

**820 v5010 – Sanction Adjustment example**

**Total 820 Payment amount: \$149.86**

**Total Remittances: \$249.86**

**Sanction amount: \$-100.00**

**Member #1 – Normal capitation payment of \$89.30 for 10/01/09-10/14/09**

**Member #2 – Recoupment amount of \$-94.06 for 10/01/09-10/31/09 and a capitation payment of \$54.62 for 10/01/09-10/18/09.**

Note that Member #2 has one occurrence of the 2000B/ENT loop with multiple 2300/RMR loops. This a change from the 4010 to the 5010 for AZ

<b>Element</b>	<b>Identifier Description</b>	<b>Values</b>
ISA08	Interchange Receiver ID	990123456 (3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
<b>ST</b>	<b>820 Header</b>	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
<b>BPR</b>	<b>Financial Information</b>	
BPR01	Transaction Handling Code	I - Remittance Info Only
<b>BPR02</b>	<b>Total Premium Payment Amount</b>	<b>149.86</b>
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091028
<b>TRN</b>	<b>Reassociation Trace Number</b>	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	00000000075939
TRN03	Originating Company Identifier	1866004791
<b>REF</b>	<b>Premium Receivers Identification Key</b>	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	010101
<b>DTM</b>	<b>Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091001-20091031
<b>1000A PREMIUM RECEIVER'S NAME</b>		
<b>N1</b>	<b>Premium Receiver's Name</b>	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AZ HEALTH PLAN
<b>N3</b>	<b>Premium Receiver's Address</b>	

N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
<b>N4</b>	<b>Premium Receiver's City, State, and Zip Code</b>	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
<b>1000B PREMIUM PAYER'S NAME</b>		
<b>N1</b>	<b>Premium Payer's Name</b>	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
<b>N3</b>	<b>Premium Payer's Address</b>	
N301	Premium Payer Address Line	801 E JEFFERSON ST
<b>N4</b>	<b>Premium Payer's City, State, Zip Code</b>	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
<b>2000A ORGANIZATION SUMMARY</b>		
<b>ENT</b>	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	AG - Agency
ENT03	Identification Code Qualifier	FI - Federal Tax Identification Number
ENT04	Identification Code	866004791
<b>2300A ORGANIZATION SUMMARY</b>		
<b>RMR</b>	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK
RMR02	Reference Identification	10J01SANCTN821
<b>RMR04</b>	<b>Detail Premium Payment Amount</b>	<b>-100</b>
<b>DTM</b>	<b>Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091001-20091031
<b>2000B INDIVIDUAL REMITTANCE</b>		
		<b>MEMBER #1</b>
<b>ENT</b>	Individual Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI - Employee Identification Number
ENT04	Identification Code	A01234567
<b>2100B INDIVIDUAL NAME</b>		
<b>NM1</b>	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	<b>REGAN</b>
NM104	Name First	<b>RONALD</b>
NM105	Name Middle	<b>A</b>
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A01234567
<b>2300B INDIVIDUAL PREMIUM</b>		
<b>RMR</b>	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	H19101FH003791822 <b>20091001</b>
<b>RMR04</b>	<b>Detail Premium Payment Amount</b>	<b>189.30</b>
<b>DTM</b>	<b>Individual Coverage Period</b>	

DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091014
<b>2000B INDIVIDUAL REMITTANCE</b>		<b>MEMBER#2</b>
<b>ENT</b>	Individual Remittance	
ENT01	Assigned Number	2
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI - Employee Identification Number
ENT04	Identification Code	A07654321
<b>2100B INDIVIDUAL NAME</b>		
<b>NM1</b>	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	<b>REGAN</b>
NM104	Name First	<b>NANCY</b>
NM105	Name Middle	<b>A</b>
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A07654321
<b>2300B INDIVIDUAL PREMIUM</b>		<b>OCCURRENCE #1</b>
<b>RMR</b>	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445 <b>20091001</b>
<b>RMR04</b>	<b>Detail Premium Payment Amount</b>	<b>-194.06</b>
<b>DTM</b>	<b>Individual Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091031
<b>2300B INDIVIDUAL PREMIUM</b>		<b>OCCURRENCE #2</b>
<b>RMR</b>	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445 <b>20091001</b>
<b>RMR04</b>	<b>Detail Premium Payment Amount</b>	<b>254.62</b>
<b>DTM</b>	<b>Individual Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091018
<b>SE</b>	<b>Transaction Set Trailer</b>	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

REF DEV FILE: AZW820-010101-SANCADJ-20091028.TXT

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