Transaction 1: New member, with TPL

Arizona 834

Action Type = A

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 (Self)
INS03	Maintenance Type	021(Addition)
INS04	Maintenance Reason	28 (Initial Enrollment)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
INS08	Employement Status	FT
INS11	*Date Time Period*	*D8 (If Date of Death)*
INS12	*Date of Death*	*20031001*
REF01	Subscriber Number Qual	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
REF01	Member Policy Qualifier	1L
REF02	Policy Number	NO DATA
REF01	*Case Number Qualifier*	*3H (If Case ID present))*
REF02	*Case ID*	*A23456789*
REF01	*ID QualifierQual*	*ZZ (If Client ID present)*
REF02	*Primary AHCCCS ID*	*A33333333*
REF01	*Medical Claim Qual*	*F6 (If Medical Claim ID*
REF02	*Medical Claim Number*	*123456789012*
REF01	*ID Qualifier*	*17 (If Voucher present)*
DTP01	Date/Time Qualifier	356 (Enrl From Dt)
DTP02	Date Time Period	D8
DTP03	Status Information Eff Dt	20030101

INS04 is translated from existing AHCCCS codes. In some instances it will be blank – AA & EC will appear at the 2300 HD04. Others were not mapped.
INS06 = Required if a member is being enrolled or disenrolled in Medicare or has been terminated or changed their Medicare enrollment.

2100A Member Name

NM101	Entity Identifier	IL	
NM102	Entity Qualifier	1	
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	
PER05	Emergency Phone Qual	TE	
PER06	Emergency Phone Num	6025559111	
N301	Member Residence	2 N. FIFTH ST	
N302	Residence Line 2	APT 101	
N401	Member Residence City	PHOENIX	
N402	State	AZ	
N403	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	Race	HS	
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Generic RX)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(Brand RX)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(ER)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(Office Visit)
LUI01	Lang Code Qual	LE (ISO 639)	
LUI02	Mbr Language Cd	ENG	

2100C Member Mailing Address

NM101	Entity Identifier Code	31
NM102	Entity Type Qualifier	1
N301	Member Mail Street	P.O. BOX112
N302	Member Mail Street 2	
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	1234123456APIPA AE* (RRRRPPPPPPNNNNNNNNNNNNNNNNNNNNNNNNCC)
DTP01	Date/Time Qualifier	348 (Benefit Begin Date)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (Enrol From Dt)
REF01	Ref ID Qualifier	1L
REF02	Ins'd Group/Policy #	A (Contract Type)

* =	Rate Code	X(4)
	Prior Plan ID	X(6) [if present, otherwise spaces]
	Prior Plan Name	X(25) [if present, otherwise spaces]
	Action Code	X(2) [either AA or EC only, otherwise spaces.

2300 Health Coverage

HD01	Maintenance Type Code	021
HD03	Ins Line Cd	AK
HD04	Plan Coverage Desc	S
DTP01	Date/Time Qualifier	348 (Benefits Begin)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (Process Date)

2300 Health Coverage

HD01	Maintenance Type Code	021
HD03	Ins Line Cd	FAC (LTC)
HD04	Plan Coverage Desc	N123456Oakley Annie W (INNNNNNNPPPPPPPPPPPPPPPPPPPPPP)
DTP01	Date/Time Qualifier	348 (Benefits Begin)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (Process Date)

* =	LTC Transition (T or N)	X(1)
	Provider ID	X(6)
	Provider Name	X(25)

(The provider name can be the name of an actual facility OR the name of an individual who is providing care for the member.)

2300 Health Coverage (Max 6 SOC 2300)

HD01	Maintenance Type Code	021
HD03	Ins Line Cd	LTC
DTP01	Date/Time Qualifier	348 (Benefits Begin)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (Process Date)
AMT02	Contract Amount	12225 (SOFC-AMT)

2320 Coordination of Benefits *)

COB01	Payer Respon Seq	U (Unknown)
COB02	Ins Group or Policy #	12345601 (TPL)
COB03	COB Code	5 (Unknown)
REF01	Ref ID Qualifier	6P (Group Number)
REF02	Ins Group/Policy No	22200
N101	Entity ID Code	IN
N102	Insurer Name	BLUEBELL (TPL Carrier)
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 will be 5.

2300 Health Coverage

HD01	Maintenance Type Code	021
HD03	Ins Line Cd	EPO
HD04	Plan Coverage Desc	CRS Client
DTP01	Date/Time Qualifier	348 (Benefits Begin)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (Process Date)

2300 Health Coverage

HD01	Maintenance Type Code	021
HD03	Ins Line Cd	HLT
HD04	Plan Coverage Desc	TSC Client
DTP01	Date/Time Qualifier	348 (Benefits Begin)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (Process Date)

2300 Health Coverage

HD01	Maintenance Type Code	021
HD03	Ins Line Cd	AJ
HD04	Plan Coverage Desc	HMO ID/NAME
DTP01	Date/Time Qualifier	348 (Benefits Begin)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (Process Date)

2300 Health Coverage

HD01	Maintenance Type Code	021
HD03	Ins Line Cd	**AG**
HD04	Plan Coverage Desc	PG
DTP01	Date/Time Qualifier	348 (Maintenance Date)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030301 (Process Date)

Transaction 1a: New Member with No TPL AHCCCS Action Type: A AHCCCS Action Code: AE	834 Enrollment Transaction HD04 Fix 06/30/2003

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 Ident 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
INS08	Employement Status	FT
INS11	*Date Time Period*	*D8 (If Date of Death)*
INS12	*Date of Death*	*20031001*
REF01	Subscriber Number Qual	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
REF01	Member Policy Qualifier	1L
REF02	Policy Number	NO DATA
REF01	*Case Number Qualifier*	*3H (If Case ID present))*
REF02	*Case ID*	*A23456789*
REF01	*ID QualifierQual*	*ZZ (If Client ID present)*
REF02	*Primary AHCCCS ID*	*A33333333*
REF01	*Medical Claim Qual*	*F6 (If Medical Claim ID*
REF02	*Medical Claim Number*	*123456789012*
REF01	*ID Qualifier*	*17 (If Voucher present)*
REF02	*Voucher Number*	*123456789*
DTP01	Date/Time Qualifier	356 (Enrl From Dt)
DTP02	Date Time Period	D8
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	
NM102	Entity Qualifier	1	
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	
PER05	Emergency Phone Qual	TE	
PER06	Emergency Phone Num	6025559111	
N301	Member Residence	2 N. FIFTH ST	
N302	Residence Line 2	APT 101	
N401	Member Residence City	PHOENIX	
N402	State	AZ	
N403	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	Race	HS	
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Generic RX)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(Brand RX)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(ER)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(Office Visit)
LUI01	Lang Code Qual	LE (ISO 639)	
LUI02	Mbr Language Cd	ENG	

2100C Member Mailing Address

NM101	Entity Identifier Code	31
NM102	Entity Type Qualifier	1
N301	Member Mail Street	P.O. BOX112
N302	Member Mail Street 2	
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	1234123456APIPA AE* (RRRRPPPPPPNNNNNNNNNNNNNNNNNNNNNNNNCC)
DTP01	Date/Time Qualifier	348 (Benefit Begin Date)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (Enrol From Dt)
REF01	Ref ID Qualifier	1L
REF02	Ins'd Group/Policy #	A (Contract Type)

* =	Rate Code	X(4)
	Prior Plan ID	X(6) [if present, otherwise spaces]
	Prior Plan Name	X(25) [if present, otherwise spaces]
	Action Code	X(2) [either AA or EC only, otherwise spaces.

2300 Health Coverage

HD01	Maintenance Type Code	021
HD03	Ins Line Cd	AK
HD04	Plan Coverage Desc	S
DTP01	Date/Time Qualifier	348 (Benefits Begin)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (Process Date)

2300 Health Coverage

HD01	Maintenance Type Code	021
HD03	Ins Line Cd	FAC (LTC)
HD04	Plan Coverage Desc	N123456Oakley Annie W (INNNNNNNPPPPPPPPPPPPPPPPPPPPPPPP)
DTP01	Date/Time Qualifier	348 (Benefits Begin)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (Process Date)

* =	LTC Transition (T or N)	X(1)
	Provider ID	X(6)
	Provider Name	X(25)

(The provider name can be the name of an actual facility OR the name of an individual who is providing care for the member.)

2300 Health Coverage (Max 6 SOC 2300)

HD01	Maintenance Type Code	021	
HD03	Ins Line Cd	LTC	
DTP01	Date/Time Qualifier	348	(Benefits Begin)
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20030101 (Process Date)	
AMT02	Contract Amount	12225 (SOFC-AMT)	

2300 Health Coverage

HD01	Maintenance Type Code	021	
HD03	Ins Line Cd	EPO	
HD04	Plan Coverage Desc	CRS Client	
DTP01	Date/Time Qualifier	348	(Benefits Begin)
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20030101 (Process Date)	

2300 Health Coverage

HD01	Maintenance Type Code	021	
HD03	Ins Line Cd	HLT	
HD04	Plan Coverage Desc	TSC Client	
DTP01	Date/Time Qualifier	348	(Benefits Begin)
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20030101 (Process Date)	

2300 Health Coverage

HD01	Maintenance Type Code	021	
HD03	Ins Line Cd	AJ	
HD04	Plan Coverage Desc	HMO ID/NAME	
DTP01	Date/Time Qualifier	348	(Benefits Begin)
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20030101 (Process Date)	

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	(Action Type)
INS04	Maintenance Reason		(Action Code)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
INS08	Employement Status	FT	
INS11	*Date Time Period*	*D8 (If Date of Death)*	
INS12	Insured's *Date of Death*	*20031001*	
REF01	Subcriber Qualifier	0F	
REF02	AHCCCS ID	A22222222	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
REF01	ID Qualifier	17	
REF02	Voucher Number	H23456789	
DTP01	Date/Time Qualifier	357	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030226	(Enrl End Dt)

INS04 is translated from existing AHCCCS codes. See Code Set Mapping Table.

2100A Member Name

NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Bush
NM104	Fname	George
NM105	Mname	W
NM108	SSN Qualifier	34 (SSN)
NM109	SSN	526650902
DMG01	Date Format	D8
DMG02	Member DOB	19721201
DMG03	Gender	M

Transaction 3: Block Enroll, no TPL
Action Type: "A"

Arizona 834

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	021	(Action Type)
INS04	Maintenance Reason		(Action Code)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	(none)
INS08	Employement Status	FT	
INS11	*Date Time Period*	*D8 (If Date of Death)*	
INS12	*Date of Death*	*20031001*	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	A22222222	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
REF01	*Case Number Qualifier*	*3H (If Case ID present)*	
REF02	*Case ID*	*A23456789*	
REF01	*ID QualifierQual*	*ZZ (Prior ID present)*	
REF02	*Primary AHCCCS ID*	*A33333333*	
REF01	*Medical Claim Qual*	*F6 (If Medical Claim ID*	
REF02	*Medical Claim Number*	*123456789012*	
REF01	*ID Qualifier*	*17 (If Voucher present)*	
DTP01	Date/Time Qualifier	356	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030101	(Enrl Fr Dt)
DTP01	Date/Time Qualifier	357	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030215	(Enrl End Dt)

INS04 is translated from existing AHCCCS codes. See Code Set Mapping Table.

2100A Member Name

NM101	Entity Identifier	IL	
NM102	Entity Qualifier	1	
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	
PER05	Emergency Phone Qual	TE	
PER06	Emergency Phone Num	6025559111	
N301	Member Residence	2 N. FIFTH ST	
N302	Residence Line 2	APT 101	
N401	Member Residence City	PHOENIX	
N402	State	AZ	
N403	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	Race	HS	
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Generic RX)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(Brand RX)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(ER)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(Office Visit)
LUI01	Lang Code Qual	LE (ISO 639)	
LUI02	Mbr Language Cd	ENG	

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	
DTP02	Date Time Period	D8	
DTP03	Coverage Period	20030101	(Enrol From Dt)
DTP01	Date/Time Qualifier	349	
DTP02	Date Time Period	D8	
DTP03	Coverage Period	20030215	(Enrol End Dt)
REF01	Ref ID Qualifier	1L	
REF02	Ins'd Group/Policy #	A	(Contract Type)

2100C Member Mailing Address

NM101	Entity Identifier Code	31
NM102	Entity Type Qualifier	1
N301	Member Mail Street	P.O. BOX112
N302	Member Mail Street 2	
N401	Member Mail City,	PHOENIX
N402	State	AZ
N403	ZIP	85034

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	(Action Type)
INS04	Maintenance Reason		(Action Code)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
INS08	Employement Status	FT	
INS11	*Date Time Period*	*D8 (If Date of Death)*	
INS12	Insured's *Date of Death*	*20031001*	
REF01	Subcriber Qualifier	0F	
REF02	AHCCCS ID	A22222222	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
REF01	ID Qualifier	17	
REF02	Voucher Number	H23456789	
DTP01	Date/Time Qualifier	356	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030126	(Enrl Fr Dt)
DTP01	Date/Time Qualifier	357	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030226	(Enrl End Dt)

INS04 is translated from existing AHCCCS codes. See Code Set Mapping Table.

2100A Member Name

NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Bush
NM104	Fname	George
NM105	Mname	W
NM108	SSN Qualifier	34 (SSN)
NM109	SSN	526650902
DMG01	Date Format	D8
DMG02	Member DOB	19721201
DMG03	Gender	M

Transaction 5: Address Change
Action Type: "C"
Action Code: "AC"

Arizona 834

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	(Action Type)
INS04	Maintenance Reason	43	(Action Code)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
INS08	Employement Status	FT	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	A23456789	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
DTP01	Date/Time Qualifier	303	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

INS04 is translated from existing AHCCCS codes. See Code Set Mapping Table.

2100A Member Name		
NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Bush
NM104	Fname	George
NM105	Mname	W
PER01	Contact Function Code	IP (Insured Party)
PER03	Comm Number Qual	HP (Home Phone)
PER04	Residence Ph Num	6025669087
PER05	Emergency Phone Qual	TE
PER06	Emergency Phone Num	6025559111
N301	Member Residence	123 Test St
N302	Member Residence	(Line 2)
N401	Member Residence City	Phoenix
N402	State	AZ
N403	ZIP	85034
N405	Location Qualifier	CY (County/Parish)
N406	Location Id Cd (County)	13

2100C Member Mailing Address		
NM101	Entity Identifier Code	31
NM102	Entity Type Qualifier	1
N301	Member Mail Street	P.O. BOX112
N302	Member Mail Street 2	
N401	Member Mail City,	PHOENIX
N402	State	AZ
N403	ZIP	85034

If TPL record is present the 2300 and 2320 loop(s) would be added:

2300 Health Coverage			
HD01	Maintenance Type Code	001	
HD03	Ins Line Cd	**HMO**	
DTP01	Date/Time Qualifier	303	(Maintenance Date)
DTP02	Date Time Period	D8	
DTP03	Coverage Period	20030301	(Process Date)

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

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
N101	Entity ID Code	IN
N102	Insurer Name	KAISER
DTP01	COB Date/Time Qual	344 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20021202

Transaction 6: Date of Birth Change and/or Gender Correction and/or Name Change
Action Type = C
Action Code = “DB”, “NC” 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	(Action Type)
INS04	Maintenance Reason	25	(Action Code)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
INS08	Employement Status	FT	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	A23456789	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
DTP01	Date/Time Qualifier	303	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

2100A Member Name		
NM101	Entity Identifier	74
NM102	Entity Qualifier	1
NM103	Lname	Husky
NM104	Fname	Edmund
NM105	Mname	S

2100 B Incorrect Member Name		
NM101	Entity Identifier	70
NM102	Entity Qualifier	1
NM103	Prior LName	Bush
NM104	Prior FName	George
NM105	Prior Mname	S

***Name Change

**********OR**********

2100A Member Name		
NM101	Entity Identifier	74
NM102	Entity Qualifier	1
NM103	Lname	Huskey
NM104	Fname	Edmond
NM105	Mname	S
DMG01	Date Format	D8
DMG02	Member DOB	19731215***
DMG03	Member Gender	M

2100 B Incorrect Member Name		
NM101	Entity Identifier	70
NM102	Entity Qualifier	1
NM103	Prior LName	Huskey
NM104	Prior FName	Johnathan
NM105	Prior Mname	S
DMG01	Date Format	D8
DMG02	Prior Birth Date	19721201***
DMG03	Prior Member Gender	M

*** Name and Date of Birth Change

Transaction 6: Date of Birth Change and/or Gender Correction and/or Name Change
Action Type = C
Action Code = “DB”, “NC” or “SX”

**********OR**********

2100A Member Name

NM101 Entity Identifier	74
NM102 Entity Qualifier	1
NM103 Lname	Huskey
NM104 Fname	Edmond
NM105 Mname	S
DMG01 Date Format	D8
DMG02 Member DOB	19731215***
DMG03 Member Gender	M

2100 B Incorrect Member Name

NM101 Entity Identifier	70
NM102 Entity Qualifier	1
NM103 Prior LName	Huskey
NM104 Prior FName	Johnathan
NM105 Prior Mname	S
DMG01 Date Format	D8
DMG02 Prior Birth Date	19721201***
DMG03 Prior Member Gender	F

*** Name, Date of Birth and Gender Change

**********OR**********

2100A Member Name

NM101 Entity Identifier	74
NM102 Entity Qualifier	1
NM103 Lname	Huskey
NM104 Fname	Edmond
NM105 Mname	S
DMG01 Date Format	D8
DMG02 Member DOB	19721215
DMG03 Member Gender	M***

2100 B Incorrect Member Name

NM101 Entity Identifier	70
NM102 Entity Qualifier	1
NM103 Prior LName	Huskey
NM104 Prior FName	Johnathan
NM105 Prior Mname	S
DMG01 Date Format	D8
DMG02 Prior Birth Date	19721215
DMG03 Prior Member Gender	F***

*** Name and Gender Change

**********OR**********

2100A Member Name

NM101 Entity Identifier	IL
NM102 Entity Qualifier	1
NM103 Lname	Huskey
NM104 Fname	Edmond
NM105 Mname	S
DMG01 Date Format	D8
DMG02 Member DOB	19731215***
DMG03 Member Gender	M

2100 B Incorrect Member Name

NM101 Entity Identifier	70
NM102 Entity Qualifier	1
NM103 Prior LName	Huskey
NM104 Prior FName	Edmond
NM105 Prior Mname	S
DMG01 Date Format	D8
DMG02 Prior Birth Date	19721201***
DMG03 Prior Member Gender	M

*** Date of Birth Change

**********OR**********

Transaction 6: Date of Birth Change and/or Gender Correction and/or Name Change
Action Type = C
Action Code = “DB”, “NC” or “SX”

2100A Member Name

NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Huskey
NM104	Fname	Edmond
NM105	Mname	S
DMG01	Date Format	D8
DMG02	Member DOB	19731215***
DMG03	Member Gender	M***

2100 B Incorrect Member Name

NM101	Entity Identifier	70
NM102	Entity Qualifier	1
NM103	Prior LName	Huskey
NM104	Prior FName	Edmond
NM105	Prior Mname	S
DMG01	Date Format	D8
DMG02	Prior Birth Date	19721201***
DMG03	Prior Member Gender	F***

*** Date of Birth AND Gender Change

**********OR**********

2100A Member Name

NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Huskey
NM104	Fname	Edmond
NM105	Mname	S
DMG01	Date Format	D8
DMG02	Member DOB	19731215
DMG03	Member Gender	M***

2100 B Incorrect Member Name

NM101	Entity Identifier	70
NM102	Entity Qualifier	1
NM103	Prior LName	Huskey
NM104	Prior FName	Edmond
NM105	Prior Mname	S
DMG01	Date Format	D8
DMG02	Prior Birth Date	19731215
DMG03	Prior Member Gender	F***

*** Gender Change

If TPL record is present the 2300 and 2320 loop(s) would be added:

2300 Health Coverage

HD01	Maintenance Type Code	001	
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 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	INS-GRP-NUM
N101	Entity ID Code	IN
N102	Insurer Name	Carrier Name from TPL
DTP01	Date/Time Qualifier	344 (Begin)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20021202

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

Transaction 7: Mental Health Change
Action Type: "C"
Action Code: "MC"

Arizona 834

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	(Action Type)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
INS08	Employement Status	FT	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	A22222222	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
DTP01	Date/Time Qualifier	303	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

2100A Member Name		
NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Bush
NM104	Fname	Jenny
NM105	Mname	W

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

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	(Action Type)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
REF01	ID Qualifier	0F	
REF02	AHCCCS ID	A23456789	
REF01	Ref ID Qualifier	1L	
REF02	Ref Identifier	No Data	
DTP01	Date/Time Qualifier	303	
DTP02	Date Format Qualifier	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

2100A Member Name		
NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Bush
NM104	Fname	Jonie
NM105	Mname	W

2300 Health Coverage			
HD01	Maintenance Type Code	001	
HD03	Ins Line Cd	**AG**	
HD04	Plan Coverage Desc	**PG**	
DTP01	Date/Time Qualifier	348	(Maintenance Date)
DTP03	Coverage Period	20030301	(Process Date)

2300 Loop is created and sent to indicate member is pregnant.

Transaction 9: Rate Code Change
Action Type "C"
Action Code: "RC"

Arizona 834

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 (Self)
INS03	Maintenance Type	021(Addition)
INS04	Maintenance Reason	29 (Action Code)
INS05	Benefit Status	A
INS06	Medicare Plan Code	E
INS08	Employement Status	FT
INS11	*Date Time Period*	*D8 (If Date of Death)*
INS12	*Date of Death*	*20031001*
REF01	Subscriber Number Qual	0F (Subscriber Number)
REF02	AHCCCS ID	A22222222
REF01	Member Policy Qualifier	1L
REF02	Policy Number	NO DATA
REF01	*Case Number Qualifier*	*3H (If Case ID present))*
REF02	*Case ID*	*A23456789*
REF01	*ID QualifierQual*	*ZZ (If Client ID present)*
REF02	*Primary AHCCCS ID*	*A33333333*
REF01	*Medical Claim Qual*	*F6 (If Medical Claim ID*
REF02	*Medical Claim Number*	*123456789012*
REF01	*ID Qualifier*	*17 (If Voucher present)*
REF02	*Voucher Number*	*123456789*
DTP01	Date/Time Qualifier	303
DTP02	Date Time Period	D8
DTP03	Status Information Eff Dt	20030101

2100A Member Name			
NM101	Entity Identifier	IL	
NM102	Entity Qualifier	1	
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	
PER05	Emergency Phone Qual	TE	
PER06	Emergency Phone Num	6025559111	
N301	Member Residence	2 N. FIFTH ST	
N302	Residence Line 2	APT 101	
N401	Member Residence City	PHOENIX	
N402	State	AZ	
N403	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	Race	HS	
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Generic RX)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(Brand RX)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(ER)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(Office Visit)
LUI01	Lang Code Qual	LE (ISO 639)	
LUI02	Mbr Language Cd	ENG	

2100C Member Mailing Address		
NM101	Entity Identifier Code	31
NM102	Entity Type Qualifier	1
N301	Member Mail Street	P.O. Box 112
N302	2nd Mbr Mail Street	
N401	Member Mail City,	Phoenix
N402	State	AZ
N403	ZIP	85034

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

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	
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20030201	(Enrol From Dt)
REF01	Ref ID Qualifier	1L	
REF02	Ins'd Group/Policy #	A (Contract Type)	

2300 Health Coverage

HD01	Maintenance Type Code	001	(Change)
HD03	Ins Line Cd	**AG**	
HD04	Plan Coverage Desc	**PG**	
DTP01	Date/Time Qualifier	348	
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20030201	(Enrol From Dt)

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
N101	Entity ID Code	IN
N102	Insurer Name	KAISER
DTP01	COB Date/Time Qual	344 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20021202

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	(Action Type)
INS04	Maintenance Reason	33	(Action Code)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
REF01	ID Qualifier	0F	
REF02	AHCCCS ID	A23456789	
REF01	Ref ID Qualifier	1L	
REF02	Ref Identifier	No Data	
DTP01	Date/Time Qualifier	303	
DTP02	Date Format Qualifier	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

2100A Member Name		
NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Bush
NM104	Fname	Jonie
NM105	Mname	W

2300 Health Coverage	(Max 6 SOC 2300)	
HD01	Maintenance Type Code	001
HD03	Ins Line Cd	LTC (Share of Cost Info)
DTP01	Date Type	348
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20030101 (SOFC-DAT)
AMT01	Amount Code Qual	C1
AMT02	Contract Amount	12225 (SOFC-AMT)

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	(Action Type)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
INS08	Employement Status	FT	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	A22222222	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
DTP01	Date/Time Qualifier	303	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

2100A Member Name

NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Bush
NM104	Fname	Jenny
NM105	Mname	W

2300 Health Coverage

HD01	Maintenance Type Code	024	
HD03	Ins Line Cd	**AK**	(Mental Health)
HD04	Plan Coverage Desc	C	(MH Category)
DTP01	Date Type	349	
DTP02	Date Format Qualifier	D8	
DTP03	Coverage Period	20030217	(MH End)

Transaction 12: TPL with No Roster Information
Action Type: No current Action Type
Action Code: No current Action Code

This transaction will be created when there is a TPL record in the TPL file and no Daily Roster Record present in the Daily Roster File sent to the AHCCCS Translator.

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	(Action Type)
INS04	Maintenance Reason	33	(Action Code)
INS05	Benefit Status	A	
INS08	Employement Status	FT	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	A22222222	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
DTP01	Date/Time Qualifier	303	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

2100A Member Name		
NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Husky
NM104	Fname	Edmund
NM105	Mname	S

2300 Health Coverage		
HD01	Maintenance Type Code	001
HD03	Ins Line Cd	**HMO**
DTP01	Date Type	303
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030301 (Process Date)

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
N101	Entity ID Code	IN
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 will be 5.

Transaction 13: Disnroll - Deceased
Action Type: "D"
Action Code: "DE"

Arizona 834

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	(Action Type)
INS04	Maintenance Reason	03	(Action Code)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
INS08	Employement Status	FT	
INS11	Date Time Period	D8 (If Date of Death)	
INS12	Insured's Date of Death	20030301	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	A22222222	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
DTP01	Date/Time Qualifier	357	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030301	(Enroll End Date)

2100A Member Name		
NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Bush
NM104	Fname	George
NM105	Mname	W
NM109	SSN	526650902
DMG01	Date Format	D8
DMG02	Member DOB	19721201
DMG03	Gender	M

Transaction 14: Medicare Change Only
Action Type: No current Action Type
Action Code: No current Action Code

This transaction will be created when there is a TPL record in the TPL file and no Daily Roster Record present in the Daily Roster File sent to the AHCCCS Translator.

In this example Medicare Part B was added to a member who had Medicare Part A. There were no other changes made to the member.

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	(Action Type)
INS04	Maintenance Reason	33	(Action Code)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	C	
INS08	Employement Status	FT	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	A22222222	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
DTP01	Date/Time Qualifier	303	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

2100A Member Name

NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Husky
NM104	Fname	Edmund
NM105	Mname	S

2300 Health Coverage

HD01	Maintenance Type Code	001
HD03	Ins Line Cd	**HMO**
DTP01	Date Type	303
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 #	12345601
COB03	COB Code	5 (Unknown)
REF01	Ref ID Qualifier	6P (Group Number)
REF02	Ins Group/Policy No	22200
N101	Entity ID Code	IN
N102	Insurer Name	Medicare Part A
DTP01	COB Date/Time Qual	344 (Begin Date)
DTP02	Date Format Qualifier	D8
DTP03	COB Date	20021202

2320 Coordination of Benefits (Max 5)

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
N101	Entity ID Code	IN
N102	Insurer Name	Medicare Part B
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 will be 5.

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	
INS08	Employement Status	FT	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	A22222222	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
REF01	*Case Number Qualifier*	*3H (If Case ID present))*	
REF02	*Case ID*	*A23456789*	
REF01	*ID QualifierQual*	*ZZ (If Client ID present)*	
REF02	*Primary AHCCCS ID*	*A33333333*	
REF01	*Medical Claim Qual*	*F6 (If Medical Claim ID*	
REF02	*Medical Claim Number*	*123456789012*	
REF01	*ID Qualifier*	*17 (If Voucher present)*	
REF02	*Voucher Number*	*123456789*	
DTP01	Date/Time Qualifier	356	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030101	(Enrl Fr Dt)

INS06 = Required if a member is being enrolled or disenrolled in Medicare or has been terminated or changed their Medicare enrollment.

2100A Member Name

NM101	Entity Identifier	IL	
NM102	Entity Qualifier	1	
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	
PER05	Emergency Phone Qual	TE	
PER06	Emergency Phone Num	6025559111	
N301	Member Residence	2 N. FIFTH ST	
N302	Residence Line 2	APT 101	
N401	Member Residence City	PHOENIX	
N402	State	AZ	
N403	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	Race	HS	
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Generic RX)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(Brand RX)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(ER)
AMT01	Amount Qualifier Code	C1	
AMT02	Contract Amount	1000	(Office Visit)
LUI01	Lang Code Qual	LE (ISO 639)	
LUI02	Mbr Language Cd	ENG	

2100C Member Mailing Address

NM101	Entity Identifier Code	31
NM102	Entity Type Qualifier	1
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	RTCD|PR-ID|PR-NAME|AA/EC*	
DTP01	Date/TimeQualifier	348	(Benefits Begin)
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20030101	(Enrol From Dt)
RE REF01		Ref ID Qualifier 1L	
F02	Ins'd Group/Policy #	A	(Contract Type)

*= Rate Code, Prior Plan ID, Prior Plan Name, Action Code of either AA or EC only – all others will be blank.

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)
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20030101	(MH Begin)

2300 Health Coverage

HD01	Maintenance Type Code	021	
HD03	Ins Line Cd	FAC	
HD04	Plan Coverage Desc	TT123456Eastern Star**	
DTP01	Date/TimeQualifier	348	(Benefits Begin)
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20030101	(Process Date)

**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/Time Format	D8	
DTP03	Coverage Period	20030101	(SOFC-DAT)
AMT02	Contract Amount	12225	(SOFC-AMT)

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
N101	Entity ID Code	IN
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 will be 5.

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	(Action Type)
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E	
INS08	Employment Status Code	FT	
REF01	ID Qualifier	0F	
REF02	AHCCCS ID	A23456789	
REF01	Ref ID Qualifier	1L	
REF02	Ref Identifier	No Data	
DTP01	Date/Time Qualifier	303	
DTP02	Date Format Qualifier	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

2100A Member Name

NM101	Entity Identifier	IL	
NM102	Entity Qualifier	1	
NM103	Lname	Bush	
NM104	Fname	Jonie	
NM105	Mname	W	
DMG01	Date Time Period	D8	
DMG02	Member DOB	19730513	
DMG03	Member Gender	F	
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Generic RX)
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Brand RX)
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(ER)
AMT01	Amount Qualifier Code	C1	(Co-Pay)
AMT02	Contract Amount	1000	(Office Visit)

Transaction 17: FYI with No Roster Information
Action Type: No current Action Type
Action Code: No current Action Code

This transaction will be created when there is a FYI record in the FYI file and no Daily Roster Record present in the Daily Roster File sent to the AHCCCS Translator.

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	(Action Type)
INS04	Maintenance Reason	33	(Action Code)
INS05	Benefit Status	A	
INS08	Employement Status	FT	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	A22222222	
REF01	Member Policy Qualifier	1L	
REF02	Policy Number	NO DATA	
DTP01	Date/Time Qualifier	303	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20030301	(Process Date)

2100A Member Name

NM101	Entity Identifier	IL
NM102	Entity Qualifier	1
NM103	Lname	Husky
NM104	Fname	Edmund
NM105	Mname	S

2300 Health Coverage

HD01	Maintenance Type Code	001
HD03	Ins Line Cd	**EPO**
HD04	Plan Coverage Desc	**FYI-CRS-CLIENT ID (X14)**
DTP01	Date Type	303
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030301 (Process Date)

2300 Health Coverage

HD01	Maintenance Type Code	001
HD03	Ins Line Cd	**HLT**
HD04	Plan Coverage Desc	**FYI-TCS-CLIENT ID (X10)**
DTP01	Date Type	303
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030301 (Process Date)

2300 Health Coverage

HD01	Maintenance Type Code	001
HD03	Ins Line Cd	**AJ**
HD04	Plan Coverage Desc	**FYI-HMO-ID (X5), FYI-HMO-NAME (X(40)**
DTP01	Date Type	303
DTP02	Date Format Qualifier	D8
DTP03	Coverage Period	20030301 (Process Date)