



**PROVIDER AFFILIATION
TRANSMISSION USER
MANUAL**

EFFECTIVE: JANUARY 1, 2019



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I. OVERVIEW

The AHCCCS Division of Health Care Management (DHCM) is charged with the responsibility of monitoring the provider networks of Contractors to assure that they are adequate and that they meet the minimum contractual requirements. The Provider Affiliation Transmission (PAT) file is an integral part of this monitoring process. Every quarter Contractors submit information about each individual provider within their network as specified in Contract. Contractors must submit a separate PAT file for each line of business. The PAT file must be a true and accurate representation of the Contractor's provider network, and information must be submitted using the specifications found in this document. AHCCCS will regularly conduct verification procedures to monitor the accuracy of the data submitted by the Contractor.

Any questions regarding the PAT file or its submission should be directed to the DHCM Network Administrator.

II. DEFINITION OF TERMS

*(Terms with asterisk (**)) are included on the File Detail - A1)*

AHCCCS	The Arizona Health Care Cost Containment System
AMPM	The AHCCCS Medical Policy Manual
**BC INDICATOR	Indicates whether or not a provider is board certified
**BC INDICATOR - ABMS	Indicates whether or not provider types 08(MD) and 31(DO) are certified by the American Board of Medical Specialties (ABMS)
**BC DATE - ABMS	Date of most recent ABMS board certification (Required if BC Indicator – ABMS field is populated)
**BC EXPIRATION DATE- ABMS	Date of ABMS board certification expiration (Required if “BC Indicator– ABMS” and “BC Date– ABMS” fields are populated)
**BH INDICATOR	Indicates whether or not the provider performs behavioral health services
**BH/PCP	Indicates if the PCP treats ADHD, Anxiety or Depression
**CATEGORY OF SERVICE	Classifies a service that a provider can perform (Required for the following provider types: 23, 24, 25, 27, 37, 38, 39, 40, 44, 46, 70 and is optional for all other provider types.)
**CITY	The city portion of the provider’s service address
CONDITIONAL	Whether a field is required to be populated on the transmission depends upon the value of another field
**CONTRACT CODE	Defines the Contractor’s contracted relationship with the provider and the type of financial arrangements the Contractor has with the provider
CONTRACT TYPE	A single letter code identifying the Contractor’s line of business. When combined with the Contractor ID, it uniquely identifies the Contractor when submitting the PAT file
CONTRACTOR	An organization or entity that has a prepaid capitated contract with AHCCCS pursuant to A.R.S. §36-2904, A.R.S. §36-2940, A.R.S. §36-2944, or Chapter 34 of A.R.S. Title 36, to provide goods and services to members either directly or through subcontracts with providers, in conformance with contractual requirements and State and Federal law,

rule, regulations, and policies

**CONTRACTOR ID	A 6 digit number assigned by AHCCCS to identify each contracted Health Plan. When combined with the Contract Type, the Contractor ID it uniquely identifies the Contractor when submitting the PAT file
CONTRACTOR ID 999999 INVALID ON T0 HEADER RECORD	An error indicating the Header Contractor ID is not numeric
CONTRACTOR ID 999999 ON T0 HEADER RECORD NOT ON FILE	An error indicating the Header Contractor ID is not on the AHCCCS Contractor Database
**COUNTY CODE	An AHCCCS assigned code that identifies the county of the provider's service location
**CR INDICATOR	Indicates whether or not the provider has completed a residency
CREATE DATE INVALID	An error indicating the T0 Header Record Creation Date is not a valid date
CREATE DATE MISMATCH	An error indicating the creation date used in the file name does not match the Create Date in the T0 Header Record
CREATION DATE	The date that the provider affiliation transmission file is transmitted to AHCCCS
**DENTAL INDICATOR	Indicates whether or not the dental provider provides services other than routine and preventive care
**EPSDT INDICATOR	Indicates whether or not the provider provides services through primary prevention, early intervention, diagnosis and medically necessary treatment of physical and behavioral health problems for all enrolled AHCCCS members less than twenty one years of age
**FACILITY NAME	The name of the facility (provider) such as a hospital, lab, home health agency, surgery center, dialysis clinic etc. (Not required if first and last name fields are populated)
**GROUP PRACTICE NAME	An organization through which more than one provider contracts under the same contract (Optional)

HEALTH PLAN MISMATCH	An error indicating the Header Record Contractor ID is blank or not found in AHCCCS Contractor Database
**LANGUAGE SPOKEN CODE - PROVIDER	A code associated with a specific language, other than English, used by the provider
**LANGUAGE SPOKEN CODE - PROVIDER STAFF	A code associated with a specific language, other than English, used by the provider's staff
**LICENSE NUMBER	The number of a specific license issued to the provider by a specific licensing board to practice or to operate in Arizona (Required for the following provider types, 08, 07, 18, 19, 31)
**MEMBER CAPACITY	The maximum number of members accepted by the provider
**MEMBER COUNT	The total number of members currently assigned to the provider
**NAME FIRST	The first name of an individual provider (Not required if the provider type is a facility or organization)
**NAME LAST	The last name of an individual provider, or if the provider type is not an individual provider, the facility or the organization name (Required if the "Name First" field is populated)
MULTIPLE T0 HEADERS ON FILE	An error indicating there is more than one T0 Header Record in PAT File
NATIONAL PROVIDER IDENTIFIER (NPI)	A unique 10-digit identification number issued to health care providers by CMS
NO T0 HEADER RECORD	An error indicating the T0 Header Record Missing from PAT File
NO T9 TRAILER RECORD	An error indicating the T9 Trailer Record Missing from PAT File
**OB INDICATOR	Indicates whether or not the provider provides obstetric services
**OB/PCP	Indicates whether or not the PCP is willing to be responsible for the management/obstetrics of a member's health care through term
**PO INDICATOR	Indicates whether or not the provider's panel is open to new members
PAT	Abbreviation for the Provider Affiliation Transmission file
PAY FOR PERFORMANCE	Physician Incentive Plans that base compensation (in whole or in part) on the use or cost of services furnished to Medicaid recipients in order to improve statistical measures or outcomes

PCP	A provider registered with AHCCCS with the provider type 08-MD, 31-DO, 19-NP, 18-PA, who meets the requirements of A.R.S. §36-2901, and who is responsible for the management of the member's health care
**PCP INDICATOR	Indicates whether or not the provider is available as a primary care provider to the general membership
**PHONE NUMBER	Contracted provider service location phone number (10 digits)
**PROVIDER AFFILIATION	The relationship between a provider and a facility
PROVIDER TYPE CODE	A code identified during AHCCCS provider registration that indicates the services that may be rendered by the provider based upon their license/certification and other registration information. See AMPM Policy 610, Attachment A for valid AHCCCS provider types
RECORD COUNT MISMATCH	An error indicating that the number of records submitted do not match actual records read
RECORD TYPE	An AHCCCS assigned field that identifies a specific record on the file
**SERVICE PROVIDER REGISTRATION ID	A unique 6-digit code assigned to a provider during the AHCCCS registration process
**SEDATION	Indicates whether a dental facility/provider can provide sedation for children with complex medical or behavioral conditions
**SERVICES MOBILITY	Indicates whether a facility/provider can provide services to individuals with mobility limitations
**SERVICES INTELLECTUAL DISABILITY	Indicates whether a facility/provider can provide services to individuals who have difficulty communicating or cooperating such as those with autism or intellectual disability
**SPECIALTY CODE	A 3-digit code that identifies the specialties in which the provider is certified or licensed to practice
**SERVICES SPECIAL NEEDS	Indicates whether a facility/provider can provide services to individuals who have chronic physical, developmental, behavioral or emotional conditions

- **SERVICE STREET ADDRESS 1** The physical street address where the provider performs services. *Post Office Boxes must not be used.* Providers who are Hospitalists should use the hospital address as their service street address. **This field is for physical service location only. Information regarding practice names or the names of ancillary providers must not be entered into this field**
- **SERVICE STREET ADDRESS 2** Any secondary address unit designator (e.g. apartment office, suite or some other division)
- TOTAL RECORD COUNT** The total number of records submitted in the provider affiliation transmission
- **ZIP CODE** The ZIP code where the provider performs services

III. FILE SUBMISSION REQUIREMENTS

Each contractor is required to submit its Provider Affiliation Transmission file quarterly as outlined in its Contract’s Chart of Deliverables. If the PAT file fails to process due to file formatting requirements, or due to exceeding the file error limit, the Contractor has two days to resubmit a corrected PAT file.

- ◆ Contractors will use the following location on the AHCCCS secure ftp server to load the PAT file: <https://sftp.statemedicaid.us/AZ/AAA//PROD/IN/>. (‘AAA’ is the ftp folder assigned to the Contractor)
- ◆ Contractors will use the following naming convention for the PAT file: “PAMMDDYY-XXXXXXL.TXT”. (MMDDYY is the transmission date, ‘XXXXXX’ is the AHCCCS assigned Contractor ID, and ‘L’ is the Contract Type.) File names must be in upper case. See the table below for the appropriate Contract Type for each line of business:

Line of Business	Contract Type
RBHA	K
ALTCS	J
ACC; CMDP	A

IV. FILE FORMAT REQUIREMENTS

A submitted PAT file will initially be evaluated against minimum file format requirements. If these requirements are not met, the file will be rejected without being reviewed against data edits. For detailed specifications of the PAT file format and fields, see Appendix A: File Specifications. The following is a list of some of the formatting edits that apply:

- ◆ The record length must be 400 bytes
- ◆ A single file header (T0) record is required
- ◆ At least one file detail (A1) record is required
- ◆ A single file trailer (T9) record is required
- ◆ The Contractor ID on the file header record must be a registered AHCCCS Contractor
- ◆ The Contract Type must be valid for the Contractor ID
- ◆ The Creation Date on the file header record must be a valid date (MMDDYY) and the Creation Date must be the date the file is transmitted to AHCCCS
- ◆ The Total Record Count on the file trailer record must be formatted as a numeric with a value of greater than zero

V. DATA EDITING

If a PAT file meets file format requirements, the PAT file processor will evaluate the contents of the PAT file against internal edits. Fields that conflict with the edits will be identified as errors, and will appear on load exception reports. A PAT file transmission that has an error rate of more than five percent (5.0%) will be rejected for processing and must be corrected and resubmitted by the Contractor. The following is a list of some of the edits used in the PAT file processing:

- ◆ Service Provider Registration ID is required and must be a valid registered AHCCCS provider. Each AHCCCS assigned Service Provider Registration ID number is compared to the AHCCCS Provider Registration file to assure that it belongs to a registered provider
- ◆ A single Service Provider Registration ID with multiple service sites within the same unique ZIP and County Code requires a separate detail (A1) record for each service site
- ◆ A 10 digit phone number must be submitted for the provider
- ◆ A license number issued to the provider by a licensing board allowing them to practice in Arizona must be included if the provider is provider type 07, 08, 18, 19, or 31
- ◆ Specialty Codes must be valid by provider type and as defined by the Specialty Code table found in Appendix B this document. A maximum of three Specialty Codes are permitted. Specialty Code 999-Other should ONLY be used if the provider's specialty is not listed in the table. It should not be used if the provider has no specialty
- ◆ Category of Service Codes are required for provider types 23, 24, 25, 27, 37, 38, 39, 40, 44, 46, and 70, and must be valid as defined by the Category of Service table found in Appendix B
- ◆ A National Provider Identifier is required for all provider types identified in AMPM Policy 610, Attachment A as requiring an NPI. When edits are conducted against the transmitted file, each provider record will be checked for exceptions to the requirement. One A2 record must be transmitted for each active NPI for a provider. Edits will be performed in the following order:
 1. The provider is required to have an NPI, and no NPI is submitted
 2. The NPI field is populated but is not numeric regardless of the date
 3. The NPI is numeric but is an invalid NPI
 4. If a valid NPI is submitted and it is active on a different provider in AHCCCS then an error will be counted. Otherwise the NPI will be added to AHCCCS for that provider

Only one error will be counted if any of the above errors occur.

VI. OTHER DATA RULES

In addition to the data edits, Contractors must follow other rules when submitting provider data under the PAT file. The following protocols apply to specific data fields:

- ◆ Member Count and Capacity are required when the PCP indicator is set to ‘Y’. These fields must be formatted as numeric. Capacity must have a value greater than zero for PCP providers. Member Count must accurately represent the number of members assigned to that PCP. Member Count and Capacity must be reported at the site level
- ◆ Service Street Address – 1 is required but is not edited prior to acceptance of the transmission (*except under the prior condition, i.e., multiple service sites*). Providers who are Hospitalists should use the hospital address as their service street address. Punctuation and/or other symbols must not be entered into this field. To provide a uniform method to report an address, Contractors must use the Street, Directional and Secondary Unit Abbreviations found in Appendix B. Information on the secondary unit must go in the Service Street Address 2 field. **Information regarding practice names or the names of ancillary providers must not be entered into this field**
- ◆ Provider Affiliation Codes are required and must be valid as defined by the provider affiliation code table found on page 18 of this document
- ◆ County Codes must be valid as defined by the County Code table found in Appendix B of this document. The County Code should represent the county in Arizona where the provider performs services or should indicate that the provider performs services either out-of-state or on a statewide basis
- ◆ Contract Codes are required and must be valid as defined by the Contract Code table found in Appendix B of this document. If the contractor uses a provider frequently, but does not have a signed contract with the provider, that provider should be reported using the ‘00’ code indicating “No Contract.”
- ◆ Language Spoken Codes (Provider and Staff) are required when the provider or their staff speak a language other than English. Field entries must be valid as defined by the Language Spoken Code table found in Appendix B of this document. A maximum of two language codes are permitted

VII. OUTPUT REPORTS AND E-MAIL NOTIFICATIONS

The PAT file processor generates a number of output reports to assist Contractors in tracking and troubleshooting their PAT file submissions, as well as a Notification E-mail summarizing the results of the processing. These are generated on the day that processing is completed.

The output reports appear in the Contractor's sftp server at <https://sftp.statedicaid.us/AZ/AAA/PROD/OUT/Yymmddyy.TXT>, where 'AAA' is the health plan acronym, 'YY' is a two letter designation for the report, and 'MMDDYY' is the transmission date.

A key to the two letter designation for the report is:

- EP = Exceptions by Provider
- EF = Exceptions by Field
- LD = Load Detail
- ST = Summary Totals

- ◆ The Load Exceptions by Provider Report provides a list of all exception errors that occurred during the PAT database load process, sorted by Provider Registration ID. The report is designed to aid the contractor in error correction. All exception errors must be corrected prior to the next submission
- ◆ The Load Exceptions by Field Report provides the same list of exception errors reported on the 'by Provider' Exception Report, but is sorted by the field in error. The report is designed to aid the contractor in error correction. All exception errors must be corrected prior to the next submission
- ◆ The Load Detail Report provides a complete listing of all PAT data loaded to the PAT database, sorted by Provider Registration ID. The sort sequence for this report is contractor name/ county name/ city name/ provider type name/ provider specialty name/ provider last name alphabetically
- ◆ The Summary Totals Report provides summarized information about the providers listed on the PAT. The sort sequence for this report is contractor name/ county name/ city name/ provider type name/ provider specialty name. The report will provide the overall total for each provider type/ provider specialty. From the overall total, the report provides the total number of PCPs, PCPs who provide EPSDT services, PCPs who provide OB services, the total number of OB providers and the total number of BH providers

The processor generates a Notification E-mail describing the results of the processing. This e-mail contains a brief message about any format errors and summarizes the Contractor's data editing percentages. It also includes a message about whether the Contractor's PAT file was accepted. The e-mail is sent to two designated Contractor e-mail addresses; a Contractor wishing to change or update this information should contact the AHCCCS Network Administrator.

For examples of these reports and the e-mail notifications, see Appendix C: Sample Output Reports.

VIII. TESTING

All new AHCCCS Contractors must submit a test PAT to AHCCCS prior to the first production file submission. The test PAT must conform to all requirements as outlined in this document. The test PAT should be received by AHCCCS at least two weeks prior to the submission of the production transmission, or per a testing schedule identified by AHCCCS.

In addition, if AHCCCS makes changes to the PAT file requirements, it may require all Contractors to test for compliance to the changes.

To submit a test PAT, contractors will use the following test location to load data:

<https://sftp.statemedicaid.us/AZ/AAA/TEST/IN/PAMMDDYY-XXXXXX.TXT>, where
'AAA' is the health plan acronym, 'MMDDYY' is the transmission date and
XXXXXX is the AHCCCS assigned Contractor ID

Unless otherwise directed, Contractors must submit at least one test PAT file that meets all requirements outlined in this document to pass the testing process.

APPENDIX A: FILE SPECIFICATIONS

FILE HEADER – T0 – ONE PER FILE

DATA NAME	PIC	POS		EDITING PERFORMED
CONTRACTOR ID	X(6)	01	06	Must be an AHCCCS registered and active Contractor
CONTRACT TYPE	X(1)	07	07	Must be a valid Health Plan Contract Type
FILLER	X(5)	08	12	None
CREATION DATE	X(6)	13	18	Valid date in 'MMDDYY' format and equal the date data is transmitted to AHCCCS
FILLER	X(6)	19	30	Valid date in 'MMDDYY' format
PRODUCE LOAD DETAIL REPORT	X(1)	31	31	'Y' or 'N'
FILLER	X(363)	32	398	None
RECORD TYPE	X(2)	399	400	T0

FILE TRAILER – T9 – ONE PER FILE

DATA NAME	PIC	POS		EDITING PERFORMED
TOTAL RECORD COUNT	9(9) *	01	09	A valid numeric count that is equal to the total number of records on the file (T0+A1+A2+T9)
FILLER	X(389)	10	398	NONE
RECORD TYPE	X(2)	399	400	'T9'

FILE DETAIL – A1 – ONE PER PROVIDER

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
SERVICE PROVIDER REGISTRATION ID	X(6)	1	6	Required	An active AHCCCS registered provider
SERVICE STREET 1	X(25)	7	31	Required	NONE
SERVICE STREET 2	X(25)	32	56	Required	NONE
SERVICE CITY	X(20)	57	76	Required	NONE
SERVICE ZIP	X(9)	77	85	Required	NONE (5 or 9 digit number)
COUNTY CODE	X(2)	86	87	Required	See list of valid codes in this document
PCP INDICATOR	X(1)	88	88	Required	'Y' or 'N'
OB INDICATOR	X(1)	89	89	Required	'Y' or 'N'
OB/PCP INDICATOR	X(1)	90	90	Required	'Y' or 'N'
BH INDICATOR	X(1)	91	91	Required	'Y' or 'N'
BH/PCP INDICATOR	X(1)	92	92	Optional	'Y' or 'N'
DENTAL INDICATOR	X(1)	93	93	Required	'Y' or 'N'
EPSDT INDICATOR	X(1)	94	94	Required	'Y' or 'N'
PO INDICATOR	X(1)	95	95	Required	'Y' or 'N' or 'U'
BC INDICATOR	X(1)	96	96	Required	'Y' or 'N'
CR INDICATOR	X(1)	97	97	Optional	'Y' or 'N'
MEMBER COUNT	9(6) *	98	103	Conditional	A valid numeric greater than or equal to zero
MEMBER CAPACITY	9(6) *	104	109	Conditional	A valid numeric greater than zero
CONTRACT CODE	X(2)	110	111	Required	See list of valid codes in this document
LANGUAGE CODE – PROVIDER 1	X(2)	112	113	Optional	See list of valid codes in this document
LANGUAGE CODE – PROVIDER 2	X(2)	114	115	Optional	See list of valid codes in this document
LANGUAGE CODE – PROVIDER STAFF 1	X(2)	116	117	Optional	See list of valid codes in this document
LANGUAGE CODE – PROVIDER STAFF 2	X(2)	118	119	Optional	See list of valid codes in this document
SPECIALTY CODE 1	X(3)	120	122	Conditional	See list of valid codes in this document
SPECIALTY CODE 2	X(3)	123	125	Conditional	See list of valid codes in this document
SPECIALTY CODE 3	X(3)	126	128	Conditional	See list of valid codes in this document
FIRST NAME	X(30)	129	158	Conditional	See definition
MIDDLE NAME	X(20)	159	178	Optional	NONE
LAST NAME	X(30)	179	208	Conditional	See definition
PHONE NUMBER	X(10)	209	218	Required	NONE (10 digit number)
PROVIDER TYPE	X(2)	219	220	Required	See AHCCCS Medical Policy Manual (AMP) POLICY 610, Attachment A

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
PROVIDER AFFILIATION	X(4)	221	224	Required	See list of valid codes in this document
GROUP PRACTICE NAME	X(35)	225	259	Optional	See definition No edit will be performed at this time.
FACILITY NAME	X(35)	260	294	Conditional	See definition
SERVICES INTELLECTUAL DISABILITY	X(1)	295	295	Required	'Y' OR 'N' or 'U'
LICENSE NUMBER	X(20)	296	315	Required	See definition
SPECIAL NEEDS	X(1)	316	316	Required	'Y' OR 'N' or 'U'
SERVICE MOBILITY	X(1)	317	317	Required	'Y' OR 'N' OR 'U'
SEDATION	X(1)	318	318	Required	'Y' OR 'N' OR 'U'
BC INDICATOR – ABMS	X(1)	319	319	Required	(See definition) 'Y' OR 'N'
BC DATE – ABMS	X(8)	320	327	Conditional	(See definition) Valid date in 'YYYYMMDD' format
BC EXPIRATION DATE – ABMS	X(8)	328	335	Conditional	(See definition) Valid date in 'YYYYMMDD' format
FILLER	X(59)	336	398		
RECORD TYPE	X(2)	399	400	Required	'A1'

**FILE DETAIL – A2 – ZERO TO MANY PER PROVIDER
(REQUIRED IF PROVIDER TYPE REQUIRES AN NPI OR A CATEGORY OF SERVICE (COS))**

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
SERVICE PROVIDER REGISTRATION ID	X(6)	1	6	Required	An active AHCCCSA registered provider
NATIONAL PROVIDER IDENTIFIER	X(10)	7	16	Conditional	See AHCCCS Medical Policy Manual (AMPM) POLICY 610, Attachment A
CATEGORY OF SERVICE	X(2)	17	18	Conditional	See list of category of service codes
FILLER	X(376)	19	398		
RECORD TYPE	X(2)	399	400	Required	'A2'

APPENDIX B: CODES AND ABBREVIATIONS
TABLE B1: STREET ABBREVIATIONS

PRIMARY NAME	POSTAL SERVICE STANDARD ABBREVIATION
AVENUE	AVE
BOULEVARD	BLVD
CENTER	CTR
CIRCLE	CIR
COURT	CT
DRIVE	DR
EXPRESSWAY	EXPY
FREEWAY	FWY
HIGHWAY	HWY
JUNCTION	JCT
LANE	LN
PARKWAY	PKWY
PLACE	PL
ROAD	RD
ROADWAY	RDWY
ROUTE	RT
SQUARE	SQ
STATION	STA
STREET	ST
TERRACE	TER
TRAIL	TRL

TABLE B2: DIRECTIONAL ABBREVIATIONS

DESCRIPTION	APPROVED ABBREVIATION
EAST	E
NORTH	N
NORTHEAST	NE
NORTHWEST	NW
SOUTH	S
SOUTHEAST	SE
SOUTHWEST	SW
WEST	W

TABLE B3: SECONDARY UNIT ABBREVIATIONS

DESCRIPTION	APPROVED ABBREVIATION
ADMINISTRATION	ADMN
ANNEX	ANX
APARTMENT	APT
BRANCH	BR
BUILDING	BLDG
COMPANY	CO
CONVALESCENT	CONVAL
DEPARTMENT	DEPT

DIVISION	DIV
FLOOR	FL
HOSPICE	HSPC
HOSPITAL	HOSP
LABORATORY	LAB
LOBBY	LBBY
OFFICE	OFC
ROOM	RM
SPACE	SPC
SUITE	STE
TRAILER	TRLR

TABLE B4: PROVIDER AFFILIATION CODES

CD	DESCRIPTION
PP	PRIVATE PRACTICE
CHC	COMMUNITY HEALTH CENTER
FQHC	FEDERALLY – QUALIFIED HEALTH CENTER
HD	HEALTH DEPARTMENT
OTH	OTHER

TABLE B5: COUNTY CODES

CD	DESCRIPTION
01	APACHE
03	COCHISE
05	COCONINO
07	GILA
09	GRAHAM
11	GREENLEE
13	MARICOPA
15	MOHAVE
17	NAVAJO
19	PIMA
21	PINAL
23	SANTA CRUZ
25	YAVAPAI
27	YUMA
29	LA PAZ
31	OUT OF STATE
99	STATEWIDE

TABLE B6: CONTRACT CODES

CD	DESCRIPTION
00	NO CONTRACT
01	SALARY
02	SALARY WITH WITHHOLD
03	SALARY WITH BONUS
04	FEE-FOR-SERVICE
05	FEE-FOR-SERVICE WITH WITHHOLD
06	FEE-FOR-SERVICE WITH BONUS
07	CAPITATED

CD	DESCRIPTION
08	CAPITATED WITH WITHHOLD
09	CAPITATED WITH BONUS
10	CAPITATION FEE-FOR-SERVICE MIX
11	PAY FOR PERFORMANCE
99	OTHER

TABLE B7: LANGUAGE SPOKEN CODES

CD	DESCRIPTION	AREA OF ORIGIN
01	SPANISH	
02	ALBANIAN	
03	AMERICAN SIGN LANGUAGE	
04	APACHE	
05	ARABIC	
06	ARMENIAN	
07	BOSNIAN	
08	CHINESE	
09	CROATIAN	
10	CZECH	
11	DANISH	
12	DUTCH	
13	EDO	NIGERIA
14	FINNISH	
15	FRENCH	
16	GERMAN	
17	GREEK	
18	GUJARATI	INDIA
19	HEBREW	
20	HINDI, INDIAN, EAST INDIAN	
21	HOPI	
22	IRANIAN, PERSIAN, FARSI	
23	ITALIAN	
24	JAPANESE	
25	KANNADA	INDIA
26	KOREAN	
27	MARATHI	AFGHANISTAN, BANGLADESH, INDIA, IRAN, NEPAL, PAKISTAN, AND SRI LANKA
28	NAVAJO	
29	NIGERIAN	
30	NORWEGIAN	
31	IGBO	NIGERIA
32	POLISH	
33	PORTUGUESE	
34	PUNJABI	PAKISTAN
35	ROMANIAN	
36	RUSSIAN	
37	SERBIAN	
38	SINGHALESE	SRI LANKA
39	SWEDISH	
40	TAGALOG (FILIPINO)	
41	TAIWANESE	

CD	DESCRIPTION	AREA OF ORIGIN
42	TAMIL	INDIA
43	THAI, SIAMESE	
44	TOHONO O'ODHAM	
45	UKRAINIAN	
46	URDU, PAKISTANI	
47	VIETNAMESE	
48	YAQUI	
49	YORUBA	WESTERN AFRICA
50	AMHARIC	
51	CANTONESE	
52	HAITIAN/CREOLE	
53	ENGLISH	
54	SOMALI	
55	HMONG	
56	HUNGARIAN	
57	KHMER	
58	NATIVE AMERICAN	
59	YIDDISH	
60	LAOTIAN	
61	MANDARIN	
62	MON-KHMER	
99	OTHER	

TABLE B7: SPECIALTY CODES

CD	DESCRIPTION
010	ALLERGIST/IMMUNOLOGIST
011	ALLERGIST
012	IMMUNOLOGIST
015	OPTICIAN
020	ANESTHESIOLOGIST
030	SURGERY-COLON/RECTAL
040	DERMATOLOGIST
050	FAMILY PRACTICE
055	GENERAL PRACTICE
060	INTERNAL MEDICINE
062	CARDIOVASCULAR MEDICINE
063	ENDOCRINOLOGIST
064	GASTROENTEROLOGIST
065	HEMATOLOGIST
066	INFECTIOUS DISEASES
067	NEPHROLOGIST
068	PULMONARY DISEASES
069	RHEUMATOLOGIST
070	SURGERY-NEUROLOGY
071	MSW SOCIAL WORKER
074	HISTOPATHOLOGY
075	NEUROLOGIST
076	PEDIATRIC NEUROLOGIST
077	HOMEOPATHIC
080	NUCLEAR MEDICINE

CD	DESCRIPTION
081	NUCLEAR PHYSICS
082	GERONTOLOGIST
083	PSYCHOLOGIST
084	RN FAMILY NURSE PRACTITIONER
085	RN SCHOOL NURSE PRACTITIONER
086	RN PEDIATRIC NURSE ASSOCIATE
087	RN PEDIATRIC NURSE PRACTITIONER
088	RN GERIATRIC NURSE PRACTITIONER
089	OBSTETRICIAN AND GYNECOLOGIST
090	GYNECOLOGIST
091	OBSTETRICIAN
092	MATERNAL AND FETAL MEDICINE
093	REPRODUCTIVE ENDOCRINOLOGIST
094	RN MIDWIFE
095	WOMEN'S HC/OB-GYN NP
096	NEONATAL NURSE PRACTITIONER
097	RN ADULT NURSE PRACTITIONER
098	PSYCH/MENTAL HEALTH NURSE PRACTITIONER
099	NEURODEVELOPMENTAL DISABILITIES
100	OPHTHALMOLOGIST
101	TRANSPLANT HEPATOLOGY
110	SURGERY-ORTHOPEDIC
120	OTOLARYNGOLOGIST
122	LARYNGOLOGIST
124	OTOLOGIST
125	RHINOLOGIST
131	BLOOD BANKING
135	ANATOMICAL/CLINICAL PATHOLOGY
141	NEUROPATHOLOGY
143	DERMATOPATHOLOGY
150	PEDIATRICIAN
151	PEDIATRIC CARDIOLOGIST
152	PEDIATRIC HEMATOLOGIST
153	SURGERY-PEDIATRIC
154	PEDIATRIC NEPHROLOGIST
155	PEDIATRIC NEONATAL/PERINATAL
156	PEDIATRIC ENDOCRINOLOGIST
157	PEDIATRIC ALLERGIST
158	RADIOLOGY PEDIATRIC
159	PEDIATRIC PULMONARY
160	PHYSICAL MEDICINE/REHABILITATION
161	OSTEOPATHIC MANIPULATIVE THERAPY
165	THERAPIST-SPEECH
166	THERAPIST-OCCUPATIONAL
167	THERAPIST-PHYSICAL
170	SURGERY-PLASTIC
171	SURGERY-PLASTIC, OTOLARYNGOLOGICAL FACIAL
175	ACUPUNCTURIST
176	ADOLESCENT MEDICINE
180	ADMINISTRATIVE MEDICINE
181	SURGERY-OBSTETRICAL

CD	DESCRIPTION
182	PREVENTIVE MEDICINE
183	OCCUPATIONAL MEDICINE
184	PUBLIC HEALTH
187	NUTRITIONIST
188	PHARMACOLOGIST
189	PSYCHOSOMATIC MEDICINE
191	PEDIATRIC-PSYCHIATRIST
192	PSYCHIATRIST
195	PSYCHIATRIST AND NEUROLOGIST
200	RADIOLOGY
201	RADIOLOGY - DIAGNOSTIC
205	RADIOLOGY - THERAPEUTIC
210	SURGERY
211	SURGERY - ABDOMINAL
212	SURGERY - CARDIOVASCULAR
213	SURGERY - HAND
214	SURGERY -HEAD AND NECK
215	SURGERY -MAXILLOFACIAL
216	SURGERY -TRAUMA
217	SURGERY -UROLOGICAL
218	SURGERY -VASCULAR
219	SURGERY -GYNECOLOGICAL
220	SURGERY -THORACIC
230	UROLOGIST
241	ONCOLOGIST
250	EMERGENCY MEDICINE
251	CRITICAL CARE MEDICINE
400	MICROBIOLOGY
410	BACTERIOLOGY
430	SEROLOGY
431	SYPHILIS
437	OTHER SEROLOGY
440	VIROLOGY
441	SURGERY-OPHTHALMOLOGICAL
450	MYCOLOGY
460	PARASITOLOGY
464	BLOOD GROUPING/RH TYPING
470	PREGNANCY TESTING
484	SURGERY-PODIATRIST
490	IMMUNOHEMATOLOGY
500	RF TITERS
503	PHYSIOLOGICAL TESTING
504	EKG SERVICES
524	URINALYSIS
530	PATHOLOGY
532	ORAL PATHOLOGY
540	EXFOLIATIVE CYTOLOGY
550	RADIOBIOASSAY
574	HISTOCOMPATIBILITY
585	OTHER CLINICAL CHEMISTRY
600	OPTOMETRIST

CD	DESCRIPTION
620	HOSPICE AND PALLIATIVE
622	PEDIATRIC EMERGENCY MEDICINE
650	PODIATRIST
714	EYE (LOW VISION SPECIALIST)
798	PHYSICIAN ASSISTANT
799	NO SPECIALTY REQUIRED
800	DENTIST-GENERAL
801	DENTIST –ORTHODONTIST
802	DENTIST -ENDODONTIST
803	DENTIST – ORAL PATHOLOGIST
804	DENTIST –PEDIATRIC
805	DENTIST –PROSTHODONTIST
806	DENTIST –PERIODONTIST
807	DENTIST – PUBLIC HEALTH
808	DENTIST –ORAL SURGEON
809	DENTIST ANESTHESIOLOGIST
880	PEDIATRIC- BEHAVIORAL/DEVELOPMENTAL
900	PROCEDURES-ANY CERTIFIED LAB
901	EMERGENCY ROOM PHYSICIANS
913	DIALYSIS
925	AUDIOLOGIST
927	CARDIOLOGIST
935	OTORHINOLARYNGOLOGIST (ENT)
943	PEDIATRIC ORTHOPEDIST
950	ORTHOPEDIST
951	ADDICTION MEDICINE
952	ANATOMIC PATHOLOGY
953	BRONCHOSOPHAGOLOGY
954	CHEMICAL DEPENDENCY
955	CHEMICAL PATHOLOGY
956	DIABETES
957	DIAGNOSTIC LABORATORY IMMUNOLOGY
958	GYNECOLOGICAL ONCOLOGY
959	IMMUNOPATHOLOGY
961	NEOPLASTIC DISEASES
962	NUCLEAR RADIOLOGY
963	PEDIATRIC HEMATOLOGY-ONCOLOGY
964	PAIN CONTROL
965	PSYCHOANALYSIS
967	PATHOLOGY RADIOISOTOPIC
968	RADIOLOGY ONCOLOGY
969	MEDICAL TOXICOLOGY
970	HEMATOLOGY & ONCOLOGY
972	OSTEOPATHIC MANIPULATIVE MEDICINE
973	PROCTOLOGY
974	REHABILITATION MEDICINE
975	ROENTGENOLOGY (DIAGNOSTIC)
976	SCLEROTHERAPY
977	SURGERY-ORAL AND MAXILLOFACIAL
978	ACUTE CARE NURSE PRACTITIONER
999	OTHER

B8 – PROVIDER TYPES, AND PROVIDER TYPES REQUIRING AN NPI

See AMPM Policy 610, Attachment A for valid AHCCCS provider types, and which provider types require an NPI.

B9 – CATEGORY OF SERVICES CODES

CD	DESCRIPTION
PM	PERFORMANCE MEASURE
01	MEDICINE
02	SURGERY
03	RESPIRATORY THERAPY
05	OCCUPATIONAL THERAPY
06	PHYSICAL THERAPY
07	SPEECH/HEARING THERAPY
08	EPSDT
09	PHARMACY
10	INPATIENT HOSPITAL (RM & BD AND ANCILLARY)
11	DENTAL
12	PATHOLOGY AND LABORATORY
13	RADIOLOGY
14	EMERGENCY TRANSPORTATION
15	DME AND APPLIANCES
16	OUT-PATIENT FACILITY FEES
17	ICF
18	SNF
19	ICF/MR
20	HOSPICE INPATIENT CARE
21	HOSPICE HOME CARE
22	HOME DELIVERED MEALS
23	HOMEMAKER SERVICES
24	ADULT DAY HEALTH SERVICES
25	PERSONAL EMERGENCY RESPONSE SYSTEM
26	RESPIRE CARE SERVICES
27	HIS OUT-PATIENT SERVICES
28	ATTENDANT CARE
29	HOME HEALTH AID SERVICE
30	HOME HEALTH NURSE SERVICE
31	NON-EMERGENCY TRANSPORTATION
32	HABILITATION
33	E-ARCH
34	NON-MEDICAL TRANSPORTATION
35	ADULT FOSTER CARE
36	ASSISTED LIVING
37	CHIROPRACTIC SERVICES
38	CRISIS SHELTER
39	PERSONAL CARE SERVICES
40	MEDICAL SUPPLIES
41	OUTREACH
42	DD PROGRAMS (DD DAY CARE PROGRAMS)
43	SPECIALIZED SERVICES
44	HOME AND COMMUNITY BASED SERVICES (OTHER)

CD	DESCRIPTION
45	REHABILITATION
46	ENVIRONMENTAL
47	MENTAL HEALTH SERVICES
48	LICENSED MIDWIFE
49	SPECIALIZED MEDICAL EQUIPMENT
98	CASE MANAGER

APPENDIX C: SAMPLE OUTPUT REPORTS AND E-MAIL NOTIFICATIONS
C1: SAMPLE FILE TRANSMISSION VALIDATION REPORT

REPORT ID: HP07Q82	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PROVIDER AFFILIATION TRANSMISSION REPORT TRANSMISSION TRANSMITTAL VALIDATION REPORT				PAGE: 1	
PROGRAM #: HP07L082					RUN: MM/DD/CCYY	
		TIME: HH:MM				
	TRANSMITTAL	TRANSMISSION HEADER	TRANSMISSION DETAIL	TRANSMISSION TRAILER	ACTUAL	PASS/FAIL
FOUND:	YES	YES (1)	YES (31914)	YES (1)	-	PASS
RECORD COUNT:	31916	-	-	31916	31916	PASS
HEALTH PLAN:	112345	112345	-	-	-	PASS
FILE NAME:	PA072216-112345A.TXT	-	-	-	-	PASS
FILE CREATION DATE:	07/22/2016	07/22/2016	-	-	-	PASS
PERIOD START DATE:	07/01/2016	07/01/2016	-	-	-	PASS
PERIOD END DATE:	09/30/2016	09/30/2016	-	-	-	PASS
TRANSMISSION ERROR PERCENT:	0.49%					
PROCESSING RUN COMPLETE	-- TRANSMISSION LOAD ACCEPTED					
TRANSMISSION HAS BEEN ACCEPTED						
SAMPLE LAYOUT						

C2: SAMPLE LOAD EXCEPTION BY PROVIDER REPORT

REPORT ID: HP07Q86A	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PROVIDER AFFILIATION TRANSMISSION REPORT LOAD EXCEPTIONS BY PROVIDER				PAGE: 1
PROGRAM #: HP07L086	PLAN NAME: UNIVERSITY GENERAL CARE				RUN: MM/DD/YY
		CONTRACT TYPE: A			
PR ID	REC NO	FIELD	FIELD VALUE	ERROR	
001648	71	SPECIALTY CODE	1	084	INVALID PROVIDER SPECIALTY FOR PROVIDER'S TYPE
001892	130	SERVICE SITE	2620 N FIR		SITE SUBMITTED MORE THAN ONCE
001892	131	SERVICE SITE	2620 N FIR		SITE SUBMITTED MORE THAN ONCE
SAMPLE LAYOUT					

C3: SAMPLE LOAD EXCEPTION BY FIELD REPORT

REPORT ID: HP07Q86B	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PROVIDER AFFILIATION TRANSMISSION REPORT LOAD EXCEPTIONS BY FIELD				PAGE: 1
PROGRAM #: HP07L086	PLAN NAME: UNIVERSITY GENERAL CARE				RUN: MM/DD/YY
		CONTRACT TYPE: A			
PR ID	REC NO	FIELD	FIELD VALUE	ERROR	
001648	384	CATEGORY OF SERVICE			CATEGORY OF SERVICE IS REQUIRED - NONE SUBMITTED
001892		NPI			REQUIRED NPI NOT SUBMITTED
123456	2487	PROVIDER ID	123456		TERMINATION - OTHER
139999	6020	PROVIDER ID	139999		PENDING-ADDRESS MISSING
SAMPLE LAYOUT					

C4: SAMPLE DUPLICATE PROVIDER REPORT

REPORT ID: HP07Q089	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM			PAGE: 1
PROGRAM #: HP07L089	PROVIDER AFFILIATION DUPLICATE REPORT			RUN: MM/DD/YY
HEALTH PLAN: UNIVERSITY GENERAL CARE				
CONTRACT TYPE: A				
PROVIDER NUMBER	PROVIDER NAME	ZIP CODE	COUNTY	
000001	SMITH/JOHN	85302	MARICOPA	
000100	DUCK/DONALD	86040	COCONINO	
000103	WASHINGTON/GEORGE	85711	PIMA	
S A M P L E L A Y O U T				

C5: SAMPLE LOAD DETAIL REPORT

REPORT ID: HP07Q099	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM			PAGE: 1
PROGRAM #: HP07L099	PROVIDER AFFILIATION TRANSMISSION REPORT			RUN: MM/DD/YY
PLAN NAME: UNIVERSITY GENERAL CARE	CONTRACT TYPE: A			TIME: HH:MM
PR-ID:	223456	345678	987654	890123
NPI:	1689600123	1689645678	1911234567	1234567890
NAME:	ALEXANDER/BUCK E.	ALEXANDER/BUCK E.	DOMINION IMAGING LLC	ALOHA ONCOLOGY
S A M P L E L A Y O U T				

C6: SAMPLE SUMMARY TOTALS FOR THE CONTRACTOR REPORT

REPORT ID: HP07Q99A	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM			PAGE: 1							
PROGRAM #: HP07L099	HEALTH PLANS PROVIDER AFFILIATION			RUN: MM/DD/YY							
SUMMARY TOTALS FOR UNIVERSITY GENERAL CARE	CONTRACT TYPE: A			TIME: HH:MM							
APACHE	CHINLE	DIALYSIS CLINIC	NONE	OVERALL	PCP	PCP EPSDT	PCP OB	OB	OB PCP	BH	BH PCP
				1	0	0	0	0	0	0	0
	PCP COUNT FOR APACHE COUNTY:		0								
	EAGAR	OPTOMETRIST	OPTOMETRIST	1	0	0	0	0	0	0	0
	PCP COUNT FOR APACHE COUNTY:		0								
S A M P L E L A Y O U T											

C7: SAMPLE AFFILIATION UPLOAD SUMMARY REPORT

REPORT ID: HP07R685	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM			PAGE: 1							
PROGRAM #: HP07L685	AFFILIATION FILE UPLOAD SUMMARY			RUN: MM/DD/YY							
PMIS NTR: HP028I	FROM JANUARY 01 2016 TO MARCH 31 2016			TIME: HH:MM							
HEALTH PLAN	HP ID	FILE NAME	CREATED	RECORDS	LOGGED	LOADED	STATUS	COMMENTS			
UNIVERSITY GENERAL	123456	PA100116-123456A.TXT	10/01/16	21,820	10/01/16	10/01/16	PASSED	DATABASE UPDATE ACCEPTED			
AHCCCS GENERAL	987654							FILE HAS NOT BEEN RECEIVED			
*** END OF REPORT ***											
S A M P L E L A Y O U T											

C8: SAMPLE LOAD SUMMARY REPORT

REPORT ID: HP07Q86D	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM	PAGE: 1
PROGRAM #: HP07L086	PROVIDER AFFILIATION TRANSMISSION REPORT	RUN: MM/DD/CCYY
LOAD SUMMARY		
HEALTH PLAN:	012345 UNIVERSITY GENERAL CARE	
FILENAME:	PA041818-012345A.TXT	
CREATION DATE:	04/18/2018	
PERIOD START DATE:	04/01/2018	
PERIOD END DATE:	06/30/2018	
DATE LOGGED:	04/19/2018	
RECORDS READ:	75,884	
RECORDS WITH ERRORS:	1,101	
TOTAL EXCEPTION ERRORS:	1,105	
SAMPLE LAYOUT		

C9A: SAMPLE NOTIFICATION E-MAIL, ACCEPTANCE

From: DOA-DOMAIN@MAINFRAME.AZDOA.GOV [<mailto:DOA-DOMAIN@MAINFRAME.AZDOA.GOV>]
 Sent: Friday, December 7, 2018 3:05 AM
 To:
 Cc: DHCMOPSCOM@AZAHCCCS.GOV
 Subject: PAT LOAD RESULTS FOR PLAN XXXXXXXL.

WE RECEIVED THE SUBMISSION OF YOUR HEALTH PLAN'S QUARTERLY PROVIDER AFFILIATION TRANSMISSION (PAT). THIS RESULTED IN A 2.15% ERROR RATE FOR ALL RECORDS READ. YOUR TRANSMISSION SUCCESSFULLY PASSED THE DATABASE LOAD PROCESS AND YOUR HEALTH PLAN'S PROVIDER FILE HAS BEEN UPDATED

THE LOAD DETAIL REPORT, THE SUMMARY TOTALS REPORT AND THE LOAD EXCEPTIONS BY PROVIDER AND BY FIELD REPORTS ARE NOW AVAILABLE ON THE AHCCCS SERVER.

C9B: SAMPLE NOTIFICATION E-MAIL, FORMAT FAILURE

From: DOA-DOMAIN@MAINFRAME.AZDOA.GOV [<mailto:DOA-DOMAIN@MAINFRAME.AZDOA.GOV>]
 Sent: Friday, December 7, 2018 3:05 AM
 To:
 Cc: DHCMOPSCOM@AZAHCCCS.GOV
 Subject: PAT LOAD RESULTS FOR PLAN XXXXXXXL.

WE RECEIVED THE SUBMISSION OF YOUR HEALTH PLAN'S QUARTERLY PROVIDER AFFILIATION TRANSMISSION (PAT). YOUR TRANSMISSION WAS REJECTED FOR THE FOLLOWING REASON:

[REASON]

AFTER THE ERROR IDENTIFIED ABOVE HAS BEEN CORRECTED YOU MUST RESUBMIT YOUR CORRECTED PAT FILE WITHIN 2 DAYS. AS A REMINDER, THE CREATION DATE MUST BE THE DATE THAT THE PAT FILE IS TRANSMITTED TO AHCCCS.

C9C: SAMPLE NOTIFICATION E-MAIL, HIGH ERROR RATE

From: DOA-DOMAIN@MAINFRAME.AZDOA.GOV [<mailto:DOA-DOMAIN@MAINFRAME.AZDOA.GOV>]
Sent: Friday, December 7, 2018 3:05 AM
To:
Cc: DHCMOPSCOM@AZAHCCCS.GOV
Subject: PAT LOAD RESULTS FOR PLAN XXXXXXL.

WE RECEIVED THE SUBMISSION OF YOUR HEALTH PLAN'S QUARTERLY PROVIDER AFFILIATION TRANSMISSION (PAT). THIS RESULTED IN A 7.45% ERROR RATE FOR ALL RECORDS READ. A TRANSMISSION THAT AS AN ERROR RATE OF MORE THAN 5.0% WILL NOT BE ACCEPTED FOR PROCESSING.

AFTER THE ERROR IDENTIFIED ABOVE HAS BEEN CORRECTED YOU MUST RESUBMIT YOUR CORRECTED PAT FILE WITHIN 2 DAYS. AS A REMINDER, THE CREATION DATE MUST BE THE DATE THAT THE PAT FILE IS TRANSMITTED TO AHCCCS.