TRANSACTION EXAMPLES FOR 834 ENROLLMENT AND 820 CAPITATION TRANSACTIONS

03/25/2003

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Transaction 1: New Pregnant Member with TPL

AHCCCS Action Type: A
AHCCCS Action Code: NE

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT HEALTH PLAN
ID Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18 (Self)
INS03	Maintenance Type	021(Addition)
INS04	Maintenance Reason	28 (Initial Enrollment)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	Subscriber Number Qual	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
REF01	Case Number Qualifier	3H (Case Number)
REF02	Case ID	A23456789
REF01	ID Qualifier Qual	ZZ (Mutually Defined)
REF02	Primary AHCCCS ID	A33333333
REF01	ID Qualifier	17 (Client Rpt Cat)
REF02	Voucher Number	123456789
DTP01	Date/Time Qualifier	356 (Enrl From Dt)
DTP03	Status Information Eff Dt	20030101

INS04 is translated from pre-HIPAA AHCCCS Action Codes. In some instances it will not be present. Codes “AA” and “EC” will appear in the 2300 Loop’s HD04 element. Some of the others were not mapped.

INS06 is required if a member is being enrolled or disenrolled in Medicare or has been terminated or changed their Medicare enrollment. In the example, the “E” in situational element INS06 means simply no Medicare.

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	JOAN
NM105	Mname	W
NM108	SSN Qualifier	34 (SSN)
NM109	SSN	526650902
PER01	Contact Function Code	IP (Insured Party)
PER03	Comm Number Qual	HP (Home Phone)
PER04	Residence Ph Num	6025669087
N301	Member Residence	2 N. FIFTH ST
N302	Member Residence City	PHOENIX
N401	State	AZ
N402	ZIP	85034
N405	Location Qualifier	CY (County/Parish)
N406	Location ID Code	13 (AHCCCS County Code)
DMG01	Date Format	D8
DMG02	Member DOB	19721201
DMG03	Gender	M
DMG04	Marital Status	S
DMG05	Ethnicity Code	7 (Not Provided)
LUI01	Lang Code Qual	LE (ISO 639)
LUI02	Mbr Language Cd	ENG

2100C Member Mailing Address		
N301	Member Mail Street	P.O. BOX112
N401	Member Mail City,	PHOENIX
N402	State	AZ
N403	ZIP	85034

2200 Disability Information		
DSB01	Disability Type	1 (Short-term Disability)
DSB07	Product or Svc Qual	DX (Diagnosis Code)
DSB08	Diagnosis Code	V22 (Generic pregnancy diagnosis)

DMG04, DMG05 and LUI02 are new elements to be sent on the 834. These elements will only appear on Add, Rate Code Change or Monthly Audit transactions.

2300 Health Coverage		
HD01	Maintenance Type Code	021
HD03	Ins Line Cd	HMO
HD04	Plan Coverage Desc	1234/123456/APIPA / *
DTP01	Date/TimeQualifier	348 (Benefit Begin Date)
DTP03	Coverage Period	20030101 (Enrol From Dt)
REF02	Ins'd Group/Policy #	A (Contract Type)

* Rate Code (4), Prior Plan ID (6), Prior Plan Name (25), Action Code (2) of either AA or EC only, otherwise spaces.

2320 Coordination of Benefits *)		
COB01	Payer Respon Seq	U (Unknown)
COB02	Ins Group or Policy #	12345601
COB03	COB Code	5 (Unknown)
REF01	Ref ID Qualifier	6P (Group Number)
REF02	Ins Group/Policy No	22200
N102	Insurer Name	KAISER
DTP01	COB Date/Time Qual	344 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20021202

*The maximum number of 2320 COB loops that will be present on the 834 is 5.

2300 Health Coverage		
HD01	Maintenance Type Code	021 (Add)
HD03	Ins Line Cd	AK (Mental Health)
HD04	Plan Coverage Desc	S (MH Category)
DTP01	Date/TimeQualifier	348 (Benefits Begin)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030101 (MH Begin)

2300 Health Coverage		
HD01	Maintenance Type Code	021
HD03	Ins Line Cd	HLT (TSC Client)
HD04	Plan Coverage Desc	12345678901234 (TSC-ID)
DTP01	Date/TimeQualifier	348 (Benefits Begin)
DTP03	Coverage Period	20030101 (Process Date)

TSC = Non-Acute DDD population

Transaction 2: Enrollment Termination with TPL

AHCCCS Action Type: D
AHCCCS Action Code: None

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT HEALTH PLAN
Qualifier:	F1
Insurer Identification Cd:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18 (Self)
INS03	Maintenance Type	024 (Termination)
INS04	Maintenance Reason	07 (Termination of Benefits
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	Subscriber Num Qual	0F (Subscriber ID)
REF02	AHCCCS ID	A23456789
REF01	ID Qualifier	17 (Client Rpt Cat)
REF02	Voucher Number	H23456789
DTP01	Date/Time Qualifier	357(Enrl End Dt)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030101

INS04 is translated from pre-HIPAA AHCCCS codes. See Code Set Mapping Table (Appendix B of the draft Companion Document).

Even when member enrollments end, new TPL data can come in for the member. When this happens, AHCCCS sometimes includes the TPL data in the termination 834 Transaction. Health plans may want to retain TPL data for disenrolled members to support coordination of benefits for past services.

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	GEORGE
NM105	Mname	W
NM108	ID Qualifier	34 (SSN)
NM109	SSN	526650902
DMG01	Date Format Qualifier	D8
DMG02	Member DOB	19721201
DMG03	Gender	M

2300 Health Coverage		
HD01	Maintenance Type Code	024
HD03	Ins Line Cd	HMO
DTP01	Date/Time Qualifier	349 (Benefit End)
DTP03	Coverage Period	20021201 (Enrol End Dt)

2320 Coordination of Benefits		
COB01	Payer Respon Seq	U (Unknown)
COB02	Ins Group or Policy #	2233445566
COB03	COB Code	5 (Unknown)
REF01	Ref ID Qualifier	6P (Group Number)
REF02	Ins Group/Policy No	908070
N102	Insurer Name	ALPHABET CITY
DTP01	COB Date/Time Qual	344 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20021202

Transaction 3: Block Enrollment

AHCCCS Action Type: A
AHCCCS Action Code: NE

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT CARE PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18 (Self)
INS03	Maintenance Type	021(Addition)
INS04	Maintenance Reason	28 (Initial Enrl)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E (No Medicare)
REF01	ID Qualifier	0F (Member ID)
REF02	AHCCCS ID	A22222222
REF01	ID Qualifier	3H (Case Number)
REF02	Case ID	A23456789
REF01	ID Qualifier	ZZ (Mutually Defined)
REF02	Primary AHCCCS ID	A33333333
REF01	ID Qualifier	17 (Client Rpt Cat)
REF02	Voucher Number	H23456789
DTP01	Date/Time Qualifier	356
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030101 (Enrl From Dt)
DTP01	Date/Time Qualifier	357
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030215 (Enrl End Dt)

INS04 (Maintenance Reason Code) is translated from pre-HIPAA AHCCCS codes. In this situation, INS04 does not appear because there is no valid translation from the AHCCCS Action Code. See the Code Set Mapping Table (Appendix B of the draft Companion Guide).

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	GEORGE
NM105	Mname	W
NM108	ID Qualifier	34
NM109	SSN	526650902
PER01	Contact Function	IP
PER03	Comm Mum Qual	HP
PER04	Residence Ph Num	6025669087
N301	Member Residence	2 N. FIFTH ST
N302	Member Residence City	PHOENIX
N401	State	AZ
N402	ZIP	85034
N405	Location Qualifier	CY
N406	Location Cd (County)	13
DMG01	Date Format Qual	D8
DMG02	Member DOB	19721201
DMG03	Gender	M
DMG04	Marital Status	S
DMG05	Ethnicity Code	
LUI01	Lang Code Qual	LE (ISO 639)
LUI02	Mbr Language Cd	ENG

2100C Member Mailing Address		
N301	Member Mail Street	2 N. FIFTH ST
N401	Member Mail City	PHOENIX
N402	State	AZ
N403	ZIP	85034

2300 Health Coverage		
HD01	Maintenance Type Code	021
HD03	Ins Line Cd	HMO
HD04	Plan Coverage Desc	1010 (Rate Code)
DTP01	Date/Time Qualifier	348 (Begin Date)
DTP03	Coverage Period	20030101 (Enrol From Dt)
DTP01	Date/Time Qualifier	349 (End Date)
DTP03	Coverage Period	2003/02/15 (Enrol End Dt)
REF02	Ins'd Group/Policy #	A (Contract Type)

Transaction 4: Block Termination

AHCCCS Action Type: D
AHCCCS Action Code: None

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT HEALTH PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	024 (Termination)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A23456789
REF01	ID Qualifier	17 (Client Rpt Cat)
REF02	Voucher Number	H23456789
DTP01	Date/Time Qualifier	356 (From Date)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030126 (Enrl From Dt)
DTP01	Date/Time Qualifier	357 (End Date)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030226 (Enrl End Dt)

INS04 (Maintenance Reason Code) is translated from pre-HIPAA AHCCCS Action Codes. See Code Set Mapping Table (Appendix B of the draft Companion Document). In this situation, INS04 does not appear because there is no valid translation from the AHCCCS Action Code for enrollment termination. See Code Set Mapping Table (Appendix B of the draft Companion Guide).

NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	GEORGE
NM105	Mname	W
NM108	ID Qualifier	34 (SSN)
NM109	SSN	526650902
DMG01	Date Format Qualifier	D8
DMG02	Member DOB	19721201
DMG03	Gender	M

If one or more TPL Adds are present on the date of disenrollment, they are included with the enrollment termination.

2300 Health Coverage		
HD01	Maintenance Type Code	024
HD03	Ins Line Cd	**HMO**
DTP01	Date/Time Qualifier	348
DTP03	Coverage Period	20030126 (Enrol Begin Dt)
DTP01	Date/Time Qualifier	349
DTP03	Coverage Period	20030226 (Enrol End Dt)

2320 Coordination of Benefits (Max 5)		
COB01	Payer Respon Sequence	U (Unknown)
COB02	Ins Group or Policy #	12345601
COB03	COB Code	5 (Unknown)
REF01	Ref ID Qualifier	6P (Group Number)
REF02	Ins Group/Policy No	INS-GRP-NUM
N102	Insurer Name	Carrier Name from TPL
DTP01	Date/Time Qualifier	344 (Begin)
DTP03	COB Date	2002/12/02

Transaction 5: Address Change

AHCCCS Action Type: C
AHCCCS Action Code: AC

1000A Sponsor	
Entity ID	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier	IN
Insurer Name:	Perfect Care Plan
Qualifier:	F1
Insurer Identification Code	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	43 (Change of Location)
INS05	Benefit Status	A (Active)
INS06	Medicare Plan Code	E (No Medicare)
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A23456789
DTP01	Date/Time Qualifier	303 (Process Date)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301

INS04 is translated from existing AHCCCS Action Codes. See Code Set Mapping Table (Appendix B of the 834/820 Companion Document).

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	GEORGE
NM105	Mname	W
PER01	Contact Function	IP (Insured Party)
PER03	Comm Number Qual	HP
PER04	Residence Ph Num	6025669087
N301	Member Residence	123 TEST ST
N302	Member Residence City	PHOENIX
N401	State	AZ
N402	ZIP	85034
N405	Location Qualifier	CY County/Parish
N406	Location ID Code	13 (AHCCCS County Code)

2100C Member Mailing Address		
N301	Member Mail Street	P.O. BOX 112
N401	Member Mail City	PHOENIX
N402	State	AZ
N403	ZIP	85034

If TPL is present, 2300 are 2320 Loops are added.
A skeleton 2300 Loop is required to support the 2320 Loop.

2300 Health Coverage		
HD01	Maintenance Type Code	030 (Audit)
HD03	Ins Line Code	HMO
DTP01	Date/Time Qualifier	303 (Maintenance Date)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030301 (Process Date)

2320 Coordination of Benefits (Max 5)		
COB01	Payer Respon Seq	U (Unknown)
COB02	Ins Group or Policy #	87654321
COB03	COB Code	5 (Unknown)
REF01	Ref Identification Qual	ZZ (Mutually Defined)
REF02	Ins Group/Policy No	5500660066
N102	Insurer Name	BCBS
DTP01	Date/Time Qualifier	344 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	Date	20021202
DTP01	Date/Time Qualifier	345 (End Date)
DTP02	Date Format Qualifier	D8
DTP03	Date	20030131

Transaction 6: Name, Date of Birth, and Gender Changes

AHCCCS Action Type: C
AHCCCS Action Code: DB, NC and/or SX

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT HEALTH PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	25 (Change in Identifying Data Element)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Member ID)
REF02	AHCCCS ID	A23456789
DTP01	Date/Time Qualifier	303
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

Changes to "demographic data" on the 834 Transaction require special processing. Former "incorrect" values for Member Names, Dates of Birth, and Genders must appear in the 2100B Incorrect Member Name Loop with corresponding new values in Member Name Loop 2100A. A variety of code combinations in NM101 Entity Identifier (present in both loops), in combination with the presence or absence of "demographic" data elements, tells which fields in a receiving health plan's database have changed and need to be updated. A variety of update combinations are illustrated in these examples.

"Demographic" changes on the 834 Transaction are currently limited to Name, Date of Birth, and Gender. The term demographic appears in quotes because there are other elements on the 834 that could be considered demographic but that are not subject to specialized update conventions.

Name Change:

2100A Member Name		
NM101	Entity Identifier	74
NM103	Lname	HUSKY
NM104	Fname	EDMUND
NM105	Mname	S

2100B Incorrect Member Name		
NM101	Entity Identifier	70
NM103	Prior LName	BUSH
NM104	Prior FName	GEORGE
NM105	Prior Mname	S

Name and Date of Birth Change:

2100A Member Name		
NM101	Entity Identifier	74
NM103	Lname	HUSKEY
NM104	Fname	EDMUND
NM105	Mname	S
DMG01	Date Format Qual	D8
DMG02	Member DOB	19731215
DMG03	Member Gender	M

2100 B Incorrect Member Name		
NM101	Entity Identifier	70
NM103	Prior LName	HUSKEY
NM104	Prior FName	JOHNATHAN
NM105	Prior Mname	S
DMG01	Date Format Qual	D8
DMG02	Prior Birth Date	19721201
DMG03	Prior Member Gender	M

Name, Date of Birth, and Gender Change:

2100A Member Name	
NM101 Entity Identifier	74
NM103 Lname	HUSKEY
NM104 Fname	EDMUND
NM105 Mname	S
DMG01 Date Format Qualifier	D8
DMG02 Member DOB	19731215
DMG03 Member Gender	M

2100 B Incorrect Member Name	
NM101 Entity Identifier	70
NM103 Prior LName	HUSKEY
NM104 Prior FName	JOHNATHAN
NM105 Prior Mname	S
DMG01 Date Format Qualifier	D8
DMG02 Prior Birth Date	19721201
DMG03 Prior Member Gender	F

Name and Gender Change:

2100A Member Name	
NM101 Entity Identifier	74
NM103 Lname	HUSKEY
NM104 Fname	EDMUND
NM105 Mname	S
DMG02 Member DOB	19721215
DMG03 Member Gender	M

2100 B Incorrect Member Name	
NM101 Entity Identifier	70
NM103 Prior LName	HUSKEY
NM104 Prior FName	JOHNATHAN
NM105 Prior Mname	S
DMG02 Prior Birth Date	19721215
DMG03 Prior Member Gender	F

Date of Birth Change:

2100A Member Name	
NM101 Entity Identifier	IL
NM103 Lname	HUSKEY
NM104 Fname	EDMUND
NM105 Mname	S
DMG01 Date Format Qualifier	D8
DMG02 Member DOB	19731215
DMG03 Member Gender	M

2100 B Incorrect Member Name	
NM101 Entity Identifier	70
NM103 Prior LName	Huskey
NM104 Prior FName	Edmond
NM105 Prior Mname	S
DMG01 Date Format Qualifier	D8
DMG02 Prior Birth Date	19721201
DMG03 Prior Member Gender	M

Date of Birth and Gender Change:

2100A Member Name	
NM101 Entity Identifier	IL
NM103 Lname	HUSKEY
NM104 Fname	EDMUND
NM105 Mname	S
DMG01 Date Format Qualifier	D8
DMG02 Member DOB	19731215
DMG03 Member Gender	M

2100 B Incorrect Member Name	
NM101 Entity Identifier	70
NM103 Prior LName	HUSKEY
NM104 Prior FName	EDMUND
NM105 Prior Mname	S
DMG02 Prior Birth Date	19721201
DMG03 Prior Member Gender	F

Gender Change

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	HUSKEY
NM104	Fname	EDMUND
NM105	Mname	S
DMG02	Member DOB	19731215
DMG03	Member Gender	M

2100 B Incorrect Member Name		
NM101	Entity Identifier	70
NM103	Prior LName	HUSKEY
NM104	**Prior FName**	**EDMUND**
NM105	Prior Mname	S
DMG02	Prior Birth Date	19731215
DMG03	Prior Member Gender	F

If TPL data is being added, 2300 and 2320 Loop will also appear:

2300 Health Coverage		
HD01	Maintenance Type Code	030
HD03	Ins Line Cd	HMO
DTP01	Date/Time Qualifier	303 (Maintenance Date)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030301 (Process Date)

2320 Coordination of Benefits (Max 5)		
COB01	Payer Respon Sequence	U (Unknown)
COB02	Ins Group or Policy #	ZX20202
COB03	COB Code	5 (Unknown)
REF01	ID Qualifier	6P (Group Number)
REF02	Ins Group/Policy No	AB1234
N102	Insurer Name	FASTPATCH
DTP01	Date/Time Qualifier	344 (Begin)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20021202

Transaction 7: Mental Health Change

AHCCCS Action Type: C
AHCCCS Action Code: MC

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT HEALTH PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	No Maintenance Reason
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
DTP01	Date/Time Qualifier	303
DTP02	Date Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

To the extent possible, AHCCCS Action Codes are translated to Maintenance Reason Codes on 834 Transactions. There is, however, no reasonable translation for some codes such as "MC" (Mental Health Change). In these cases, the situational INS04 Maintenance Reason Code is not populated.

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	JENNY
NM105	Mname	W

2300 Health Coverage		
HD01	Maintenance Type Code	001
HD03	Ins Line Cd	AK (Mental Health)
HD04	Plan Coverage Desc	C (MH Category)
DTP01	Date/Time Qualifier	348 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030101 (MH Begin)

Transaction 8: Pregnancy Indicator Change

AHCCCS Action Type: C
AHCCCS Action Code: PG

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT HEALTH PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	21 (Disability)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	987654321
DTP01	Date/Time Qualifier	348 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

"Pregnancy Indicators" in the form of 2200 Disability Information Loops and DSB Segments appear on Daily Add and Change 834s when a member is pregnant. It is up to health plans to reset any Pregnancy Indicators in their databases when the member is no longer pregnant.

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	JONIE
NM105	Mname	W

2200 Disability Information		
DSB01	Disability Type	1 (Short-term Disability)
DSB07	Product or Svc Qual	DX (Diagnosis Code)
DSB08	Diagnosis Code	V22 (Generic pregnancy Diagnosis)

Transaction 9: Rate Code Change

AHCCCS Action Type: C
AHCCCS Action Code: RC

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	IWANNA HEALTH PLAN
Qualifier:	F1

2000 Member Level Detail

INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	29 (Benefit Selection)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
REF01	ID Qualifier	3H (Case Number)
REF02	Case ID	A23456789
REF01	ID Qualifier	ZZ (Mutually Defined)
REF02	Primary AHCCCS ID	A33333333
REF01	ID Qualifier	F6 (Medicare Claim ID)
REF02	Med-CLM-ID	9988776655
REF01	ID Qualifier	17 (Client Rpt Cat)
REF02	Voucher Number	H23456789
DTP01	Date/Time Qualifier	303 (Maintenance Eff)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

2100A Member Name

NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	GEORGE
NM105	Mname	W
NM108	ID Qualifier	34 (SSN)
NM109	SSN	526650902
PER01	Contact Function Code	IP (Insured Party)
PER03	Comm Number Qual	HP (Home Phone)
PER04	Residence Ph Num	6025669087
N301	Member Residence	2 N. FIFTH ST
N302	Member Residence City	PHOENIX
N401	State	AZ
N402	ZIP	85034
N405	Location Qualifier	CY (County/Parish)
N406	Location Code	13
DMG01	Date Format Qualifier	D8
DMG02	Member DOB	19721201
DMG03	Gender	M
DMG04	Marital Status	S
DMG05	Ethnicity	C (Caucasian)
LUI01	Lang Code Qualifier	LE (ISO-639)
LUI02	Mbr Language Cd	ENG

2100C Member Mailing Address

N301	Member Mail Street	P.O. BOX 112
N401	Member Mail City,	PHOENIX
N402	State	AZ
N403	ZIP	85034

2300 Health Coverage

HD01	Maintenance Type Code	001 (Change)
HD03	Ins Line Cd	HMO
HD04	Plan Coverage Desc	3010 (New Rate Code)
DTP01	Date/Time Qualifier	348 (Begin)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030201 (Enrol From Dt)

Transaction 10: Share of Cost Change

AHCCCS Action Type: C
AHCCCS Action Code: SC

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	IWANNA HEALTH PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	33 (Personnel Change [default value])
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A23456789
DTP01	Date/Time Qualifier	303 (Maintenance Eff)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	JOANIE
NM105	Mname	W

2300 Health Coverage (Max 6 SOC 2300 Loops)		
HD01	Maintenance Type Code	001 (Change)
HD03	Ins Line Cd	LTC (Share of Cost Info)
DTP01	Date Type	348 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030101 (SOC Date)
AMT01	Amount Qualifier	P3 (Premium Amount)
AMT02	Contract Amount	122.25 (SOC Amount)

For share of cost, AHCCCS creates a 2300 Loop for each of the up to six most recent monthly SOC payments. In this example, data in one of the segments is being changed. When updating its database, a health plan can recognize the appropriate segment by matching on Begin Date (DTP03). Since share of cost periods are always per calendar month, only a single date is used on SOC DTP Segments.

Transaction 11: Mental Health Termination

AHCCCS Action Type: C
AHCCCS Action Code: TM

1000A Sponsor	
Entity ID	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier	IN
Insurer Name	PERFECT HEALTH
Qualifier	F1
Insurer Identification Code	681234567

2000 Member Level Detail		
INS01	Insured Indicator	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	No Maintenance Reason
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A23456789
DTP01	Date/Time Qualifier	303 (Maintenance Eff)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

AHCCCS Action Code TM (Mental Health Termination) does not have a Maintenance Reason Code equivalent and cannot be translated. INS04 does not appear on the change loop.

A mental health termination is a change rather than a termination for the medical health plan because it does not affect medical health plan enrollment. A Mental Health Termination is sent to the medical health plan rather than to BHS.

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	JOHNNY
NM105	Mname	W

2300 Health Coverage		
HD01	Maintenance Type Code	001 (Change)
HD03	Ins Line Cd	AK (Mental Health)
HD04	Plan Coverage Desc	C (MH Category)
DTP01	Date Type	349 (End Date)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030217 (MH End)

Transaction 12: TPL Update with No Roster Information

Action Type: No pre-HIPAA Action Type
Action Code: No pre-HIPAA Action Code

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT CARE PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	33 (Personnel Data Default value])
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
DTP01	Date/Time Qualifier	303 (Maintenance Eff)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

This type of 834 Transaction is created when there is TPL data in the AHCCCS TPL File and no Daily Roster data for the member in the Daily Roster File sent to the AHCCCS Translator. 2000, 2100A, and 2300 Loops carry minimal data in order to support the TPL update (the 2320 Loop).

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	HUSKY
NM104	Fname	EDMUND
NM105	Mname	S

2300 Health Coverage		
HD01	Maintenance Type Code	030 (Audit)
HD03	Ins Line Cd	HMO
DTP01	Date Type	303 (Maintenance Eff)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030301 (Process Date)

2320 Coordination of Benefits (Max 5)		
COB01	Payer Respon Sequence	U (Unknown)
COB02	Ins Group or Policy #	99008877
COB03	COB Code	5 (Unknown)
REF01	Ref ID Qualifier	6P (Group Number)
REF02	Ins Group/Policy No	XXX90
N102	Insurer Name	FEELGOOD BROS
DTP01	COB Date/Time Qual	344 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20021202

Transaction 13: Enrollment Termination for a Deceased Member

AHCCCS Action Type: D
AHCCCS Action Code: DE

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT HEALTH PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	024 (Termination)
INS04	Maintenance Reason	03 (Death)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
INS11	Date Format Qualifier	D8
INS12	Insured's Date of Death	20030212
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A23456789
REF01	ID Qualifier	17 (Client Rpt Cat)
REF02	Voucher Number	H23456789
DTP01	Date/Time Qualifier	303
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

Enrollment terminations for deceased members put an end to medical health plan enrollments as of the member's Date of Death. The deceased member's enrollments in other coverages and TPL are not automatically ended.

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	Bush
NM104	Fname	George
NM105	Mname	W
NM108	ID Qualifier	34 (SSN)
NM109	SSN	526650902
DMG01	Date Format Qualifier	D8
DMG02	Member DOB	19721201
DMG03	Gender	M

2300 Health Coverage		
HD01	Maintenance Type Code	024
HD03	Ins Line Cd	HMO
DTP01	Date Type	349 (End Date)
DTP02	Date Qualifier	D8
DTP03	Coverage Period	20030212 (Enrol End Dt)

Transaction 14: Medicare Change Only

AHCCCS Action Type: No pre-HIPAA Action Type
AHCCCS Action Code: No pre-HIPAA Action Code

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT CARE PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	001 (Change)
INS04	Maintenance Reason	33 (Personnel Change [default value])
INS05	Benefit Status	A
INS06	Medicare Plan Code	C (Medicare A and B)
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
DTP01	Date/Time Qualifier	303 (Maintenance Eff)
DTP02	Date Format Qualifier	D8
DTP03	Status Information Eff Dt	20030301 (Process Date)

This type of transaction is created when there is TPL data for the member in the AHCCCS TPL File and no Daily Roster data.

In this example Medicare Part B is added for member who had Medicare Part A coverage, causing a change to INS06 Medicare Plan Code. There are no other changes to the member's data.

Note that the value of the Medicare Plan Code (INS06) in the 2000 Loop is changed as a result of the new Medicare B coverage. At the same time, new non-Medicare other coverage is reported for the member.

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	HUSKY
NM104	Fname	EDMUND
NM105	Mname	S

2300 Health Coverage		
HD01	Maintenance Type Code	030
HD03	Ins Line Cd	HMO
DTP01	Date Type	303 (Maintenance Eff Dt)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030301 (Process Date)

2320 Coordination of Benefits (Max 5)		
COB01	Payer Respon Seq	U (Unknown)
COB02	Ins Group or Policy #	MC88888
COB03	COB Code	5 (Unknown)
REF01	Ref ID Qualifier	6P (Group Number)
REF02	Ins Group/Policy No	999888
N102	Insurer Name	MEDICARE B
DTP01	COB Date/Time Qual	344 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20030101

2320 Coordination of Benefits (Max 5)		
COB01	Payer Respon Seq	U (Unknown)
COB02	Ins Group or Policy #	987654321
COB03	COB Code	5 (Unknown)
REF01	Ref ID Qualifier	6P (Group Number)
REF02	Ins Group/Policy No	CX999
N102	Insurer Name	NEVERSTOP
DTP01	COB Date/Time Qual	344 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20030101

Transaction 15: Monthly Audit Transaction

1000A Sponsor	
Entity ID:	P5
Plan Sponsor	AHCCCS
Qualifier	F1
Sponsor ID	866004791

1000B Payer	
Entity Identifier:	IN
Insurer Name:	PERFECT HEALTH PLAN
Qualifier:	F1
Insurer Identification Code:	681234567

2000 Member Level Detail		
INS01	Insured Indicator:	Y
INS02	Relationship Code	18
INS03	Maintenance Type	030 (Audit or Compare)
INS04	Maintenance Reason	XN (Notification Only)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
REF01	ID Qualifier	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
REF01	ID Qualifier	3H (Case Number)
REF02	Case ID	A23456789
REF01	ID Qualifier	ZZ (Mutually Defined)
REF02	Primary AHCCCS ID	A33333333
REF01	ID Qualifier	F6 (Medicare Claim ID)
REF02	Med-CLM-ID	MC98769876
REF01	ID Qualifier	17 (Client Rpt Cat)
REF02	Voucher Number	H23456789
DTP01	Date/Time Qualifier	356 (Begin Date)
DTP03	Status Information Eff Dt	20030101 (Enrl From Dt)

Monthly Audit 834 Transactions carry all 834 data on each member that is available from AHCCCS. They are used for enrollment auditing rather than as updates to health plan databases.

2100A Member Name		
NM101	Entity Identifier	IL
NM103	Lname	BUSH
NM104	Fname	JOAN
NM105	Mname	W
NM109	ID Qualifer	34 (SSN)
NM109	SSN	526650902
PER01	Contact Function Code	IP (Insured Party)
PER03	Comm Number Qual	HP (Home Phone)
PER04	Residence Ph Num	6025669087
N301	Member Residence	2 N. FIFTH ST
N302	Member Residence City	PHOENIX
N401	State	AZ
N402	ZIP	85034
N405	Location Qualifier	CY (County or Parish)
N406	Location ID Code	13
DMG01	Date Format Qualifier	D8
DMG02	Member DOB	19721201
DMG03	Gender	M
DMG04	Marital Status	S
DMG05	Ethnicity Code	C (Caucasian)
LUI02	Mbr Language Cd	ENG

2100C Member Mailing Address		
N301	Member Mail Street	P.O. Box 112
N302	2nd Mbr Mail Street	
N401	Member Mail City,	Phoenix
N402	State	AZ
N403	ZIP	85034

2300 Health Coverage		
HD01	Maintenance Type Code	030
HD03	Ins Line Cd	HMO
HD04	Plan Coverage Desc	1010 (Rate Code)
DTP01	Date/TimeQualifier	348 (Benefits Begin)
DTP03	Coverage Period	20030101 (Enrol From Dt)
REF01	ID Qualifier	
REF02	Ins'd Group/Policy #	A (Contract Type)

2300 Health Coverage		
HD01	Maintenance Type Code	030
HD03	Ins Line Cd	AK (Mental Health)
HD04	Plan Coverage Desc	S (MH Category)
DTP01	Date/TimeQualifier	348 (Benefits Begin)
DTP03	Coverage Period	20030101 (MH Begin)
REF02	Ins'd Group/Policy #	Not Used

2300 Health Coverage		
HD01	Maintenance Type Code	021
HD03	Ins Line Cd	FAC
HD04	Plan Coverage Desc	YT123456Eastern Star*
DTP01	Date/TimeQualifier	348 (Benefits Begin)
DTP03	Coverage Period	20030101 (Process Date)
REF02	Ins'd Group/Policy #	Not Used

*LTC Transition Indicator (1), Provider ID (6), Provider Name (25)

2300 Health Coverage (Max 6 SOC 2300)		
HD01	Maintenance Type Code	030
HD03	Ins Line Cd	LTC (Share of Cost Info)
DTP01	Date/TimeQualifier	348 (Benefits Begin)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030101 (SOC-DATE)
AMT01	Amount Qualifier	P3 (Premium Amount)
AMT02	Contract Amount	122.25 (SOC-AMT)

2300 Health Coverage		
HD01	Maintenance Type Code	030
HD03	Ins Line Cd	HLT (TSC Client)
HD04	Plan Coverage Desc	12345678901234 (TSC-ID)
DTP01	Date/TimeQualifier	348 (Benefits Begin)
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030101 (Process date)

TSC = Non-Acute DDD population

2300 Health Coverage		
HD01	Maintenance Type Code	030
HD03	Ins Line Cd	AJ (Medicare Health Plan)
HD04	Plan Coverage Desc	MC123CARRIER
DTP01	Date/TimeQualifier	348 (Benefits Begin)
DTP02	Date Qualifier	D8
DTP03	Coverage Period	20030101 (FYI Process date)

Medicare HMO ID and name.

2320 Coordination of Benefits (Max 5)		
COB01	Payer Respon Seq	U (Unknown)
COB02	Insured Group or Policy #	321321
COB03	COB Code	5 (Unknown)
REF01	Ref ID Qualifier	6P (Group Number)
REF02	Ins Group/Policy No	3434A
N102	Insurer Name	RAINBOW
DTP01	Date /Time Qualifier	344 (Begin)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20021202

The 2320 COB Loop (only one in this example) appears within the initial 2300 Loop but is not repeated in subsequent 2300 Loops.

Transaction 16: 820 Capitation Transaction – Medical Health Plans

1000A Premium Receiver Name		
N102	Org Name	HEALTH CARE TODAY
N104	Receiver ID	681234567

1000B Premium Payer's Name		
N102	Premium Payer Name	AHCCCS
N104	Premium Payer ID	866004791

Sanction Withhold:

2000A Organization Summary Remittance		
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2L (Corporation [the only code value available])
ENT03	ID Code Qualifier	FI (Federal Tax ID)
ENT04	Org Identification Cd	681234567

This is an 820 Capitation Transaction in the format that AHCCCS sends to medical health plans. It has a sanction withhold of $25.00, a member with a $75.00 monthly capitation payment, and a second member with $15.00 and $35.00 payments. The Total Premium Payment Amount in Transaction Header Element BPR02 (not shown in this example) is $100.00.

2300A Organization Summary Remittance Detail		
RMR01	Ref ID Qualifier	1L (Group or Policy #)
RMR02	Ref ID	SANCTION
RMR04	Premium Payment Amt	-25.00

First Member:

2000B Individual Remittance		
ENT01	Assigned Number	2
ENT02	Entity Identifier Code	2J (Individual)
ENT03	ID Code Qualifier	ZZ (Mutually Defined)
ENT04	AHCCCS Recipient ID	A12345678

2100B Individual Name		
NM101	Entity Identifier	QE (Policyholder)
NM102	Entity Type Qual	1 (Person)
NM103	Lname	REAGAN
NM104	Fname	NANCY
NM105	Mname	W
NM108	ID Qualifier	34 (SSN)
NM109	SSN	527225548 (if available)

2300B Individual Premium Remittance Detail		
RMR01	Ref ID Qualifier	AZ (Health Ins Pol Num)
RMR02	Ins Remit Ref Num	A083010H23456789*
RMR03	Payment Action Code	PI (Pay Item)
RMR04	Detail Prem Pay Amt	75.00
DTM01	Date/Time Qualifier	582 (Report Period)
DTM05	Date/Time Period Qual	RD8 (Date Range)
DTM06	Coverage Period	2003030120030331

*Contract Type (1), County Code (2), Cap Rate Code (4), Voucher (9)

Second Member:

2000B Individual Remittance		
ENT01	Assigned Number	3
ENT02	Entity Identifier Code	2J (Individual)
ENT03	ID Code Qualifier	ZZ (Mutually Defined)
ENT04	AHCCCS ID	A23456789

2100B Individual Name		
NM103	Lname	THOMAS
NM104	Fname	JAMES
NM105	Mname	W
NM108	ID Qualifier	34 (SSN)
NM109	SSN	513295641 (if available)

2300B Individual Premium Remittance Detail		
RMR01	Ref ID Qualifier	AZ (Health Ins Pol Num)
RMR02	Ins Remit Ref Num	A132210H23456789*
RMR03	Payment Action Code	PI (Pay Item)
RMR04	Detail Prem Pay Amt	15.00
DTM01	Date/Time Qualifier	582 (Report Period)
DTM05	Date/Time Period Qual	RD8 (Date Range)
DTM06	Coverage Period	2003021520030228

*Contract Type (1), County Code (2), Cap Rate Code (4), Voucher (9)

2300B Individual Premium Remittance Detail		
RMR01	Ref ID Qualifier	AZ (Health Ins Pol Num)
RMR02	Ins Remit Ref Num	A132210H23456789*
RMR03	Payment Action Code	PI (Pay Item)
RMR04	Detail Prem Pay Amt	35.00
DTM01	Date/Time Qualifier	582 (Report Period)
DTM05	Date/Time Period Qual	RD8 (Date Range)
DTM06	Coverage Period	2003030120030331

*Contract Type (1), County Code (2), Cap Rate Code (4), Voucher (9)