

# AHCCCS Technical Interface Guidelines (TIG)

## Health Plan Interface- Third Party Leads Submission File Layout

Revised 12-2014

FIELD NAME	TYPE	SIZE	FROM	THRU	REQUIRED FIELD	DESCRIPTION
<b>HEADER RECORD</b>						
File Date	X	8	1	8	required	(ccyymmdd)
Health Plan Id Number	X	6	9	14	required	
Filler	X	376	15	390		
<b>DETAIL RECORD</b>						
Transaction Type	X	1	1	1	required	A - Add ; C=Change; T= Terminate
Activity Date	X	8	2	9	required	(ccyymmdd)
Member Last Name	X	17	10	26	required	
Member First Name	X	12	27	38	required	
Member Middle Initial	X	1	39	39		
Gender	X	1	40	40	*	M=Male, F=Female
Member's Social Security No	X	9	41	49		
AHCCCS ID	X	10	50	59	required	pos 1-9 for AZ
Date of Birth	X	8	60	67	required	(ccyymmdd)
Date of Death	X	8	68	75		(ccyymmdd)
Insured Relation to Policy Holder	X	1	76	76	required	Medicaid Insured Member's Relation to Policy Holder C-Child S- Spouse H- Holder (self) O- Other
Filler	X	2	77	78		
Carrier Name	X	36	79	114	required	PMMIS filled using Carrier ID
Carrier Street 1	X	40	115	154	*	PMMIS filled using Carrier ID
Carrier Street 2	X	40	155	194	*	PMMIS filled using Carrier ID
Carrier City	X	30	195	224	*	PMMIS filled using Carrier ID
Carrier State	X	2	225	226	*	PMMIS filled using Carrier ID
Carrier ZIP	X	9	227	235	*	PMMIS filled using Carrier ID
Carrier Phone	X	10	236	245	*	PMMIS filled using Carrier ID
Policy Number	X	20	246	265	contingent	<b>Required if no Insured SSN</b>
Group Number	X	20	266	285		if available
Policy Begin Date	X	8	286	293	required	(ccyymmdd)
Policy End Date	X	8	294	301	required	(ccyymmdd) use 99999999 as default for open end date
Insurance Type	X	1	302	302	required	<b>NEW</b> - Type of Coverage Code from PMMIS RF570 D= Dental M= Medical P= Pharmacy S=Medicare Supplemental
Filler	X	2	303	304		
Insured Last Name	X	17	305	321	required	

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Insured First Name	X	12	322	333	required	
Insured Middle Initial	X	1	334	334		
Insured SSN	X	9	335	343	contingent	<b>Required if no insured's Policy #</b>
Insured Employer	X	40	344	383		if available
Sequence Number	X	2	384	385	contingent	<b>NEW</b> - Required for Change 'C' & Terminate 'T' transactions
Carrier Code	X	5	386	390	required	<b>NEW</b> - AHCCCS Carrier ID # from PMMIS RF563

#### TRAILER RECORD

Number of Records	X	5	1	5	required	
Filler	X	385	6	390		
					* No longer required- PMMIS fill	

Note: additions or changes to Master Carrier file information must be submitted to AHCCCS TPL vendor directly as per instructions