



*A program of Michigan Public Health Institute*

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**Michigan Medicaid  
Health Care Eligibility Benefit Inquiry and Response  
ASC X12N 270/271**

Refers to the Implementation Guides  
Based on X12 version 004010X092A1

Companion Document Version: 4.0

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## Preface

This Companion Document to the ASC X12N Implementation Guides under HIPAA clarifies and specifies the data content being requested when data is transmitted electronically to and received from MPHI-*Interactive Solutions Group (ISG)*.

Transmissions based on this companion document, used in tandem with the X12N 004010X092 Implementation Guide and X12N 004010X092A1 Addenda, are compliant with both X12 syntax and those guides. This Companion Document is intended to convey information that is within the framework of the ASC X12N Implementation Guides adopted for use under HIPAA. This document also refers to the Michigan Department of Community Health (MDCH) Companion Guide for the 270/271 Health Care Eligibility Inquiry And Response document. In order to convey Michigan Medicaid eligibility, *ISG* complies with the policies and data requirements of MDCH. The *ISG* Companion Document is not intended to convey information that in any way exceeds the requirements or usages of data expressed in the Implementation Guides or in the MDCH Companion Guide.

In addition to specifications regarding the ASC X12N 004010X092A1 transactions and applicable MDCH requirements, this document provides “how to information” for communication and testing with MPHI-*Interactive Solutions Group*. Please note that the information contained within this document is based on existing *ISG* guidelines, is dependent upon MDCH eligibility program information and, consequently, is subject to change.

## Document Revisions

Version	Date	Section	Explanation of Revision
4.0	08/05/2009	7.1	<ul style="list-style-type: none"> <li>▪ Added 2100A_NM102</li> <li>▪ Revised 2100B_NM109</li> </ul>
4.0	07/30/2009	7.2	<ul style="list-style-type: none"> <li>▪ Added Subscriber Address</li> </ul>
4.0	07/14/2009	A 3.2 8.3	<ul style="list-style-type: none"> <li>▪ Added examples to Appendix A.</li> <li>▪ Updated system hours of availability.</li> <li>▪ Added Section 8.3 "Primary Care Provider"</li> </ul>
4.0	03/31/2009	7.1 7.2	<ul style="list-style-type: none"> <li>▪ Revised MICHild CIN length</li> </ul>
4.0	01/31/2009	2.2 3.2 3.3.2 3.3.4 3.3.5 4.1.3.2.2 5.1 6.1, 6.2  7.1  7.2  7.3 8.1 8.2 A B C	<ul style="list-style-type: none"> <li>▪ Updated contact information</li> <li>▪ Revised Sunday maintenance window</li> <li>▪ Lowered timeout periods</li> <li>▪ Revised definition for Batch Transaction</li> <li>▪ Revised Bulk Real Time Transaction guidelines.</li> <li>▪ Revised directions</li> <li>▪ Updated contact information</li> <li>▪ Updated comments and added some additional segments for clarification</li> <li>▪ Added ST/SE, BHT, 2000C_TRN and 2100C_DMG segments</li> <li>▪ Updated comments regarding NPI and Service Type Codes</li> <li>▪ Added information for Subscriber Name and DOB</li> <li>▪ Added ST/SE, BHT, 2000A_AAA, 2100A_PER, 2100A_AAA, 2100B_AAA, 2000C_TRN, 2100C_AAA, 2100C_DMG, 2110C_AAA, 2115C_III, 2120C_N3, 2120C_N4, 2120C_PER, 2120_PRV</li> <li>▪ Updated comments regarding NPI, Member ID, and Service Type Codes</li> <li>▪ Added comment to note that date of death is no-longer available</li> <li>▪ Replaced Error Response table</li> <li>▪ Updated this section with new language. Included information about MICHild ID.</li> <li>▪ Made note of changes to date criteria</li> <li>▪ Removed this section (no-longer relevant)</li> <li>▪ Renamed Appendix A; temporarily removed content from this section</li> <li>▪ Renamed Appendix B; Permanently removed content from this section</li> </ul>
3.1	09/25/2007	7.2 8.4	<ul style="list-style-type: none"> <li>▪ Added code "540" to 2100C DTP01.</li> <li>▪ Added information about how a Redetermination Dates are returned.</li> </ul>
3.0	03/12/2007	3.3.5 6.2  7.1  7.2	<ul style="list-style-type: none"> <li>▪ Revised Bulk Real Time Transaction guidelines.</li> <li>▪ Revised GE01 – Real Time is limited to 1 patient request per 270 transaction.</li> <li>▪ Added qualifier "XX" to 2100B NM108 to accommodate the reporting of the National Provider Identifier (NPI).</li> <li>▪ Revised 2100B NM109 comments to address use of NPI.</li> <li>▪ Added qualifier "XX" to 2100B NM108 to accommodate the reporting of the National Provider Identifier (NPI).</li> </ul>

		8.1 8.2 Appendix C	<ul style="list-style-type: none"> <li>▪ Revised 2100B NM109 comments to address use of NPI.</li> <li>▪ Added code "442" to 2100C DTP01.</li> <li>▪ Added code "L" to 2110C EB01.</li> <li>▪ Added code "82" to 2110C EB03.</li> <li>▪ Added code "MA" to 2110C EB04.</li> <li>▪ Revised information returned in 2120C NM103.</li> <li>▪ Added qualifier "XX" to 2120C NM108 to accommodate the reporting of the National Provider Identifier (NPI).</li> <li>▪ Revised 2120C NM109 comments to address use of NPI.</li> <li>▪ Revised Beneficiary Search criteria to better reflect the ISG supported alternate search option combinations.</li> <li>▪ Added information about how a beneficiary's date of birth or date of death can impact a valid 270 transaction.</li> <li>▪ Revised the Situational Test Case Scenarios table: added an ABW scenario; removed the Query Date Period column; added the SSN column</li> </ul>
2.0	08/09/2006	2.2 3.3.5 7.1  7.2  8.1 8.2 8.3 Appendix C	<ul style="list-style-type: none"> <li>▪ Added ISG contact information.</li> <li>▪ New section – Production Bulk Submission Guidelines</li> <li>▪ Deleted Length column from table.</li> <li>▪ Deleted the comment of "Do not use Loop 2100C NM109 if the beneficiary is eligible for MICHild." from 2100C NM109.</li> <li>▪ Deleted the requirement to use 2100C DMG for all MICHild queries.</li> <li>▪ Deleted Length column from table.</li> <li>▪ Revised 2100C DTP03 comments to include Date Range.</li> <li>▪ Added "SY" qualifier to 2100C REF01.</li> <li>▪ Added 2110C DTP02 and DTP03 to provide information regarding the return of eligibility dates.</li> <li>▪ Added information regarding Search criteria using social security number and deleted statement regarding ISG performing an exact match.</li> <li>▪ Deleted information regarding ISG not being able to support a date range.</li> <li>▪ Deleted information regarding the archiving of Delta Dental eligibility files.</li> <li>▪ Added a note regarding the definition of "Any" and revised the Situational Test Case Scenarios table.</li> </ul>
1.1	09/09/2005	2.2 3.2 3.4 4  6.1 7.1 8.1	<ul style="list-style-type: none"> <li>▪ Revisions made to clarify time frames affiliated with obtaining an ISG unique user.</li> <li>▪ Addition of System Hours of Availability</li> <li>▪ Movement of Process Flows from Section 3.2 to Section 3.4</li> <li>▪ Revised entire section to provide the testing milestone requirements an entity must meet in order to gain access to the ISG production environment.</li> <li>▪ Addition of Code 30 to ISA05 and ISA07.</li> <li>▪ Addition of an introductory paragraph to clarify the maximum number of transactions that can be submitted per minute.</li> <li>▪ Revised to clarify 2100C data elements used by ISG in identifying a Medicaid beneficiary.</li> </ul>
1.0	08/22/2005		Initial Version

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## 1 Introduction

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 contains provisions for administrative simplification. This legislation required the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for transactions to enable health information to be exchanged electronically and to adopt specifications for implementing each standard. HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

This Companion Document is not intended to replace the X12N Implementation Guides; rather it is intended to be used in conjunction with them. Additionally, it is intended to convey information that is within the framework and structure of the X12N Implementation Guides.

This document addresses the exchange of Michigan Medicaid eligibility information with the Interactive Solutions Group (ISG) of Michigan Public Health Institute (MPHI). It includes information found in the Michigan Department of Community Health (MDCH) Companion Guide for the HIPAA 270/271 Health Care Eligibility Benefit Inquiry and Response Addenda Version 4010A1 document.

As an Eligibility Service Provider of MDCH (a Michigan Medicaid Clearinghouse), we are required to offer and support HIPAA-compliant 270/271 transactions. To be compliant means that we are able to receive all data segments and data elements identified as used or situational, and that we are able to account for the number of times a data segment can repeat. However, an Eligibility Service Provider is not required to generate an explicit response to an explicit request. As noted in the X12N 270/271 (004010X092) Implementation Guide, Eligibility Service Providers only need to support the minimum requirements for HIPAA compliance. These minimum requirements are as follows:

- 270 – Support, at a minimum, a generic request for eligibility (service type code of “30” in the EQ segment).
- 271 – Include appropriate EB segment eligibility information or applicable AAA segments in the response.
- EB segment – Identifies the beneficiary’s applicable eligibility information.
- AAA segment(s) – Specifies an inability to provide eligibility information due to “recipient not being found” or errors encountered within the original 270 Request transaction.

## **1.1 References**

The Implementation Guide and Addenda can be found at:

[http://www.wpc-edi.com/hipaa/hipaa\\_40.asp](http://www.wpc-edi.com/hipaa/hipaa_40.asp)

Information regarding data clarifications can be found at:

<http://aspe.os.dhhs.gov/admnsimp/q0321.htm>

The MDCH Companion Guide for the 270/271 Health Care Eligibility Inquiry and Response document can be found at:

[http://michigan.gov/mdch/0,1607,7-132-2945\\_5100-103476--,00.html](http://michigan.gov/mdch/0,1607,7-132-2945_5100-103476--,00.html)

## 2 Getting Started

### 2.1 Working with Interactive Solutions Group

The ability to successfully and effectively work with our Trading Partners is a goal of *ISG*. The information that follows is presented to inform our Trading Partners and to enable the successful exchange of Michigan Medicaid eligibility information.

#### 2.1.1 Trading Partner Requirements

The exchange of Michigan Medicaid eligibility information requires the requesting entity to have the following:

- A Trading Partner Agreement with the Michigan Department of Community Health (MDCH).
- A valid and active Michigan Medicaid service provider identification number.
- An *ISG* assigned unique user and password for the exchange of Michigan Medicaid eligibility information (refer to Section 2.2).
- The ability to receive and interpret HTTP Status Codes.
- The ability to generate a HIPAA compliant 270 Health Care Eligibility Request transaction.
- The ability to receive and translate a HIPAA complaint 271 Health Care Eligibility Response transaction.

#### 2.1.2 Minimum Platform Requirements

In order to successfully exchange transactions, *ISG* recommends Trading Partners, at a minimum, meet the following platform requirements:

- Access to the public Internet through a static IP Address.
- Communications software that supports HTTP/1.1 and HTTPS over SSL.
- Registered "Thawte Test Root" SSL Certificate.

### 2.2 Obtaining an *ISG* Unique User

In order to obtain a unique user account that enables access to the *ISG* Medicaid Clearinghouse, Trading Partners must complete an HTTP Unique User application and provide the following information:

- The name of the Trading Partner organization, and the organizational unit that is implementing the integration project.
- The organization's Federal/Employer Identification Number.
- The static IP addresses of the production and development servers that will communicate with the Medicaid Clearinghouse.

- Contact information for Project Lead and a Technical Liaison, to include name, phone number, and email address.
- Confirmation of a Trading Partner Agreement with the Michigan Department of Community Health (MDCH) and the assigned Michigan Medicaid Provider Identification Number.
- For our planning purposes, a rough outline of the project timeline with dates for development, pilot, and production milestones.

An ISG HTTP Unique User application can be obtained by submitting an email request to: [MedicaidEligibility@mphi.org](mailto:MedicaidEligibility@mphi.org) .

A unique user and password will be provided within three to five business days after receipt of the required information and authentication of the requesting entity's Trading Partner status with the Michigan Department of Community Health has occurred.

## **3 Communications**

### **3.1 Connection Method**

Eligibility requests to the *ISG* Medicaid Clearinghouse are handled via a HTTP request-response over HTTPS (HTTP over SSL). This enables *ISG* to provide private health information over the public internet without risk of eavesdropping. An illustration of the basic process flow can be found in Section 3.4.

Trading Partners will be issued a unique username and password to authenticate each web request, and will be required to provide the static IP address of each server they intend to connect from. Please refer to Section 2.2 for further information regarding obtaining a unique username and password.

### **3.2 System Hours of Availability**

The *ISG* development and production environments are available 24 hours a day, six days a week (Monday through Saturday). On Sunday, the systems are available between the hours of 12:00 A.M. and 9:00 P.M. (ET) and may be unavailable for maintenance purposes between the hours of 9:00 P.M. and 3:00 A.M. (ET).

Bulk Submitters are requested to submit their requests outside of the regular business hours of 8:00 AM to 6:00 PM; when the highest volume of real-time traffic is expected.

### **3.3 Communication Protocol Specifications**

#### **3.3.1 HTTP and HTTPS Transmission**

To initiate a transaction, Trading Partners will submit a HTTP Request to the *ISG* Medicaid Clearinghouse through the POST method. This HTTP Request will consist of an authentication header with the Trading Partners username/password, and a message body containing a 270 Eligibility Request. Upon authentication and validation of the submitted 270 Eligibility Request, the Clearinghouse will process the request and return an HTTP Response containing a HIPAA 271 Eligibility Response in the message body.

#### **3.3.2 Re-Transmission Procedures**

If a response to the HTTP Request is not received within a 25 second period, Trading Partners should timeout their request, and send a duplicate transaction no sooner than 30 seconds after the original attempt. If no response is received after the second attempt, the Trading Partner should submit no more than 5 duplicate transactions within the next 15 minutes. If the additional attempts result

in the same timeout termination, the Trading Partner should contact *ISG* HTTP/HTTPS Transmission Support for assistance.

### 3.3.3 HTTP Status Codes

For every HTTP Request the *ISG* Medicaid Clearinghouse will return one of the following HTTP Status Codes to reflect whether the transaction was successful:

- 200 OK - The request was completed successfully and a 271 Eligibility Response transaction has been returned.
- 403 Forbidden – Unable to authenticate or authorize the Trading Partner.
- 500 Internal Service Error – Unable to process the HIPAA 270 request.
- 503 Service Unavailable – Service unavailable to process any requests.

### 3.3.4 Real-Time vs. Batch Transactions

Real-Time transactions consist of a single eligibility request (for one individual) where an immediate response to that request is expected. This transaction is assumed to be synchronous where the application sending a request waits for the response, which is returned within the same session.

Batch transactions consist of one or more eligibility requests comprised of multiple individuals where an immediate response is not expected. This type of transaction is typically asynchronous; where an application sending a request either polls for a response or is pushed a response when the entire batch of requests has been completed.

The current implementation of the *ISG* Medicaid Clearinghouse is intended to provide real-time eligibility information for a single beneficiary; therefore, the submission of multiple eligibility requests requires each transaction be broken into individual envelopes (ISA to IEA). Applications that submit a high-volume of individual requests in this manner to simulate a batch transaction are considered Bulk Submitters.

### 3.3.5 Bulk Submission

While *ISG* does not currently support Batch transactions, *ISG* does permit trading partners to submit large volumes of real-time (Individual) eligibility requests to collect the same information that would normally be submitted as a Batch Transaction. To reduce the amount of time required to submit this large volume of requests, Trading Partners are permitted to submit multiple eligibility requests simultaneously and in rapid succession. However, *ISG* requests that Bulk Submitters adhere to the following guidelines:

- Submit requests outside of the regular business hours of 8:00 AM to 6:00 PM
- Limit the number of simultaneous HTTP requests (threads) to 10.
- In addition to the Re-Transmission Guidelines as outlined in 3.3.2

- Wait for 30 seconds after submitting a failed request before submitting additional requests
- Stop your service from submitting additional requests after 100 consecutive failed requests.

### 3.3.6 Authentication

Transactions are authenticated using the Basic authentication method outlined in the HTTP/1.0 specification. Through this method both the username and password are encoded as a sequence of Base64 characters and submitted in the message header. It is important to note that that Basic authentication without the addition of HTTPS is not a secure authentication method. The Base64 encoding is only intended to obscure the password from being read directly by a person. However, all requests submitted via HTTPS are encrypted and should be considered secure.

The following algorithm outlines how the Authorization header is created:

Authorization = "Basic" base64-user-pass

user-pass = username ":" password  
username = \*<TEXT excluding ":">  
password = \*TEXT

For example, the username "Aladdin" and the password "open sesame" would be encoded as the following:

Authorization: Basic QWxhZGRpbjpvYVUHNlc2FtZQ==

### 3.3.7 Sample Transaction Code

The following code snippet provides an example of how a Trading Partner might implement a 270 Eligibility Request transaction in VB.Net:

```
Dim RequestText As String, ResponseText As String

Dim Username As String = "biztalkpartner"
Dim Password As String = "123Partner"
Dim URL As String = "https://12.157.130.252/Medicaid/BTSHTTPReceive.dll"

Dim Encoding As New ASCIIEncoding
Dim Authentication() As Byte, Authorization As String

Dim WebRequest As HttpWebRequest, WebResponse As WebResponse
Dim RequestStream As Stream, ResponseStream As Stream
Dim RequestWriter As StreamWriter, ResponseReader As StreamReader
```

'Basic Authentication

```
Authentication = Encoding.ASCII.GetBytes(String.Format("{0}:{1}", Username, Password))  
Authorization = "basic " & Convert.ToBase64String(Authentication)
```

'Config Request

```
WebRequest = HttpWebRequest.Create(URL)  
WebRequest.ContentType = "application/x-www-form-urlencoded"  
WebRequest.Method = "POST"  
WebRequest.Headers.Add("Authorization", Authorization)  
WebRequest.Timeout = 30000 'Optional  
RequestStream = WebRequest.GetRequestStream()
```

'Write Request

```
RequestWriter = New StreamWriter(RequestStream, Encoding.ASCII)  
RequestWriter.Write(RequestText)  
RequestWriter.Flush()  
RequestWriter.Close()
```

'Request-Response

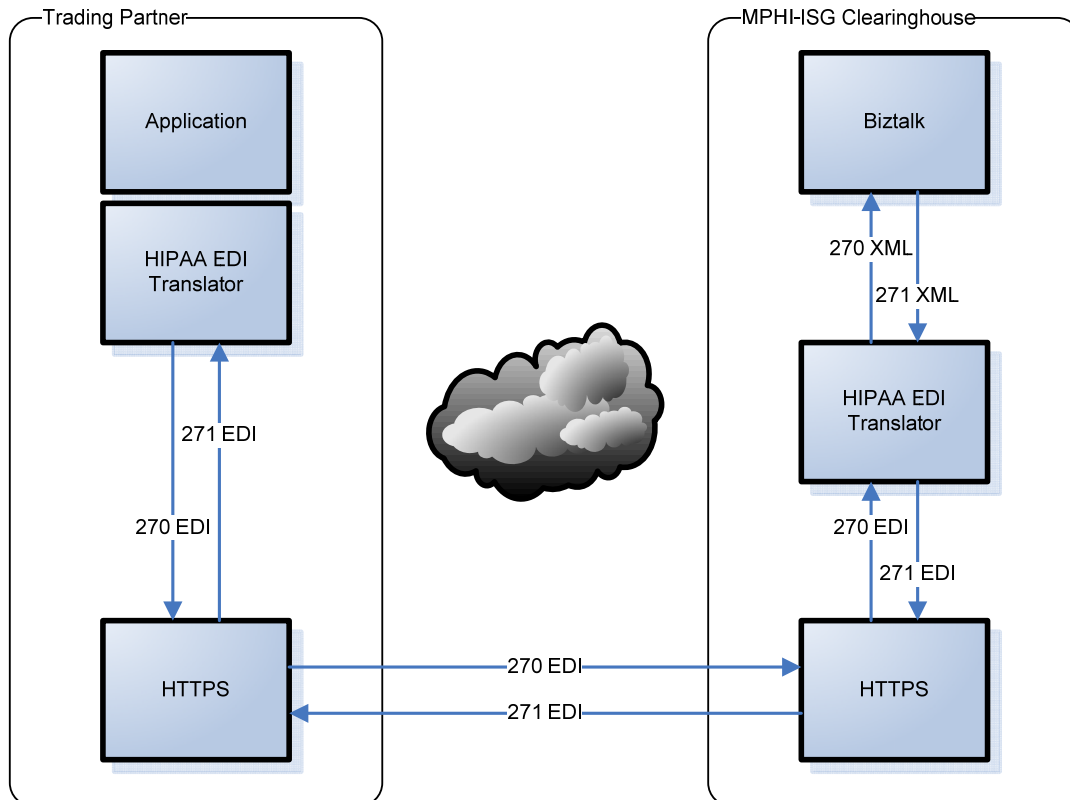
```
WebResponse = WebRequest.GetResponse()
```

'Read Response

```
ResponseStream = WebResponse.GetResponseStream()  
StreamReader = New StreamReader(ResponseStream, Encoding.ASCII)
```

### 3.4 Process Flows

The following represents a diagram of the basic process flow involved in the exchange of Michigan Medicaid eligibility information with the ISG Medicaid Clearinghouse.



## 4 Testing With *Interactive Solutions Group*

This section provides a list of items Trading Partners need to test/validate prior to beginning the submission of production eligibility requests. The ability for Trading Partners to validate the transfer of Michigan Medicaid eligibility information prior to the implementation of a production application is the key to the success of this data exchange. Prior to beginning the testing process, Trading Partners must meet the requirements identified in Section 2 of this document. This includes obtaining an *ISG* unique user and password.

Please note: The security requirements on the *ISG* Development server are less stringent. Developers will be able to make requests via HTTP to troubleshoot any problems with their SSL certificates and all Trading Partners will share the same username/password. Further information necessary for development testing will be provided upon assignment of the *ISG* unique user and password.

### 4.1 Required Testing Milestones

After receiving the *ISG* unique user and password, Trading Partners will be able to begin using the *ISG* Development server for testing purposes. In order to gain access to our production environment, Trading Partners are required to meet these testing milestones.

When a Trading Partner has completed all testing, an e-mail from the project lead or primary contact should be sent to the *ISG* Contacts noted in Section 5. In order to gain access to our production environment, the e-mail must certify that all required testing has been performed successfully, cite the test dates and times, the pass or fail of tests and if fail, should reference the issue and when it was resolved. Upon validation of cited testing, *ISG* will provide information regarding access of the production environment.

#### 4.1.2 Compliance Testing Milestone – Integrity Testing

Prior to testing with *ISG*, Trading Partners need to validate the integrity of their Michigan Medicaid 270 eligibility request transactions to ensure that submitted transactions will be HIPAA compliant. This should include EDI syntax and HIPAA syntactical testing. Integrity testing can be accomplished through any HIPAA compliance validation tool (i.e. Claredi or Edifecs).<sup>1</sup>

#### 4.1.3 Business to Business Testing Milestones

##### 4.1.3.1 Transmission Testing Milestone

HTTP/HTTPS transmission testing needs to include validation of the following:

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<sup>1</sup> It is not the intention of *ISG* to promote the use of any particular HIPAA compliance validation tool.

- Connectivity
- Authentication
- Registration of SSL Certificate

#### **4.1.3.2 Transaction Situational Testing Milestone**

Appendix C of this document contains de-identified test case scenarios that are to be utilized while testing within the development environment. In order to facilitate success in the receipt and processing of received 271 eligibility responses, *ISG* encourages Trading Partners to perform situational testing using all of the test case scenarios outlined in Appendix C.

##### **4.1.3.2.1 Unit Testing**

Situational testing will accommodate the following unit testing modules:

- **Module 1 – Communication**  
The communication test module will contain 5 successful (positive) and 5 unsuccessful (negative) for a total of 10 concurrent 270 Health Care Eligibility Benefit Request transactions. The purpose of this test is to validate communication functionality and the interpretation of HTTP Status Codes (refer to Section 3.3.3).
- **Module 2 – Integration**  
The integration test module will contain two separate (non-concurrent) submissions that contain 20 positive (including 271 Error responses) and 20 negative concurrent 270 Health Care Eligibility Benefit Request transactions. The purpose of the integration test is to confirm system interface thereby validating end to end processing. This testing module should incorporate all 20 test case scenarios in Appendix C of this document.

##### **4.1.3.2.2 Performance Testing**

To assure that the ability to receive real time 271 Eligibility Responses from *ISG* will not result in a performance bottleneck of the user's application/system, all testing entities should perform several performance/volume tests. These tests should contain a variation of the test cases listed in Appendix C and should submit a minimum of 50 transactions per minute. If there provisions for a Batch Submission in addition to real-time eligibility requests, both of these services must be tested individually.

## 5 Contact Information

The following contact information is provided to assist Trading Partners in the event of an encountered transmission error or EDI error that is related to *ISG* transmission or *ISG* EDI transaction issues.

### 5.1 *EDI/Transmission Support*

EDI Transaction Support provides assistance in issues related to format and content of the 270/271 eligibility transactions. Transmission Support provides assistance in issues related to HTTP and HTTPS transmission. Support is available State of Michigan business days, between 9:00 A.M. to 4:30 P.M. (EST), Monday through Friday.

EDI Transaction Support	Peter Mattarella-Micke	(517) 324-6041
HTTP/HTTPS Transmission Support	Rocco Sansotta	(517) 324-6091

## 6 Control Segments / Envelopes

This section describes the X12N 270/271 Implementation Guide detail applicable for certain data elements of the Interchange Control Segments of Michigan Medicaid eligibility requests and responses (270/271). The following tables should be used in conjunction with the Implementation Guide.

### Legend:

*Shaded* rows represent “segments” in the X12N Implementation Guide.

*Non-Shaded* rows represent “data elements” in the X12N Implementation Guide.

### 6.1 ISA-IEA

Page#	Loop ID	Reference	Name	Codes	Length	Comments
B.3		ISA	Interchange Control Header			
B.3		ISA01	Authorization Information Qualifier	00		"00" (No Authorization Information Present)
B.4		ISA03	Security Information Qualifier	00		"00" (No Security Information Present)
B.4		ISA05	Interchange ID Qualifier	ZZ		"ZZ" (Mutually Defined)
B.4		ISA06	Interchange Sender ID			US Federal Tax ID Number of Sender
B.4		ISA07	Interchange ID Qualifier	ZZ		"ZZ" (Mutually Defined)
B.4		ISA08	Interchange Receiver ID			US Federal Tax ID Number of Receiver
B.6		ISA14	Acknowledgement Requested	0		"0" (No Acknowledgement Requested)
B.7		IEA	Interchange Control Trailer			
B.7		IEA01	Number of Included Functional Groups	1		Only one Functional Group is permitted

## 6.2 GS-GE

Page#	Loop ID	Reference	Name	Codes	Length	Comments
B.8		GS	Functional Group Header			
B.8		GS01	Functional Identifier Code	HB, HS		"HB" (Eligibility, Coverage, or Benefit Information 271)  "HS" (Eligibility Coverage or Benefit Inquiry 270)
B.8		GS02	Application Sender's Code			Sending entity will use their Federal Tax Identification Number
B.8		GS03	Application Receiver's Code			Sending entity will use receiving entity's Federal Tax Identification Number
B.9		GS07	Responsible Agency Code	X		"X" (Accredited Standards Committee X12)
B.9		GS08	Version Release/Industry Identifier Code	004010 X092A1		Transaction Version
B.10		GE	Functional Group Trailer			
B.10		GE01	Number of Transaction Sets Included	1		Only one Transaction Set is permitted

## 7 270/271 Transaction Specifications

This section describes the X12N 270/271 Implementation Guide detail required for the successful processing of eligibility requests (270) and eligibility responses (271). There are data elements within the X12N 270/271 Implementation Guide that reflect multiple codes or non-specific data definitions. The following tables provide clarification and address the specific information that MPHI-Interactive Solutions Group requires in order to process a Michigan Medicaid 270 eligibility request as well as the specific data that will be returned on the corresponding 271 eligibility response.

### Legend:

*Shaded* rows represent “segments” in the X12N Implementation Guide.

*Non-Shaded* rows represent “data elements” in the X12N Implementation Guide.

### 7.1 270 – Request for Eligibility Segment and Data Elements

Page#	Loop ID	Reference	Name	Codes	Length	Comments
36		ST	Transaction Set Header			
36		ST01	Transaction Set Identifier Code	270		"270" (Eligibility, Coverage, or Benefit Inquiry)
37		ST02	Transaction Set Control Number			
38		BHT	Beginning of Hierarchical Transaction			
38		BHT01	Hierarchical Structure Code	0022		"0022" (Information Source, Information Receiver, Subscriber, Dependent)
39		BHT02	Transaction Set Purpose Code	13		"13" (Request)
39		BHT03	Submitter Transaction Identifier			This element is tracked by MPHI for reference purposes.
44	2100A	NM1	Information Source Name			
44	2100A	NM101	Entity Identifier Code	PR		"PR" (Payer)
45	2100A	NM102	Entity Type Qualifier	2		"2" (Non-Person Entity)
46	2100A	NM108	Identification Code Qualifier	PI		"PI" (Payer Identification)
46	2100A	NM109	Information Source Primary			"D00111" for MDCH

Page#	Loop ID	Reference	Name	Codes	Length	Comments
			Identifier			
50	2100B	NM1	Information Receiver Name			
52	2100B	NM108	Identification Code Qualifier	XX, SV		"XX" (National Provider ID) "SV" (Service Provider Number)
52	2100B	NM109	Information Receiver Identification Number		10, 7	National Provider ID (for XX) CHAMPS/Legacy ID (for SV)  <i>The National Provider Identifier (NPI) must be used unless provider is exempt from NPI mandate.</i>
66	2000C		Subscriber Level			<i>Only one Subscriber Loop permitted.</i>
69	2000C	TRN	Subscriber Trace Number			<i>This segment will be returned in the 271 (if provided) but is no longer tracked by MPHI.</i>
69	2000C	TRN01	Trace Type Code	1		"1" (Current Transaction Trace Numbers)
70	2000C	TRN02	Trace Number			
70	2000C	TRN03	Trace Assigning Entity Identifier			
70	2000C	TRN04	Trace Assigning Entity Additional Identifier			
71	2100C	NM1	Subscriber Name			<i>Information regarding beneficiary search criteria permitted can be found in Section 8.1 of this document.</i>
72	2100C	NM103	Subscriber Last Name			
72	2100C	NM104	Subscriber First Name			
73	2100C	NM108	Identification Code Qualifier	MI		"MI" (Member Identification Number).
73	2100C	NM109	Subscriber Primary Identifier		10	Medicaid Beneficiary ID or MICHild CIN.
74	2100C	REF	Subscriber Additional Identification			
75	2100C	REF01	Reference Identification Qualifier	SY		"SY" (Social Security Number)
75	2100C	REF02	Subscriber		9	Social Security Number

Page#	Loop ID	Reference	Name	Codes	Length	Comments
			Supplemental Identifier			
83	2100C	DMG	Subscriber Demographic Information			
84	2100C	DMG01	Date Time Period Format Qualifier	D8		
84	2100C	DMG02	Subscriber Birth Date		8	
87	2100C	DTP	Subscriber Date			<i>Information regarding date time period search criteria can be found in Section 8.2 of this document.</i>
88	2100C	DTP01	Date Time Qualifier	307, 435, 472		"307" (Eligibility).  <i>Codes "435" (Admission) and "472" (Service) are also accepted.</i>
88	2100C	DTP02	Date Time Period Qualifier	D8, RD8		
88	2100C	DTP03	Date Time Period		8, 17	Follow guidelines in Section 8.2
89	2100C	EQ	Subscriber Eligibility or Benefit Inquiry			<i>Coverage is based on the first 2110C Loop received; multiple coverage level codes are no longer supported.</i>
90	2110C	EQ01	Service Type Code	30		"30" (Health Benefit Plan Coverage).
97	2110C	EQ03	Coverage Level Code	CHD, IND		"CHD" (Children only) for MICHild inquiries. "IND" (Individual) for all other inquiries.
147		SE	Transaction Set Trailer			
147		SE01	Number of Included Segments			
147		SE02	Transaction Set Control Number			

## 7.2 271 – Eligibility Response Segment and Data Elements

Page#	Loop ID	Reference	Name	Codes	Length	Comments
154		ST	Transaction Set Header			
154		ST01	Transaction Set Identifier Code	271		"271" (Eligibility, Coverage, or Benefit Information)
155		ST02	Transaction Set Control Number			
156		BHT	Beginning of Hierarchical Transaction			
156		BHT01	Hierarchical Structure Code	0022		"0022" (Information Source, Information Receiver, Subscriber, Dependent)
157		BHT02	Transaction Set Purpose Code	13		"11" (Response)
157		BHT03	Submitter Transaction Identifier			Value received in 270
160	2000A	AAA	Request Validation			<i>Indicates that an internal error has occurred</i>
160	2000A	AAA01	Valid Request Indicator	Y		"Y" (Yes)
161	2000A	AAA03	Reject Reason Code	42		"42" (Unable to Respond at Current Time)
161	2000A	AAA04	Follow-up Action Code	R		"R" (Resubmission Allowed)
163	2100A	NM1	Information Source Name			
163	2100A	NM101	Entity Identifier Code	PR		"PR" (Payer)
164	2100A	NM102	Entity Type Qualifier	2		"2" (Non-Person Entity)
164	2100A	NM103	Information Source Last or Organization Name			MDCH
165	2100A	NM108	Identification Code Qualifier	PI		"PI" (Payer Identification)
165	2100A	NM109	Identification Code			"D00111" (for MDCH)
168	2100A	PER	Information Source Contact Information			<i>Provider Support Hotline</i>

Page#	Loop ID	Reference	Name	Codes	Length	Comments
169	2100A	PER01	Contact Function Code	IC		"IC" (Information Contact)
169	2100A	PER02	Information Source Contact Name			Provider Support Section
169	2100A	PER03	Communication Number Qualifier	TE		"TE" (Telephone)
170	2100A	PER04	Information Source Communication Number		10	8002922550
172	2100A	AAA	Request Validation			<i>Indicates that an error has occurred requesting data from CHAMPS</i>
173	2100A	AAA01	Valid Request Indicator	Y, N		"Y" (Yes) "N" (No)
173	2100A	AAA03	Reject Reason Code	42, 79, 80		"42" (Unable to Respond at Current Time) "79" (Invalid Participant Identification) "80" (No Response Received - Transaction Terminated)
174	2100A	AAA04	Follow-up Action Code	C, R		"C" (Please Correct and Resubmit) "R" (Resubmission Allowed)
178	2100B	NM1	Information Receiver Name			
179	2100B	NM101	Entity Identifier Code			Value received in 270
179	2100B	NM102	Entity Type Qualifier			Value received in 270
179	2100B	NM103	Information Receiver Last or Organization Name			Value received in 270
179	2100B	NM104	Information Receiver First Name			Value received in 270
179	2100B	NM105	Information Receiver Middle Name			Value received in 270
179	2100B	NM107	Information Receiver Name Suffix			Value received in 270
180	2100B	NM108	Identification Code Qualifier	XX, SV		Value received in 270

Page#	Loop ID	Reference	Name	Codes	Length	Comments
181	2100B	NM109	Information Receiver Identification Number			Value received in 270
184	2100B	AAA	Request Validation			
185	2100B	AAA01	Valid Request Indicator	N		"N" (No)
185	2100B	AAA03	Reject Reason Code	43, 50, 51		"43" (Invalid/Missing Provider Identification) "50" (Provider Ineligible for Inquiries) "51" (Provider Not on File)
186	2100B	AAA04	Follow-up Action Code	C		"C" (Please Correct and Resubmit)
190	2000C	TRN	Subscriber Trace Number			<i>This segment will be returned in the 271 (if provided) but is no longer tracked by MPHI.</i>
191	2000C	TRN01	Trace Type Code	2		"2" (Referenced Transaction Trace Numbers)
191	2000C	TRN02	Trace Number			Value received in 270
192	2000C	TRN03	Trace Assigning Entity Identifier			Value received in 270
192	2000C	TRN04	Trace Assigning Entity Additional Identifier			Value received in 270
193	2100C	NM1	Subscriber Name			
193	2100C	NM101	Entity Identifier Code	IL		"IL" (Insured or Subscriber)
194	2100C	NM102	Entity Type Qualifier	1		"1" (Person)
194	2100C	NM103	Subscriber Last Name			
194	2100C	NM104	Subscriber First Name			
194	2100C	NM105	Subscriber Middle Name			
194	2100C	NM107	Subscriber Name Suffix			<i>Note: It is unknown whether this feature is fully implemented by CHAMPS</i>
195	2100C	NM108	Identification Code Qualifier	MI		"MI" (Member Identification Number)
195	2100C	NM109	Subscriber Primary Identifier		10	Medicaid Beneficiary ID or MICHild CIN.

Page#	Loop ID	Reference	Name	Codes	Length	Comments
196	2100C	REF	Subscriber Additional Identification			
197	2100C	REF01	Reference Identification Qualifier	3H, SY		"3H" (Case Number) "SY" (Social Security Number)
198	2100C	REF02	Subscriber Supplemental Identifier			Member Case Number (for Case Number) SSN returned if provided in 270 (for Social Security Number)
199	2100C	REF03	Plan Sponsor Name			DHS Worker Load Number (for Case Number)  <i>The eleven-digit DHS Worker Load Number followed by a space and the text "WORKER LOAD NUMBER"</i> <i>Ex: 12345678901 WORKER LOAD NUMBER</i>
200	2100C	N3	Subscriber Address			
200	2100C	N301	Subscriber Address Line			
200	2100C	N302	Subscriber Address Line			
201	2100C	N4	Subscriber City/State/Zip Code			
201	2100C	N401	Subscriber City Name			
202	2100C	N402	Subscriber State Code			
202	2100C	N403	Subscriber Postal Zone or Zip Code			
202	2100C	N405	Location Qualifier	CY		"CY" (County/Parish)
202	2100C	N406	Location Identification Code			DHS County Code/Name (for Medicaid/Pending) Residence County (for MIChild)  <i>The two-character DHS county code followed by a space and the corresponding county name will be returned.</i> <i>Ex: 82 WAYNE</i>
203	2100C	PER	Subscriber Contact Information			
204	2100C	PER01	Contact Function	IC		"IC" (Information Contact)

Page#	Loop ID	Reference	Name	Codes	Length	Comments
			Code			
204	2100C	PER02	Subscriber Contact Name			"DHS OFFICE"
204	2100C	PER03	Communication Number Qualifier	WP		"WP" (Work Phone Number).
205	2100C	PER04	Subscriber Contact Number			DHS Office Telephone Number (for this Beneficiary)
207	2100C	AAA	Request Validation			
207	2100C	AAA01	Valid Request Indicator	N		"N" (No)
208	2100C	AAA03	Reject Reason Code	57, 58, 60, 61, 62, 75, 76		"57" (Invalid/Missing Date of Service) "58" (Invalid/Missing Date-of-Birth) "60" (Date of Birth Follows Date of Service) "61" (Date of Death Precedes Date of Service) "62" (Date of Service Not Within Allowable Inquiry Period) "75" (Subscriber/Insured Not Found) "76" (Duplicate Subscriber/Insured ID Number)
209	2100C	AAA04	Follow-up Action Code	C		"C" (Please Correct and Resubmit)
210	2100C	DMG	Subscriber Demographic Information			
211	2100C	DMG01	Date Time Period Format Qualifier	D8		
211	2100C	DMG02	Subscriber Birth Date		8	
211	2100C	DMG03	Subscriber Gender Code	F, M		"F" (Female) "M" (Male)
216	2100C	DTP	Subscriber Date			
216	2100C	DTP01	Date Time Qualifier	307, 435, 472, 540		"307" (Eligibility) "435" (Admission) "472" (Service) "540" (Policy Expiration)  <i>Note: Date of Death is no-longer available.</i>
217	2100C	DTP02	Date Time Period Format Qualifier	D8, RD8		

Page#	Loop ID	Reference	Name	Codes	Length	Comments
217	2100C	DTP03	Date Time Period		8, 17	Value received in 270 (for Eligibility, Admission, Service) Medicaid Redetermination (for Policy Expiration)
219	2110C	EB	Subscriber Eligibility or Benefit Inquiry			<i>See Program Data Elements Table for details on the EB segment.</i>
219	2110C	EB01	Eligibility or Benefit Information	1, 6, 8, B, F, I, L, N, R		"1" (Active Coverage) "6" (Inactive) "8" (Inactive - Pending Investigation) "B" (Co-Payment) "F" (Limitations) "I" (Non-Covered) "L" (Primary Care Provider) "N" (Services Restricted to Following Provider) "R" (Other or Additional Payer)
221	2110C	EB02	Coverage Level Code	CHD, IND		"IND" (Individual) "CHD" (Child)
221	2110C	EB03	Service Type Code	1, 30, 35, 45, 48, 60, 69, 82, 86,		"1" (Medical Care) "30" (Health Benefit Plan Coverage) "35" (Dental Care) "45" (Hospice) "48" (Hospital - Inpatient) "60" (General Benefits) "69" (Maternity) "82" (Family Planning) "86" (Emergency Services)
226	2110C	EB04	Insurance Type Code	HM, LC, MA, MB, MC, OT, SP		"HM" (Health Maintenance Organization HMO) "LC" (Long Term Care) "MA" (Medicare Part A) "MB" (Medicare Part B) "MC" (Medicaid) "OT" (Other) "SP" (Supplemental Policy)
228	2110C	EB05	Plan Coverage Description			ABW ABW-ESO MA MA-ESO ICF/MR-DD QMB INCAR INCAR-ESO etc...

Page#	Loop ID	Reference	Name	Codes	Length	Comments
229	2110C	EB07	Benefit Amount			Patient Pay Amount (for Hospice, LTC, or Medicaid Inpatient Care)
238	2110C	REF	Subscriber Additional Identification			
239	2110C	REF01	Reference Identification Qualifier	1L, 1W, F6		"IL" (Group or Policy Number) "1W" (Member Identification Number) "F6" (Health Insurance Claim Number)
239	2110C	REF02	Subscriber Eligibility or Benefit Identifier			If applicable, the recipient's policy number or member identification number under another insurer when the recipient is the known subscriber (i.e., recipient name matches policy holder name or policyholder name is blank and there is Other Third Party Pay.
240	2110C	DTP	Subscriber Date			
240	2110C	DTP01	Date Time Qualifier	292, 295, 307, 636		"292" (Benefit) "295" (Primary Care Provider) "307" (Eligibility) "636" (Date of Last Update)
241	2110C	DTP02	Date Time Period Format Qualifier	RD8		
241	2110C	DTP03	Eligibility or Benefit Date Time Period			Benefit Period for TPL Coverage (for Benefit) Eligibility Period in a Medicaid Program (for Eligibility) Date Pending Coverage was Last Updated (for Last Update)
242	2110C	AAA	Request Validation			<i>This AAA will only appear when a Medicaid Beneficiary has Inactive Coverage</i>
243	2110C	AAA01	Valid Request Indicator	N		"N" (No)
243	2110C	AAA03	Reject Reason Code	52		"52" (Service Dates Not Within Provider Plan Enrollment)
243	2110C	AAA04	Follow-up Action Code	C		"C" (Please Correct and Resubmit)
244	2110C	MSG	Message Text			

Page#	Loop ID	Reference	Name	Codes	Length	Comments
244	2110C	MSG01	Free-form Message Text			Primary Care Physician Information Not Available, Contact The Medicaid Health Plan (for "missing" PCP Contact Info)  HS code, OI Code, Last Updated Date (for TPL) <i>Ex: RX/Only Pharmacy,87,20090101</i>
246	2115C	III	Subscriber Eligibility or Benefit Additional Information			<i>Returned for "Authorized" CSHCS Providers</i>
247	2115C	III01	Code List Qualifier Code	BF, BK		"BF" (Diagnosis) "BK" (Principal Diagnosis)
248	2115C	III02	Industry Code			Diagnosis Code
250	2120C	NM1	Subscriber Benefit Related Entity Name			
250	2120C	NM101	Entity Identifier Code	1P, FA, IL, P3, PR		"1P" (Provider) "FA" (Facility) "IL" (Insured or Subscriber) "P3" (Primary Care Provider) "PR" (Payer)
251	2120C	NM102	Entity Type Qualifier	1, 2		"1" (Person) "2" (Non-Person Entity)
251	2120C	NM103	Benefit Related Entity Last or Organization Name			The last name or organization name of the Medicaid Health Plan, County Health Plan, Delta Dental, Primary Care Provider, and/or TPL carrier Information will be returned as applicable.
252	2120C	NM108	Identification Code Qualifier	MI, PI, SV, XX		"MI" (Member Identification Number) "PI" (Payer Identification) "SV" (Service Provider Number) "XX" (National Provider ID)
253	2120C	NM109	Benefit Related Entity Identifier			MDCH Carrier Code (for PI) Third Party Member ID (for MI) CHAMPS Provider ID (for SV) National Provider ID (for XX)
254	2120C	N3	Subscriber Benefit Related Entity Address			<i>Provider Service Address</i>
254	2120C	N301	Benefit Related Entity Address			

Page#	Loop ID	Reference	Name	Codes	Length	Comments
			Line			
254	2120C	N302	Benefit Related Entity Address Line			
255	2120C	N4	Benefit Related Entity City/State/ZIP Code			<i>Provider Service City/State/Zip</i>
255	2120C	N401	Benefit Related Entity City Name			
256	2120C	N402	Benefit Related Entity State Code			
256	2120C	N403	Benefit Related Entity Postal Zone or Zip Code			
257	2120C	PER	Subscriber Benefit Related Entity Contact Information			<i>Provider Phone Number</i>
258	2120C	PER01	Contact Function Code	IC		"IC" (Information Contact)
258	2120C	PER03	Communication Number Qualifier	WP		"WP" (Work Phone Number)
259	2120C	PER04	Benefit Related Entity Communication Number			
261	2120C	PRV	Subscriber Benefit Related Provider Information			<i>Provider Details</i>
262	2120C	PRV01	Provider Code	PC, CV		"PC" (Primary Care) "CV" (Covering)
263	2120C	PRV02	Reference Identification Qualifier	9K		"9K" (Servicing Provider)
263	2120C	PRV03	Provider Identifier			Provider Type, Specialty, Sub-Specialty
342		SE	Transaction Set Trailer			
342		SE01	Number of Included Segments			
342		SE02	Transaction Set Control Number			

### 7.3 271 – Error Response

A 270 eligibility request that cannot be processed due to system problems, an error in the data submitted, an inability to identify the requesting provider or to identify the submitted subscriber (Medicaid beneficiary), will result in the return of a 271 eligibility response transaction that contains a AAA segment. The AAA Request Validation segment is used to identify why an EB Eligibility or Benefit Information segment has not been generated. The AAA segment includes the applicable Reject Reason Code (AAA03) which provides explanation regarding why the submitted 270 transaction is being rejected and consequently could not be processed.

Page#	Loop ID	Valid Request (AAA01)	Reject Reason (AAA03)	Follow-Up (AAA04)	Source	Comments
160	2000A					<i>Clearinghouse was unable to process the transaction.</i>
161	2000A	Y	42	R	MPHI	"42" (Unable to Respond at Current Time) <i>Internal Error has occurred processing the Eligibility Request</i>
172	2100A					<i>Problems processing the transaction related to the Information Source</i>
173	2100A	Y	42	R	MPHI	"42" (Unable to Respond at Current Time) <i>Error occurred requesting data from Information Source (CHAMPS)</i>
174	2100A	N	79	C	CHAMPS	"79" (Invalid Participant Identification) <i>Information Source identified in NM1 isn't valid for this Clearinghouse</i>
174	2100A	Y	80	R	MPHI	"80" (No Response Received) <i>Timeout occurred requesting data from Information Source (CHAMPS)</i>
184	2100B					<i>Problems processing the transaction related to the Information Receiver</i>
185	2100B	N	43	C	CHAMPS	"43" (Invalid/Missing Provider Identification)
185	2100B	N	50	C	CHAMPS	"50" (Provider Ineligible for Inquiries)
185	2100B	N	51	C	CHAMPS	"51" (Provider Not on File)
207	2100C					<i>Problems processing the transaction related to the Subscriber</i>
208	2100C	N	57	C	CHAMPS	"57" (Invalid/Missing Date(s) of Service)
208	2100C	N	58	C	CHAMPS	"58" (Invalid Date-of-Birth)

Page#	Loop ID	Valid Request (AAA01)	Reject Reason (AAA03)	Follow-Up (AAA04)	Source	Comments
208	2100C	N	60	C	CHAMPS	"60" (Date of Birth follows Date of Service)
208	2100C	N	61	C	CHAMPS	"61" (Date of Death precedes Date of Service)
208	2100C	N	62	C	CHAMPS	"62" (Date of Service not within allowable period)
209	2100C	N	72	C	CHAMPS	"72" (Invalid/Missing Subscriber ID)
209	2100C	N	75	C	CHAMPS	"75" (Subscriber/Insured not found)
209	2100C	N	76	C	CHAMPS	"76" (Duplicate Subscriber/Insured found)
242	2110C					<i>Problems processing the transaction related to the Subscriber Eligibility/Benefit</i>
243	2110C	Y	52	C	CHAMPS	"52" (Service Dates not within Provider Plan Enrollment)

## 8 Michigan Medicaid Business Rules and Limitations

### 8.1 *Beneficiary Search Criteria*

Search parameters in a 270 transaction must include a Beneficiary's Primary Identifier and/or two (or more) Secondary Identifiers. When present, the Primary Identifier will be used for a first comparison before the Secondary Identifiers are evaluated; if a match is found using the Primary Identifier, Secondary Identifiers will not be used for any additional comparisons.

Primary Identifiers:

- Medicaid ID (2100C\_NM109 when EQ03 = "IND")
- MICHild CIN (2100C\_ NM109 when EQ03 = "CHD")

Secondary Identifiers:

- The Beneficiary's Name (2100C\_NM103 and 2100C\_NM104)
- The Beneficiary's Date of Birth (2100C\_DMG02)
- The Beneficiary's Social Security Number (2100C\_REF02)

If the search parameters provided match multiple beneficiaries or don't match any, the 271 response will return a 2100C AAA segment (AAA03 of "76" or "72").

Note: A Medicaid beneficiary is always the subscriber and therefore Loop 2100C data elements are used in the identification of the member/beneficiary.

### 8.2 *Eligibility/Service Date Criteria*

The Eligibility/Service dates requested in a 270 transaction are required to meet the following set of guidelines:

- Dates may not extend beyond the last day of the current month or more than 12 months prior to that date; with the exception that Inpatient Hospitals are permitted to query dates further in the past.
- Dates may not precede a beneficiary's date-of-birth or follow their date-of-death.
- Date ranges are limited to a span of 90 days

If the Eligibility/Service dates fail to follow these guidelines the 271 response will not include any coverage information and return a 2100C AAA segment (AAA03 of "57", "60", or "61").

Note: In previous implementations the eligibility request for a single date would return coverage for the entire month and date ranges would be rounded in a similar manner. This is no-longer the case; coverage information will only be returned for the dates provided.

### **8.3 Medicaid Redetermination Date**

The Medicaid Redetermination Date is now available to Health Plans and Long-Term Care (LTC) Providers for the beneficiaries that they service. This information is provided in the 2100C DTP segment with a Date Time Qualifier (DTP01) of 540 (Policy Expiration). However, the Redetermination Date will only be returned when the Provider ID of the Health Plan or LTC submitting the eligibility request matches the Provider ID indicated in the Beneficiary's coverage.

### **8.4 Primary Care Provider**

The Primary Care Provider information will only be provided if the inquiry DOS range includes the current date and the beneficiary is actively enrolled in a Health Plan. If these conditions have not been met there will be no PCP response whatsoever.

## Appendices

### A 271 Transaction Examples

To facilitate communication, ISG is providing generic examples of Michigan Medicaid eligibility responses.

#### A.1 Full Fee-For-Service Medical Assistance, Nursing Home w/ PPA, Medicare Part B, Medicare Part A, Medicare Part D

Full Fee-For-Service Medical Assistance, Nursing Home w/ PPA, Medicare Part B, Medicare Part A, Medicare Part D

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ISA*00*          *00*          *ZZ*383611960          *ZZ*382069753
*090715*0948*U*00401*000002769*0*T*|~
GS*HB*383611960*382069753*20090715*0948*2710*X*004010X092A1~
ST*271*2618~
BHT*0022*11*EXAMPLE 01*20081008*0623~
HL*1**20*1~
NM1*PR*2*MDCH*****PI*D00111~
PER*IC*PROVIDER SUPPORT SECTION*TE*8002922550~
HL*2*1*21*1~
NM1*1P*1*****XX*1447211081~
HL*3*2*22*0~
TRN*2*79244112I2*1382069753*0059~
NM1*IL*1*SMITH*MONICA****MI*0002468151~
REF*3H*X0393121A*043323 WORK LOAD NUMBER ~
N4*****CY*00 HILLSDALE~
PER*IC*HILLSDALE*WP*5174392200~
DMG*D8*19200806*F~
DTP*472*RD8*20081201-20081231~
EB*1**30~
EB*1*IND*60*MC*MA~
DTP*307*RD8*20081201-20081231~
EB*1**30~
EB*1*IND*60*LC*NH~
DTP*307*RD8*20081201-20081231~
LS*2120~
NM1*FA*2*HILLSDALE CO MED CAR FAC*****XX*1568449684~
LE*2120~
EB*B*IND*60*LC*NH**868~
DTP*307*RD8*20081201-20081231~
EB*1**30~
EB*R*IND**MB*MEDICARE~
DTP*292*RD8*20081201-20081231~
MSG*BB/MEDICARE - ENROLLED IN PART B,91,21090608~
LS*2120~
NM1*PR*2*MEDICARE-ENROLLED IN PART B*****PI*44444444~
N3*N/A~
N4*N/A*MI*48933~
LE*2120~

```



Full Fee-For-Service Medical Assistance, Nursing Home w/ PPA, Medicare Part B, Medicare Part A, Medicare Part D

EB\*1\*\*30~  
EB\*R\*IND\*\*MA\*MEDICARE~  
DTP\*292\*RD8\*20081201-20081231~  
MSG\*AA/MEDICARE - ENROLLED IN PART A,91,21090608~  
LS\*2120~  
NM1\*PR\*2\*MEDICARE-ENROLLED IN PART A\*\*\*\*\*PI\*33333333~  
N3\*N/A~  
N4\*N/A\*MI\*48933~  
LE\*2120~  
EB\*1\*\*30~  
EB\*R\*IND\*\*OT\*MEDICARE~  
DTP\*292\*RD8\*20081201-20081231~  
MSG\*DD/MEDICARE - ENROLLED IN PART D,91,21090608~  
LS\*2120~  
NM1\*PR\*2\*AARP MEDICARERX SAVER\*\*\*\*\*PI\*S5921161~  
N3\*N/A~  
N4\*N/A\*MI\*48933~  
PER\*IC\*\*WP\*8486745575~  
LE\*2120~  
SE\*55\*2618~  
GE\*1\*2710~  
IEA\*1\*000002769~

A.2 Full Fee-For-Service Medical Assistance, MIChoice

Full Fee-For-Service Medical Assistance, MIChoice

ISA\*00\* \*00\* \*ZZ\*383611960 \*ZZ\*382069753  
\*090715\*1325\*U\*00401\*000002773\*0\*T\*|~  
GS\*HB\*383611960\*382069753\*20090715\*1325\*2714\*X\*004010X092A1~  
ST\*271\*2622~  
BHT\*0022\*11\*EXMAPLE 02\*20081008\*0623~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*LOPEZ\*VIVA\*\*\*\*MI\*0010334018~  
REF\*3H\*X0393121A\*108963 WORK LOAD NUMBER ~  
N4\*\*\*\*\*CY\*00 KENT~  
PER\*IC\*KENT\*WP\*6162476000~  
DMG\*D8\*19560212\*F~  
DTP\*472\*RD8\*20080808-20081008~  
EB\*1\*\*30~  
EB\*1\*IND\*60\*MC\*MA~  
DTP\*307\*RD8\*20080808-20081008~  
EB\*1\*\*30~  
EB\*1\*IND\*60\*MC\*MICHOICE~

Full Fee-For-Service Medical Assistance, MIChoice

DTP\*307\*RD8\*20080808-20081008~  
SE\*22\*2622~  
GE\*1\*2714~  
IEA\*1\*000002773~

### A.3 Incarceration - ABW No Benefits

Incarceration - ABW No Benefits

ISA\*00\*                    \*00\*                    \*ZZ\*383611960                    \*ZZ\*382069753  
\*090715\*1328\*U\*00401\*000002778\*0\*T\*|~  
GS\*HB\*383611960\*382069753\*20090715\*1328\*2719\*X\*004010X092A1~  
ST\*271\*2627~  
BHT\*0022\*11\*EXAMPLE 03\*20081008\*0623~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*ADAMS\*STANLEY\*D\*\*\*MI\*0019737184~  
REF\*3H\*X0393121A\*113808 WORK LOAD NUMBER ~  
N4\*\*\*\*\*CY\*04 SAGINAW STREET DISTRICT~  
PER\*IC\*SAGINAW STREET DISTRICT\*WP\*2489755200~  
DMG\*D8\*19820811\*M~  
DTP\*472\*RD8\*20080808-20081008~  
EB\*1\*\*30~  
EB\*I\*IND\*\*\*INCAR-ABW~  
DTP\*307\*RD8\*20080808-20081008~  
SE\*19\*2627~  
GE\*1\*2719~  
IEA\*1\*000002778~

### A.4 Incarceration - Inpatient Hospital Services Only

Incarceration - Inpatient Hospital Services Only

ISA\*00\*                    \*00\*                    \*ZZ\*383611960                    \*ZZ\*382069753  
\*090715\*1331\*U\*00401\*000002780\*0\*T\*|~  
GS\*HB\*383611960\*382069753\*20090715\*1331\*2721\*X\*004010X092A1~  
ST\*271\*2629~  
BHT\*0022\*11\*EXAMPLE 04\*20081008\*0623~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~



**Incarceration - Inpatient Hospital Services Only**

NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*STEWART\*THOMAS\*\*\*\*MI\*0007246871~  
REF\*3H\*X0393121A\*820411 WORK LOAD NUMBER ~  
N4\*\*\*\*\*CY\*73 FOREST/ELLERY~  
PER\*IC\*FOREST/ELLERY\*WP\*3132670700~  
DMG\*D8\*19650502\*M~  
DTP\*472\*RD8\*20080808-20081008~  
EB\*1\*\*30~  
EB\*F\*IND\*48\*MC\*INCAR-MA~  
DTP\*307\*RD8\*20080808-20081008~  
SE\*19\*2629~  
GE\*1\*2721~  
IEA\*1\*000002780~

**A.5 Adult Benefit Waiver Program (ABW)**

**Adult Benefit Waiver Program (ABW)**

ISA\*00\*                   \*00\*                   \*ZZ\*383611960                   \*ZZ\*382069753  
\*090715\*1333\*U\*00401\*000002781\*0\*T\*|~  
GS\*HB\*383611960\*382069753\*20090715\*1333\*2722\*X\*004010X092A1~  
ST\*271\*2630~  
BHT\*0022\*11\*EXAMPLE 05\*20081008\*0623~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*ROGERS\*JOEY\*\*\*\*MI\*0010235154~  
REF\*3H\*X0393121A\*416719 WORK LOAD NUMBER ~  
N4\*\*\*\*\*CY\*00 KENT~  
PER\*IC\*KENT\*WP\*6162476000~  
DMG\*D8\*19660521\*M~  
DTP\*472\*RD8\*20080808-20081008~  
EB\*1\*\*30~  
EB\*1\*IND\*86\*OT\*ABW-ESO~  
DTP\*307\*RD8\*20080808-20081008~  
SE\*19\*2630~  
GE\*1\*2722~  
IEA\*1\*000002781~

## A.6 Program All-Inclusive Care For Elderly, Medicare Part B, Medicare Part A, Medicare Advantage Plan, Medicare Part D

### Program All-Inclusive Care For Elderly, Medicare Part B, Medicare Part A, Medicare Advantage Plan, Medicare Part D

```

ISA*00*                *00*                *ZZ*383611960        *ZZ*382069753
*090715*1334*U*00401*000002783*0*T*|~
GS*HB*383611960*382069753*20090715*1334*2724*X*004010X092A1~
ST*271*2632~
BHT*0022*11*EXAMPLE 06*20081008*0623~
HL*1**20*1~
NM1*PR*2*MDCH*****PI*D00111~
PER*IC*PROVIDER SUPPORT SECTION*TE*8002922550~
HL*2*1*21*1~
NM1*1P*1*****XX*1447211081~
HL*3*2*22*0~
TRN*2*79244112I2*1382069753*0059~
NM1*IL*1*MURPHY*WILLIAM****MI*0015326402~
REF*3H*X0393121A*007841 WORK LOAD NUMBER ~
N4*****CY*30 DCH~
PER*IC*DCH*WP*5172418554~
DMG*D8*19230521*F~
DTP*472*RD8*20080808-20081008~
EB*1**30~
EB*1*IND*60*HM*PACE~
DTP*307*RD8*20080808-20081008~
LS*2120~
NM1*PR*2*CENTER FOR SENIOR INDEPENDENCE*****SV*4070184~
N3*1 FORD PL STE 4C~
N4*DETROIT*MI*48202~
PER*IC**WP*3136532222~
LE*2120~
EB*1**30~
EB*R*IND**MB*MEDICARE~
DTP*292*RD8*20080808-20081008~
MSG*BB/MEDICARE - ENROLLED IN PART B,91,21090608~
LS*2120~
NM1*PR*2*MEDICARE-ENROLLED IN PART B*****PI*44444444~
N3*N/A~
N4*N/A*MI*48933~
LE*2120~
EB*1**30~
EB*R*IND**MA*MEDICARE~
DTP*292*RD8*20080808-20081008~
MSG*AA/MEDICARE - ENROLLED IN PART A,91,21090608~
LS*2120~
NM1*PR*2*MEDICARE-ENROLLED IN PART A*****PI*33333333~
N3*N/A~
N4*N/A*MI*48933~
LE*2120~
EB*1**30~
EB*R*IND**OT*MEDICARE~

```



**Program All-Inclusive Care For Elderly, Medicare Part B, Medicare Part A, Medicare Advantage Plan, Medicare Part D**

DTP\*292\*RD8\*20080808-20081008~  
MSG\*CC/MEDICARE - ENROLLED IN MEDICARE ADVANTAGE PLAN,96,21090608~  
LS\*2120~  
NM1\*PR\*2~  
N3\*N/A~  
N4\*N/A\*MI\*48933~  
LE\*2120~  
EB\*1\*\*30~  
EB\*R\*IND\*\*OT\*MEDICARE~  
DTP\*292\*RD8\*20080808-20081008~  
MSG\*DD/MEDICARE - ENROLLED IN PART D,91,21090608~  
LS\*2120~  
NM1\*PR\*2~  
N3\*N/A~  
N4\*N/A\*MI\*48933~  
LE\*2120~  
SE\*61\*2632~  
GE\*1\*2724~  
IEA\*1\*000002783~

**A.7 Medical Assistance Emergency Services**

**Medical Assistance Emergency Services**

ISA\*00\* \*00\* \*ZZ\*383611960 \*ZZ\*382069753  
\*090716\*0946\*U\*00401\*000002789\*0\*T\*|~  
GS\*HB\*383611960\*382069753\*20090716\*0946\*2730\*X\*004010X092A1~  
ST\*271\*2638~  
BHT\*0022\*11\*EXAMPLE 07\*20081008\*0623~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*COOPER\*PAUL\*\*\*\*MI\*0009959741~  
REF\*3H\*X0393121A\*418966 WORK LOAD NUMBER ~  
N4\*\*\*\*\*CY\*00 KENT~  
PER\*IC\*KENT\*WP\*6162476000~  
DMG\*D8\*20001105\*M~  
DTP\*472\*RD8\*20080808-20081008~  
EB\*1\*\*30~  
EB\*F\*IND\*86\*MC\*MA-ESO~  
DTP\*307\*RD8\*20080808-20081008~  
SE\*19\*2638~  
GE\*1\*2730~  
IEA\*1\*000002789~

## A.8 Family Planning Waiver

Family Planning Waiver	
ISA*00*	*00* *ZZ*383611960 *ZZ*382069753
*090716*0957*U*00401*000002790*0*T* ~	
GS*HB*383611960*382069753*20090716*0957*2731*X*004010X092A1~	
ST*271*2639~	
BHT*0022*11*EXAMPLE 08*20081008*0623~	
HL*1**20*1~	
NM1*PR*2*MDCH*****PI*D00111~	
PER*IC*PROVIDER SUPPORT SECTION*TE*8002922550~	
HL*2*1*21*1~	
NM1*1P*1*****XX*1447211081~	
HL*3*2*22*0~	
TRN*2*79244112I2*1382069753*0059~	
NM1*IL*1*WARD*HELEN****MI*0002816040~	
REF*3H*X0393121A*112464 WORK LOAD NUMBER ~	
N4*****CY*00 OGEMAW~	
PER*IC*OGEMAW*WP*9893455135~	
DMG*D8*19770718*F~	
DTP*472*RD8*20080808-20081008~	
EB*1**30~	
EB*1*IND*82*OT*PLAN FIRST~	
DTP*307*RD8*20080808-20081008~	
SE*19*2639~	
GE*1*2731~	
IEA*1*000002790~	

## A.9 Full Fee-For-Service Medical Assistance, Medicaid Hospice w/ PPA, Medicare Part B, Medicare Part A, Medicare Part D

Full Fee-For-Service Medical Assistance, Medicaid Hospice w/ PPA, Medicare Part B, Medicare Part A, Medicare Part D	
ISA*00*	*00* *ZZ*383611960 *ZZ*382069753
*090716*0958*U*00401*000002791*0*T* ~	
GS*HB*383611960*382069753*20090716*0958*2732*X*004010X092A1~	
ST*271*2640~	
BHT*0022*11*EXAMPLE 09*20081008*0623~	
HL*1**20*1~	
NM1*PR*2*MDCH*****PI*D00111~	
PER*IC*PROVIDER SUPPORT SECTION*TE*8002922550~	
HL*2*1*21*1~	
NM1*1P*1*****XX*1447211081~	
HL*3*2*22*0~	
TRN*2*79244112I2*1382069753*0059~	
NM1*IL*1*SANDERS*JOAN*TAMMY***MI*0013089111~	



Full Fee-For-Service Medical Assistance, Medicaid Hospice w/ PPA, Medicare Part B, Medicare Part A, Medicare Part D

REF\*3H\*X0393121A\*116658 WORK LOAD NUMBER ~  
N4\*\*\*\*\*CY\*00 TUSCOLA~  
PER\*IC\*TUSCOLA\*WP\*9896739100~  
DMG\*D8\*19130209\*F~  
DTP\*472\*RD8\*20080808-20081008~  
EB\*1\*\*30~  
EB\*1\*IND\*60\*MC\*MA~  
DTP\*307\*RD8\*20080808-20081008~  
EB\*1\*\*30~  
EB\*1\*IND\*45\*MC\*HOSPICE~  
DTP\*307\*RD8\*20080808-20081008~  
LS\*2120~  
NM1\*FA\*2\*FISHER SENIOR CARE AND REHAB CENTER\*\*\*\*\*XX\*1902956329~  
LE\*2120~  
EB\*B\*IND\*45\*MC\*HOSPICE\*\*947~  
DTP\*307\*RD8\*20080808-20081008~  
EB\*1\*\*30~  
EB\*R\*IND\*\*MB\*MEDICARE~  
DTP\*292\*RD8\*20080808-20081008~  
MSG\*BB/MEDICARE - ENROLLED IN PART B,91,21090608~  
LS\*2120~  
NM1\*PR\*2\*MEDICARE-ENROLLED IN PART B\*\*\*\*\*PI\*44444444~  
N3\*N/A~  
N4\*N/A\*MI\*48933~  
LE\*2120~  
EB\*1\*\*30~  
EB\*R\*IND\*\*MA\*MEDICARE~  
DTP\*292\*RD8\*20080808-20081008~  
MSG\*AA/MEDICARE - ENROLLED IN PART A,91,21090608~  
LS\*2120~  
NM1\*PR\*2\*MEDICARE-ENROLLED IN PART A\*\*\*\*\*PI\*33333333~  
N3\*N/A~  
N4\*N/A\*MI\*48933~  
LE\*2120~  
EB\*1\*\*30~  
EB\*R\*IND\*\*OT\*MEDICARE~  
DTP\*292\*RD8\*20080808-20081008~  
MSG\*DD/MEDICARE - ENROLLED IN PART D,91,21090608~  
LS\*2120~  
NM1\*PR\*2\*AARP MEDICARERX SAVER\*\*\*\*\*PI\*S5921161~  
N3\*N/A~  
N4\*N/A\*MI\*48933~  
PER\*IC\*\*WP\*4743353453~  
LE\*2120~  
SE\*55\*2640~  
GE\*1\*2732~  
IEA\*1\*000002791~

## A.10 Medicaid Managed Care, Full Fee-For-Service Medical Assistance

Medicaid Managed Care, Full Fee-For-Service Medical Assistance			
ISA*00*	*00*	*ZZ*383611960	*ZZ*382069753
*090716*1008*U*00401*000002795*0*T* ~			
GS*HB*383611960*382069753*20090716*1008*2736*X*004010X092A1~			
ST*271*2644~			
BHT*0022*11*EXAMPLE 10*20081008*0623~			
HL*1**20*1~			
NM1*PR*2*MDCH*****PI*D00111~			
PER*IC*PROVIDER SUPPORT SECTION*TE*8002922550~			
HL*2*1*21*1~			
NM1*1P*1*****XX*1447211081~			
HL*3*2*22*0~			
TRN*2*79244112I2*1382069753*0059~			
NM1*IL*1*JUNE*ANNA*MARIE***MI*0018091041~			
REF*3H*X0393121A*100122 WORK LOAD NUMBER ~			
N4*****CY*35 SCHOOLCRAFT/STANSBURY~			
PER*IC*SCHOOLCRAFT/STANSBURY*WP*3134937400~			
DMG*D8*19470903*F~			
DTP*472*RD8*20081101-20081130~			
EB*1**30~			
EB*1*IND*60*HM*MA-MC~			
DTP*307*RD8*20081101-20081130~			
LS*2120~			
NM1*PR*2*GREAT LAKES HEALTH PLAN*****SV*3293040~			
N3*17117 WEST 9 MILE RD STE 1600~			
N4*SOUTHFIELD*MI*48075~			
PER*IC**WP*8009035253~			
LE*2120~			
EB*1**30~			
EB*1*IND*60*MC*MA~			
DTP*307*RD8*20081101-20081130~			
SE*28*2644~			
GE*1*2736~			
IEA*1*000002795~			

## A.11 Medicaid Managed Care, Full Fee-For-Service Medical Assistance, Healthy Kids Dental

Medicaid Managed Care, Full Fee-For-Service Medical Assistance, Healthy Kids Dental			
ISA*00*	*00*	*ZZ*383611960	*ZZ*382069753
*090716*1025*U*00401*000002797*0*T* ~			
GS*HB*383611960*382069753*20090716*1025*2738*X*004010X092A1~			
ST*271*2646~			
BHT*0022*11*EXAMPLE 11*20081008*0623~			
HL*1**20*1~			
NM1*PR*2*MDCH*****PI*D00111~			



Medicaid Managed Care, Full Fee-For-Service Medical Assistance, Healthy Kids Dental

PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*SIMMONS\*LEROY\*\*\*\*MI\*0004341008~  
REF\*3H\*X0393121A\*103635 WORK LOAD NUMBER ~  
N4\*\*\*\*\*CY\*00 BENZIE~  
PER\*IC\*BENZIE\*WP\*2318821330~  
DMG\*D8\*19960823\*M~  
DTP\*472\*RD8\*20080801-20080930~  
EB\*1\*\*30~  
EB\*1\*\*30~  
EB\*1\*IND\*60\*HM\*MA-MC~  
DTP\*307\*RD8\*20080801-20080930~  
LS\*2120~  
NM1\*PR\*2\*PRIORITY HLTH GOV PROGRAMS INC\*\*\*\*\*SV\*3397152~  
PER\*IC\*\*WP\*8889758102~  
LE\*2120~  
EB\*1\*IND\*60\*MC\*MA~  
DTP\*307\*RD8\*20080801-20080930~  
EB\*1\*\*30~  
EB\*1\*IND\*35\*OT\*HK-DENTAL~  
DTP\*307\*RD8\*20080801-20080930~  
LS\*2120~  
NM1\*PR\*2\*DELTA DENTAL PLAN OF MICHIGAN~  
N3\*PO BOX 30416~  
N4\*LANSING\*MI\*48909~  
PER\*IC\*\*WP\*8004828915~  
LE\*2120~  
SE\*35\*2646~  
GE\*1\*2738~  
IEA\*1\*000002797~

**A.12 Children's Special Health Care Services (NPI Not Listed), Third Party Liability**

Children's Special Health Care Services (NPI Not Listed), Third Party Liability

ISA\*00\* \*00\* \*ZZ\*383611960 \*ZZ\*382069753  
\*090716\*1027\*U\*00401\*000002800\*0\*T\*|~  
GS\*HB\*383611960\*382069753\*20090716\*1027\*2741\*X\*004010X092A1~  
ST\*271\*2649~  
BHT\*0022\*11\*EXAMPLE 12\*20081008\*0623~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~



Children's Special Health Care Services (NPI Not Listed), Third Party Liability

NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*JONES\*SUSIE\*E\*\*\*MI\*0002522309~  
N4\*\*\*\*\*CY\*00 INGHAM~  
PER\*IC\*INGHAM\*WP\*5178879400~  
DMG\*D8\*19910209\*F~  
DTP\*472\*RD8\*20081101-20081130~  
EB\*1\*\*30~  
EB\*I\*IND\*1\*OT\*CSHCS - THIS NPI NOT LISTED.SEE CSHCS GUIDELINES~  
EB\*1\*\*30~  
EB\*R\*IND\*\*OT\*TPL~  
REF\*1L\*XYP564654345~  
REF\*1W\*65165483~  
DTP\*292\*RD8\*20081101-20081130~  
MSG\*AS/ALL SERVICES, 89, 21090608~  
LS\*2120~  
NM1\*PR\*2\*BCBSM\*\*\*\*\*PI\*00029010~  
N3\*PO BOX 2500,600 LAFAYETTE~  
N4\*DETROIT\*MI\*48226~  
LE\*2120~  
SE\*28\*2649~  
GE\*1\*2741~  
IEA\*1\*000002800~

A.13 Adult Benefit Waiver Program, Pending Coverage

Adult Benefit Waiver Program, Pending Coverage

ISA\*00\* \*00\* \*ZZ\*383611960 \*ZZ\*382069753  
\*090716\*1053\*U\*00401\*000002818\*0\*T\*|~  
GS\*HB\*383611960\*382069753\*20090716\*1053\*2759\*X\*004010X092A1~  
ST\*271\*2667~  
BHT\*0022\*11\*EXAMPLE 13\*20081008\*0623~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*MOORE\*MARIA\*\*\*MI\*0006174043~  
REF\*3H\*X0393121A\*000557 WORK LOAD NUMBER ~  
N4\*\*\*\*\*CY\*41 FORT WAYNE~  
PER\*IC\*FORT WAYNE\*WP\*3135548300~  
DMG\*D8\*19580115\*F~  
DTP\*472\*RD8\*20081101-20081130~  
EB\*1\*\*30~  
EB\*1\*IND\*86\*OT\*ABW-ESO~  
DTP\*307\*RD8\*20081101-20081130~



Adult Benefit Waiver Program, Pending Coverage

EB\*6\*\*30~  
EB\*8\*IND\*30\*\*PENDING ELIGIBILITY~  
DTP\*636\*RD8\*20090618-20090618~  
MSG\*41010557~  
SE\*23\*2667~  
GE\*1\*2759~  
IEA\*1\*000002818~

A.14 Inactive Coverage

Inactive Coverage

ISA\*00\*                   \*00\*                   \*ZZ\*383611960                   \*ZZ\*382069753  
\*090716\*1056\*U\*00401\*000002824\*0\*T\*|~  
GS\*HB\*383611960\*382069753\*20090716\*1056\*2765\*X\*004010X092A1~  
ST\*271\*2673~  
BHT\*0022\*11\*EXAMPLE 14\*20081008\*0623~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*LEWIS\*DONALD\*\*\*\*MI\*0000900510~  
DMG\*D8\*19780801\*M~  
DTP\*472\*RD8\*20081101-20081230~  
EB\*6\*IND~  
DTP\*292\*RD8\*20081101-20081230~  
AAA\*Y\*\*52\*C~  
SE\*17\*2673~  
GE\*1\*2765~  
IEA\*1\*000002824~

A.15 Full Fee-For-Service Medical Assistance, Third Party Liability

Full Fee-For-Service Medical Assistance, Third Party Liability

ISA\*00\*                   \*00\*                   \*ZZ\*383611960                   \*ZZ\*382069753  
\*090716\*1104\*U\*00401\*000002837\*0\*T\*|~  
GS\*HB\*383611960\*382069753\*20090716\*1104\*2778\*X\*004010X092A1~  
ST\*271\*2686~  
BHT\*0022\*11\*EXAMPLE 15\*20081008\*0623~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~



Full Fee-For-Service Medical Assistance, Third Party Liability

NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*LEE\*LISA\*\*\*\*MI\*0011031506~  
REF\*3H\*X0393121A\*133408 WORK LOAD NUMBER ~  
N4\*\*\*\*\*CY\*00 CALHOUN~  
PER\*IC\*CALHOUN\*WP\*2699661284~  
DMG\*D8\*19951107\*F~  
DTP\*472\*RD8\*20081001-20081031~  
EB\*1\*\*30~  
EB\*1\*IND\*60\*MC\*MA~  
DTP\*307\*RD8\*20081001-20081031~  
EB\*1\*\*30~  
EB\*R\*IND\*\*OT\*TPL~  
REF\*1L\*155468468~  
REF\*1W\*564831~  
DTP\*292\*RD8\*20081001-20081031~  
MSG\*VO/ONLY VISION CARE,86,21090608~  
LS\*2120~  
NM1\*PR\*2\*EYEMED VISION CARE\*\*\*\*\*PI\*40401020~  
N3\*PO BOX 8504~  
N4\*MASON\*OH\*45040~  
LE\*2120~  
EB\*1\*\*30~  
EB\*R\*IND\*\*OT\*TPL~  
REF\*1L\*155468468~  
REF\*1W\*564831~  
DTP\*292\*RD8\*20081001-20081031~  
MSG\*DO/ONLY DENTAL,88,21090608~  
LS\*2120~  
NM1\*PR\*2\*DELTA DENTAL PLAN OF TN\*\*\*\*\*PI\*30530005~  
N3\*240 VENTURE CIRCLE~  
N4\*NASHVILLE\*TN\*37228~  
LE\*2120~  
EB\*1\*\*30~  
EB\*R\*IND\*\*OT\*TPL~  
REF\*1L\*516584645~  
REF\*1W\*U65656515410003~  
DTP\*292\*RD8\*20081001-20081031~  
MSG\*RX/ONLY PHARMACY,87,21090608~  
LS\*2120~  
NM1\*PR\*2\*MEDCO HEALTH\*\*\*\*\*PI\*17269005~  
N3\*PO BOX 14711~  
N4\*LEXINGTON\*KY\*40512~  
LE\*2120~  
EB\*1\*\*30~  
EB\*R\*IND\*\*OT\*TPL~  
REF\*1L\*516584645~  
REF\*1W\*564831~  
DTP\*292\*RD8\*20081001-20081031~  
MSG\*AS/ALL SERVICES,89,21090608~  
LS\*2120~



Full Fee-For-Service Medical Assistance, Third Party Liability

NM1\*PR\*2\*UNITED HEALTHCARE INS CO\*\*\*\*\*PI\*00065150~  
N3\*PO BOX 30555~  
N4\*SALT LAKE CITY\*UT\*84130~  
LE\*2120~  
SE\*63\*2686~  
GE\*1\*2778~  
IEA\*1\*000002837~

A.16 Children's Special Health Care Services (NPI Listed), Third Party Liability

Children's Special Health Care Services (NPI Listed), Third Party Liability

ISA\*00\* \*00\* \*ZZ\*383611960 \*ZZ\*382069753  
\*090716\*1110\*U\*00401\*000002855\*0\*T\*|~  
GS\*HB\*383611960\*382069753\*20090716\*1110\*2796\*X\*004010X092A1~  
ST\*271\*2704~  
BHT\*0022\*11\*EXAMPLE 16\*20081008\*0623~  
HL\*1\*\*20\*1~  
NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
HL\*2\*1\*21\*1~  
NM1\*1P\*1\*\*\*\*\*XX\*1275530909~  
HL\*3\*2\*22\*0~  
TRN\*2\*79244112I2\*1382069753\*0059~  
NM1\*IL\*1\*ALLEN\*JANE\*\*\*\*MI\*0010094440~  
REF\*3H\*X0393121A\*700408 WORK LOAD NUMBER ~  
N4\*\*\*\*\*CY\*00 OTTAWA~  
PER\*IC\*OTTAWA\*WP\*6163947200~  
DMG\*D8\*19630411\*F~  
DTP\*472\*RD8\*20080801-20080831~  
EB\*6\*\*30~  
EB\*I\*IND\*60\*MC\*SPENDOWN~  
DTP\*307\*RD8\*20080801-20080831~  
EB\*1\*\*30~  
EB\*1\*IND\*1\*OT\*CSHCS - THIS NPI LISTED.SEE CSHCS GUIDELINES~  
DTP\*307\*RD8\*20080801-20080831~  
III\*BF\*2864~  
LS\*2120~  
NM1\*1P\*1\*BENNINGER~  
PRV\*CV\*9K\*A010~  
LE\*2120~  
EB\*1\*\*30~  
EB\*1\*IND\*1\*OT\*CSHCS - THIS NPI LISTED.SEE CSHCS GUIDELINES~  
DTP\*307\*RD8\*20080801-20080831~  
LS\*2120~  
NM1\*1P\*1\*HAMMERSMITH~  
PRV\*CV\*9K\*A010~  
LE\*2120~

Children's Special Health Care Services (NPI Listed), Third Party Liability

EB\*1\*\*30~  
 EB\*1\*IND\*1\*OT\*CSHCS - THIS NPI LISTED.SEE CSHCS GUIDELINES~  
 DTP\*307\*RD8\*20080801-20080831~  
 LS\*2120~  
 NM1\*1P\*1\*VANDER WOUDE~  
 PRV\*CV\*9K\*A010~  
 LE\*2120~  
 EB\*1\*\*30~  
 EB\*1\*IND\*1\*OT\*CSHCS - THIS NPI LISTED.SEE CSHCS GUIDELINES~  
 DTP\*307\*RD8\*20080801-20080831~  
 LS\*2120~  
 NM1\*1P\*2\*SPECTRUM HEALTH HOSPITALS~  
 N3\*100 MICHIGAN ST NE~  
 N4\*GRAND RAPIDS\*MI\*49503~  
 PRV\*CV\*9K\*A060~  
 LE\*2120~  
 EB\*1\*\*30~  
 EB\*R\*IND\*\*OT\*TPL~  
 REF\*1L\*XYZ565416565~  
 REF\*1W\*561564~  
 DTP\*292\*RD8\*20080801-20080831~  
 MSG\*AS/ALL SERVICES,05,21090608~  
 LS\*2120~  
 NM1\*PR\*2\*BCBSM\*\*\*\*\*PI\*00029005~  
 N3\*600 LAFAYETTE,PO BOX 2500~  
 N4\*DETROIT\*MI\*48226~  
 LE\*2120~  
 SE\*61\*2704~  
 GE\*1\*2796~  
 IEA\*1\*000002855~

**A.17 MI-Child, MI-Child Dental**

MI-Child, MI-Child Dental

ISA\*00\*                    \*00\*                    \*ZZ\*383611960                    \*ZZ\*382069753  
 \*090731\*1357\*U\*00401\*000005230\*0\*T\*:~  
 GS\*HB\*383611960\*382069753\*20090731\*1357\*5186\*X\*004010X092A1~  
 ST\*271\*5154~  
 BHT\*0022\*11\*CHAMPS 083\*20081008\*0623~  
 HL\*1\*\*20\*1~  
 NM1\*PR\*2\*MDCH\*\*\*\*\*PI\*D00111~  
 PER\*IC\*PROVIDER SUPPORT SECTION\*TE\*8002922550~  
 HL\*2\*1\*21\*1~  
 NM1\*1P\*1\*\*\*\*\*XX\*1447211081~  
 HL\*3\*2\*22\*0~  
 TRN\*2\*79244112I2\*1382069753\*0059~  
 NM1\*IL\*1\*SIMONS\*ANTONY\*GILBERT\*\*\*MI\*0006893425~  
 N3\*6081 LARKIN STREET~  
 N4\*DETROIT\*MI\*48210\*\*CY\*82 WAYNE~

**MI-Child, MI-Child Dental**

DMG\*D8\*19920607\*M~  
DTP\*472\*RD8\*20080801-20080831~  
EB\*1\*\*30~  
EB\*1\*CHD\*60\*HM\*MI CHILD~  
DTP\*307\*RD8\*20080801-20080831~  
LS\*2120~  
NM1\*PR\*2\*BCBS MEDICAL MICHILD~  
N3\*600 E LAFAYETTE BLVD~  
N4\*DETROIT\*MI\*48226~  
PER\*IC\*\*WP\*2484485909~  
LE\*2120~  
EB\*1\*\*30~  
EB\*1\*CHD\*35\*OT\*MI CHILD - D~  
DTP\*307\*RD8\*20080801-20080831~  
LS\*2120~  
NM1\*PR\*2\*BCBS DENTAL MICHILD~  
N3\*600 E LAFAYETTE BLVD~  
N4\*DETROIT\*MI\*48226~  
PER\*IC\*\*WP\*2484485909~  
LE\*2120~  
SE\*33\*5154~  
GE\*1\*5186~  
IEA\*1\*000005230~

**B Situational Test Case Scenarios**

Situational Test-Case Scenarios can no-longer be published in this document as the testing/staging environment for this project now contains live beneficiary data. Upon request MPHI will provide a set of Test-Cases for use in the current environment.