



# **ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)**

## **Standard Companion Guide Transaction Information**

**Instructions related to Transactions  
based on ASC X12 Implementation  
Guides, version 005010**

**Companion Guide Version Number: 0.2  
October 1, 2010**

DRAFT

© [insert copyright information here]

## Table of Contents

Transaction Instruction (TI) .....	4
<b>1. TI Introduction.....</b>	<b>4</b>
1.1 Background .....	4
1.1.1 Overview of HIPAA Legislation .....	4
1.1.2 Compliance according to HIPAA .....	4
1.1.3 Compliance according to ASC X12 .....	4
1.2 Intended Use .....	5
<b>2. Included ASC X12 Implementation Guides .....</b>	<b>5</b>
<b>3. Instruction Tables .....</b>	<b>5</b>
3.1 834 Benefit Enrollment and Maintenance .....	5
3.2 820 Payroll Deducted and Other Group Premium Payment for Insurance Products .....	8
<b>4. TI Additional Information .....</b>	<b>9</b>
4.1 Business Scenarios .....	9
4.1.1 834 Crib Notes .....	9
4.1.2 820 Examples.....	44
4.2 Payer Specific Business Rules and Limitations .....	62
4.2.1 834 Enrollment Transaction .....	62
4.2.2 820 Capitation Transaction .....	62
4.3 Frequently Asked Questions .....	64
4.4 Other Resources .....	64
4.4.1 AHCCCS Action Code Translation Table .....	64
<b>5. TI Change Summary .....</b>	<b>66</b>

# Transaction Instruction (TI)

## 1. TI Introduction

### 1.1 Background

#### 1.1.1 Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries provisions for administrative simplification. This requires 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 translations 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

#### 1.1.2 Compliance according to HIPAA

The HIPAA regulations at 45 CFR 162.915 require that covered entities not enter into a trading partner agreement that would do any of the following:

- Change the definition, data condition, or use of a data element or segment in a standard.
- Add any data elements or segments to the maximum defined data set.
- Use any code or data elements that are marked “not used” in the standard’s implementation specifications or are not in the standard’s implementation specification(s).
- Change the meaning or intent of the standard’s implementation specification(s).

#### 1.1.3 Compliance according to ASC X12

ASC X12 requirements include specific restrictions that prohibit trading partners from:

- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.

## 1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

## 2. Included ASC X12 Implementation Guides

Unique ID	Name
[005010X220]	Benefit Enrollment and Maintenance (834)
[005010X218]	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

## 3. Instruction Tables

### 3.1 834 Benefit Enrollment and Maintenance

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	N1	Sponsor Name		
1000A	N102	Name	AHCCCS	
1000A	N104	Identification Code	866004791	
2320	COB	Coordination of Benefits		
2320	COB02	Reference Identification	TPL-INS-TYP (1) + TPL-POLICY-ID (20) or MEDICARE CLAIM ID NUMBER	Sent in 2300 COB loop only (when HD03=MM)

2320	REF	Additional Coordination of Benefits Identifiers		
2320	REF02	Reference Identification	INS-GRP-NUM or PART D DRUG PLAN ID NUMBER	Sent in 2300 COB loop only (when HD03=MM) Not used for Medicare Part A or B
2330	NM1	Coordination of Benefits Related Entity		
2330	NM103	Name Last or Organization Name	MASTER CARRIER ID + CARRIER NAME/ MEDICARE PLAN NAME	Sent in 2300 COB loop only (when HD03=MM) If present, Medicare Part A Carrier ID = 00050, Medicare Part B Carrier ID = 00051 and Medicare Part D Carrier ID = 00052.
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification		Populated with an Action Code
2750	N1	Reporting Category		
2750	N102	Name	Prior Plan  New Plan	Populated with literal "Prior Plan" only when last member enrollment was within 90 days and with a different plan.  Populated with literal "New Plan" only when member is enrolled in a different plan the day after the term date.
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification		Prior Plan uses: PRIOR PLAN ID (6) + PRIOR PLAN NAME (25)  New Plan uses: HMO PLAN ID (6) + HMO PLAN NAME (25)

2750	REF	Reporting Category Reference		
2750	REF02	Name	MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)	Sent in 2750 when: N102="BHS" and REF01=XX1
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification	NURSING HOME ID (6) + NURSING HOME NAME (25) (or CASE WORKER ID [6] + CASE WORKER NAME [25])	Sent in 2750 when: N102="LTC" and REF01=XX1
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification	PLAN ID (5) + PLAN NAME (40)	Sent in 2750 when: N102="Medicare HMO" and REF01=PID

### 3.2 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

Loop ID	Reference	Name	Codes	Notes/Comments
2300B	RMR	Individual Premium Remittance Detail		
2300B	RMR02	Insurance Remittance Reference Number	Contract Type X(1) + County X(2) + Rate Code X(4) + Voucher Number X(9)	AHCCCS strings the following fixed-length fields: <ul style="list-style-type: none"> <li>• Contract Type X(1)</li> <li>• County X(2)</li> <li>• Rate Code X(4)</li> <li>• Voucher Number X(9)</li> </ul>

DRAFT



## 4. TI Additional Information

### 4.1 Business Scenarios

#### 4.1.1 834 Crib Notes

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	
<b>INTERCHANGE</b>																			
ISA11	Repetition Separator	R				^	^	^	^	^	^	^	^	^	^	^	^	^	^
ISA12	Interchange Control Version Number	R				00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501
<b>FUNCTIONAL GROUP</b>																			
GS01	Functional Identifier Code	R	ID	2-2		BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE
GS08	Version / Release / Industry Identifier Code; no addenda	R	AN	1-12		005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220
<b>HEADER</b>																			
<b>ST</b>	<b>Transaction Set Header</b>	<b>R</b>																	
ST01	Transaction Set Identifier Code	R	ID	3-3		834	834	834	834	834	834	834	834	834	834	834	834	834	834
ST02	Transaction Set Control Number	R	AN	4-9															
ST03	Implementation Convention Reference	R	AN	1-35		005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220
<b>BGN</b>																			
<b>BGN</b>	<b>Beginning Segment</b>	<b>R</b>																	
BGN01	Transaction Set Purpose Code	R	ID	2-2		00	00	00	00	00	00	00	00	00	00	00	00	00	00
BGN02	Reference Identification	R	AN	1-50															
BGN03	Date	R	DT	8-8		PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
BGN04	Time	R	TM	4-8														
BGN05	Time Code	S	ID	2-2														
BGN08	Action Code	R	ID	1-2		2	2	2	2	2	2	2	2	2	2	2	4	4
<b>REF</b>	<b>Transaction Set Policy Number</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		38	38	38	38	38	38	38	38	38	38	38	38	38
REF02	Reference Identification	R	AN	1-50		HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID
<b>DTP</b>	<b>File Effective Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3		303	303	303	303	303	303	303	303	303	303	303	303	303
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8
DTP03	Date Time Period	R	AN	1-35														
<b>QTY</b>	<b>Transaction Set Control Totals</b>	<b>S</b>																
QTY01	Quantity Qualifier	R	ID	2-2	Use 'TO' Total	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO
QTY02	Quantity	R	R	1-15	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count
	<b>1000A SPONSOR NAME( 1 )</b>																	
<b>N1</b>	<b>Sponsor Name</b>	<b>R</b>																
N101	Entity Identifier Code	R	ID	2-3		P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5
N102	Name	S	AN	1-60		AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS
N103	Identification Code Qualifier	R	ID	1-2		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code	R	AN	2-80		866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791
	<b>1000B PAYER ( 1 )</b>																	
<b>N1</b>	<b>Payer</b>	<b>R</b>																
N101	Entity Identifier Code	R	ID	2-3		IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
N102	Name	S	AN	1-60		HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME
N103	Identification Code Qualifier	R	ID	1-2		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code	R	AN	2-80		HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID
	<b>2000 MEMBER LEVEL DETAIL (&gt;1)</b>																	
<b>INS</b>	<b>Member Level Detail</b>	<b>R</b>																
INS01	Yes/No Condition or Response Code	R	ID	1-1		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
INS02	Individual Relationship Code	R	ID	2-2		18	18	18	18	18	18	18	18	18	18	18	18	18
INS03	Maintenance Type Code	R	ID	3-3		021	024	001	001	001	001	001	001	001	001	001	030	030
INS04	Maintenance Reason Code	S	ID	2-3		02 - Birth 28 - Initial Enrollment 41 - Re-enrollment	03 - Death 07 - Termination of Benefits 14 - Voluntary Withdrawal 22 - Plan Change AH - Patient Moved	43 - Change of location	33 - Personnel Data	25 - Change in Identifying Data Element	22 - Plan Change	AI - No Reason Given	29 - Benefit Selection	33 - Personnel Data		AI - No Reason Given	XN - Notification Only	XN - Notification Only
INS05	Benefit Status Code	R	ID	1-1		A	A	A	A	A	A	A	A	A	A	A	A	A
INS06-1	Medicare Plan Code	R	ID	1-1		MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE
INS08	Employment Status Code	S	ID	2-2		AC	TE	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC
INS11	Date Time Period Format Qualifier	S	ID	2-3		D8	D8											

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
INS12	Date Time Period	S	AN	1-35	Use for Date of Death only, if present	DAT OF DTH	DAT OF DTH											
<b>REF</b>	<b>Subscriber Identifier</b>	<b>R</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F
REF02	Reference Identification	R	AN	1-50		AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	"No Data"
<b>REF</b>	<b>Member Supplemental Identifier</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3	3H-Case Number Q4-Prior Identifier Number (Primary AHCCCS ID) 17-Client Reporting Category (Voucher Number)	3H Q4 17	3H Q4 17						3H 17				3H Q4 17	
REF02	Reference Identification	R	AN	1-50	1) Case Number (when REF01=3H) 2) Primary AHCCCS ID (when REF01=Q4) 3) Voucher Number (when REF01=17)	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER						1) CASE ID 3) VOUCHER NUMBER				1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER	
<b>DTP</b>	<b>Member Level Dates</b>	<b>S</b>																

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	
DTP01	Date/Time Qualifier	R	ID	3-3		356 357	356 357	303	303	303	303	303	303	303	303	303	303		
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8		
DTP03	Date Time Period	R	AN	1-35		ENRL BEG ENRL END	ENRL BEG ENRL END	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE	PROCE SS DATE		
	<b>2100A MEMBER NAME (1)</b>	R																	
<b>NM1</b>	<b>Member Name</b>	<b>R</b>																	
NM101	Entity Identifier Code	R	ID	2-3		IL	IL	IL	IL	IL 74	IL	IL	IL	IL	IL	IL	IL	IL	
NM102	Entity Type Qualifier	R	ID	1-1		1	1	1	1	1	1	1	1	1	1	1	1	1	
NM103	Name Last or Organization Name	R	AN	1-60		LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	LAST NAME	"No Last Name"
NM104	Name First	S	AN	1-35		FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	FIRST NAME	"No First Name"
NM105	Name Middle	S	AN	1-25		MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	
<b>PER</b>	<b>Member Communications Numbers</b>	<b>S</b>																	
PER01	Contact Function Code	R	ID	2-2		IP		IP										IP	
PER03	Communication Number Qualifier	R	ID	2-2		HP		HP										HP	
PER04	Communication Number	R	AN	1-256		HOME PHONE		HOME PHONE										HOME PHONE	
PER05	Communication Number Qualifier	S	ID	2-2		TE		TE										TE	
PER06	Communication Number	S	AN	1-256		EMER PHONE		EMER PHONE										EMER PHONE	
<b>N3</b>	<b>Member Residence Street Address</b>	<b>S</b>																	

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
N301	Address Information	R	AN	1-55	Needed until Errata approved	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1
N302	Address Information	S	AN	1-55		RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2
<b>N4</b>	<b>Member Residence City, State, ZIP Code</b>	<b>S</b>																
N401	City Name	R	AN	2-30		CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY
N402	State or Province Code	S	AN	2-2		STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE
N403	Postal Code	S	ID	3-15		ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP
N405	Location Qualifier	S	ID	1-2		CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY
N406	Location Identifier	S	AN	1-30		CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE
<b>DMG</b>	<b>Member Demographics</b>	<b>S</b>																
DMG01	Date Time Period Format Qualifier	R	ID	2-3		D8	D8			D8							D8	
DMG02	Date Time Period	R	AN	1-35		DOB	DOB			DOB							DOB	
DMG03	Gender Code	R	ID	1-1		GENDE R	GENDE R			GENDE R							GENDE R	
DMG04	Marital Status Code	S	ID	1-1		MARITA L STA											MARITA L STA	
DMG05-1	Race or Ethnicity Code	S	ID	1-1		ETHNICI TY											ETHNICI TY	
<b>LUI</b>	<b>Member Language</b>	<b>S</b>																
LUI01	Identification Code Qualifier	S	ID	1-2		LE											LE	
LUI02	Identification Code	S	AN	2-80		LANGUA GE											LANGUA GE	
LUI04	Use of Language Indicator	S	ID	1-2		6											6	

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
	<b>2100B INCORRECT MEMBER NAME( 1 )</b>				Sent on Name change actions only; not used on monthly													
<b>NM1</b>	<b>Incorrect Member Name</b>	<b>S</b>																
NM101	Entity Identifier Code	R	ID	2-3						70								
NM102	Entity Type Qualifier	R	ID	1-1						1								
NM103	Name Last or Organization Name	R	AN	1-60						PRIOR LAST NAME								
NM104	Name First	S	AN	1-35						PRIOR FIRST NAME								
NM105	Name Middle	S	AN	1-25						PRIOR MI								
<b>DMG</b>	<b>Incorrect Member Demographics</b>	<b>S</b>			Used when Action code ≠ NC (Name change); not used on monthly													
DMG01	Date Time Period Format Qualifier	S	ID	2-3						D8								
DMG02	Date Time Period	S	AN	1-35						PRIOR DOB								
DMG03	Gender Code	S	ID	1-1						PRIOR GENDER								
	<b>2100C MEMBER MAILING ADDRESS ( 1 )</b>				Only present if different from Residential Address													
<b>NM1</b>	<b>Member Mailing Address</b>	<b>S</b>																
NM101	Entity Identifier Code	R	ID	2-3		31		31									31	
NM102	Entity Type Qualifier	R	ID	1-1		1		1									1	

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
<b>N3</b>	<b>Member Mail Street Address</b>	<b>S</b>																
N301	Address Information	R	AN	1-55		MAIL STR1		MAIL STR1									MAIL STR1	
N302	Address Information	S	AN	1-55		MAIL STR2		MAIL STR2									MAIL STR2	
<b>N4</b>	<b>Member Mail City, State, Zip</b>	<b>S</b>																
N401	City Name	R	AN	2-30		MAIL CITY		MAIL CITY									MAIL CITY	
N402	State or Province Code	S	AN	2-2		MAIL ST		MAIL ST									MAIL ST	
N403	Postal Code	S	ID	3-15		MAIL ZIP		MAIL ZIP									MAIL ZIP	
	<b>2100G RESPONSIBLE PERSON (13)</b>				Mother's information on Newborn Adds only (when INS04='02' Birth)													
<b>NM1</b>	<b>Responsible Person</b>	<b>S</b>																
NM101	Entity Identifier Code	R	ID	2-3		S1												
NM102	Entity Type Qualifier	R	ID	1-1		1												
NM103	Name Last or Organization Name	R	AN	1-60		MOM-LAST-NAME												
NM104	Name First	S	AN	1-35		MOM-FIRST-NAME												
NM105	Name Middle	S	AN	1-25		MOM-MI												
NM108	Identification Code Qualifier	S	ID	1-2		ZZ												
NM109	Identification Code	S	AN	2-80		MOM-ID (9) + MOM-CASE-ID (9)												



Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	
<b>N3</b>	<b>Responsible Person Street Address</b>	<b>S</b>																	
N301	Address Information	R	AN	1-55		RES-STR-1													
N302	Address Information	S	AN	1-55		RES-STR-2													
<b>N4</b>	<b>Responsible Person City, State, Zip</b>	<b>R</b>																	
N401	City Name	R	AN	2-30		RES-CITY													
N402	State or Province Code	S	ID	2-2		RES-ST													
N403	Postal Code	S	ID	3-15	5 or 9 digit Zip Code	RES-ZIP													
	<b>2300 HEALTH COVERAGE ( 99 )</b>				<b>HMO LOOP</b>														
<b>HD</b>	<b>Health Coverage</b>	<b>S</b>																	
HD01	Maintenance Type Code	R	ID	3-3		021											030		
HD03	Insurance Line Code	R	ID	2-3		HMO											HMO		
<b>DTP</b>	<b>Health Coverage Dates</b>	<b>R</b>																	
DTP01	Date/Time Qualifier	R	ID	3-3		348 349											348		
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8											D8		
DTP03	Date Time Period	R	AN	1-35		Begin Date End Date											Begin Date		

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
<b>AMT</b>	<b>Health Coverage Policy</b>	<b>S</b>																
AMT01	Amount Qualifier Code	R	ID	1-3														
AMT02	Monetary Amount	R	R	1-18														
<b>REF</b>	<b>Health Coverage Policy Number</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		CE											CE	
REF02	Reference Identification	R	AN	1-50		Contract Type											Contract Type	
	<b>2320 COORDINATION OF BENEFITS (5)</b>																	
<b>COB</b>	<b>Coordination of Benefits</b>	<b>S</b>																
COB01	Payer Responsibility Sequence Number Code	R	ID	1-1														
COB02	Reference Identification	S	AN	1-50														
COB03	Coordination of Benefits Code	R	ID	1-1														
<b>REF</b>	<b>Additional Coordination of Benefits Identifiers</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3														
REF02	Reference Identification	R	AN	1-50														
<b>DTP</b>	<b>Coordination of Benefits Eligibility Dates</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3														

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	<b>2330 COORDINATION OF BENEFITS RELATED ENTITY ( 3 )</b>																	
<b>NM1</b>	<b>Coordination of Benefits Related Entity</b>	<b>S</b>			Note: This segment partially existed in 4010 at 2320/N1.													
NM101	Entity Identifier Code	R	ID	2-3														
NM102	Entity Type Qualifier	S	ID	1-1														
NM103	Name Last or Organization Name	S	AN	1-60														
<b>N3</b>	<b>Coordination of Benefits Related Entity Address</b>	<b>S</b>																
N301	Address Information	R	AN	1-55														
<b>N4</b>	<b>Coordination of Benefits Other Insurance Company City, State, ZIP Code</b>	<b>R</b>																
N401	City Name	R	AN	2-30														
N402	State or Province Code	S	ID	2-2														
N403	Postal Code	S	ID	3-15														
<b>PER</b>	<b>Administrative Communications Contact</b>	<b>S</b>																
PER01	Contact Function Code	R	ID	2-2														

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
PER03	Communication Number Qualifier	R	ID	2-2														
PER04	Communication Number	R	AN	1-256														

2300 HEALTH COVERAGE (99)					SOC LOOP													
<b>HD</b>	<b>Health Coverage</b>	<b>S</b>																
HD01	Maintenance Type Code	R	ID	3-3		021								001				030
HD03	Insurance Line Code	R	ID	2-3		LTC								LTC				LTC
<b>DTP</b>	<b>Health Coverage Dates</b>	<b>R</b>																
DTP01	Date/Time Qualifier	R	ID	3-3		348								348				348
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8								D8				D8
DTP03	Date Time Period	R	AN	1-35		SOC Begin Date								SOC Begin Date				SOC Begin Date
<b>AMT</b>	<b>Health Coverage Policy</b>	<b>S</b>																
AMT01	Amount Qualifier Code	R	ID	1-3		C1								C1				C1
AMT02	Monetary Amount	R	R	1-18		SOC-AMT								SOC-AMT				SOC-AMT
<b>REF</b>	<b>Health Coverage Policy Number</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3														
REF02	Reference Identification	R	AN	1-50														

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
	<b>2320 COORDINATION OF BENEFITS (5)</b>																	
<b>COB</b>	<b>Coordination of Benefits</b>	<b>S</b>																
COB01	Payer Responsibility Sequence Number Code	R	ID	1-1														
COB02	Reference Identification	S	AN	1-50														
COB03	Coordination of Benefits Code	R	ID	1-1														
<b>REF</b>	<b>Additional Coordination of Benefits Identifiers</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3														
REF02	Reference Identification	R	AN	1-50														
<b>DTP</b>	<b>Coordination of Benefits Eligibility Dates</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	<b>2330 COORDINATION OF BENEFITS RELATED ENTITY (3)</b>																	
<b>NM1</b>	<b>Coordination of Benefits Related Entity</b>	<b>S</b>			Note: This segment partially existed in 4010 at 2320/N1.													

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
NM101	Entity Identifier Code	R	ID	2-3														
NM102	Entity Type Qualifier	S	ID	1-1														
NM103	Name Last or Organization Name	S	AN	1-60														
<b>N3</b>	<b>Coordination of Benefits Related Entity Address</b>	<b>S</b>																
N301	Address Information	R	AN	1-55														
<b>N4</b>	<b>Coordination of Benefits Other Insurance Company City, State, ZIP Code</b>	<b>R</b>																
N401	City Name	R	AN	2-30														
N402	State or Province Code	S	ID	2-2														
N403	Postal Code	S	ID	3-15														
<b>PER</b>	<b>Administrative Communications Contact</b>	<b>S</b>																
PER01	Contact Function Code	R	ID	2-2														
PER03	Communication Number Qualifier	R	ID	2-2														
PER04	Communication Number	R	AN	1-256														
	<b>2300 HEALTH COVERAGE (99)</b>				<b>COB LOOP</b>													
<b>HD</b>	<b>Health Coverage</b>	<b>S</b>																
HD01	Maintenance Type Code	R	ID	3-3											001			
HD03	Insurance Line Code	R	ID	2-3	Distinguishes the COB loop										MM			

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
<b>DTP</b>	<b>Health Coverage Dates</b>	<b>R</b>																
DTP01	Date/Time Qualifier	R	ID	3-3											348			
DTP02	Date Time Period Format Qualifier	R	ID	2-3											D8			
DTP03	Date Time Period	R	AN	1-35											Begin Date			
<b>AMT</b>	<b>Health Coverage Policy</b>	<b>S</b>																
AMT01	Amount Qualifier Code	R	ID	1-3														
AMT02	Monetary Amount	R	R	1-18														
<b>REF</b>	<b>Health Coverage Policy Number</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3														
REF02	Reference Identification	R	AN	1-50														
	<b>2320 COORDINATION OF BENEFITS (5)</b>																	
<b>COB</b>	<b>Coordination of Benefits</b>	<b>S</b>																
COB01	Payer Responsibility Sequence Number Code	R	ID	1-1											U			

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
COB02	Reference Identification	S	AN	1-50											TPL-INS-TYP (1) + TPL-POLICY-ID (20) or MEDICARE CLAIM ID NUMBER			
COB03	Coordination of Benefits Code	R	ID	1-1											5			
<b>REF</b>	<b>Additional Coordination of Benefits Identifiers</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3	6P-Group number										6P			
REF02	Reference Identification	R	AN	1-50	Not used for Medicare Part A or B										INS-GRP-NUM or PART D DRUG PLAN ID NUMBER			
<b>REF</b>	<b>Additional Coordination of Benefits Identifiers</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3	60-Account Suffix code										60			
REF02	Reference Identification	R	AN	1-50											TPL-SEQ-NO			
<b>DTP</b>	<b>Coordination of Benefits Eligibility Dates</b>	<b>S</b>																



Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	
DTP01	Date/Time Qualifier	R	ID	3-3											344 345				
DTP02	Date Time Period Format Qualifier	R	ID	2-3											D8				
DTP03	Date Time Period	R	AN	1-35											Begin Date End Date				
<b>2330 COORDINATION OF BENEFITS RELATED ENTITY (3)</b>																			
NM1	Coordination of Benefits Related Entity	S			Note: This segment partially existed in 4010 at 2320/N1.														
NM101	Entity Identifier Code	R	ID	2-3											IN				
NM102	Entity Type Qualifier	S	ID	1-1											2				
NM103	Name Last or Organization Name	S	AN	1-60	If present, Medicare Part A Carrier ID = 00050, Medicare Part B Carrier ID = 00051 and Medicare Part D Carrier ID = 00052.										MASTE R CARRIE R ID + CARRIE R NAME/M EDICAR E PLAN NAME				
N3	Coordination of Benefits Related Entity Address	S																	

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
N301	Address Information	R	AN	1-55	TPL address, if known, else "No Address Known" (No address known/stored for Medicare Part A, B or D.)										TPL-STR-1 or "No Address Known" (Medicare Part A/B)			
N302	Address Information	S	AN	1-55	TPL address, if present, (No address known/stored for Medicare Part A, B or D.)										TPL-STR-2			
<b>N4</b>	<b>Coordination of Benefits Other Insurance Company City, State, ZIP Code</b>	<b>R</b>																
N401	City Name	R	AN	2-30	TPL address, if known, else "No City" (No address known/stored for Medicare Part A, B or D.)										TPL-CITY or "No City"			
N402	State or Province Code	S	ID	2-2	TPL address, if known, else "AZ" (No address known/stored for Medicare Part A, B or D.)										TPL-STATE or "AZ"			

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
N403	Postal Code	S	ID	3-15	TPL address, if known, else "85034" (No address known/stored for Medicare Part A, B or D.)										TPL-ZIP or "85034"			
<b>PER</b>	<b>Administrative Communications Contact</b>	<b>S</b>			TPL Phone Number, if present, else not used.													
PER01	Contact Function Code	R	ID	2-2											CN			
PER03	Communication Number Qualifier	R	ID	2-2											TE			
PER04	Communication Number	R	AN	1-256											TPL-PHONE			
<b>LS</b>	<b>Additional Reporting Categories</b>																	
LS01	Loop Identifier Code	R	AN	1-4		2700	2700	2700	2700	2700	2700	2700	2700	2700		2700	2700	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>ACTION CODE</b>													
LX01	Assigned Number	R	NO	1-6	Incrementing number													

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75	75	75	75	75	75	75	75	75				
N102	Name	R	AN	1-60		"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"				
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ				
REF02	Reference Identification	R	AN	1-50		ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE				
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>RATE CODE</b>													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75							75				75	

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
N102	Name	R	AN	1-60		"Rate Code"							"Rate Code"				"Rate Code"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		9V							9V				9V	
REF02	Reference Identification	R	AN	1-50		RATE CODE							RATE CODE				RATE CODE	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3									007				007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3									D8				D8	
DTP03	Date Time Period	R	AN	1-35									Begin Date				Begin Date	

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>PRIOR PLAN</b>													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75	75											

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
N102	Name	R	AN	1-60	ADD - Use Prior Plan only when last member enrollment was within 90 days and with a different plan. DISENROLL - Use New Plan only when member is enrolled in a different plan the day after the term date.	"Prior Plan"	"New Plan"											
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		18	18											
REF02	Reference Identification	R	AN	1-50	ADD - Use Prior Plan only when last member enrollment was within 90 days and with a different plan. DISENROLL - Use New Plan only when member is enrolled in a different plan the day after the term date.	PRIOR PLAN ID (6) + PRIOR PLAN NAME (25)	NEW PLAN ID (6) + NEW PLAN NAME (25)											
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
DTP03	Date Time Period	R	AN	1-35														

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>CO-PAY LEVEL</b>													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75			75								75	
N102	Name	R	AN	1-60		"Co-Pay Level"			"Co-Pay Level"								"Co-Pay Level"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		9X			9X								9X	
REF02	Reference Identification	R	AN	1-50		CO-PAY LEVEL NUMBER			CO-PAY LEVEL NUMBER								CO-PAY LEVEL NUMBER	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3		007			007								007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8			D8								D8	
DTP03	Date Time Period	R	AN	1-35		Co-Pay Effective Begin Date			Co-Pay Effective Begin Date								Co-Pay Effective Begin Date	

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>MH CATEGORY</b>													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75					75						75	
N102	Name	R	AN	1-60		"BHS"					"BHS"						"BHS"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1					XX1						XX1	
REF02	Reference Identification	R	AN	1-50		MH CATEG ORY CODE (1) + MH PROVID ER ID (6) + MH PROVID ER NAME (20)					MH CATEG ORY CODE (1) + MH PROVID ER ID (6) + MH PROVID ER NAME (20)						MH CATEG ORY CODE (1) + MH PROVID ER ID (6) + MH PROVID ER NAME (20)	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3		007					007						007	



Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8 RD8					D8 RD8						D8	
DTP03	Date Time Period	R	AN	1-35	ADD action = Begin Date or Begin Date through End Date; CHANGE action = Begin Date or Begin Date through End Date; TERM action = End Date	Begin Date  Begin Date-End Date					Begin Date or End Date  Begin Date-End Date						Begin Date	

<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>NICU</b>													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75						75					75	
N102	Name	R	AN	1-60		"NICU"						"NICU"					"NICU"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1						XX1					XX1	
REF02	Reference Identification	R	AN	1-50		NI						NI					NI	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>PG INDICATOR</b>													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75						75					75	
N102	Name	R	AN	1-60		"Pregnancy"						"Pregnancy"					"Pregnancy"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1						XX1					XX1	
REF02	Reference Identification	R	AN	1-50		PG						PG					PG	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3		007						007					007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8						D8					D8	
DTP03	Date Time Period	R	AN	1-35		EXPECTED DELIVE						EXPECTED DELIVE					EXPECTED DELIVE	

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
						RY DATE						RY DATE					RY DATE	

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>LTC</b> For Long Term Care recipients only.													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75											75	
N102	Name	R	AN	1-60		"LTC"											"LTC"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1											XX1	
REF02	Reference Identification	R	AN	1-50		NURSIN G HOME ID (6) + NURSIN G HOME NAME (25) (or CASE WORKE R ID [6] + CASE											NURSIN G HOME ID (6) + NURSIN G HOME NAME (25) (or CASE WORKE R ID [6] + CASE	

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
						WORKER NAME [25]											WORKER NAME [25]	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														
	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>LTC TRANSITION INDICATOR</b> For Long Term Care recipients only.													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75											75	

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
N102	Name	R	AN	1-60		"Transiti on Indicator "											"Transiti on Indicator "	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1											XX1	
REF02	Reference Identification	R	AN	1-50		Y											Y	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>AZEIP</b>													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3												75		
N102	Name	R	AN	1-60												"AZEIP"		
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
REF01	Reference Identification Qualifier	R	ID	2-3												PID		
REF02	Reference Identification	R	AN	1-50												AZEIP CLIENT ID		
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>CRS</b>													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3												75		
N102	Name	R	AN	1-60												"CRS"		
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3												PID		
REF02	Reference Identification	R	AN	1-50												CRS CLIENT ID		

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>MEDICARE HMO</b>													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3												75		
N102	Name	R	AN	1-60												"Medicare HMO"		
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3												PID		
REF02	Reference Identification	R	AN	1-50												PLAN ID (5) + PLAN NAME (40)		
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3														

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														

	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>TSC</b>													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3												75		
N102	Name	R	AN	1-60												"TSC"		
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3												PID		
REF02	Reference Identification	R	AN	1-50												TSC CLIENT ID		
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3														
DTP02	Date Time Period Format Qualifier	R	ID	2-3														
DTP03	Date Time Period	R	AN	1-35														



Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>LTC PLACEMENT</b>													
LX01	Assigned Number	R	NO	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75		75					75				75	
N102	Name	R	AN	1-60		"LTC PLACEMENT"		"LTC PLACEMENT"					"LTC PLACEMENT"				"LTC PLACEMENT"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3	LU-Location Number	LU		LU					LU				LU	
REF02	Reference Identification	R	AN	1-50		PLACEMENT CODE		PLACEMENT CODE					PLACEMENT CODE				PLACEMENT CODE	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3		007		007					007				007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		RD8		RD8					RD8				RD8	
DTP03	Date Time Period	R	AN	1-35		BEGIN/ND DATE		BEGIN/ND DATE					BEGIN/ND DATE				BEGIN/ND DATE	
	<b>2710 MEMBER REPORTING CATEGORIES (&gt;1)</b>																	

Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
<b>LX</b>	<b>Member Reporting Categories</b>	<b>S</b>			<b>LTC RESIDENCE</b>													
LX01	Assigned Number	R	N0	1-6	Incrementing number													
	<b>2750 REPORTING CATEGORY (1)</b>																	
<b>N1</b>	<b>Reporting Category</b>	<b>S</b>																
N101	Entity Identifier Code	R	ID	2-3		75		75					75				75	
N102	Name	R	AN	1-60		"LTC RESIDENCE"		"LTC RESIDENCE"					"LTC RESIDENCE"				"LTC RESIDENCE"	
<b>REF</b>	<b>Reporting Category Reference</b>	<b>S</b>																
REF01	Reference Identification Qualifier	R	ID	2-3		LU		LU					LU				LU	
REF02	Reference Identification	R	AN	1-50		RESIDENCE CODE		RESIDENCE CODE					RESIDENCE CODE				RESIDENCE CODE	
<b>DTP</b>	<b>Reporting Category Date</b>	<b>S</b>																
DTP01	Date/Time Qualifier	R	ID	3-3		007		007					007				007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		RD8		RD8					RD8				RD8	
DTP03	Date Time Period	R	AN	1-35		BEGIN/END DATE		BEGIN/END DATE					BEGIN/END DATE				BEGIN/END DATE	
<b>LE</b>	<b>Additional reporting Categories Loop Termination</b>																	
LE01	Loop Identifier Code	R	AN	1-4		2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	
	<b>TRAILER</b>																	
<b>SE</b>	<b>Transaction Set Trailer</b>	<b>R</b>																

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB	DAILY ON 1st OF MONTH	MONTHLY	EMPTY
SE01	Number of Included Segments	R	NO	1-10														
SE02	Transaction Set Control Number	R	AN	4-9														

DRAFT

## 4.1.2 820 Examples

### 4.1.2.1 Normal 820 Example

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

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 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
	Transaction Set Control Number	000000001
ST02	Implementation Convention Reference	005010X218
ST03	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>49.86</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	000000000075939
TRN03	Originating Company Identifier	1866004791
<b>REF</b>	<b>Premium Receivers Identification Key</b>	
REF01	Reference Identification Qualifier	14-Master Account Number

Element	Identifier Description	Values
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>2000B INDIVIDUAL REMITTANCE</b>	<b>MEMBER #1</b>
<b>ENT</b>	<b>Individual Remittance</b>	
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>	<b>Individual Name</b>	
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>

Element	Identifier Description	Values
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	H19101FH00379182 <b>20091001</b>
<b>RMR04</b>	<b>Detail Premium Payment Amount</b>	<b>89.30</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>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>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>-94.06</b>
<b>DTM</b>	<b>Individual Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8

Element	Identifier Description	Values
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>54.62</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	

#### 4.1.2.2 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

Element	Identifier Description	Values
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

Element	Identifier Description	Values
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	000000000075939
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>	<b>Organization Summary Remittance</b>	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	AG - Agency
ENT03	Identification Code Qualifier	FI - Federal Tax Identification Number
ENT04	Identification Code	866004791



Element	Identifier Description	Values
<b>2300A ORGANIZATION SUMMARY</b>		
<b>RMR</b>	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK
RMR02	Reference Identification	10J01SANCTN821
RMR03	Payment Action Code	PI – Pay Item
<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 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 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>

Element	Identifier Description	Values
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	

### 4.1.2.3 BHS Example

For BHS 820, Move (D Rec) ELG-GROUP+(D Rec) TOTAL-GROUP-CAP from SLN01:

1. Move the ELG-GROUP (or "MANUAL ENTRY") to be concatenated with the Invoice number in 2300/RMR02
2. Move the TOTAL-GROUP-CAP to the 2300/RMR04 to replace the INV-AMT-PAID. The INV-AMT-PAID was equal to the BPR02 value for BHS.

Note:

1. The 2300A/RMR segment may occur more than 1x per 2000A/ENT loop.
2. Sum of all RMR04=BPR02

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 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	BHS079999

Element	Identifier Description	Values
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 Implementation Convention	000000001
ST03	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>1084309.97</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	20091106
<b>TRN</b>	<b>Reassociation Trace Number</b>	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	000000000000249
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	079999
<b>DTM</b>	<b>Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
<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	DHS - BEHAVIOR HEALTH
<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</b>		

Element	Identifier Description	Values
<b>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 REMITTANCE</b>		
<b>ENT</b>	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2L- Corporation
ENT03	Identification Code Qualifier	F1 – Federal Tax ID
ENT04	Identification Code	866004791
<b>2300A ORGANIZATION SUMMARY REMITTANCE DETAIL</b>		
<b>RMR</b>	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	TXXI KIDP00124334  (ELG-GROUP or "MANUAL ENTRY" +VOU-ID-BHS)
RMR03	Payment Action Code	Not used
RMR04	Detail Premium Payment Amount	<b>1050536.48</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	20091101-20091130
<b>2310A SUMMARY LINE ITEM</b>		
<b>IT1</b>	IT1 Segment - Summary Line Item	
IT101	Line Item Control Number	Start with '1' and increment
<b>2315A MEMBER COUNT</b>		
<b>SLN</b>	SLN Segment - Member Count	
SLN01	Line Item Control Number	Start with '1' and increment
SLN03	Information Only Indicator	O – Information Only
SLN04	Head Count	Group count
SLN05	Unit or Basis for Measurement Code	IE - Person
<b>2300A ORGANIZATION SUMMARY REMITTANCE</b>		
		<i>Occurrence #2</i>

Element	Identifier Description	Values
<b>DETAIL</b>		
<b>RMR</b>	Organization Summary	
	Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	TXXI ADUP00124334  (ELG-GROUP or "MANUAL ENTRY" +VOU-ID-BHS)
RMR03	Payment Action Code	Not used
RMR04	Detail Premium Payment Amount	<b>33773.49</b>
<b>DTM Coverage Period</b>		
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
<b>2310A SUMMARY LINE ITEM</b>		
<b>IT1</b>	IT1 Segment - Summary Line Item	
IT101	Line Item Control Number	2
<b>2315A MEMBER COUNT</b>		
<b>SLN</b>	SLN Segment - Member Count	
SLN01	Line Item Control Number	2
SLN03	Information Only Indicator	O – Information Only
SLN04	Head Count	Group count
SLN05	Unit or Basis for Measurement Code	IE - Person
<b>SE</b>	<b>Transaction Set Trailer</b>	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

#### 4.1.2.4 BHS Adjustment Example

For BHS 820, Move (D Rec) ELG-GROUP+(D Rec) TOTAL-GROUP-CAP from SLN01:

1. Move the ELG-GROUP (or "MANUAL ENTRY") to be concatenated with the Invoice number in 2300/RMR02
2. Move the TOTAL-GROUP-CAP to the 2300/RMR04 to replace the INV-AMT-PAID. The INV-AMT-PAID was equal to the BPR02 value for BHS.

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 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	BHS079999
GS04	Functional group creation date	CCYYMMDD

Element	Identifier Description	Values
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>1084309.97</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	20091106
<b>TRN</b>	<b>Reassociation Trace Number</b>	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	000000000000249
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	079999
<b>DTM</b>	<b>Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
<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	DHS - BEHAVIOR HEALTH
<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>		

Element	Identifier Description	Values
<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 REMITTANCE</b>		
<b>ENT</b>	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2L- Corporation
ENT03	Identification Code Qualifier	FI – Federal Tax ID
ENT04	Identification Code	866004791
<b>2300A ORGANIZATION SUMMARY REMITTANCE DETAIL</b>		
<b>RMR</b>	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	MANUAL ENTRYMH012433200000  (ELG-GROUP or "MANUAL ENTRY" +VOU-ID-BHS)
RMR03	Payment Action Code	Not used
RMR04	Detail Premium Payment Amount	1185786.44
RMR05	Billed Premium Amount	11741526.72
<b>2310A SUMMARY LINE ITEM</b>		
<b>IT1</b>	IT1 Segment - Summary Line Item	
IT101	Line Item Control Number	Start with '1' and increment
<b>2315A MEMBER COUNT</b>		
<b>SLN</b>	SLN Segment - Member Count	
SLN01	Line Item Control Number	Start with '1' and increment
SLN03	Information Only Indicator	O – Information Only
SLN04	Head Count	Default to '0'
SLN05	Unit or Basis for Measurement Code	IE - Person
<b>2320A ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT</b>		
<b>ADX</b>	ADX Segment - Organization Summary Remittance Level Adjustment	

Element	Identifier Description	Values
ADX01	Adjustment Amount	(ADJ-AMT + PREV-PD-AMT + REM-BAL) * -1
ADX02	Adjustment Reason Code	H6 – Partial Payment
<b>SE Transaction Set Trailer</b>		
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

#### 4.1.2.5 CRS Example

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 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 820 Header</b>		
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
<b>BPR Financial Information</b>		
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	Total Premium Payment Amount	<b>376190.47</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	20100210
<b>TRN Reassociation Trace Number</b>		
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	000000000000253
TRN03	Originating Company Identifier	1866004791
<b>REF Premium Receivers Identification Key</b>		
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	999111



Element	Identifier Description	Values
<b>DTM</b>	<b>Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20090501-20091130
	<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>ENT</b>	<b>Organization Summary Remittance</b>	
ENT01	Assigned Number	
ENT02	Entity Identifier Code	2L – Corporation
ENT03	Identification Code Qualifier	FI – Federal TIN
ENT04	Organization Identification Code	866004791
<b>2300A</b>	<b>Organization Summary Remittance Detail</b>	<b>1st occurrence</b>
<b>RMR</b>	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	CK0000116
RMR04	Detail Premium Payment Amount	0 (default)
<b>2300A</b>	<b>Organization Summary Remittance Detail</b>	<b>2nd occurrence +</b>
<b>RMR</b>	Individual Premium Remittance	

Element	Identifier Description	Values
	Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	%136013CRSL  (Contract Type, Service Area, Enroll Rate Code, CRS Rate Code)
RMR04	Detail Premium Payment Amount	-219.97
<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	20090501-20090531
<b>2300A</b>	<b>Organization Summary Remittance Detail</b>	<b>Repeats</b>
<b>RMR</b>	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	%136013CRSL  (Contract Type, Service Area, Enroll Rate Code, CRS Rate Code)
RMR04	Detail Premium Payment Amount	-219.97
<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	20090601-20090630
<b>SE</b>	<b>Transaction Set Trailer</b>	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

#### 4.1.2.6 CRS Manual Payment Example

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 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

Element	Identifier Description	Values
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>2000</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	20100210
<b>TRN</b>	<b>Reassociation Trace Number</b>	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	000000000000253
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	999111
<b>DTM</b>	<b>Coverage Period</b>	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20090828-20090828
	<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>	

Element	Identifier Description	Values
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>ENT</b>	<b>Organization Summary Remittance</b>	
ENT01	Assigned Number	
ENT02	Entity Identifier Code	2L – Corporation
ENT03	Identification Code Qualifier	FI – Federal TIN
ENT04	Organization Identification Code	866004791
<b>2300A</b>	<b>Organization Summary Remittance Detail</b>	<b>1st occurrence</b>
<b>RMR</b>	<b>Individual Premium Remittance Detail</b>	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	CK0000116
RMR04	Detail Premium Payment Amount	<b>2000</b> (Invoice Amount Paid; =BPR02)
RMR05	Billed Premium Amount	3000 (Invoice Amount)
<b>ADX</b>	<b>Organization Summary Remittance Level Adjustment</b>	
ADX01	Adjustment Amount	-1000 (Difference of 2300A/RMR04 and RMR05)
ADX02	Adjustment Reason Code	H6 – Partial Payment Remitted
<b>SE</b>	<b>Transaction Set Trailer</b>	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

#### 4.1.2.7 Empty File Example

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 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

Element	Identifier Description	Values
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>0</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	"NO DATA"
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	20091015-20091015
	<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	"NO CAPITATION PAYMENT"
	<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>SE</b>	<b>Transaction Set Trailer</b>	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

## 4.2 Payer Specific Business Rules and Limitations

### 4.2.1 834 Enrollment Transaction

The 834 Enrollment Transaction transmits enrollment information from the sponsor of the insurance coverage (AHCCCS) to a health care payer (an AHCCCS Health Plan) on a daily and monthly basis. The daily version of this transaction provides data on initial enrollments, enrollment terminations, and subsequent changes to member-level enrollment data. The monthly version provides a listing of active members that is the basis for the health plan's monthly capitation pre-payment.

The Daily 834 Enrollment Transaction is used to identify:

- New members for whom the health plan is responsible
- Terminated or deceased members for whom the health plan is no longer responsible
- Demographic changes for each member such as changes in name, address or date of birth
- Other changes for each member such as changes in Rate Code or TPL coverage

The Monthly 834 Enrollment Transaction is used to:

- Reconcile health plan and AHCCCS member files
- Audit updates to health plan data applied from Daily 834 Transactions during the previous month

Member lines on both Daily and Monthly 834 Transactions carry Voucher Numbers when they result in capitation payments or adjustments. Corresponding Voucher Numbers also appear on payment lines in the 820 Capitation Payment Transaction and can be used to link enrollments to member level capitation payments.

### 4.2.2 820 Capitation Transaction

The 820 Capitation Transaction is a weekly file that provides each AHCCCS health plan with an electronic remittance advice for its capitation payments. AHCCCS makes all capitation payments on a weekly basis with an electronic payment or check to each capitated health plan. The weekly 820 can accumulate and report capitation payments generated during the prior week by Daily Rosters, Monthly Rosters, and ad hoc Mass Adjustment Files. Financial sanctions and other payments to and recoupments from health plans that are not member specific can also be carried on the 820. Partial capitation

payments can be accommodated on the 820 as organization level negative payments.

The AHCCCS Division of Budget and Finance (DBF) control payment data on the 820 through the Oracle Financial System. Finance specifies the Oracle Invoice Numbers (derived from Voucher Numbers generated in PMMIS) to be included in each weekly payment. Although more than one Invoice Number can appear on a Roster, Finance specifies Invoice Numbers in a way that includes full Daily Roster data in each payment. Rosters are not normally split between payments.

Finance makes an exception to the weekly payment inclusiveness rule for Daily or Mass Adjustment Rosters that result in negative payments to a health plan. Because payments cannot be made for negative amounts, these rosters are saved for payment until the next Monthly Pre-Payment Cycle when the payment total is certain to be higher than any negative adjustment.

The 820 Transaction is used to:

- Show monthly capitation pre-payments for each health plan member
- Show pro-rated payments for each health plan member who joined during the previous month
- Show positive or negative adjustments that reflect changes to previous capitation payments
- Show positive or negative Rate Code adjustments based on retroactive capitation rate changes by AHCCCS (mass adjustments)
- Show AHCCCS payments and recoveries that are not member specific, including financial sanctions imposed by AHCCCS due to late encounter submission

For AHCCCS, the concept of retroactive capitation adjustments is different from the adjustments to current payments supported by the 820 Transaction. For this reason, payments and recoupments reported on the 820 are always considered original payments rather than 820 adjustments.

### 4.3 Frequently Asked Questions

None available at this time.

### 4.4 Other Resources

#### 4.4.1 AHCCCS Action Code Translation Table

Action Type	Action Code	Description	834 Translation/Maintenance Reason Code Value
A	\$P	Manual Payment	820 Transaction – no map for 834.
A	AA	Algorithm Assigned	Mapped to HD04 in the 2300 Loop. 28 – Initial Enrollment
A	AI	Admin-In	28 – Initial Enrollment
A	BI	Enrollment Block In	28 – Initial Enrollment
A	CI	County Move-In	28 – Initial Enrollment
A	EC	Enrollment Choice	Mapped to HD04 in the 2300 Loop 28 – Initial Enrollment
A	EI	Open Enrollment-In	The health plan will receive a Potential Transition Listing separately. 28 – Initial Enrollment
A	FI	Family Continuity-In	28 – Initial Enrollment
A	MI	Medical Care Continuity-In	28 – Initial Enrollment
A	MR	Mass Adjustment Recoupment	820 Transaction – no map for 834
A	NB	Newborn	02 - Birth
A	NE	Normal Enrollment	28 - Initial Enrollment
A	NP	Normal Enrollment Prior Plan	28 – Initial Enrollment
A	PA	End of Contract-In - Auto Ass	28 – Initial Enrollment
A	PD	End of Contract- In - Direct	28 – Initial Enrollment
A	PP	End of Contract- In - Percent	28 – Initial Enrollment
A	PR	End of Contract - In - Rule M	28 – Initial Enrollment
A	RA	Retroactive Enrollment	28 – Initial Enrollment
A	RE	Re-Enrollment	41 - Re-enrollment
C	AC	Address Change	43 - Change of location
C	C1	"Combination Action Code" DB, NC, SX	25 - Change in Identifying Data Element
C	C2	"Combination Action Code" DB, NC	25 - Change in Identifying Data Element
C	C3	"Combination Action Code" DB, SX	25 - Change in Identifying Data Element
C	C4	"Combination Action Code" NC, SX	25 - Change in Identifying Data Element
C	CP	Co-pay Change	33 - Personnel Data
C	DB	Date of Birth Change	25 - Change in Identifying Data Element
C	HC	Acute Health Plan Change	22 – Plan Change
C	HK	Hospital Kick	820 Transaction – no map for 834
C	IC	SSN Change	Not Used



Action Type	Action Code	Description	834 Translation/Maintenance Reason Code Value
C	MC	Mental Health Change	A separate 2300 loop with HD03 = "AK" 22 – Plan Change
C	NI	NICU Change	Not Used
C	NC	Name Change	25 - Change in Identifying Data Element
C	OC	Other Change	Not Used
C	PG	Pregnant Women	Create a separate 2300 loop with HD03 = "AG". AI – No Reason Given
C	RC	Rate Code Change	29 - Benefit Selection
C	SB	Supplemental Birth Payment	820 Transaction – no map for 834
C	SC	Share of Cost Change	33 - Personnel Data
C	SX	Sex Change	25 - Change in Identifying Data Element
C	TM	Mental Health Termination	22 – Plan Change
C	NONE	FYI Changes	AI – No Reason Given
C	NONE	TPL Changes	AI – No Reason Given
D	\$R	Manual Recoupment	820 Transaction – no map for 834
D	AE	Applied for New Eligibility	07 – Termination of Benefits
D	AO	Admin Out	22 - Plan Change
D	BO	Enrollment Block Out	Maintenance Reason Code will be blank Plans do not receive now
D	CH	Eligibility Change - Disenroll	07 – Termination of Benefits
D	CO	County Move-Out	22 – Plan Change
D	DE	Deceased	03 - Death
D	EO	Open Enrollment-Out	The Health Plan will still receive Potential Transition Listing separately. 07 – Termination of Benefits
D	FO	Family Continuity-Out	07 – Termination of Benefits
D	HO	Move out of Health Plan Area	07 – Termination of Benefits
D	IE	Ineligible	07 - Termination of Benefits
D	MA	Mass Adjustment Recoup	820 Transaction – no map for 834
D	MO	Medical Care Continuity-Out	07 – Termination of Benefits
D	OS	Out of State Move	07 – Termination of Benefits
D	PO	End of Contract - Out - Direct	07 – Termination of Benefits
D	PT	End of Contract-Out - %, AA,	07 – Termination of Benefits
D	RO	Recoupment MHS	820 Transaction – no map for 834
D	VW	Voluntary Withdrawal	14 - Voluntary Withdrawal

## 5. TI Change Summary

#	Location	Previously Stated	Revision
---	----------	-------------------	----------

DRAFT