HIPAA Transaction Standard Companion Guide

to ASC X12N (005010) HIPAA Transaction Sets 820 and 834

State of Michigan
Department of Information Technology
Department of Civil Service

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Preface

This Companion Guide to the ASC X12N (5010) Implementation Guides adopted under HIPAA clarifies and specifies the data content being sent when data is transmitted electronically from the State of Michigan, Department of Civil Service. This document does not replace any ASC HIPAA Transaction Set Implementation Guides. Transmissions based on this companion document, used in tandem with the ASC X12N HIPAA Implementation Guides, are compliant with both ASC X12 (5010) syntax and those guides.

General Information

Delimiters
The State of Michigan will use the following symbols as delimiters:

Element Separator	|
Segment Separator	~
Component Separator	}

ASC Version
The State of Michigan will provide transactions in accordance with the following ASC X12N HIPAA Implementation Guide versions:

Transaction Set 834:	Version 005010X220A1
Transaction Set 820:	Version 005010X218

Content
The only segments present in this companion guide are segments that require clarification or segments that contain elements that require clarification.

Elements that are shaded indicate clarification is required for that element. Please see the comments section below each segment specification for clarification.

834 Benefit Enrollment and Maintenance

Update vs. Full File Audits

The 834 Transaction can be used to provide either updates to the enrollment database or full file audits.

- Update Files will be sent once a week.
- If there are no enrollment changes since the previous transmission, an Update File will not be sent.
- Full/Verify Files will be sent once a quarter.
- An Update File will precede every Full/Verify File.

The 834 Transaction set will be used to send enrollment data for Active Employees and COBRA participants.

Header Area - (Table 1)

ID	Segment Name	Mandatory/ Optional	Max Use	Loop Repeat	Comments
ST	Transaction Set Header	R	1		
BGN	Beginning Segment	R	1		
REF	Transaction Set Policy Number	S	1		
DTP	File Effective Date	S	> 1		
QTY	Transaction Set Control Totals	S	3		**Not Used by SOM**
Loop ID – 1000A SPONSOR NAME				1	
N1	Sponsor Name	R	1		
Loop ID – 1000B PAYER				1	
N1	Payer	R	1		
Loop ID – 1000C TPA/BROKER NAME				2	
N1	TPA/Broker Name	S	1		**Not Used by SOM**
Loop ID – 1100C TPA/BROKER ACCOUNT INFORMATION				1	
ACT	TPA/Broker Account Information	S	1		**Not Used by SOM**

Detail Area - (Table 2)

ID	Segment Name	Mandatory /Optional	Max Use	Loop Repeat	Comments
Loop ID – 2000 MEMBER LEVEL DETAIL				> 1	
INS	Member Level Detail	R	1		
REF	Subscriber Number	R	1		
REF	Member Policy Number	S	1		
REF	Member Supplemental Identifier	S	13		
DTP	Member Level Dates	S	24		
Loop ID – 2100A MEMBER NAME				1	

ID	Segment Name	Mandatory /Optional	Max Use	Loop Repeat	Comments
NM1	Member Name	R	1		
PER	Member Communications Numbers	S	1		**Not Used by SOM**
N3	Member Residence Street Address	S	1		
N4	Member Residence City, State, ZIP Code	S	1		
DMG	Member Demographics	S	1		
EC	Employment Class	S	>1		**Not Used by SOM**
ICM	Member Income	S	1		**Not Used by SOM**
AMT	Member Policy Amounts	S	7		**Not Used by SOM**
HLH	Member Health Information	S	1		**Not Used by SOM**
LUI	Member Language	S	>1		**Not Used by SOM**
Loop ID – 2100B INCORRECT MEMBER NAME				1	
NM1	Incorrect Member Name	S	1		**Not Used by SOM**
DMG	Incorrect Member Demographics	S	1		**Not Used by SOM**
Loop ID – 2100C MEMBER MAILING ADDRESS				1	
NM1	Member Mailing Address	S	1		
N3	Member Mail Street Address	S	1		
N4	Member Mail City, State, Zip	S	1		
Loop ID – 2100D MEMBER EMPLOYER				1	
NM1	Member Employer	S	1		**Not Used by SOM**
PER	Member Employer Communications Numbers	S	1		**Not Used by SOM**
N3	Member Employer Street Address	S	1		**Not Used by SOM**
N4	Member Employer City, State, Zip	S	1		**Not Used by SOM**
Loop ID – 2100E MEMBER SCHOOL				1	
NM1	Member School	S	1		**Not Used by SOM**
PER	Member School Communications Numbers	S	1		**Not Used by SOM**
N3	Member School Street Address	S	1		**Not Used by SOM**
N4	Member School City, State, Zip	S	1		**Not Used by SOM**
Loop ID – 2100F CUSTODIAL PARENT				1	
NM1	Custodial Parent	S	1		**Not Used by SOM**

ID	Segment Name	Mandatory /Optional	Max Use	Loop Repeat	Comments
PER	Custodial Parent Communications Numbers	S	1		**Not Used by SOM**
N3	Custodial Parent Street Address	S	1		**Not Used by SOM**
N4	Custodial Parent City, State, Zip	S	1		**Not Used by SOM**
Loop ID – 2100G RESPONSIBLE PERSON				1	
NM1	Responsible Person	S	1		**Not Used by SOM**
PER	Responsible Person Communications Numbers	S	1		**Not Used by SOM**
N3	Responsible Person Street Address	S	1		**Not Used by SOM**
N4	Responsible Person City, State, Zip	S	1		**Not Used by SOM**
Loop ID – 2100H DROP OFF LOCATION				1	
NM1	Drop Off Location	S	1		**Not Used by SOM**
N3	Drop Off Location Street Address	S	1		**Not Used by SOM**
N4	Drop Off Location City, State, Zip	S	1		**Not Used by SOM**
Loop ID – 2200 DISABILITY INFORMATION				1	
DSB	Disability Information	S	1		**Not Used by SOM**
DTP	Disability Eligibility Dates	S	2		**Not Used by SOM**
Loop ID – 2300 HEALTH COVERAGE				99	
HD	Health Coverage	S	1		
DTP	Health Coverage Dates	R	6		
AMT	Health Coverage Policy	S	9		**Used for only Flexible Spending Accounts**
REF	Health Coverage Policy Number	S	14		**Not Used by SOM**
REF	Prior Coverage Months	S	1		**Not used by SOM**
IDC	Identification Card	S	3		**Not Used by SOM**
Loop ID – 2310 PROVIDER INFORMATION				30	
LX	Provider Information	S	1		**Not Used by SOM**
NM1	Provider Name	R	1		**Not Used by SOM**
N3	Provider Address	S	2		
N4	Provider City, State, ZIP Code	S	1		**Not Used by SOM**
PER	Provider Communications Numbers	S	2		**Not Used by SOM**

ID			Segment Name	Mandatory /Optional	Max Use	Loop Repeat	Comments		
		PLA	PCP Change Reason	S	1		**Not Used by SOM**		
		Loop ID – 2320 COORDINATION OF BENEFITS				5			
		COB	Coordination of Benefits	S	1		**Not Used by SOM**		
		REF	Additional Coordination of Benefits Identifiers	S	4		**Not Used by SOM**		
		DTP	Coordination of Benefits Eligibility Dates	S	2		**Not Used by SOM**		
		Loop ID – 2330 COORDINATION OF BENEFITS RELATED				**3**			
		NM1	Coordination of Benefits Related Entity	S	1		**Not Used by SOM**		
		N3	Coordination of Benefits Related Entity Address	S	1		**Not Used by SOM**		
		N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code	S	1		**Not Used by SOM**		
		PER	Administrative Communications Contact	S	1		**Not Used by SOM**		
LS			Additional Reporting Categories	S	1		**Not Used by SOM**		
		Loop ID – 2700 MEMBER REPORTING CATEGORIES				**3**			
		LX	Member Reporting Categories	S	1				
		Loop ID – 2750 REPORTING CATEGORY				1			
		N1	Reporting Category	S	1		**Not Used by SOM**		
		REF	Reporting Category Reference	S	1		**Not Used by SOM**		
		DTP	Reporting Category Date	S	1		**Not Used by SOM**		
LE			Additional Reporting Categories Loop Termination	S	1		**Not Used by SOM**		
SE			Transaction Set Trailer	R	1				

BGN   Beginning Segment

Max: 1
Loop ID: N/A
Header

Element	ID	Description	Qualifier/Definition		Min/Max	Type	Usage
BGN01	353	Transaction Set Purpose Code	**00**	Original	2/2	ID	M
			15	Re-Submission			
			22	Information Copy			
BGN02	127	Reference Identification			1/30	AN	M
BGN03	373	Date			8/8	DT	M
BGN04	337	Time			4/8	TM	X
BGN05	623	Time Code	**ED**	Eastern Daylight Time	2/2	ID	O
			ES	Eastern Standard Time			
BGN06	127	Reference Identification			1/30	AN	O
BGN08	306	Action Code	**2**	Change (Update)	1/2	ID	O
			4	Verify			
			RX	Replace			

Comments:
1.   BGN05 – Only the Time Codes listed above will be used by the State of Michigan.
2.   BGN08 – New Choice "RX", Used to identify a full enrollment transmission to be used to identify additions, terminations and changes that need to be applied to the payer's enrollment system.

REF   Reference Identification (Transaction Set Policy Number)

Max: 1
Loop ID: N/A
Header

Element	ID	Description	Qualifier/Definition		Min/Max	Type	Usage
REF01	128	Reference Identification Qualifier	**38**	Master Policy Number	2/3	ID	M
REF02	127	Reference Identification			1/30	AN	X

Comments:
1. Trading Partner must provide this information to the State of Michigan

DTP   Date or Time or Period (File Effective Date)

Max: > 1
Loop ID: N/A
Header

Element	ID	Description	Qualifier/Definition		Min/ Max	Type	Usage
DTP01	374	Date/Time Qualifier	007	Effective	3/3	ID	M
DTP02	1250	Date Time Period Format Qualifier	D8	Date Expressed in Format CCYYMMDD	2/3	ID	M
DTP03	1251	Date Time Period			1/35	AN	M

Comments:
1. DTP01 – Only the qualifiers listed above will be used by the State of Michigan.
2. DTP segment will be sent only in Verify/Full or Replace Files.

INS   Insured Benefit (Member Level Detail)

Max: 1
Loop ID: 2000
Detail

Element	ID	Description	Qualifier/Definition		Min/ Max	Type	Usage
INS01	1073	Yes/No Condition or Response Code	N Y	No Yes	1/1	ID	M
INS02	1069	Individual Relationship Code	01	Spouse	2/2	ID	M
			03	Father or Mother			
			04	Grandfather or Grandmother			
			05	Grandson or Granddaughter			
			06	Uncle or Aunt			
			07	Nephew or Niece			
			08	Cousin			
			09	Adopted Child			
			10	Foster Child			
			11	Son/Daughter-in-law			
			12	Brother/Sister-in-law			
			13	Mother/Father-in-law			
			14	Brother or Sister			
			15	Ward			
			16	Stepparent			
			17	Stepson or Stepdaughter			
			18	Self			
			19	Child			
			23	Sponsored Dependent			
			24	Dependent of a Minor Dep			
			25	Ex-Spouse			
			26	Guardian			
			31	Court Appointed Guardian			
			38	Collateral Dependent			
			53	Life Partner			
			60	Annuitant			
			D2	Trustee			
			G8	Other Relationship			
			G9	Other Relative			
INS03	875	Maintenance Type Code	001	Change	3/3	ID	O
			021	Addition			
			024	Cancellation or Termination			
			025	Reinstatement			
			030	Audit or Compare			
INS04	1203	Maintenance Reason Code	01	Divorce	2/3	ID	O
			02	Birth			
			03	Death			
			04	Retirement			
			05	Adoption			
			06	Strike			
			07	Termination of Benefits			
			08	Termination of Employment			
			09	COBRA			
			10	COBRA Premium Paid			
			11	Surviving Spouse			

			14	Voluntary Withdrawal			
			15	PCP Change			
			16	Quit			
			17	Fired			
			18	Suspended			
			20	Active			
			21	Disability			
			22	Plan Change			
			25	Change in Identifying Data Elements			
			26	Declined Coverage			
			27	Pre-Enrollment			
			28	Initial Enrollment			
			29	Benefit Selection			
			31	Legal Separation			
			32	Marriage			
			33	Personnel Data			
			37	Leave of Absence with Benefits			
			38	Leave of Absence without Benefits			
			39	Layoff with Benefits			
			40	Layoff without Benefits			
			41	Re-enrollment			
			43	Change of Location			
			59	Non Payment			
			AA	Dissatisfied with Off Staff			
			AB	Dissatisfied w Medical Care			
			AC	Inconvenient Office Loc			
			AD	Dissatisfied w Office Hrs			
			AE	Unable to Schd Appt			
			AF	Dissatisfied w Ref Policy			
			AG	Less Respect & Attention			
			AH	Patient moved New Loc			
			AI	No reason given			
			AJ	Appt Times not Met			
			AL	Assigned Benefit Selection			
			EC	Member Benefit Selection			
			XN	Notification only			
			XT	Transfer			
INS05	1216	Benefit Status Code	**A** **C** **S** **T**	Active COBRA Surviving Insured Tax Equity and Fiscal Responsibility Act	1/1	ID	O
INS06	1218	Medicare Plan Code	**A** **B** **C** **D** **E**	**Medicare Part A** **Medicare Part B** **Medicare Part A & B** **Medicare** **No Medicare**	1/1	ID	O
INS07	1219	Consolidated Omnibus Budget Reconciliation Act (COBRA) Qualifying	**1** **2** **3** **4** **5** **6**	Termination of Employment Reduction of work hours Medicare Death Divorce Separation	1/2	ID	O

			7	Ineligible Child			
			8	Bankruptcy of a Retired Employee Former Employer			
			9	Layoff			
			10	Leave of Absence			
			ZZ	Mutually Defined			
INS08	584	Employment Status Code	**AC**	Active	2/2	ID	O
			AO	Active Military – Overseas			
			AU	Active Military – USA			
			FT	Full-time (Full-time Active)			
			L1	Leave of Absence			
			PT	Part-time (Part-time Active)			
			RT	Retired			
			TE	Terminated			
INS09	1220	Student Status Code	**F**	Full-time	1/1	ID	O
			N	Not a student			
			P	Part-time			
INS10	1073	Yes/No Condition or Response Code	**N**	No	1/1	ID	O
			Y	Yes			
INS11	1250	Date Time Period Format Qualifier	**D8**	Date expressed as CCYYMMDD	2/3	ID	X
INS12	1251	Date Time Period			1/35	AN	X
INS17	1470	Number			1/9	N0	O

Comments:
1. INS03, INS04, INS05, and INS09 – Only the codes listed above will be used by the State of Michigan.
2. INS04 Maintenance Reason Code for COBRA participants will always be '09'.
3. INS05 Benefit Status Code will be 'A' for Active employees and 'C' for COBRA participants
4. INS08 Employment Status Code will be 'FT' for Active employees and 'L1' for COBRA participants.
5. INS17 used when more than one family member has the same birth date.

REF   Reference Identification (Subscriber Number)

Max: 1
Loop ID: 2000
Detail

Element	ID	Description	Qualifier/Definition		Min/ Max	Type	Usage
REF01	128	Reference Identification Qualifier	**0F**	Subscriber Number	2/3	ID	M
REF02	127	Reference Identification			1/30	AN	X

Comments:
1.   REF02 –Reference Identification field will contain Social Security Number.

REF   Reference Identification (Member Policy Number)

Max: 1
Loop ID: 2000
Detail

Element	ID	Description	Qualifier/Definition		Min/ Max	Type	Usage
REF01	128	Reference Identification Qualifier	**1L**	Group or Policy Number	2/3	ID	M
REF02	127	Reference Identification			1/30	AN	X

Comments:
1.   Trading Partner must provide this information to the State of Michigan

REF   Reference Identification (Member Identification Number)

Max: 2
Loop ID: 2000
Detail

Element	ID	Description	Qualifier/Definition		Min/ Max	Type	Usage
REF01	128	Reference Identification Qualifier	**DX**	Department/Agency Number	2/3	ID	M
			23	Client Number			
REF02	127	Reference Identification			1/30	AN	X

Comments:
1. REF01 – Only the codes listed above will be used by the State of Michigan
2. REF02 –The format of the Reference Identification field when REF01 = 'DX' is as follows: aaaaa^bbb^cccc^dd^ee^fffffffff – where aaaaa is the 5 character Process Level (Department Code and Agency Code), bbb is the 3 character Bargaining Unit, cccc is the 4 character Plan Code, dd is the 2 character Coverage Option, ee is the 2 character Occurrence Type, fffffffff is the 9 digit Original Subscriber Social Security Number, and ^ indicates a space. Process Level, Bargaining Unit, Plan Code and Coverage Option will be provided for Active Employees and COBRA participants. Occurrence Type will be provided only for COBRA participants. If it is applicable, Original Subscriber Social Security Number will be provided to tie the surviving insured back to the original subscriber for COBRA participants. This segment will be provided both for subscribers and dependents.
3. When REF01 = '23', REF02 will contain Employee Number as alternate identifier for subscriber. The alternate number will be specified both in Verify and Update files for the subscriber and not for dependents.

DTP   Date or Time or Period (Member Level Dates)

Max: 20
Loop ID: 2000
Detail

Element	ID	Description	Qualifier/Definition		Min/Max	Type	Usage
DTP01	374	Date/Time Qualifier	286	Retirement	3/3	ID	M
			296	Initial Disability Period Return to Work			
			297	Initial Disability Period Last Day worked			
			300	Enrollment Signature Dt			
			301	COBRA Qualifying Event			
			303	Maintenance Effective			
			336	Employment begin			
			337	Employment end			
			338	Medicare Begin			
			339	Medicare End			
			340	COBRA Begin			
			341	COBRE End			
			350	Education Begin			
			351	Education End			
			356	Eligibility Begin			
			357	Eligibility End			
			383	Adjusted Hire			
			385	Credited Service Begin			
			386	Credited Service End			
			393	Plan Participation Suspension			
			394	Rehire			
			473	Medicaid Begin			
			474	Medicaid End			
DTP02	1250	Date Time Period Format Qualifier	D8	Date expressed in format CCYYMMDD	2/3	ID	M
DTP03	1251	Date Time Period			1/35	AN	M

Comments:
1. This segment will contain the COBRA Begin (340) and COBRA End (341) dates for COBRA participants.
2. The Eligibility Begin (356) will be used to provide the Employee's Hire Date or when they first became eligible for Benefits.

NM1   Individual or Organizational Name (Member Name)

Max: 1
Loop ID: 2100A
Detail

Element	ID	Description	Qualifier/Definition		Min/ Max	Type	Usage
NM101	98	Entity Identifier Code	IL	Insured or Subscriber	2/3	ID	M
NM102	1065	Entity Type Qualifier	1	Person	1/1	ID	M
NM103	1035	Name Last or Organization Name			1/35	AN	O
NM104	1036	Name First			1/25	AN	O
NM105	1037	Name Middle			1/25	AN	O
NM106	1038	Name Prefix			1/10	AN	O
NM107	1039	Name Suffix			1/10	AN	O
NM108	66	Identification Code Qualifier	34 ZZ	Social Security Number Mutually Defined	1/2	ID	X
NM109	67	Identification Code			2/80	AN	X

Comments:
1. NM101 – Only the codes listed above will be used by the State of Michigan
2. NM109 – Identification Code field will contain the Social Security Number.

DMG Member Demographics

Max: 1
Loop ID: 2100A
Detail

Element	ID	Description	Qualifier/Definition		Min/ Max	Type	Usage
DMG01	1250	Date Time Period Format Qualifier	D8	Date Expressed in format CCYYMMDD	2/3	ID	X
DMG02	1251	Date Time Period			1/35	AN	X
DMG03	1068	Gender Code	F	Female	1/1	ID	O
			M	Male			
			U	Unknown			
DMG04	1067	Marital Status Code	B	Registered Domestic Partners	1/1	ID	O
			D	Divorced			
			I	Single			
			M	Married			
			R	Unreported			
			S	Separated			
			U	Unmarried			
			W	Widowed			
			X	Legally Separated			
DMG05	1109	Race or Ethnicity Code	7	Not Provided	1/1	ID	O
			A	Asian or Pacific Islander			
			B	Black			
			C	Caucasian			
			H	Hispanic			
			I	American Indian or Alaskan Native			
			N	Black (Non-Hispanic)			
			O	White (Non-Hispanic)			
DMG06	1066	Citizenship Status Code	1	U.S. Citizen	1/2	ID	O
			2	Non-Resident Alien			
			3	Resident Alien			
			4	Illegal Alien			
			5	Alien			
			6	U.S. Citizen – Non-Resident			
			7	U.S. Citizen - Resident			

Comments:
1. DMG05 and DMG06 are not currently used by the State of Michigan.

NM1   Member Mailing Address

Max: 1
Loop ID: 2100C
Detail

Element	ID	Description		Qualifier/Definition	Min/Max	Type	Usage
NM101	98	Entity Identifier Code	**31**	Postal Mailing Address	2/3	ID	M
NM102	1065	Entity Type Qualifier	**1**	Person	1/1	ID	M

Comments:
1.   Member Mailing Address will only be provided if different than Resident Address in 2100A

HD   Health Coverage

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Max: 1
Loop ID: 2300
Detail
</div>

Element	ID	Description	Qualifier/Definition		Min/ Max	Type	Usage
HD01	875	Maintenance Type Code	**001** **002** **021** **024** **030**	Change Delete Addition Cancellation or Termination Audit or Compare	3/3	ID	M
HD03	1205	Insurance Line Code	**AG** **AH** **AJ** **AK** **DCP** **DEN** **EPO** **FAC** **HE** **HLT** **HMO** **LTC** **LTD** **MM** **MOD** **PDG** **POS** **PPO** **PRA** **STD** **UR** **VIS**	Preventative Care/Wellness 24 Hour Care Medicare Risk Mental Health Dental Capitation (for DMO) Dental Exclusive Provider Organization Facility Hearing Health (both Hospital and Professional Care) Health Maintenance Organization Long Term Care Long Term Disability Major Medical Mail Order Drug Prescription Drug Point of Service Preferred Provider Organization Practitioners Short Term Disability Utilization Review Vision	2/3	ID	O
HD04	1204	Plan Coverage Description			1/50	AN	O
HD05	1207	Coverage Level Code	**EMP** **ESP** **FAM** **ECH**	Employee Only Employee and Spouse Family Employee and Children	3/3	ID	O

Comments:
1. HD01 and HD05 – Only the qualifiers listed above will be used by the State of Michigan.

DTP   Date or Time or Period (Health Coverage Dates)

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Max: 4
Loop ID: 2300
</div>

Element	ID	Description	Qualifier/Definition		Min/ Max	Type	Usage
DTP01	374	Date/Time Qualifier	**303** **348** **349** **543**	Maintenance Effective Benefit Begin Benefit End Last Premium Paid Date	3/3	ID	M
DTP02	1250	Date Time Period Format Qualifier	**D8**	Date expressed in format CCYYMMDD	2/3	ID	M
DTP03	1251	Date Time Period			1/35	AN	M

Comments:
1. DTP01 – Only the codes listed above will be used by the State of Michigan.
2. The DTP01 Qualifier of '543' will be used for COBRA participants. COBRA coverage only exists if '543' paid through date is provided and is only good through the '543' date.
3. The following table provides a list of valid combinations for DTP01. The Last Premium Paid date will be provided if available.
4. This segment will not contain the future STOP dates for non-spouse dependents in both Verify and Update Files. The STOP dates for non-spouse dependents will be provided when the coverage terminates.

INS03	HD01	DTP01 for Active	DTP01 for COBRA participants
021 - Addition	021 – Addition	348 – Benefit Begin	348 – Benefit Begin 543 – Last Premium Paid Date
001 – Change	001 – Change	303 – Maintenance Effective 348 – Benefit Begin	303 – Maintenance Effective 348 – Benefit Begin 543 – Last Premium Paid Date
024 – Cancellation	024 – Cancellation OR 002 - Delete	349 – Benefit End 303 – Maintenance Effective 348 – Benefit Begin	349 – Benefit End 303 – Maintenance Effective 348 – Benefit Begin 543 – Last Premium Paid Date
030 – Audit	030 – Audit	348 – Benefit Begin	348 – Benefit Begin 543 – Last Premium Paid Date