

# Encounter Reporting

ANSI ASC X12 837 v4010A1

Adult Benefit Waiver and MIChild Enrollees  
Other Payer Information

Michigan Department of Community Health

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*Michigan Department  
of Community Health*



# Goals

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- ✦ Understanding of MIChild specific reporting requirements
- ✦ Understanding of Adult Benefit Waiver Phase I specific reporting requirements
- ✦ Ability to report Other Payer Information

# MIChild Enrollee Requirements

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- ❖ All 837 v.4010A1 MICHild encounter reporting requirements are the same as Medicaid enrollees **except for:**
  - ❖ Loop 2000B SBR04 – Insured Group Name **must** contain the data value “MICHILD”
  - ❖ Loop 2000B SBR09 – Claim Filing Indicator Code should be reported as “OF” Other Federal
  - ❖ Loop 2010BA NM109 – Subscriber Primary Identifier **must be** the enrollee’s Client Identification Number (CIN) assigned by the enrollment broker.
    - Must be 8-digits
    - Zero fill to the left to make an 8-digit value if only 6-digits are reported to you

# Adult Benefit Waiver Enrollee Requirements

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- All 837 v.4010A1 Adult Benefit Waiver Phase I encounter reporting requirements are the same as Medicaid enrollees **except for:**
  - Loop 2000B SBR04 – Insured Group Name **must** contain the data value “ABWI”
  - Loop 2000B SBR09 – Claim Filing Indicator Code should be reported as “OF” Other Federal
  - Loop 2010BA NM109 – Subscriber Primary Identifier **must be** the enrollee’s 8-digit identification number assigned by MDCH

# Other Payer Information

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- ❁ MDCH expects Other Payer information on every 837 encounter submitted
- ❁ MDCH capitated health plans **must** be reported as an Other Payer in the 837 encounter
  - ❁ CHPs, MHPs, and MIChild plans **must** report their 9-digit payer ID assigned by MDCH in Loop 2330B NM109 – Other Payer Primary Identifier
  - ❁ Example of MDCH assigned payer ID: 171234567 (Provider Type + Unique ID)
  - ❁ Failure to report the capitated health plan ID in Loop 2330B NM109 will result in rejection of the encounter

# Other Payer Information

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- Example of Loop 2330B identifying capitated health plan as Other Payer:

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NM1*PR*2*XYZ CHP*****PI*171234567~  
N3*999 TRENTON~  
N4*DETROIT*MI*48227~  
REF*F8*837EP040101~
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# Other Payer Information (cont.)

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- When applicable, Medicare and other Commercial payers are reported in additional iterations of Loop 2330B
  - Other known Commercial payers are reported by using the MDCH assigned Carrier Code (list available at [www.michigan.gov](http://www.michigan.gov))
  - Medicare Part A (UGS) is reported using the value “00452”
  - Medicare Part B (WPS) is reported using the value “00953”

# MIChild Enrollees, ABWI Enrollees and Other Payer Information

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QUESTIONS?