segment – Coordination of Benefits Related Entity Address	
2330	N3	N301	Address Information	<Payer Address Line 1>

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2330	N3	N302	Address Information	<Payer Address Line 2>
2330	N4		Segment – Coordination of Benefits Other Insurance Company City, State, Zip Code	
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>
2330	PER		Segment – Administrative Communications Contact	
2330	PER	PER04	Communication Number	<Payer (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
	SE	SE02	Transaction Set Control Number	<transaction set control number> MDCH will transmit identical transaction set control numbers in ST02 and SE02.

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)

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 C – 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
F30	Flint Old	APS old - Flint
F31	Flint	APS - Flint
F32		Non-MAGI - Flint

Appendix D: 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 5721 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	025	22	Deeming Status
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	021	18	Retroactive Enrollment
8	025	18	Retroactive Re-enrollment
9	025	41	Re-enrollment after loss of eligibility (less than 60 day gap in eligibility)



Appendix E: Benefit Plan and Program Enrollment Type for MI Health Link

Benefit Plan		Program Enrollment Type	
BP Code	Description	PET Code	Description
ICO-MC	Integrated Care Organization – Managed Care	ICO-COMM	In an ICO living in the community well
		ICO-HOSH	In an ICO receiving hospice services in the community
		ICO-HOSR	In an ICO receiving hospice services at a one of the Medicaid approved hospice residence facilities
		ICO-HOSN	In an ICO receiving hospice services at a nursing facility
		ICO-HOSC	In an ICO receiving hospice services at a county medical care facility
		ICO-HOSW	In an ICO receiving hospice services and enrolled in the Home and Community Based Services waiver
		ICO-NFAC	In an ICO living in a nursing facility
		ICO-CMCF	In an ICO living in a county medical care facility
		ICO-HCBS	In an ICO living in the community and enrolled in the Home and Community Based Services waiver

Revision Log

Version Date	Effective Date	Revision Description
9/3/2014	11/15/2014	First draft
11/12/2014	11/13/2014	Additional information on location of HIC number in 2320 loop
6/3/2015	6/26/2015	Adding the indicator for Habilitation Support Waiver program enrollment in 2300 REF 02 element
12/3/15	12/3/15	Reviewed all change logs and cleared up HSW language in 2300 Ref 02. Modified footer to reflect new Dept. name. kw
March 22, 2016	April 25, 2016	This documents the changes to the 2300 loop: Increase to MAGI filed, new MAGI table.
April 8, 2016	April 25, 2016	Duplicate MAGI codes removed from MAGI Table. New MAGI table found in Appendixes.
May 16, 2016	June 27, 2016	Addition of ICO deeming flag to the 2300 loop Client Reporting Category. Change in position of MAGI value that was added April 25th 2016.
July 6, 2017	January 1, 2018	Changes to implement Modernizing Continuum of Care Initiative
August 29, 2017	January 1, 2018	Updated 2310 loop for PCP information; corrected race code "J"; replaced Appendix D
August 19, 2019	October 4, 2019	Adding 24 th character to Client Reporting Category. Homeless indicator Y/N