Michigan Department of Health and Human Services

DRAFT

HIPAA 5010 EDI Companion Guide for ANSI ASC X12N 270/271

Health Care Eligibility Benefit Inquiry and Response

Version Date June 16, 2017
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MDHHS
Michigan Department of Health & Human Services

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MEDICAL SERVICES ADMINISTRATION

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 Health and Human Services Automated Medicaid Processing System (CHAMPS). The content of this document may not be altered by external entities. The information in this document is subject to change. The most recent version will be posted on Michigan Department of Health and Human Services website at:

www.michigan.gov/tradingpartners

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1. Introduction

This document is intended as a companion to the 005010X279 • 270/271 Health Care Eligibility Benefit Inquiry and Response Implementation Guide dated April 2008. This document also includes updates appearing in:

- Errata 005010X279E1 • 270/271 Health Care Eligibility Benefit Inquiry and Response dated January 2009
- Errata 005010X279A1 • 270/271 Health Care Eligibility Benefit Inquiry and Response dated June 2010

The 5010 Implementation Guide and related Errata documents are available from the Washington Publishing Company at www.wpc-edi.com.

1.1 Scope

This document is expected to be used in conjunction with the 270/271 Implementation Guide and related Errata. 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. Health plans, covered entities and their business associates that engage in the exchange of eligibility transactions are required by the Affordable Care Act (ACA) to comply with additional operating rule regulations for the 270/271 transactions. These operating rules are maintained by CAQH CORE.

This Companion Guide provides MDHHS-specific instructions regarding certain elements within the Implementation Guide 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 Implementation Guide and related Errata that provide options

Section 9, Transaction Specific Information, contains provider data clarifications for fields and values. Transaction specific data will be detailed using a table with the following information included:

- Loop
- Segment
- Data Element
- Loop/Segment/Element Name
- Companion Guide Rules

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1.2 Overview

The primary purpose of this document is to assist trading partners with the submission and retrieval of valid 270/271 health care eligibility benefit inquire and response transactions and is intended to support use in batch and real-time mode.

This document provides information on the following topics:

- Real-time and batch use
- Search options
- Companion Guide Rules for the 270 and 271 transactions
- Appendix A containing a crosswalk of MDHHS Eligibility Data to the EB01, EB03, EB04, EB05, and EB07 Segments

Technical details for the following topics can be found in the MDHHS Electronic Submissions Manual (ESM). Please see Section 1.3 References for the ESM location.

- Testing with the Payer
- Data Exchange Gateway usage for batch
- Electronic Batch Upload
- Using the ACA CORE Communication Protocols with MDHHS, for real-time and batch, including header requirements, error reporting, and transmission procedures
- Acknowledgements and Reports (999 and TA1)

1.3   References

This section specifies additional on-line sources of helpful information related to electronic data interchange and X12 transactions.

- Implementation Guides
  Washington Publishing Company (WPC) at www.wpc-edi.com

- MDHHS Electronic Submissions Manual
  In order to successfully download HIPAA transactions from the CHAMPS system, it is necessary to comply with the information contained in the MDHHS Electronic Submissions Manual. The most current version of this manual can be downloaded from the MDHHS web site at the following location:
  www.michigan.gov/tradingpartners >> HIPAA - Companion Guides >> Electronic Submissions Manual

- MDHHS Medicaid Policy, Provider Manual and Forms
  www.michigan.gov/medicaidproviders >> Policy and Forms

1.4   Transaction Description

The 270/271 Health Care Eligibility Request and Response transactions are used to convey health care eligibility and benefit information. This paired transaction set is comprised of two transactions: the 270, which is used to request (inquire) information, and the 271, which is used to respond with coverage, eligibility, and benefit information.

1.5   General Information

This document is for Medicaid enrolled providers and/or their contracted billing agents and clearinghouse vendors. Please note that the information contained within this document is based on existing MDHHS Benefit Plan (BP) information and is subject to change. See the Medicaid Provider Manual for more information on program policy and benefit information (Section 1.3 *References).*

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2. Getting Started

2.1 Working with MDHHS

An entity (provider, billing agent, clearinghouse, etc.) who wishes to retrieve responses, must enroll with MDHHS as a provider or billing agent. Please access the Provider Enrollment section at the location below for information on provider and billing agent enrollment:

www.michigan.gov/tradingpartners >> Electronic Submissions Transactions >> How to Enroll

Note: Clearinghouse vendors will need to enroll as a Billing Agent in CHAMPS and also be associated to their Providers to be able to submit and receive 270/271 transactions on their behalf.

2.2 Certification and Testing Overview

MDHHS has a two-stage testing process, which is described in Section 3, *Testing with the Payer.*

Completion of the testing process is required prior to electronic submission of production data to MDHHS. Once the testing requirements are met, MDHHS will advise the entity when they can submit transactions.

3. Testing with the Payer

The MDHHS Electronic Submissions Manual contains an overview of the testing process (see Section 1.3 *References*). More information on testing is available at the following location:

www.michigan.gov/tradingpartners >> Electronic Submissions Transactions

In general, the steps to complete testing are as follows:

1. Register as an electronic biller
2. Obtain authentication credentials appropriate to the mode of electronic billing
3. Create a 270 request based on the Implementation Guide and this Companion Guide
4. Submit 270 request through the test environment
5. Retrieve acknowledgement(s)
6. Retrieve response 271 and review content

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4. Connectivity with the Payer / Communications

4.1 System Availability

The MDHHS CHAMPS system is available 24 hours 7 days a week with the exception of a regular weekly and monthly maintenance windows. The weekly maintenance window occurs every Sunday from 8:00 a.m. to 10:00 a.m. The monthly maintenance window starts at 6:00 p.m. on the second Saturday of each month and ends at 6:00 a.m. on Sunday. For information on unscheduled outages, please check the Biller "B" Aware page at the following location:

www.michigan.gov/mdhhs >> Doing Business with MDHHS >> Health Care Providers >> Providers >> Medicaid >> Medicaid Alerts >> Biller "B" Aware

4.2 Process Flows

MDHHS supports several options for 270/271 transactions, including support for the ACA CORE required communication modes.

For ACA CORE, CHAMPS supports the following envelope standards for batch and real-time transport modes for the 270/271 transaction set.

- HTTP MIME Multipart (Envelope Standard A)
- SOAP+WSDL (normative) (Envelope Standard B)

MDHHS supports other batch options in addition to the ACA CORE transport mode standards. These include the Data Exchange Gateway and Electronic Batch Upload.

4.3 Transmission Administrative Procedures

4.3.1 Structure Requirements

- Real-time 270 requests are limited to one inquiry, per patient, per transaction.

- Per the Implementation Guide, on a batch 270, up to ninety-nine patient requests may be submitted in a single transaction. Loop 2000C occurrences in excess of ninety-nine will receive a negative 999 with the following error message: "Number of patient requests is <requests in the 271>. Recommended maximum for requests is 99".

4.3.2 Response Times for ACA CORE Communication Protocols

- A response to the real-time inquiry will be provided within 20 seconds during hours of availability.

- The v5010 271 response to a v5010 270 batch inquiry submitted by 9:00 pm Eastern time of a business day will be returned by 7:00 am Eastern time the following business day.

4.4 Communication Protocols

Please see the Electronic Submissions Manual for additional information on using communication protocols (see Section 1.3 *References*).

4.4.1 HTTP MIME Multipart

MDHHS supports standard HTTP MIME messages. The MIME format used must be that of multipart/form-data. Responses to transactions sent in this manner will also be returned as multipart/form-data.

4.4.2 SOAP+WSDL

MDHHS also supports transactions formatted according to the Simple Object Access Protocol (SOAP) conforming to standards set for the Web Services Description Language (WSDL) for XML envelope formatting, submission, and retrieval.

5. Contacts

EDI Services	EDI Services handles all issues and questions with the DEG or files exchanged with CHAMPS.
	Website: www.michigan.gov/tradingpartners >> Electronic Submissions Transactions
	Email: AutomatedBilling@michigan.gov
Provider Inquiry Unit	The Provider Inquiry Unit handles all billing questions related to paper claims and the 837 and questions regarding provider and billing agent enrollment.
	Website: www.michigan.gov/mdhhs >> Health Care Providers >> Providers >> CHAMPS
	Provider Inquiry Line: 1-800-292-2550
	Email: ProviderSupport@michigan.gov

6. Control Segments / Envelopes

6.1 ANSI ASC X12 270 - Interchange Control Header Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 270 transactions **submitted** to MDHHS.

Convention used	Explanation
< >	Text included within < > describes the values MDHHS requires for submission.
" "	Text with " " around a value represents HIPAA Implementation Guide values.
( )	The HIPAA Implementation Guide 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

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 / No Meaningful Information in I02)
	ISA	ISA02	Authorization Information	<10 Spaces>
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present / No Meaningful Information in I04)
	ISA	ISA04	Security Information	<10 Spaces>
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA06	Interchange Sender ID	Trading Partner ID For FTP, SSL FTP, or HTTPS use the DEG ID.

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
				For electronic batch use the CHAMPS Provider ID or NPI. For SOAP+WSDL or MIME Multipart, use the CHAMPS Provider ID, NPI, or DEG ID. This value should always match GS02 <Application Sender's Code >.
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA08	Interchange Receiver ID	<D00111>
	ISA	ISA15	Interchange Usage Indicator	"P" (production) or "T" (test) data
	ISA	ISA16	Component Element Separator	<:>
			Loop – Functional Group Header	
	GS		**Segment – Functional Group Header**	
	GS	GS02	Application Sender's Code	Trading Partner ID For FTP, SSL FTP, or HTTPS use the DEG ID. For electronic batch use the CHAMPS Provider ID or NPI. For SOAP+WSDL or MIME Multipart, use the CHAMPS Provider ID, NPI, or DEG ID. This value should always match ISA06 <Interchange Sender ID>.
	GS	GS03	Application Receiver's Code	"D00111" for MDHHS

6.2 ANSI ASC X12 271 - Interchange Control Header Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 271 transactions *sent by* MDHHS:

Convention used	Explanation
< >	Text included within < > describes the value sent by MDHHS.
" "	Text with " " around a value represents HIPAA Implementation Guide values.
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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 / No Meaningful Information in I02)
	ISA	ISA03	Security Information Qualifier	"00" (No Security Information Present / No Meaningful Information in I04)
	ISA	ISA05	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA06	Interchange Sender ID	<D00111>
	ISA	ISA07	Interchange ID Qualifier	"ZZ" (mutually defined)
	ISA	ISA08	Interchange Receiver ID	<CHAMPS Trading Partner ID>
	ISA	ISA09	Interchange Date	(interchange date), in YYMMDD format
	ISA	ISA10	Interchange Time	(interchange time), in HHMM format

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
	ISA	ISA12	Interchange Control Standards Identifier	<00501>
	ISA	ISA13	Interchange Control Number	<Unique Identifier for a Trading Partner>
	ISA	ISA14	Acknowledgment Requested	"0" (no acknowledgment requested) "1" (acknowledgement requested)
	ISA	ISA15	Interchange Usage Indicator	"P" (production) or "T" (test) data
	ISA	ISA16	Component Element Separator	<:>
			Loop – Functional Group Header	
	GS		**Segment – Functional Group Header**	
	GS	GS02	Application Sender's Code	"D00111"
	GS	GS03	Application Receiver's Code	<CHAMPS Trading Partner ID>
	GS	GS04	Date	(functional group creation date), in CCYYMMDD format
	GS	GS05	Time	(functional group creation time), in HHMM format
	GS	GS07	Responsible Agency Code	"X" (Accredited Standards Committee X12)
	GS	GS08	Version/Release/Industry Identifier Code	"005010X279A1"

7. Payer Specific Business Rules and Limitations

7.1 Supported Service Types

MDHHS supports the Service Types required by the HIPAA 5010 270/271 Implementation Guide and CAQH CORE.

7.2 Search Options and Responses

MDHHS supports the data set search criteria outlined below:

- ➢ Primary Search Options:

  - Member ID
    - Non-MICHILD
      - Use the Beneficiary Identification Number with a value of 'D00111' in 2100A Loop NM109
    - MICHILD
      - For dates of inquiry prior to 1/1/16, use the Client ID Number (CIN) with a value of ''D00111-MIChild' in 2100A Loop NM109
      - For dates of inquiry on or after 1/1/16, use the Beneficiary ID Number with a value of 'D00111' in 2100A Loop NM109
  - Member Full Name (First Name, Last Name)
  - Member Date of Birth
  - Member SSN

- ➢ Alternate Search Options:

  - Member ID
    - Non-MICHILD
      - Use the Beneficiary Identification Number with a value of 'D00111' in 2100A Loop NM109
    - MICHILD
      - For dates of inquiry prior to 1/1/16, use the Client ID Number (CIN) with a value of ''D00111-MIChild' in 2100A Loop NM109
      - For dates of inquiry on or after 1/1/16, use the Beneficiary ID Number with a value of 'D00111' in 2100A Loop NM109

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- Or any two of the following:
  - Recipient Full Name (First Name, Last Name)
  - Recipient Date of Birth
  - Recipient SSN

➢ Additional Alternate Search Options to identify a unique member if AAA 76 (Duplicate Subscriber/Insured ID Number) is returned in 271:

- Gender Code
- Postal Code
- MICHILD Case Number (Applicable for CIN selection only)
- MA Case Number (Applicable for Member ID Selection only)

7.2.1 Invalid Social Security Numbers

MDHHS follows the Social Security Administration validation logic for SSNs. For example, SSNs beginning with 666 and 999 and SSNs containing zeros for any segment of the number are not valid. A 271 will be returned with an AAA of 75 "Subscriber Not Found".

7.3 Disproportionate Share Hospitals - DSH Audit Support

Eligibility inquiries for Disproportionate Share Hospital (DSH) audits are available for Hospital Providers (Inpatient only) enrolled under the Facility/Agency/Organization (FAO) enrollment type. Providers need to complete the following steps in order to submit Dates of Service (DOS) older than 1 year:

Step 1	Go to the 'Complete Modification Checklist' in the CHAMPS Provider Subsystem to complete the "Manage Provider Checklist" questions, including the following DSH question: ➢ "Do you need eligibility data (via HIPAA 270/271 real time and batch transactions) for DOS older than 1 year to complete a Medicare DSH audit? Selecting Yes acknowledges that any 270 - eligibility inquiry you submit with a DOS older than 1 year will only be used for Medicare DSH validation and for services related to Inpatient Hospital."

Step 2	Select "Yes" under the Answer field drop-down for this question and complete the last 2 steps: Complete Modification Check List and Submit Modification Request for Review. This will generate an access request to MDHHS to approve.
Step 3	Once approved by MDHHS, begin submitting 270 transactions using EQ01 Service Type code "48" (Hospital – Inpatient) in the 2110C Loop.
	Note: Submitting a 270 transaction with a 48 Service Type Code is an explicit request. The response will return all Benefit Plans associated with this service type code. A generic response will not be provided.

8. Trading Partner Agreements

An EDI Trading Partner is defined as any MDHHS customer (provider, billing service, software vendor, employer group, financial institution, etc.) that transmits directly to, or receives electronic data directly from MDHHS.

If you are not already submitting electronic transactions to MDHHS, you will need to enroll with MDHHS. Please refer to Section 2.1 for information on enrolling with MDHHS as a provider or billing agent. Enrollment is required to send or retrieve electronic transactions.

Note: Electronic submitters will need to be associated to their Providers (or to themselves) within CHAMPS to be able to submit and receive 270/271 transactions on the Provider's behalf.

9. Transaction Specific Information

9.1 ANSI ASC X12 270/271 - Transaction Set Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 270 transactions *submitted* to MDHHS.

Convention used	Explanation
< >	Text included within < > describes the values MDHHS requires for submission.
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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Transaction Set Header	
			Segment – Beginning of Hierarchical Transaction	
	BHT	BHT02	Transaction Set Purpose Code	"13" (Request)
2100A			**Loop – Information Source Name**	
2100A	**NM1**		**Segment – Information Source Name**	
2100A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2100A	NM1	NM103	Name Last or Organization Name	<Michigan Department of Health and Human Services>
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payor Identification)
2100A	NM1	NM109	Identification Code	<D00111> <D00111-MIChild> (for MIChild dates of service prior to 1/1/16)
2100B			**Loop – Information Receiver Name**	
2100B	**NM1**		**Segment – Information Receiver Name**	
2100B	NM1	NM108	Identification Code Qualifier	"SV" (Service Provider Number) "XX" (Use Center for Medicare and Medicaid Services National Provider Identifier) to identify NPI unless exempt. "PI" (Payor Identification) Can use if PR is sent in NM101.

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100B	NM1	NM109	Identification Code	When NM108 is "SV" or "PI" use 7-digit CHAMPS Provider ID. When NM108 is "XX" use 10-digit National Provider Identifier.
2100C			**Loop – Subscriber Name**	
2100C	**NM1**		**Segment – Subscriber Name**	
2100C	NM1	NM103	Name Last or Organization Name	<Member Last Name>
2100C	NM1	NM104	Name First	<Member First Name>
2100C	NM1	NM105	Name Middle	<Member Middle Name>
2100C	NM1	NM106	Name Suffix	<Member Name Suffix>
2100C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2100C	NM1	NM109	Identification Code	<CHAMPS Beneficiary ID> or <CHAMPS CIN Number>
2100C	**REF**		**Segment – Subscriber Additional Information**	
2100C	REF	REF01	Reference Identification Qualifier	Use "SY" if identifying the beneficiary using SSN. Use "GH" if identifying the beneficiary using card control number and the card is swiped. Use "HJ" if identifying the beneficiary using card control number that is printed on the MI heath card and keyed in by the provider.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	REF	REF02	Reference Identification	Send SSN if REF 01 = "SY". Send card control number from swipe if REF01 = "GH". Send card control number that is printed on the card if REF01 = "HJ".
2100C	**N4**		**Segment – Subscriber City, State, Zip Code**	
2100C	N4	N403	Postal Code	<Subscriber Postal Zone or ZIP Code> Identify the Beneficiary's Zip code in this segment if using as Alternate Search option
2100C	**DMG**		**Segment – Subscriber Demographic Information**	
2100C	DMG	DMG02	Date Time Period	<Member's Birth Date>, in CCYYMMDD format if using as a search option
2100C	DMG	DMG03	Gender Code	"F" (Female) "M" (Male) If using as Alternate Search option
2100C	**DTP**		**Segment – Subscriber Date**	
2100C	DTP	DTP03	Date Time Period	A single date of service or a date range (not to exceed 3 months from current date). Can be a maximum of one year prior or up to the last day of the current month. Exception: DSH Inquiry Exception - See Section 7.

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2110C			**Loop – Subscriber Eligibility or Benefit Inquiry**	
2110C	**EQ**		**Segment – Subscriber Eligibility or Benefit Inquiry**	
2110C	EQ	EQ01	Service Type Code	When service type code is not supplied or unsupported (see Section 7), the default Service Type Code "30" (Health Benefit Plan Coverage) is processed. DSH Inquiries: Use "48" (Hospital – Inpatient).

9.2   ANSI ASC X12 271 - Transaction Set Companion Guide Rules

This document uses several text conventions to aid in the interpretation of the Companion Guide Rules. The following table lists the text conventions used in this document for 271 transactions *sent by* MDHHS:

Convention used	Explanation
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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
			Loop – Transaction Set Header	
	ST		**Segment - Transaction Set Header**	
	ST	ST01	Transaction Set Identifier Code	<271> (Eligibility, Coverage, or Benefit Inquiry)
	ST	ST03	Implementation Code Reference	"005010X279A1"
2100A			**Loop – Information Source Name**	
2100A	**NM1**		**Segment – Information Source Name**	
2100A	NM1	NM101	Entity Identifier Code	"PR" (Payer)
2100A	NM1	NM108	Identification Code Qualifier	"PI" (Payor Identification)
2100A	NM1	NM109	Identification Code	<D00111> or <D00111-MIChild> (for MIChild dates of service prior to 1/1/16)
2100B			**Loop – Information Receiver Name**	
2100B	**NM1**		**Segment – Information Receiver Name**	
2100B	NM1	NM103	Name Last or Organization Name	Reported if available and NM102 is 1.
2100B	NM1	NM104	Name First	Reported if available and NM102 is 1

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100B	NM1	NM105	Name Middle	Reported if available and NM102 is 1
2100B	NM1	NM107	Name Suffix	Reported if available and NM102 is 1
2100B	NM1	NM108	Identification Code Qualifier	"XX" (Centers for Medicare and Medicaid Service National Provider Identifier) for NPI-mandated providers. "SV" (Service Provider Number) or "PI" (Payor Identification) for NPI-exempt providers.
2100B	NM1	NM109	Identification Code	When NM108 is "SV" use 7-digit CHAMPS Provider ID. When NM108 is "XX" use 10-digit National Provider Identifier.
2100B	**AAA**		**Segment – Information Receiver Request Validation**	
2100B	AAA	AAA03	Reject Reason Code	"43" (Invalid/Missing Provider Identification) "51" (Provider Not on File)
2000C			**Loop – Subscriber Level**	
2000C	**TRN**		**Segment – Subscriber Trace Number**	
2000C	TRN	TRN02	Reference Identification	Reported if present in 270
2000C	TRN	TRN03	Originating Company Identifier	Reported if present in 270
2100C			**Loop – Subscriber Name**	
2100C	**NM1**		**Segment – Subscriber Name**	
2100C	NM1	NM101	Entity Identifier Code	"IL" (Insured or Subscriber)
2100C	NM1	NM103	Name Last or Organization Name	Reported if available and NM102 is 1.

Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	NM1	NM104	Name First	Reported if available and NM102 is 1.
2100C	NM1	NM105	Name Middle	Reported if available and NM102 is 1.
2100C	NM1	NM107	Name Suffix	Reported if available and NM102 is 1.
2100C	NM1	NM108	Identification Code Qualifier	"MI" (Member Identification Number)
2100C	NM1	NM109	Identification Code	For MIChild Inquiries: Ten-digit CIN will be returned. For all other inquiries: Ten-digit Beneficiary ID will be returned.
2100C	**REF**		**Segment – Subscriber Additional Information**	
2100C	REF	REF01	Reference Identification Qualifier	The following codes are returned as applicable: "3H" (Case Number) Source MA only "EJ" (Patient Account Number) Only returned if provided in 270. "SY" (Social Security Number) Only returned if used as a search option in 270.
2100C	REF	REF02	Reference Identification	The following values are returned, as applicable: "3H" For Source MA <Case Number>, <DHS Service County Code>, <DHS District Code>, <DHS Worker Load Number>, <DHS Local Office Phone Number>, <Residence County Code> "EJ" (Patient Account Number) Only returned if provided in 270. "SY" (Social Security Number) Only returned if used as a search option in 270.

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Loop ID	Segment ID	Data Element ID	Loop/Segment/Element Name	Companion Guide Rules
2100C	DTP	DTP01	Subscriber Date	Value of 540 (Policy Expiration) will return the Current Redetermination Date when one of the following Benefit Plans is active: MICHOICEMC, PACE, NH, MA-MC, MA-HMP-MC, CSHCS-MC, MME-MC, ICO-MC or HHMICARE.

10. Supplementary Information

Appendix A: Crosswalk of MDHHS Eligibility Data to EB01, EB03, EB04, EB05 and EB07

		2110C Loop							
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
Benefit Plan: ABW	N/A	1	30^1^50^86^88^91^92^98^UC^ MH^	OT	ABW-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		
Benefit Plan: ABW-ESO	N/A	1	30^86^	OT	ABW-ESO-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		

Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
			2110C Loop						
Benefit Plan: ABW-MC	11	1	30^1^50^86^88^98^UC^	HM	ABW-MC-<Program Code from Appendix B>		Contact the CHP for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS ID, County Health Plan name, Billing address, 24HR phone number **in Loop 2120C**
Benefit Plan: APS	N/A	1	30^50^69^88^98^BU^	OT	APS-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older. Citizenship Status-<status>	PE Indicator - Yes	
Benefit Plan: BIW	N/A	1	30^A9^	OT	BIW-<Program Code from Appendix B>				
Benefit Plan: BMP	N/A	1	30^	OT	BMP-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: NPI, Provider name, Provider Address and phone number **in Loop 2120C**
Benefit Plan: CMH	N/A	1	30^MH^	HM	CMH-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS ID, CMH Plan name, Billing address, and 24HR phone number **in Loop 2120C**

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		2110C Loop							
Eligibility Data	**Level of Care**	**EB01**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Optional MSG**	**Additional Information/ Comments**
Benefit Plan: CSHCS	N/A	1	30^1^33^35^47^48^50^71^86^88^98^AL^UC^	OT	CSHCS "This NPI is listed. See CSHCS guidelines." or "This NPI not listed. See CSHCS guidelines."		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Message if more than 8 Diagnosis codes are on file for the DOS: "The 271 can only report up to 8 diag codes for DOS. Check CHAMPS-Elig Inquiry for all diag codes authorized for DOS		Additional Data: If inquiring provider is Authorized for the DOS: ·**Loop 2100C, HI Segment(s)**: Diagnosis code(s) ·**Loop 2110C, EB14 Segment(s):** Diagnosis Code Pointer, use to link to HI code. ·**Loop 2120C, NM1 Segment:** Authorized provider data. **Note:** Diagnosis codes provided for single DOS only.
Benefit Plan CSHCS-MC	7	1	30^1^33^47^48^50^71^86^88^98^AL^UC^	HM	CSHCS-MC		Contact the MHP for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS ID, Medicaid Health Plan name, Billing address, and 24HR phone number **in Loop 2120C**
Benefit Plan: CSHCS-MH	Y (CSHCS PCCM Indicator)	1	30^CQ^	OT	CSHCS-MH		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements.		Additional Data: If inquiring provider is Authorized or PCCM for the DOS: ·**Loop 2120C, NM1 Segment:** Authorized provider data

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		2110C Loop							
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
Benefit Plan: CWP-MC	N/A	1	30^MH^	OT	CWP-MC-<Program Code from Appendix B>				Additional Data: CHAMPS ID, Provider Name, Provider Address and Phone number in Loop 2120C
Benefit Plan: HHBH	N/A	1	30^MH^AI^	OT	HHBH-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS ID, Provider Name, Provider Address and Phone number in Loop 2120C
Benefit Plan: HHMICARE	N/A	1	30^CQ^	OT	HHMICARE		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS ID, Provider Name, Provider Address and Phone number in Loop 2120C
Benefit Plan: HK-Dental	N/A	1	30^35^	HM	HK-Dental-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: Dental Plan Name, Billing address and Phone number reported **in Loop 2120C**
Benefit Plan: HK-EXP		1	30^35^	MC	HK-EXP FFS Dental-<Program Code from Appendix B>		Citizenship Status-<status>		Note: Segment is reported if the beneficiary has Fee for Service Dental

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Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
			2110C Loop						
Benefit Plan: HK-EXP	N/A	1	30^1^33^35^47^48^50^71^86^88^98^AL^MH^UC^	MC	HK-EXP-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older. Citizenship Status-<status>	PE Indicator - Yes	
Benefit Plan: HK-EXP-ESO	N/A	1	30^1^47^48^50^86^88^91^92^98^ MH^UC^	MC	HK-EXP-ESO-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older. Citizenship Status-<status>	PE Indicator - Yes	
Benefit Plan: Hospice	16	1	30^45^	OT	Hospice-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Note: Separate EB Segment reported if PPA on file.
Benefit Plan: Hospice	16	B	30^45^	OT	Hospice PPA-<Program Code from Appendix B>	<PPA>	Citizenship Status-<status>		
Benefit Plan: ICF/MR-DD	08	1	30^CG^	OT	ICF/MR-DD-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		

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		2110C Loop							
Eligibility Data	**Level of Care**	**EB01**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Optional MSG**	**Additional Information/ Comments**
Benefit Plan: ICO-MC	07,03, 05,15	1	30^1^33^35^42^47^48^50^54^56^71^86^88^98^AL^UC^	HM	ICO-MC-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS ID, ICO Provider name, Billing address, and 24HR phone number in Loop 2120C
Benefit Plan: ICO-MC	07,03, 05,15	B	30^1^33^35^42^47^48^50^54^56^71^86^88^98^AL^UC^	HM	ICO-MC PPA-<Program Code from Appendix B>	<PPA>			EB Reported if PPA on file.
Benefit Plan: ICO-MC Deemed	07, 03, 05, 15	1	30^7^	HM	ICO-MC Deemed <Program Code from Appendix B>		ICO-MC DEEMING Status. During DEEMING Status this individual's Medicaid and Medicare services will be provided by the ICO Health Plan. Check with the ICO Health Plan for covered services, PA, and other requirements.		Additional Data: Deeming start date – deeming end date **in Loop 2100C and 2110C DTP RD8** CHAMPS Provider ID, ICO Health Plan name, Billing address, and 24 HR phone number in Loop 2120C.
Benefit Plan: INCAR	32	1	30^48^	OT	INCAR-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>.	PE Indicator - Yes	

Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
			2110C Loop						
Benefit Plan: INCAR-ABW	32	I			INCAR-ABW-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		No benefits
Benefit Plan: INCAR-ESO	32	I	30^48^		INCAR-ESO-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>. Cost Share Met <Y/N>,Cap Remaining Amount $<XXX.XX>	PE Indicator - Yes	
Benefit Plan: INCAR-MA	32	1	30^48^	OT	INCAR-MA-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>. Cost Share Met <Y/N>, Cap Remaining Amount $<XXX.XX>	PE Indicator - Yes	
Benefit Plan: INCAR-MA-E	32	I	30^48^		INCAR-MA-E-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>. Cost Share Met <Y/N>,Cap Remaining Amount $<XXX.XX>	PE Indicator - Yes	

Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
			2110C Loop						
Benefit Plan: MA		1	30^35^	MC	MA FFS Dental-<Program Code from Appendix B>		Citizenship Status-<status>.		
Benefit Plan: MA		1	30^1^33^35^47^48^50^71^86^88^91^92^98^AL^MH^UC^	MC	MA-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older. Citizenship Status-<status>. Cost Share Met <Y/N>,Cap Remaining Amount $<XXX.XX>	PE Indicator - Yes	
Benefit Plan: MA-ESO		1	30^1^47^48^50^86^88^91^92^AL^MH^UC^	MC	MA-ESO-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older. Citizenship Status-<status>. Cost Share Met <Y/N>, Cap Remaining Amount $<XXX.XX>	PE Indicator - Yes	

Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
		2110C Loop							
Benefit Plan: MA-HMP		1	30^35^	MC	MA-HMP FFS Dental-<Program Code from Appendix B>		Citizenship Status-<status>		Note: If the BP ID is MA-HMP-MC or HK-Dental then do not display MA-HMP-FFS dental message in the MSG Segment of the EB05 Element
Benefit Plan: MA-HMP		1	30^1^33^35^47^48^50^71^86^88^91^92^98^AL^MH^UC^	MC	MA-HMP-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older. Citizenship Status-<status>. Cost Share Met <Y/N>,Cap Remaining Amount $<XXX.XX>	PE Indicator - Yes	
Benefit Plan: MA-HMP-ESO		1	30^1^47^48^50^86^88^91^92^MH^UC^	MC	MA-HMP-ESO-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older. Citizenship Status-<status>. Cost Share Met <Y/N>,Cap Remaining Amount $<XXX.XX>	PE Indicator - Yes	

Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
			2110C Loop						
Benefit Plan: MA-HMP-INC	32	1	30^48^	OT	MA-HMP-INC-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>. Cost Share Met <Y/N>,Cap Remaining Amount $<XXX.XX>	PE Indicator - Yes	
Benefit Plan: MA-HMP-MC	07	1	30^1^33^35^47^48^50^71^86^88^91^92^98^AL^MH^UC^	HM	MA-HMP-MC-<Program Code from Appendix B>		Contact the MHP for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS ID, Health Plan name, Billing address, and 24HR phone number **in Loop 2120C**
Benefit Plan: MA-MC	07	1	30^1^33^47^48^50^86^88^98^AL^MH^UC^	HM	MA-MC-<Program Code from Appendix B>		Contact the MHP for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS ID, Medicaid Health Plan name, Billing address, and 24HR phone number **in Loop 2120C**
Benefit Plan: MA-MICHILD	N/A	1	30^1^33^35^47^48^50^71^86^88^98^AL^MH^UC^	MC	MA-MICHILD-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements.		
Benefit Plan: MA-MICHILD		1	30^35^	MC	MA-MICHILD FFS Dental-<Program Code from Appendix B>				

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		2110C Loop							
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
Benefit Plan: MICHILD-ESO	N/A	1	30^1^47^48^50^86^88^91^92^98^ MH^UC^	MC	MICHILDESO-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements.		
Benefit Plan: MICHILD	M	1	30^1^33^47^48^50^71^86^88^98^AL^MH^UC^	HM	MiChild		Contact the Plan for further details on covered services including PA, copay and other requirements.		Additional Data: CHAMPS ID, Medical Health Plan name, Billing address, and 24HR phone number **in Loop 2120C**
Benefit Plan: MI Choice	22	1	30^45^	OT	MI Choice-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		
Benefit Plan: MICHOICEMC	22	1	30^42^	HM	MICHOICEMC-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS ID, Waiver Agent Name, Billing address and phone number **in Loop 2120C**
Benefit Plan: MICHILD - D	D	1	30^35^	HM	MiChild - D		Contact the Plan for further details on covered services including PA, copay and other requirements.		Additional Data: CHAMPS ID, Dental Health Plan name, Billing address, and 24HR phone number **in Loop 2120C**

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		2110C Loop							
Eligibility Data	**Level of Care**	**EB01**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Optional MSG**	**Additional Information/ Comments**
Benefit Plan: MME-MC	07	1	30^1^33^47^48^50^71^86^88^98^AL^MH^UC^	HM	MME-MC-<Program Code from Appendix B>		Contact the MHP for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS ID, Medicaid Health Plan name, Billing address, and 24HR phone number **in Loop 2120C**
Benefit Plan: MOMS	N/A	1	30^47^48^50^69^88^98^BU^	OT	MOMS		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		
Benefit Plan: NEMT	N/A	1	30^56^	OT	NEMT-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS Provider ID, NEMT Provider Name, Billing Address and 24 HR phone **in Loop 2120C**
Benefit Plan: NH	02	1	30^54^	OT	NH-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: NPI and Provider name **in Loop 2120C.** Separate EB Segment reported if PPA on file.
Benefit Plan: NH	02	B	30^54^	OT	NH PPA-<Program Code from Appendix B>	<PPA>			

Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
			2110C Loop						
Benefit Plan: PACE	07	1	30^1^33^35^47^48^50^54^71^86^88^98^AL^MH^UC^	HM	PACE-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>	PE Indicator - Yes	Additional Data: CHAMPS ID, PACE Provider name, Billing address, and 24HR phone number **in Loop 2120C**
Benefit Plan: PIHP	N/A	1	30^MH^AI^	HM	PIHP-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number **in Loop 2120C**
Benefit Plan: PIHP-HMP	N/A	1	30^MH^AI^	HM	PIHP-HMP-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number **in Loop 2120C**
Benefit Plan: Plan First	N/A	1	30^82^	OT	Plan First-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Use V25 diagnosis code family as primary. Citizenship Status-<status>		

		2110C Loop							
Eligibility Data	**Level of Care**	**EB01**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Optional MSG**	**Additional Information/ Comments**
Benefit Plan: QMB	N/A	1	30^	SP	QMB-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		
Benefit Plan: SA	N/A	1	30^AI^	HM	SA-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number **in Loop 2120C**
Benefit Plan: SED-MC	N/A	1	30^MH^	OT	SED-MC-<Program Code from Appendix B>				Additional Data: CHAMPS Provider ID, Provider name, Provider Address and phone number **in Loop 2120C**
Benefit Plan: Spenddown		1	30^	OT	Spendown-<Program Code from Appendix B>		Citizenship Status-<status>		

			2110C Loop							
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
Benefit Plan: Spenddown		Y	30^	OT	Spendown-<Program Code from Appendix B>	<Spend-Down amount per DHS. A zero (0) amount will be reported if not on file.>	Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements.	PE Indicator - Yes	No benefits Spend-Down AMT is information only, contact DHS for the exact amount and/or if the amount is equal to 0 (Zero).
SPF	17	1	30^48^	OT	SPF-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>. Cost Share Met <Y/N>,Cap Remaining Amount $<XXX.XX>	PE Indicator - Yes	
Benefit Plan: TCMF	N/A	1	30^CQ^	OT	TCMF<Program Code From Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for further details on covered services including PA, copay and other requirements. Citizenship Status-<status>		

Eligibility Data	Level of Care	2110C Loop							
		EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
Benefit Plan: TMA-PLUS		1	30^35^	MC	TMA-PLUS FFS Dental-<Program Code from Appendix B>		Citizenship Status-<status>		
Benefit Plan: TMA-PLUS	N/A	1	30^1^33^35^47^48^50^71^86^88^91^92^98^AL^MH^UC^	OT	TMA-PLUS-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older. Citizenship Status-<status>		
Benefit Plan: TMA-PLUS-E	N/A	1	30^86^	OT	TMA-PLUS-E-<Program Code from Appendix B>		Refer to Medicaid Provider Manual/MDHHS website for details on covered services including PA, copay and other requirements. Some services may not be covered if age 21 and older. Citizenship Status-<status>		
Other: PPA for Inpatient Hospital	10	B	^48^	OT	PPA for Inpatient Hospital Acute Care	<PPA> (report a zero 0 amount if no PPA on file)			This segment is provided in addition to a separate segment to report BP data above.

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		2110C Loop							
Eligibility Data	**Level of Care**	**EB01**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Optional MSG**	**Additional Information/ Comments**
Other: LTC has been Disapproved	55	I	54^	OT	Need for LTC has been Disapproved				This segment is provided in addition to a separate segment to report BP data above, only for the provider associated with the LOC.
Other: LTC Facility or Waiver Service not Covered	56	I	54^	OT	LTC Facility or Waiver Service not Covered				This segment is provided in addition to a separate segment to report the BP data above, only for the provider associated with the LOC.
Other: PCP	N/A	L		HM	PCP				Additional Data, **2120C Loop**: PCP name, and Phone. Note: PCP Data only reported if inquiry DOS (single or span) includes current date.

		2110C Loop							
Eligibility Data	Level of Care	EB01	EB03 (Repeating)	EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
Other: PCP	N/A	L		HM	PCP Not Available, Contact the MHP.				Note: Only reported if inquiry DOS (single or span) includes current date.
Other: Pending Elig	N/A	8	30^		Pending Eligibility				Note: Reported if pending MA application record on file, and there is no active eligibility found for the DOS submitted.

			2110C Loop							
Eligibility Data	Level of Care	EB01	EB03 (Repeating)		EB04	EB05	EB07	MSG Segment	Optional MSG	Additional Information/ Comments
Other: TPL	N/A	R	30^		OT	TPL				Additional Data: **·2120C Loop:** Payer ID, Payer Address, Group Number, Policy number, Policy Holder ID, and Policy Holder Name (if on file), **·2110C Loop:** Date last updated (DTP), Coverage Type Code/Description and OI Code/Description reported (MSG; Data elements separated by commas).

			2110C Loop						
Eligibility Data	**Level of Care**	**EB01**	**EB03 (Repeating)**	**EB04**	**EB05**	**EB07**	**MSG Segment**	**Optional MSG**	**Additional Information/ Comments**
Other: TPL-Medicare	N/A	R	30^	MA, MB or OT	Medicare				Additional Data: **·2120C Loop:** Payer ID, Payer Address, Payer Phone, Policy number, Policy Holder ID, and Policy Holder Name (if on file), **·2110C Loop:** Date last updated (DTP), Coverage Type Code/Description and OI Code/Description reported (MSG; Data elements separated by commas).
Other: TPL-Medicare Excluded Alien	N/A	R	30^						Note: Segment reported for Information only.

Appendix B: EB05 Program Codes

CHAMPS 270/271 HIPAA Eligibility Transaction reports the Program Code at the end of the Benefit Plan ID in EB05.

Program Code	Description
A	Medicaid for aged SSI recipients
B	Medicaid for blind SSI recipients
C	Medicaid (Family Independence Program (FIP))
E	Medicaid for disabled SSI recipients
G	Healthy Michigan Program
H	Healthy Michigan Program
I	Refugee Assistance Program (payment and medical)
J	Refugee Assistance Program (Medicaid only)
K	Ambulatory Prenatal Services (APS)
L	Healthy Kids Medicaid and Medicaid for Pregnant Women
M	Medicaid for the aged
N	Medicaid for caretaker relatives and families with dependent children
O	Medicaid for the blind
P	Medicaid for the disabled
Q	Medicaid for persons under age 21
R	Repatriate Assistance Program
T	MICHILD

11. Revision Log

Version Date	Effective Date	Revision Description
February 18, 2011 (Draft)	January 1, 2012	This document replaces *Companion Guide For The CHAMPS - HIPAA 270/271 Health Care Eligibility Benefit Inquiry And Response Addenda Version 4010A1*, dated October 10, 2010.
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. Added alternate search option. Updated elements GS02, GS03, and GS08 in the 271 Group Header. Updated data elements ST03 in Transaction Set Header. Replaced content of Appendix A.
January 12, 2012	January 1, 2012	Updated 2100C Loop REF 03 to: For Source MA if REF01 = "3H" <DHS Service County Code>, <DHS District Code>, <DHS Worker Load Number>, DHS Local Office Phone Number>, <Residence County Code>
January 12, 2012	January 1, 2012	Removed PER Segments from 2120C Loop. This information is displayed in 2100C Loop REF 03.
January 12, 2012	January 1, 2012	Updated heading in Appendix A to 2110C
January 12, 2012	January 12, 2012	Added Copay Table
July 6, 2012	June 22, 2012	Added additional Spenddown Benefit Plan segment to 2110C Loop
April 22, 2013	July 1, 2013	Reformatted to conform with ACA CORE companion guide requirements. Added information on the new ACA CORE required transport modes: MIME Multipart and SOAP+WSDL. Updated transaction specific information for ACA CORE changes. Updated links for new website design.
January 29, 2014	July 1, 2013	Updated 2100C Loop REF segments. Updated Appendix A 2110C Loop Level of Care, EB03 and EB05.
March 28, 2014	July 1, 2013	Updated Appendix A with Healthy Michigan Plan Benefit Plans.

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Version Date	Effective Date	Revision Description
February 3, 2015	July 1, 2013	Added EB05 Program Codes Table in Appendix B. Updated Appendix A with Program Code in EB05. Added Benefit Plans: APS, HHBH, ICO-MC, PIHP-HMP and Service Type Code changes. Added to 270 in the 2100B Loop a value of PI (Payor Identification)
August 10, 2015	July 1, 2013	Added Current Redetermination Date in 2100C DTP Loop. Updated Appendix A by adding Citizenship Status to the MSG Segment and an Optional MSG column for Presumptive Eligibility. Updated the INCAR-ESO and INCAR-MA-E Benefit Plans, adding STC under EB03 and removing the Additional Information/ Comments. Updated website in footer. Updated department from MDCH to MDHHS.
August 19, 2015	January 1, 2016	Added MSG for the Current Quarter Cost Share Met and Cap Remaining Amount which returns on single date of service requests.
December 28, 2015	January 1, 2016	Updated search options for Member ID Added 3 new MICHILD benefit plans to Appendix A Updated message segment for the INCAR benefit plan in Appendix A Updated additional information for Other: LTC in Appendix A Added the MICHILD Program Code to Appendix B
March 15, 2016	April 1, 2016	Added Benefit Plan TCMF effective April 1, 2016 Added Benefit Plan HHMICARE effective July 1, 2016 Updated 2100C DTP01 segment to include HHMICARE
December 16, 2016	January 1, 2017	Added Benefit Plan BIW tentatively effective April 1, 2017 Added Benefit Plan CWP-MC effective January 1, 2017 Added Benefit Plan ICO-MC Deemed effective July 1, 2016 Added Benefit Plan SEC-MC effective January 1, 2017 Updated 4.1 System Availability section to include weekly maintenance window
June 16, 2017	June 26, 2017	Updated comments in Appendix A