ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

STANDARD COMPANION GUIDE
TRANSACTION INFORMATION

INSTRUCTIONS RELATED TO THE
BENEFIT ENROLLMENT AND MAINTENANCE (834)
BASED ON ASC X12 TECHNICAL REPORTS TYPE 3 (TR3)
VERSION 005010X220A1

COMPANION GUIDE
VERSION NUMBER: 3.0
MARCH 2022

1   INTRODUCTION

1.1   Overview of HIPAA Legislation

The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carry 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

1.2   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 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)

1.3   Compliance according to ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3)

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

- Modifying any defining, explanatory, or clarifying content contained in the TR3
- Modifying any requirement contained in the TR3.

1.4   Intended Use

The Transaction Specific Information of this companion guide must be used in conjunction with an associated ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3). The Transaction Specific Information in this companion guide is not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 TR3 and is in conformance with ASC X12's Fair Use and Copyright statements.

2   ASC X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE REPORT TYPE 3

- 005010X220A1 Benefit Enrollment and Maintenance (834)

3 TRANSACTION SPECIFIC INFORMATION

3.1 834 Benefit Enrollment and Maintenance Instruction Table

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
	INTERCHANGE														
ISA01	Authorization Information Qualifier	00	00	00	00	00	00	00	00	00	00	00	00	00\	
ISA02	Authorization Information	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	
ISA03	Security Information Qualifier	00	00	00	00	00	00	00	00	00	00	00	00	00	
ISA04	Security Information	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	
ISA05	Interchange ID Qualifier	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	
ISA06	Interchange Sender ID	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	
ISA07	Interchange ID Qualifier	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	
ISA08	Interchange Receiver 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	HP TAX ID	
ISA09	Interchange Date	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	
ISA10	Interchange Time	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	
ISA11	Repetition Separator	^	^	^	^	^	^	^	^	^	^	^	^	^	
ISA12	Interchange Control Version Number	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	
ISA13	Interchange Control Number	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	
ISA14	Acknowledgement requested	1	1	1	1	1	1	1	1	1	1	1	1	1	
ISA15	Interchange Usage Indicator	P	P	P	P	P	P	P	P	P	P	P	P	P	
ISA16	Component Element separator														
	FUNCTIONAL GROUP														
GS01	Functional Identifier Code	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	
GS02	Application Sender's Code	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	
GS03	Application Receiver's Code	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	
GS04	Date	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	
GS05	Time	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***									
GS06	Group Control Number	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	
GS07	Responsible Agency Code	X	X	X	X	X	X	X	X	X	X	X	X	X	
GS08	Version / Release / Industry Identifier Code	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	
	HEADER														
ST	Transaction Set Header														
ST01	Transaction Set Identifier Code	834	834	834	834	834	834	834	834	834	834	834	834	834	
ST02	Transaction Set Control Number	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	
ST03	Implementation Convention Reference	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	
BGN	**BEGINNING SEGMENT**														
BGN01	Transaction Set Purpose Code	00	00	00	00	00	00	00	00	00	00	00	00	00	
BGN02	Reference Identification	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	
BGN03	Date	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	
BGN04	Time	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	
BGN08	Action Code	2	2	2	2	2	2	2	2	2	2	2	4	4	
BGN09	Security Level Code														
REF	**TRANSACTION SET POLICY NUMBER**														
REF01	Reference Identification Qualifier	38	38	38	38	38	38	38	38	38	38	38	38	38	
REF02	Master Policy Number	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	
DTP	**FILE EFFECTIVE DATE**														
DTP01	Date/Time Qualifier	303	303	303	303	303	303	303	303	303	303	303	303	303	
DTP02	Date Time Period Format Qualifier	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	
DTP03	Date Time Period	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	
QTY	**TRANSACTION SET CONTROL TOTALS**														
QTY01	Quantity Qualifier	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	
QTY02	Quantity	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	

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

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							*** DAILY 834 ***								
	1000A SPONSOR NAME(1)														
N1	SPONSOR NAME														
N101	Entity Identifier Code	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	
N102	Name	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	
N103	Identification Code Qualifier	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	
N104	Identification Code	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	
	1000B PAYER (1)														
N1	Payer														
N101	Entity Identifier Code	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	
N102	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	HP NAME	
N103	Identification Code Qualifier	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	
N104	Identification Code	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	
	2000 MEMBER LEVEL DETAIL(>1)														
INS	MEMBER LEVEL DETAIL														
INS01	Yes/No Condition or Response Code	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
INS02	Individual Relationship Code	18	18	18	18	18	18	18	18	18	18	18	18	18	
INS03	Maintenance Type Code	021	024	001	001	001	001	001	001	001	001	001	030	030	
INS04	Maintenance Reason Code	02 - BIRTH 28 – INITIAL ENROLLMENT 41 - RE-ENROLLMENT AH - PATIENT MOVED TO A NEW LOCATION AL - ALGORITHM ASSIGNED EC - MEMBER BENEFIT SELECTION	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	33- PERSONNEL DATA	AI - NO REASON GIVEN	XN - NOTIFICATION ONLY	XN - NOTIFICATION ONLY	

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
INS05	Benefit Status Code	A	A	A	A	A	A	A	A	A	A	A	A	A	
INS06-1	Medicare Plan 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	MED-CODE	
INS08	Employment Status Code	AC	TE	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC	
INS11	Date Time Period Format Qualifier	D8	D8												
INS12	Member Individual Death Date	DAT OF DTH	DAT OF DTH												Use for Date of Death only, if present
REF	**SUBSCRIBER IDENTIFIER**														
REF01	Reference Identification Qualifier	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	
REF02	Subscriber Identifier	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	Use AHCCCS ID Format: A######## S########
REF	**MEMBER SUPPLEMENTAL IDENTIFIER**														
REF01	Reference Identification Qualifier	3H Q4 17 23 6O	3H Q4 17 23 6O	23 6O	23 6O	23 6O	23 6O	23 6O	3H 17 23 6O	23 6O	23 6O	23 6O	3H Q4 17 23 6O		3H-Case Number Q4-Prior Identifier Number (Primary AHCCCS ID) 17-Client Reporting Category (Voucher Number) 23-Client number 6O- Cross Reference Number Note: State Only BHS Files (STD834/STM 834) will reflect State IDs (S*) for 0F and 3H

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
REF02	Reference Identification	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER 4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER 4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	1) CASE ID 3) VOUCHER NUMBER 4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER 4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID		1) Case Number (when REF01=3H) 2) Primary AHCCCS ID (when REF01=Q4) 3) Voucher Number (when REF01=17) 4a) CIS ID (when REF01=23) 4b) CRS ID (when REF01=23) 5) RBHA ID (when REF01=6O)
DTP	**MEMBER LEVEL DATES**														
DTP01	Date/Time Qualifier	356 357	356 357	303	303	303	303	303	303	303	303	303	303		
DTP02	Date Time Period Format Qualifier	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8		
DTP03	Date Time Period	ENRL BEG ENRL END	ENRL BEG ENRL END	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE		
	2100A MEMBER NAME(1)														
NM1	**MEMBER NAME**														
NM101	Entity Identifier Code	IL	IL	IL	IL	IL 74	IL	IL	IL	IL	IL	IL	IL	IL	
NM102	Entity Type Qualifier	1	1	1	1	1	1	1	1	1	1	1	1	1	
NM103	Member 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	Member 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	Member Middle Name	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT		

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
PER	**MEMBER COMMUNICATIONS NUMBERS**														
PER01	Contact Function Code	IP		IP	IP	IP	IP	IP	IP	IP			IP		
PER03	Communication Number Qualifier	HP or TE or EM		HP or TE or EM	HP or TE or EM	HP or TE or EM	HP or TE or EM	HP or TE or EM	HP or TE or EM	HP or TE or EM			HP or TE or EM		Scenario of PER03 and PER04 of PER segment. Rule applies to all Action Type and Action Code except Action Type "D" 1) HP (when Home Phone present 2) TE when No Home Phone and ER phone present 3) EM when No Home Phone, and No ER phone and Email is present
PER04	Communication Number	HOME PHONE		HOME PHONE	HOME PHONE	HOME PHONE	HOME PHONE	HOME PHONE	HOME PHONE	HOME PHONE			HOME PHONE		
PER05	Communication Number Qualifier	TE or EM		TE or EM	TE or EM	TE or EM	TE or EM	TE or EM	TE or EM	TE or EM			TE or EM		Scenarios apply to PER05 and PER06 of PER segment. Rule applies to all Action Type and Action Code except Action Type "D" 1) TE when PER03=HP and ER Phone present 2) EM when PER03=HP and No ER phone and Email is present

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
PER06	Communication Number	EMER PHONE or Email		EMER PHONE or Email	EMER PHONE or Email	EMER PHONE or Email	EMER PHONE or Email	EMER PHONE or Email	EMER PHONE or Email	EMER PHONE or Email			EMER PHONE or Email		
PER07	Communication Number Qualifier	EM		EM	EM	EM	EM	EM	EM	EM			EM		One scenario of PER07 and PER08 of PER segment. Rule applies to all Action Type and Action Code except Action Type "D" 1) EM when PER03=HP and PER05=TE and Email is present
PER08	Communication Number	EMAIL		EMAIL	EMAIL	EMAIL	EMAIL	EMAIL	EMAIL	EMAIL			EMAIL		
N3	**MEMBER RESIDENCE STREET ADDRESS**														
N301	Member Address Line	RES STR1		RES STR1							RES STR1	RES STR1	RES STR1		
N302	Member Address Line	RES STR2		RES STR2							RES STR2	RES STR2	RES STR2		
N4	**MEMBER RESIDENCE CITY, STATE, ZIP CODE**														
N401	Member City Name	CITY		CITY							CITY	CITY	CITY		
N402	Member State Code	STATE		STATE							STATE	STATE	STATE		
N403	Member Postal Zone or Zip Code	ZIP		ZIP							ZIP	ZIP	ZIP		
N405	Location Qualifier	CY		CY							CY	CY	CY		
N406	Location Identifier	CTY CODE		CTY CODE							CTY CODE	CTY CODE	CTY CODE		

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
DMG	**MEMBER DEMOGRAPHICS**														
DMG01	Date Time Period Format Qualifier	D8	D8	D8		D8	D8						D8		
DMG02	Member Birth Date	DOB	DOB	DOB		DOB	DOB						DOB		
DMG03	Gender Code	GENDER	GENDER	GENDER		GENDER	GENDER						GENDER		
DMG04	Marital Status Code	MARITAL STA	MARITAL STA	MARITAL STA			MARITAL STA						MARITAL STA		
DMG05-1	Race or Ethnicity Code	ETHNICITY	ETHNICITY	ETHNICITY			ETHNICITY						ETHNICITY		
LUI	**MEMBER LANGUAGE**														
LUI01	Identification Code Qualifier	LE											LE		
LUI02	Language Code	LANGUAGE											LANGUAGE		
LUI04	Use of Language Indicator	6											6		
	2100B INCORRECT MEMBER NAME(1)														Sent on Name change actions only; not used on monthly
NM1	**INCORRECT MEMBER NAME**														
NM101	Entity Identifier Code					70									
NM102	Entity Type Qualifier					1									
NM103	Prior Incorrect Member Last Name					PRIOR LAST NAME									
NM104	Prior Incorrect Member First Name					PRIOR FIRST NAME									
NM105	Prior Incorrect Member Middle Name					PRIOR MI									

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

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						*** DAILY 834 ***									
DMG	INCORRECT MEMBER DEMOGRAPHICS														Used when Action code ≠ NC (Name change); not used on monthly
DMG01	Date Time Period Format Qualifier					D8									
DMG02	Prior Incorrect Insured Birth Date					PRIOR DOB									
DMG03	Prior Incorrect Gender Code					PRIOR GENDER									
	2100C MEMBER MAILING ADDRESS (1)														Only present if different from Residential Address
NM1	MEMBER MAILING ADDRESS														
NM101	Entity Identifier Code	31		31			31						31		
NM102	Entity Type Qualifier	1		1			1						1		
N3	MEMBER MAIL STREET ADDRESS														
N301	Member Address Line	MAIL STR1		MAIL STR1			MAIL STR1						MAIL STR1		
N302	Member Address Line	MAIL STR2		MAIL STR2			MAIL STR2						MAIL STR2		
N4	MEMBER MAIL CITY, STATE, ZIP														
N401	Member City Name	MAIL CITY		MAIL CITY			MAIL CITY						MAIL CITY		
N402	Member Mail State Code	MAIL ST		MAIL ST			MAIL ST						MAIL ST		
N403	Member Mail Postal Zone or ZIP Code	MAIL ZIP		MAIL ZIP			MAIL ZIP						MAIL ZIP		

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
	2100G RESPONSIBLE PERSON (13)														Mother's information on Newborn Adds only (when INS04='02' Birth)
NM1	**RESPONSIBLE PERSON**														
NM101	Entity Identifier Code	S1													
NM102	Entity Type Qualifier	1													
NM103	Responsible Party Last or Organization Name	MOM-LAST-NAME													
NM104	Responsible Party First Name	MOM-FIRST-NAME													
NM105	Responsible Party Middle Name	MOM-MI													
NM108	Identification Code Qualifier	ZZ													
NM109	Identification Code	MOM-ID (9)+MOM-CASE-ID (9)													
N3	**RESPONSIBLE PERSON STREET ADDRESS**														
N301	Responsible Party Address Line	RES-STR-1													
N302	Responsible Party Address Line	RES-STR-2													
N4	**RESPONSIBLE PERSON CITY, STATE, ZIP**														
N401	Responsible Person City Name	RES-CITY													
N402	Responsible Person State Code	RES-ST													
N403	Responsible Person Postal Zone or ZIP Code	RES-ZIP													5 or 9 digit Zip Code

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
2300 HEALTH COVERAGE(99)	HMO LOOP														
HD	**HEALTH COVERAGE**														
HD01	Maintenance Type Code	021	024			001	001						030		
HD03	Insurance Line Code	HMO	HMO			HMO	HMO						EITHER INS-LINE-CODE or HMO (DEFAULT HMO)		
DTP	**HEALTH COVERAGE DATES**														
DTP01	Date/Time Qualifier	348 349	348 349			348 349	348 349						348		
DTP02	Date Time Period Format Qualifier	D8	D8			D8	D8						D8		
DTP03	Coverage Period	ENROLL BEGIN DATE ENROLL END DATE	ENROLL BEGIN DATE ENROLL END DATE			ENROLL BEGIN DATE ENROLL END DATE	ENROLL BEGIN DATE ENROLL END DATE						ENROLL BEGIN DATE		
REF	**HEALTH COVERAGE POLICY NUMBER**														
REF01	Reference Identification Qualifier	1L CE	1L CE			1L CE	1L CE						1L CE		1L-Group or Policy Number (Only for BHS, CRS, RBHA, and PBM) CE-Class of Contract Code
REF02	Member Group or Policy Number	HP ID CONTRACT TYPE	HP ID CONTRACT TYPE			HP ID CONTRACT TYPE	HP ID CONTRACT TYPE						HP ID CONTRACT TYPE		1) Health Plan ID (when REF01=1L) 2) Contact Type (when REF01=CE)

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
	2300 HEALTH COVERAGE (99)	SOC LOOP													
HD	HEALTH COVERAGE														
HD01	Maintenance Type Code	021								001			030		
HD03	Insurance Line Code	LTC								LTC			LTC		
DTP	HEALTH COVERAGE DATES														
DTP01	Date/Time Qualifier	348								348			348		
DTP02	Date Time Period Format Qualifier	D8								D8			D8		
DTP03	Coverage Period	SOC BEGIN DATE								SOC BEGIN DATE			SOC BEGIN DATE		
AMT	HEALTH COVERAGE POLICY														
AMT01	Amount Qualifier Code	C1								C1			C1		
AMT02	Contract Amount	SOC-AMT								SOC-AMT			SOC-AMT		
	2300 HEALTH COVERAGE (99)	COB (TPL) LOOP													
HD	HEALTH COVERAGE														
HD01	Maintenance Type Code										001		030		
HD03	Insurance Line Code										MM		MM		Distinguishes the COB loop 001-Change on Daily 030-Notify Only on Monthly
DTP	HEALTH COVERAGE DATES														
DTP01	Date/Time Qualifier										303 or 309		303 or 309		
DTP02	Date Time Period Format Qualifier										D8		D8		
DTP03	Coverage Period										EFFECTIVE DATE		EFFECTIVE DATE		

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
REF	HEALTH COVERAGE POLICY NUMBER												Monthly TPL (Only PBM)		Only for PBM Monthly of TPL
REF01	Reference Identification Qualifier												IL (ONLY FOR PBM)		
REF02	Member Group or Policy Number												HP-ID		
REF	HEALTH COVERAGE POLICY NUMBER														TPL Only Tab: The 2300 REF*ZZ*PM will only be sent for Medicare Records with prospective begin dates of 90 + days
REF01	Reference Identification Qualifier										ZZ		ZZ		
REF02	Member Group or Policy Number										PM		PM		
	2320 COORDINATION OF BENEFITS (5)														
COB	COORDINATION OF BENEFITS														
COB01	Payer Responsibility Sequence Number Code										U		U		
COB02	Member Group or Policy Number										TPL-INS-TYP (1) + TPL-POLICY-ID (20) or MEDICARE CLAIM ID NUMBER		TPL-INS-TYP (1) + TPL-POLICY-ID (20) or MEDICARE CLAIM ID NUMBER		
COB03	Coordination of Benefits Code										5		5		

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
REF	**ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS**														
REF01	Reference Identification Qualifier										6P		6P		6P-Group number
REF02	Member Group or Policy Number										INS-GRP-NUM or PART D DRUG PLAN ID NUMBER		INS-GRP-NUM or PART D DRUG PLAN ID NUMBER		Not used for Medicare Part A or B
REF	**ADDITIONAL COORDINATION OF BENEFITS IDENTIFIERS**														
REF01	Reference Identification Qualifier										60		60		60-Account Suffix code
REF02	Member Group or Policy Number										TPL-SEQ-NO		TPL-SEQ-NO		
DTP	**COORDINATION OF BENEFITS ELIGIBILITY DATES**														
DTP01	Date/Time Qualifier										344 345		344 345		
DTP02	Date Time Period Format Qualifier										D8		D8		
DTP03	Coordination of Benefits Date										BEGIN DATE END DATE		BEGIN DATE END DATE		
	2330 COORDINATION OF BENEFITS RELATED ENTITY (3)														
NM1	**COORDINATION OF BENEFITS RELATED ENTITY**														Note: This segment partially existed in 4010 at 2320/N1.
NM101	Entity Identifier Code										IN		IN		

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
NM102	Entity Type Qualifier										2		2		
NM103	Coordination of Benefits Insurer Name										MASTER CARRIER ID + CARRIER NAME/MEDICARE PLAN NAME		MASTER CARRIER ID + CARRIER NAME/MEDICARE PLAN NAME		When 2300 COB loop HD03 = "MM" Expect Medicare Part A Carrier ID = 00050, or Medicare Part B Carrier ID = 00051 or Medicare Part D Carrier ID = 00052 or D-SNP Carrier ID = 00053.
N3	**COORDINATION OF BENEFITS RELATED ENTITY ADDRESS**														
N301	Address Information										TPL-STR-1 OR NO ADDRESS KNOWN (MEDICARE PART A/B)		TPL-STR-1 OR NO ADDRESS KNOWN (MEDICARE PART A/B)		If TPL address is not present, default is "No Address Known" (No address known/stored for Medicare Part A, B, D, or D-SNP.)
N302	Address Information										TPL-STR-2		TPL-STR-2		TPL address, if present, (No address known/stored for Medicare Part A, B, D, or D-SNP.)
N4	**COORDINATION OF BENEFITS OTHER INSURANCE COMPANY CITY, STATE, ZIP CODE**														
N401	Coordination of Benefits Other Insurance Company City Name										TPL-CITY or NO CITY		TPL-CITY or NO CITY		If not present, default "No City" (No address known/stored for Medicare Part A, B, D or D-SNP.)

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						***DAILY 834 ***									
N402	Coordination of Benefits Other Insurance Company State Code										TPL-STATE or AZ		TPL-STATE or AZ		If not present, default "AZ" (No address known/stored for Medicare Part A, B, D or D-SNP.)
N403	Coordination of Benefits Other Insurance Company Postal Zone or ZIP Code										TPL-ZIP or 85034		TPL-ZIP or 85034		If not present, default "85034" (No address known/stored for Medicare Part A, B, D or D-SNP.)
PER	**ADMINISTRATIVE COMMUNICATIONS CONTACT**														TPL Phone Number, if present, else not used.
PER01	Contact Function Code										CN		CN		
PER03	Communication Number Qualifier										TE		TE		
PER04	Communication Number										TPL-PHONE		TPL-PHONE		
	2700 ADDITIONAL REPORTING CATEGORIES(1)														
LS	**ADDITIONAL REPORTING CATEGORIES**														
LS01	Loop Identifier Code	2700	2700	2700	2700	2700	2700	2700	2700	2700		2700	2700		
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**MEMBER REPORTING CATEGORIES**														**ACTION CODE**
LX01	Assigned Number	START WITH 1	START WITH 1	START WITH 1	START WITH 1	START WITH 1	START WITH 1	START WITH 1	START WITH 1	START WITH 1					Incrementing number

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** **DAILY 834** ***								
	2750 REPORTING CATEGORY (1)														
N1	**REPORTING CATEGORY**														
N101	Entity Identifier Code	75	75	75	75	75	75	75	75	75					
N102	Member Reporting Category Name	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE					
REF	**REPORTING CATEGORY REFERENCE**														
REF01	Reference Identification Qualifier	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ					
REF02	Member Reporting Category Reference ID	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE					
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**MEMBER REPORTING CATEGORIES**														RENEWAL DATE
LX01	Assigned Number	INCREMENTING NUMBER	INCREMENTING NUMBER	INCREMENTING NUMBER	INCREMENTING NUMBER	INCREMENTING NUMBER	INCREMENTING NUMBER	INCREMENTING NUMBER	INCREMENTING NUMBER	INCREMENTING NUMBER		INCREMENTING NUMBER	INCREMENTING NUMBER		Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	**REPORTING CATEGORY**														
N101	Entity Identifier Code	75	75	75	75	75	75	75	75	75		75	75		
N102	Member Reporting Category Name	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE		RENEWAL DATE	RENEWAL DATE		
REF	**REPORTING CATEGORY REFERENCE**														
REF01	Reference Identification Qualifier														
REF02	Member Reporting Category Reference ID														

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
		*** DAILY 834 ***													
DTP	**REPORTING CATEGORY DATE**														
DTP01	Date/Time Qualifier	007	007	007	007	007	007	007	007	007		007	007		
DTP02	Date Time Period Format Qualifier	D8	D8	D8	D8	D8	D8	D8	D8	D8		D8	D8		
DTP03	Member Reporting Category Effective Date(s)	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE	RENEWAL DATE		RENEWAL DATE	RENEWAL DATE		
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**MEMBER REPORTING CATEGORIES**														RATE CODE
LX01	Assigned Number	INCREMENTING NUMBER					INCREMENTING NUMBER		INCREMENTING NUMBER				INCREMENTING NUMBER		Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	**REPORTING CATEGORY**														
N101	Entity Identifier Code	75					75		75				75		
N102	Member Reporting Category Name	RATE CODE					RATE CODE		RATE CODE				RATE CODE		
REF	**REPORTING CATEGORY REFERENCE**														
REF01	Reference Identification Qualifier	9V					9V		9V				9V		
REF02	Member Reporting Category Reference ID	RATE CODE					RATE CODE		RATE CODE				RATE CODE		
DTP	**REPORTING CATEGORY DATE**														
DTP01	Date/Time Qualifier	007					007		007				007		
DTP02	Date Time Period Format Qualifier	D8					D8		D8				D8		
DTP03	Member Reporting Category Effective Date(s)	ENROLL BEGIN DATE					ENROLL BEGIN DATE		ENROLL BEGIN DATE				ENROLL BEGIN DATE		

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**MEMBER REPORTING CATEGORIES**														**PRIOR PLAN**
LX01	Assigned Number	INCREMENTING NUMBER	INCREMENTING NUMBER												Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	**REPORTING CATEGORY**														
N101	Entity Identifier Code	75	75												
N102	Member Reporting Category Name	PRIOR PLAN	NEW PLAN												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.
REF	**REPORTING CATEGORY REFERENCE**														
REF01	Reference Identification Qualifier	18	18												
REF02	Member Reporting Category Reference ID	PRIOR PLAN ID (6) + PRIOR PLAN NAME (25)	NEW PLAN ID (6) + NEW PLAN NAME (25)												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.

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	MEMBER REPORTING CATEGORIES														CO-PAY LEVEL
LX01	Assigned Number	INCREMENTING NUMBER			INCREMENTING NUMBER		INCREMENTING NUMBER						INCREMENTING NUMBER		Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	REPORTING CATEGORY														
N101	Entity Identifier Code	75			75		75						75		
N102	Member Reporting Category Name	CO-PAY LEVEL			CO-PAY LEVEL		CO-PAY LEVEL						CO-PAY LEVEL		
REF	REPORTING CATEGORY REFERENCE														
REF01	Reference Identification Qualifier	XX1			XX1		XX1						XX1		
REF02	Member Reporting Category Reference ID	CO-PAY LEVEL NUMBER			CO-PAY LEVEL NUMBER		CO-PAY LEVEL NUMBER						CO-PAY LEVEL NUMBER		
DTP	REPORTING CATEGORY DATE														
DTP01	Date/Time Qualifier	007			007		007						007		
DTP02	Date Time Period Format Qualifier	D8			D8		D8						D8		
DTP03	Date Time Period	CO-PAY EFFECTIVE BEGIN DATE			CO-PAY EFFECTIVE BEGIN DATE		CO-PAY EFFECTIVE BEGIN DATE						CO-PAY EFFECTIVE BEGIN DATE		

AHCCCS
Arizona Health Care Cost Containment System

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**MEMBER REPORTING CATEGORIES**														**MH CATEGORY**
LX01	Assigned Number	INCREMENTING NUMBER					INCREMENTING NUMBER						INCREMENTING NUMBER		Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	**REPORTING CATEGORY**														
N101	Entity Identifier Code	75	75				75						75		
N102	Member Reporting Category Name	BHS	BHS				BHS						BHS		
REF	**REPORTING CATEGORY REFERENCE**														
REF01	Reference Identification Qualifier	XX1	XX1				XX1						XX1		
REF02	Member Reporting Category Reference ID	MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)+ (SPACE)+BHS ACTIVE CARE INDICATOR (1) + BHS SITE (2)	MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20) + (SPACE)+BHS ACTIVE CARE INDICATOR (1) + BHS SITE (2)				MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20) + (SPACE)+BHS ACTIVE CARE INDICATOR (1) + BHS SITE (2)						MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20) + (SPACE)+BHS ACTIVE CARE INDICATOR (1) + BHS SITE (2)		
DTP	**REPORTING CATEGORY DATE**														
DTP01	Date/Time Qualifier	007	007				007						007		

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
DTP02	Date Time Period Format Qualifier	D8 RD8	D8				D8 RD8 * For TM action, only send D8 for MH End Date						D8		
DTP03	Date Time Period	MH BEGIN DATE MH BEGIN DATE- MH END DATE	MH END DATE				MH BEGIN DATE OR MH END DATE MH BEGIN DATE- MH END DATE						MH BEGIN DATE		ADD action = Begin Date or Begin Date through End Date; CHANGE action = Begin Date or Begin Date through End Date; TERM action = End Date or Begin Date through End Date
	2710 MEMBER REPORTING CATEGORIES(>1)														
LX	**Member REPORTING CATEGORIES**		Not sent to PBM				Not sent to PBM								**CRS – Children's Rehab Services**
LX01	Assigned Number	INCREMENTING NUMBER	INCREMENTING NUMBER				INCREMENTING NUMBER						INCREMENTING NUMBER		Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	**REPORTING CATEGORY**														
N101	Entity Identifier Code	75	75				75						75		
N102	Member Reporting Category Name	CRS	CRS				CRS						CRS		
REF	**REPORTING CATEGORY REFERENCE**														
REF01	Reference Identification Qualifier	XX1	XX1				XX1						XX1		
REF02	Member Reporting Category Reference ID	CRS PLAN ID (6) and	CRS PLAN ID (6) and				CRS PLAN ID (6) and						CRS PLAN ID (6) and		

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
		CRS PLAN NAME (25)	CRS PLAN NAME (25)				CRS PLAN NAME (25)						CRS PLAN NAME (25)		
DTP	**REPORTING CATEGORY DATE**														
DTP01	Date/Time Qualifier	007	007				007						007		
DTP02	Date Time Period Format Qualifier	D8 RD8	D8				D8 RD8 * FOR TR ACTION, ONLY SEND D8 FOR MH END DATE						D8 OR RD8 (IF CRS END DATE IS PRESENT)		
DTP03	Date Time Period	CRS BEGIN DATE CRS BEGIN DATE- CRS END DATE	CRS END DATE				CRS BEGIN DATE OR CRS END DATE CRS BEGIN DATE- CRS END DATE						CRS BEGIN DATE AND IF PRESENT DRS END DATE		ADD action = Begin Date or Begin Date through End Date; CHANGE action = Begin Date or Begin Date through End Date; TERM action = End Date or Begin Date through End Date
LX	**MEMBER REPORTING CATEGORIES**														**NICU INDICATOR**
LX01	Assigned Number	INCREMENTING NUMBER						INCREMENTING NUMBER					INCREMENTING NUMBER		Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	**REPORTING CATEGORY**														
N101	Entity Identifier Code	75						75					75		
N102	Member Reporting Category Name	NICU						NICU					NICU		
REF	**REPORTING CATEGORY REFERENCE**														
REF01	Reference Identification Qualifier	XX1						XX1					XX1		
REF02	Member Reporting Category Reference ID	NI						NI					NI		

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**MEMBER REPORTING CATEGORIES**														**PREGNANCY INDICATOR**
LX01	Assigned Number	INCREMENTING NUMBER						INCREMENTING NUMBER					INCREMENTING NUMBER		Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	**REPORTING CATEGORY**														
N101	Entity Identifier Code	75						75					75		
N102	Member Reporting Category Name	PREGNANCY						PREGNANCY					PREGNANCY		
REF	**REPORTING CATEGORY REFERENCE**														
REF01	Reference Identification Qualifier	XX1						XX1					XX1		
REF02	Member Reporting Category Reference ID	PG						PG					PG		
DTP	**REPORTING CATEGORY DATE**														
DTP01	Date/Time Qualifier	007						007					007		
DTP02	Date Time Period Format Qualifier	D8						D8					D8		
DTP03	Date Time Period	EXPECTED DELIVERY DATE						EXPECTED DELIVERY DATE					EXPECTED DELIVERY DATE		

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**MEMBER REPORTING CATEGORIES**														**LTC** For Long Term Care recipients only.
LX01	Assigned Number	INCREMENTING NUMBER											INCREMENTING NUMBER		Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	**REPORTING CATEGORY**														
N101	Entity Identifier Code	75											75		
N102	Member Reporting Category Name	LTC											LTC		
REF	**REPORTING CATEGORY REFERENCE**														
REF01	Reference Identification Qualifier	XX1											XX1		
REF02	Member Reporting Category Reference ID	NURSING HOME ID (6) + NURSING HOME NAME (25) (or CASE WORKER ID [6] + CASE WORKER NAME [25])											NURSING HOME ID (6) + NURSING HOME NAME (25) (or CASE WORKER ID [6] + CASE WORKER NAME [25])		

AHCCCS
Arizona Health Care Cost Containment System

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	MEMBER REPORTING CATEGORIES														LTC TRANSITION INDICATOR For Long Term Care recipients only.
LX01	Assigned Number	INCREMENTING NUMBER											INCREMENTING NUMBER		Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	REPORTING CATEGORY														
N101	Entity Identifier Code	75											75		
N102	Member Reporting Category Name	TRANSITION INDICATOR											TRANSITION INDICATOR		
REF	REPORTING CATEGORY REFERENCE														
REF01	Reference Identification Qualifier	XX1											XX1		
REF02	Reference Identification	Y											Y		
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	Member Reporting Categories														AZEIP - AZ Early Intervention Program
LX01	Assigned Number											INCREMENTING NUMBER			Incrementing number

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
						*** DAILY 834 ***									
	2750 REPORTING CATEGORY (1)														
N1	Reporting Category														
N101	Entity Identifier Code											75			
N102	Member Reporting Category Name											AZEIP			
REF	Reporting Category														
REF01	Reference Identification Qualifier											PID			
REF02	Member Reporting Category Reference ID											AZEIP CLIENT ID			
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	Member Reporting Categories														MEDICARE HMO
LX01	Assigned Number											INCREMENTING NUMBER			Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	Reporting Category														
N101	Entity Identifier Code											75			
N102	Member Reporting Category Name											MEDICARE HMO			
REF	Reporting Category Reference														
REF01	Reference Identification Qualifier											PID			
REF02	Member Reporting Category Reference ID											PLAN ID (5) + PLAN NAME (40)			

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	Member Reporting Categories														TSC - Targeted Support Coordination
LX01	Assigned Number											INCREMENTING NUMBER			Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	Reporting Category														
N101	Entity Identifier Code											75			
N102	Member Reporting Category Name											TSC			
REF	Reporting Category														
REF01	Reference Identification Qualifier											PID			
REF02	Member Reporting Category Reference ID											TSC CLIENT ID			

SEGMENT/ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	Member Reporting Categories														LTC PLACEMENT
LX01	Assigned Number	INCREMENTING NUMBER		INCREMENTING NUMBER						INCREMENTING NUMBER			INCREMENTING NUMBER		INCREMENTING NUMBER
	2750 REPORTING CATEGORY (1)														
N1	Reporting Category														
N101	Entity Identifier Code	75		75						75			75		
N102	Member Reporting Category Name	LTC PLACEMENT		LTC PLACEMENT						LTC PLACEMENT			LTC PLACEMENT		

AHCCCS 834 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
		*** DAILY 834 ***													
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier	LU		LU						LU			LU		LU-Location Number
REF02	Member Reporting Category Reference ID	PLACEMENT CODE		PLACEMENT CODE						PLACEMENT CODE			PLACEMENT CODE		
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier	007		007						007			007		
DTP02	Date Time Period Format Qualifier	D8		D8						D8			D8		
DTP03	Date Time Period	LTC BEGIN DATE		LTC BEGIN DATE						LTC BEGIN DATE			LTC BEGIN DATE		
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**														**LTC RESIDENCE**
LX01	Assigned Number	INCREMENTING NUMBER		INCREMENTING NUMBER						INCREMENTING NUMBER			INCREMENTING NUMBER		Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code	75		75						75			75		
N102	Member Reporting Category Name	LTC RESIDENCE		LTC RESIDENCE						LTC RESIDENCE			LTC RESIDENCE		
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier	LU		LU						LU			LU		
REF02	Member Reporting Category Reference ID	RESIDENCE CODE		RESIDENCE CODE						RESIDENCE CODE			RESIDENCE CODE		

SEGMENT/ ELEMENT ID	IDENTIFIER DESCRIPTION	ADD	DISENROLL	ADDRESS CHANGE	COPAY CHANGE	DOB NAME SEX CHANGE	MH CHANGE OR TERM	PREGNANCY OR NICU	RATE CODE CHANGE	SOC CHANGE	COB Only	DAILY ON 1st OF MONTH	MONTHLY	EMPTY	AHCCCS NOTES
							*** DAILY 834 ***								
LX	**Member Reporting Categories**														DDDS (Dept. of Economic Security') Subcontractor Information
LX01	Assigned Number											INCREMENTING NUMBER			Incrementing number
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code											75			
N102	Member Reporting Category Name											DDD SUBCONTRACTOR PLAN			
REF	**Reporting Category**														
REF01	Reference Identification Qualifier											PID			
REF02	Member Reporting Category Reference ID											DDD SUBCONTRACTOR PLAN ID			
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier											007			
DTP02	Date Time Period Format Qualifier											D8 OR RD8			
DTP03	Date Time Period											DDDS BEGIN DATE &/ DDDS END DATE			
LE	**Additional reporting Categories Loop Termination**														
LE01	Loop Identifier Code	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700		
	TRAILER														
SE	**Transaction Set Trailer**														
SE01	Number of Included Segments	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	SEGMENT COUNT	
SE02	Transaction Set Control Number	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	

4   PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

4.1   834 Enrollment Transaction

The 834 Enrollment Transactions transmit 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.

5   AHCCCS ACTION CODE TRANSLATION TABLE

Action Type	Action Code	Description	834 Translation/INS03 Maintenance Type	834 Translation/INS04 Maintenance Reason Code Value
A	AA	Algorithm Assigned	021	AL – Algorithm Assigned Benefit Selection
A	AI	Admin-In	021	28 – Initial Enrollment
A	BI	Enrollment Block In	021	28 – Initial Enrollment
A	CI	County Move-In	021	AH - Patient Moved to a New Location
A	EC	Enrollment Choice	021	EC - Member Benefit Selection
A	EI	Open Enrollment-In	021	28 – Initial Enrollment
A	FI	Family Continuity-In	021	28 – Initial Enrollment
A	MI	Medical Care Continuity-In	021	28 – Initial Enrollment
A	NB	Newborn	021	02 - Birth
A	NE	Normal Enrollment	021	28 - Initial Enrollment
A	NI	NICU (Neonatal Intensive Care Unit) indicator	021	28 - Initial Enrollment
A	NP	Normal Enrollment Prior Plan	021	28 – Initial Enrollment
A	PA	End of Contract-In - Auto Assign	021	28 – Initial Enrollment
A	PD	End of Contract- In – Direct Move	021	28 – Initial Enrollment
A	PP	End of Contract- In - Percentage	021	28 – Initial Enrollment
A	PR	End of Contract - In - Rule M	021	28 – Initial Enrollment
A	RA	Retroactive Enrollment	021	28 – Initial Enrollment
A	RE	Re-Enrollment	021	41 - Re-enrollment
A	XN	Normal Enrl for Conversion	021	XT - Transfer
C	AC	Address Change	001	43 - Change of location
C	C1	"Combination Action Code" DB, NC, SX	001	25 - Change in Identifying Data Element
C	C2	"Combination Action Code" DB, NC	001	25 - Change in Identifying Data Element
C	C3	"Combination Action Code" DB, SX	001	25 - Change in Identifying Data Element
C	C4	"Combination Action Code" NC, SX	001	25 - Change in Identifying Data Element
C	CP	Co-pay Change	001	33 - Personnel Data
C	DB	Date of Birth Change	001	25 - Change in Identifying Data Element
C	HC	Acute Health Plan Change	001	22 – Plan Change

AHCCCS
Arizona Health Care Cost Containment System

Action Type	Action Code	Description	834 Translation/INS03 Maintenance Type	834 Translation/INS04 Maintenance Reason Code Value
C	MC	Mental Health Change	001	22 – Plan Change
C	NC	Name Change	001	25 - Change in Identifying Data Element
C	NI	NICU (Neonatal Intensive Care Unit) indicator	001	28 – Initial Enrollment
C	PG	Pregnant Women	001	AI – No Reason Given
C	RC	Rate Code Change	001	29 - Benefit Selection
C	SC	Share of Cost Change	001	33 - Personnel Data
C	SX	Sex Change	001	25 - Change in Identifying Data Element
C	TM	Mental Health Termination	001	22 – Plan Change
C	N/A	FYI Changes - Daily on 1st of Month	001	AI – No Reason Given
C	N/A	COB Only - Daily 834	001	33 - Personnel Data
D	AE	Applied for New Eligibility	024	07 – Termination of Benefits
D	AO	Admin Out	024	22 - Plan Change
D	CH	Eligibility Change - Disenroll	024	07 – Termination of Benefits
D	CO	County Move-Out	024	22 – Plan Change
D	DE	Deceased	024	03 - Death
D	EO	Open Enrollment-Out	024	22 – Plan Change
D	FO	Family Continuity-Out	024	07 – Termination of Benefits
D	HO	Move out of Health Plan Area	024	07 – Termination of Benefits
D	IE	Ineligible	024	07 - Termination of Benefits
D	MO	Medical Care Continuity-Out	024	07 – Termination of Benefits
D	OS	Out of State Move	024	07 – Termination of Benefits
D	PO	End of Contract - Out - Direct	024	07 – Termination of Benefits
D	PT	End of Contract-Out - %, AA,	024	07 – Termination of Benefits
D	VW	Voluntary Withdrawal	024	14 - Voluntary Withdrawal
D	XA	Admin Out for Conversion	024	XT – Transfer
N/A	N/A	Monthly 834 and Monthly COB Only	030 - Audit/Compare (BGN08='4' Verify)	XN – Notification Only

6   AHCCCS CONTRACT TYPE TABLE

Type	Contract code	Description
$	AIMHS	AMERICAN INDIAN MEDICAL HOME SERVICES
%	CRS/CAP	CHILDREN'S REHAB SERVICES, CAPITATION
#	BH/FFS	BEHAV HEALTH, FEE FOR SERVICE
@	DES/DD/RI	DES DD REINSURANCE INDICATOR
A	ACC/CAP	ACC CAPITATED
C	ACC/CAP/BHS	ACC, SMI CAPITATED
D	ACC/PPC/BHS	ACC, SMI PRIOR PERIOD COVERAGE
E	ACC/FFS	ACC, FEE FOR SERVICE
F	ACC/FFS/EMO	ACC,FEE FOR SERVICE EMERGENCY SVCS ONLY
G	ACC/FFS/FPS	ACC, FEE FOR SVC, FAMILY PLANNING SVCS
H	ACC/PPC	ACC PRIOR PERIOD COVERAGE
J	LTC/CAP	LONG TERM CARE, CAPITATED
K	MHS/CAP/ACC	MENTAL HEALTH SERVICES,CAPITATED
L	LTC/CAP/ACU	LONG TERM CARE CAP
M	LTC/PPC	LONG TERM CARE PRIOR PERIOD COVERAGE
N	ACC/NONCAP	ACC NON-CAPPED
O	LTC/PPC/ACU	LONG TERM CARE PRIOR PERIOD COVERAGE ACUTE
P	LTC/CAP/PAR	LTC, PARTIALLY CAPITATED
Q	ACC/CAP/FPS	ACC CAPITATED FPS ONLY
R	LTC/FFS	LONG TERM CARE FEE FOR SERVICE
S	MHS/CAP/DD	MENTAL HEALTH SERVICES, CAPITATED, DD
T	LTC/FFS/ACU	LONG TERM CARE FFS
U	UNDOC/FFS/EM	UNDOCUMENTED ALIENS, FFS, EMERGENCY SVCS ONLY
V	MHS/CAP/KC	MENTAL HEALTH SVCS CAPITATED KIDSCARE
W	ACC/KC/BHS	ACC, SMI KIDS CARE CAPITATED
X	ACC/FFS/KC	ACC FFS KIDSCARE
Y	ACU/CAP/KC	ACUTE CAPITATED KIDSCARE
Z	MHS/CAP/HIFA	MENTAL HEALTH SERVICES CAPITATED HIFA
1	NO/PMT	NO PAYMENT ALLOWED
6	MHS/CAP/TMCP	MENTAL HEALTH SERVICES, CAPITATED, TEMP MED
7	MHS/CAP/CMDP	MENTAL HEALTH SERVICES, CAPITATED
8	NON/PAY	NO PAYMENT/MEDICARE CLAIMS ONLY
9	NON/AHC	NON-AHCCCS CLAIMS PROCESSING ONLY

7   AHCCCS INSURANCE TYPE TABLE

Code	Description
B	Behavioral Health
D	Dental
M	Medical
P	Pharmacy
S	Medicare Supplemental
V	Vision
X	Medicare Part D
Z	Medicare Part A or B or D-SNP

8   AHCCCS MENTAL HEALTH CATEGORY TABLE

Code	Description
A	STATE ONLY SERVICES
C	CHILDREN SERVICES
D	SUBSTANCE/ALCOHOL ABUSE MENTAL HLTH SVCS
G	GENERAL MENTAL HEALTH SERVICES
H	GMH ALCOHOL/SUBSTANCE SV (ELIM 11/17/95)
I	NON-SMI DD 18 THRU 20 (ELIM 09/30/99)
S	SMI
Z	SED CHILDREN

9   CHANGE SUMMARY

Ver #	Location & Section	Revision	Revision Date
1.0		Original Final Version (identified as 0.3)	November 2002
1.1		V1.1 changes are effective 10/01/2011	October 2011
1.1	Pages 1-2	Added AHCCCSA watermark Removed Page 2 – copyright box	October 2019
1.1	Pages 4-7 3.1	Cleaned up Instruction Tables	October 2019
1.1	Pages 8 4.1.1	Format Changes • Rename table from Crib Notes to Transaction Notes • Removed columns 3-5 (usage, ID, Min/Max) – fix table header Expanded ISA and GS segments to show all data elements	October 2019
1.1	Pages 8-9 4.1.1	Change ISA/GS/BGN to reflect transaction creation date/time – not mainframe date/time. Use errata version 005010X220A1	October 2019
1.1	Pages 12 4.1.1	2100A/N3/N4 Member Residence address - Address requirement changed to situational with Errata; revert to original requirements to only send member address on Daily Add, Address change, and on Monthly 834.	October 2019
1.1	Pages 21-22 4.1.1	Create 2700 loop for Member Renewal date when present: All Daily actions and Monthly (excludes COB Only).	October 2019
1.1	Pages 26 4.1.1 2750/DTP03	• Add clarification for MH Category – TM & MC • A MC is a change action – Expect a begin date (D8) or Begin-End date range (RD8). • A TM is a termination action – Expect a term date (D8) or a Begin-End date range (RD8)	October 2019
1.1	Pages 34-48 4.1.2	Clean up 820 Examples	October 2019
1.2	All	Review of entire document by CG project team	October 2019
1.3	Pages 4, 5, 19, 20, 55 4.4.3	Added notes about D-SNP	October 2019
2.0	Cover Page	Change numbering system	March 2020

Ver #	Location	Revision	Revision Date
2.0	Page 11	Updated to include Email in the PER segment	March 2020
3.0	Cover Page/Template	Updated using new template	March 2022
3.0	3 Instructions Table 3.1 834 Benefit Enrollment and Maintenance	Updated Instruction Table	March 2022
3.0	Page 7 3.2 820 Payroll Deducted and Other Group Premium Payment for Insurance Products	Removed	March 2022
3.0	Page 35-50 4.1.2 820 Examples	Removed	March 2022
3.0	Page 41 4.2.2 820 Capitation Transaction	Removed	March 2022
3.0	Page 35-50 4.1.2 820 Examples	Removed	March 2022
3.0	Page 41 4.2.2 820 Capitation Transaction	Removed	March 2022
3.0	Page 10 Segment N3 and N4	Added in the Daily on 1st of the Month, N3 member residence address and N4 member residence city, state, zip code	March 2022