



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

**834/820 Standard Companion Guide
Transaction Information**

**Instructions related to Transactions
based on ASC X12 Implementation
Guides, version 005010**

**Companion Guide Version Number: 1.0
October 2010**

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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation

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

1.1.2 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 a 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).

1.1.3 Compliance according to ASC X12

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

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

1.2 Intended Use

The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12's Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

Unique ID	Name
[005010X220]	Benefit Enrollment and Maintenance (834)
[005010X218]	Payroll Deducted and Other Group Premium Payment for Insurance Products (820)

3. Instruction Tables

3.1 834 Benefit Enrollment and Maintenance

Loop ID	Reference	Name	Codes	Notes/Comments
1000A	N1	Sponsor Name		
1000A	N102	Name	AHCCCS	
1000A	N104	Identification Code	866004791	
2320	COB	Coordination of Benefits		
2320	COB02	Reference Identification	TPL-INS-TYP (1) + TPL-POLICY-ID (20) or MEDICARE CLAIM ID NUMBER	Sent in 2300 COB loop only (when HD03=MM) When TPL Insurance Type='Z' Medicare Part A/B, expect '00050' Part A or '00051' Part B in 2330/NM103. When TPL Insurance Type is other than 'X', expect the Part D Plan ID in the 2330/NM103 when known or default value of '00052' when not known.

2320	REF	Additional Coordination of Benefits Identifiers		
2320	REF02	Reference Identification	INS-GRP-NUM or PART D DRUG PLAN ID NUMBER	Sent in 2300 COB loop only (when HD03=MM) Not used for Medicare Part A or B
2330	NM1	Coordination of Benefits Related Entity		
2330	NM103	Name Last or Organization Name	MASTER CARRIER ID + CARRIER NAME/ MEDICARE PLAN NAME	Sent in 2300 COB loop only (when HD03=MM) If present, expect the 5-digit TPL Carrier ID or Medicare Part A Carrier ID = 00050, Medicare Part B Carrier ID = 00051 or Medicare Part D Carrier ID = 00052 when the Part D Plan ID is not known.
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification		Populated with an Action Code
2750	N1	Reporting Category		
2750	N102	Name	Prior Plan New Plan	Populated with literal "Prior Plan" only when last member enrollment was within 90 days and with a different plan. Populated with literal "New Plan" only when member is enrolled in a different plan the day after the term date.
2750	REF	Reporting Category Reference		

2750	REF02	Reference Identification		<p>Prior Plan uses: PRIOR PLAN ID (6) + PRIOR PLAN NAME (25)</p> <p>New Plan uses: HMO PLAN ID (6) + HMO PLAN NAME (25)</p>
2750	REF	Reporting Category Reference		
2750	REF02	Name	MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)	Sent in 2750 when: N102="BHS" and REF01=XX1
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification	NURSING HOME ID (6) + NURSING HOME NAME (25) (or CASE WORKER ID [6] + CASE WORKER NAME [25])	Sent in 2750 when: N102="LTC" and REF01=XX1
2750	REF	Reporting Category Reference		
2750	REF02	Reference Identification	PLAN ID (5) + PLAN NAME (40)	Sent in 2750 when: N102="Medicare HMO" and REF01=PID

3.2 820 Payroll Deducted and Other Group Premium Payment for Insurance Products

Loop ID	Reference	Name	Codes	Notes/Comments
2300B	RMR	Individual Premium Remittance Detail		
2300B	RMR02	Insurance Remittance Reference Number	Contract Type X(1) + County X(2) + Rate Code X(4) + Voucher Number X(9) + Voucher Date 9(8)	AHCCCS strings the following fixed-length fields: <ul style="list-style-type: none"> • Contract Type X(1) • County X(2) • Rate Code X(4) • Voucher Number X(9) • Voucher Date 9(8)

4. TI Additional Information

4.1 Business Scenarios

4.1.1 834 Crib Notes

Element	Identifier Description	Usage Req	ID	Min - Max	AHCCCS Note	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	
						DAILY 834													
	INTERCHANGE																		
ISA11	Repetition Separator	R				^	^	^	^	^	^	^	^	^	^	^	^	^	
ISA12	Interchange Control Version Number	R				00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	
	FUNCTIONAL GROUP																		
GS01	Functional Identifier Code	R	ID	2-2		BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	
GS08	Version / Release / Industry Identifier Code; no addenda	R	AN	1-12		005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	
	HEADER																		
ST	Transaction Set Header	R																	
ST01	Transaction Set Identifier Code	R	ID	3-3		834	834	834	834	834	834	834	834	834	834	834	834	834	
ST02	Transaction Set Control Number	R	AN	4-9		000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	
ST03	Implementation Convention Reference	R	AN	1-35		005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	005010X220	
BGN	Beginning Segment	R																	
BGN01	Transaction Set Purpose Code	R	ID	2-2		00	00	00	00	00	00	00	00	00	00	00	00	00	
BGN02	Reference Identification	R	AN	1-50		0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	
BGN03	Date	R	DT	8-8		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	
BGN04	Time	R	TM	4-8		HHMMSSDD	HHMMSSDD	HHMMSSDD	HHMMSSDD	HHMMSSDD	HHMMSSDD	HHMMSSDD	HHMMSSDD	HHMMSSDD	HHMMSSDD	HHMMSSDD	HHMMSSDD	HHMMSSDD	
BGN08	Action Code	R	ID	1-2		2	2	2	2	2	2	2	2	2	2	2	4	4	
BGN09	Security Level Code	N/U																	
REF	Transaction Set Policy Number	S																	
REF01	Reference Identification Qualifier	R	ID	2-3		38	38	38	38	38	38	38	38	38	38	38	38	38	
REF02	Reference Identification	R	AN	1-50		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	S																	
DTP01	Date/Time Qualifier	R	ID	3-3		303	303	303	303	303	303	303	303	303	303	303	303	303	

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DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8
DTP03	Date Time Period	R	AN	1-35		Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date	Date
QTY	Transaction Set Control Totals	S															
QTY01	Quantity Qualifier	R	ID	2-2	Use 'TO' Total	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO
QTY02	Quantity	R	R	1-15	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
	1000A SPONSOR NAME(1)																
N1	Sponsor Name	R															
N101	Entity Identifier Code	R	ID	2-3		P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5
N102	Name	S	AN	1-60		AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS
N103	Identification Code Qualifier	R	ID	1-2		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code	R	AN	2-80		866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791
	1000B PAYER (1)																
N1	Payer	R															
N101	Entity Identifier Code	R	ID	2-3		IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN
N102	Name	S	AN	1-60		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	R	ID	1-2		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code	R	AN	2-80		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	R															
INS01	Yes/No Condition or Response Code	R	ID	1-1		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
INS02	Individual Relationship Code	R	ID	2-2		18	18	18	18	18	18	18	18	18	18	18	18
INS03	Maintenance Type Code	R	ID	3-3		021	024	001	001	001	001	001	001	001	001	001	030

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INS04	Maintenance Reason Code	S	ID	2-3		02 - Birth 28 - Initial Enrollment 41 - Re-enrollment	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
INS05	Benefit Status Code	R	ID	1-1		A	A	A	A	A	A	A	A	A	A	A	A	A
INS06-1	Medicare Plan Code	R	ID	1-1		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	S	ID	2-2		AC	TE	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC
INS11	Date Time Period Format Qualifier	S	ID	2-3		D8	D8											
INS12	Date Time Period	S	AN	1-35	Use for Date of Death only, if present	DAT OF DTH	DAT OF DTH											
REF	Subscriber Identifier	R																
REF01	Reference Identification Qualifier	R	ID	2-3		0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F
REF02	Reference Identification	R	AN	1-50	Format A#####	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"
REF	Member Supplemental Identifier	S																
REF01	Reference Identification Qualifier	R	ID	2-3	3H-Case Number Q4-Prior Identifier Number (Primary AHCCCS ID) 17-Client Reporting Category (Voucher Number)	3H 17	3H Q4 17						3H 17				3H 17	

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REF02	Reference Identification	R	AN	1-50	1) Case Number (when REF01=3H) 2) Primary AHCCCS ID (when REF01=Q4) 3) Voucher Number (when REF01=17)	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER	1) CASE ID 2) PRIMAR Y AHCCCS ID 3) VOUCHER NUMBER												
DTP	Member Level Dates	S																	
DTP01	Date/Time Qualifier	R	ID	3-3		356 357	356 357	303	303	303	303	303	303	303	303	303	303		
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8		
DTP03	Date Time Period	R	AN	1-35		ENRL BEG ENRL END	ENRL BEG ENRL END	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE	PROCES DATE		
	2100A MEMBER NAME(1)	R																	
NM1	Member Name	R																	
NM101	Entity Identifier Code	R	ID	2-3		IL	IL	IL	IL	IL 74	IL	IL	IL	IL	IL	IL	IL	IL	IL
NM102	Entity Type Qualifier	R	ID	1-1		1	1	1	1	1	1	1	1	1	1	1	1	1	1
NM103	Name Last or Organization Name	R	AN	1-60		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	Name First	S	AN	1-35		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	Name Middle	S	AN	1-25		MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	MIDDLE INIT	
PER	Member Communications Numbers	S																	
PER01	Contact Function Code	R	ID	2-2		IP		IP											IP
PER03	Communication Number Qualifier	R	ID	2-2		HP		HP											HP
PER04	Communication Number	R	AN	1-256		HOME PHONE		HOME PHONE											HOME PHONE
PER05	Communication Number Qualifier	S	ID	2-2		TE		TE											TE

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PER06	Communication Number	S	AN	1-256		EMER PHONE		EMER PHONE									EMER PHONE	
N3	Member Residence Street Address	S																
N301	Address Information	R	AN	1-55	Needed until Errata approved	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	RES STR1	
N302	Address Information	S	AN	1-55		RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	RES STR2	
N4	Member Residence City, State, ZIP Code	S																
N401	City Name	R	AN	2-30		CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	CITY	
N402	State or Province Code	S	AN	2-2		STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	STATE	
N403	Postal Code	S	ID	3-15		ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	ZIP	
N405	Location Qualifier	S	ID	1-2		CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	CY	
N406	Location Identifier	S	AN	1-30		CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	CTY CODE	
DMG	Member Demographics	S																
DMG01	Date Time Period Format Qualifier	R	ID	2-3		D8	D8			D8							D8	
DMG02	Date Time Period	R	AN	1-35		DOB	DOB			DOB							DOB	
DMG03	Gender Code	R	ID	1-1		GENDER	GENDER			GENDER							GENDER	
DMG04	Marital Status Code	S	ID	1-1		MARITAL STA											MARITAL STA	
DMG05-1	Race or Ethnicity Code	S	ID	1-1		ETHNICITY											ETHNICITY	
LUI	Member Language	S																
LUI01	Identification Code Qualifier	S	ID	1-2		LE											LE	
LUI02	Identification Code	S	AN	2-80		LANGUAGE											LANGUAGE	
LUI04	Use of Language Indicator	S	ID	1-2		6											6	
	2100B INCORRECT MEMBER NAME(1)																	

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NM1	Incorrect Member Name	S																
NM101	Entity Identifier Code	R	ID	2-3					70									
NM102	Entity Type Qualifier	R	ID	1-1					1									
NM103	Name Last or Organization Name	R	AN	1-60					PRIOR LAST NAME									
NM104	Name First	S	AN	1-35					PRIOR FIRST NAME									
NM105	Name Middle	S	AN	1-25					PRIOR MI									
DMG	Incorrect Member Demographics	S																
DMG01	Date Time Period Format Qualifier	S	ID	2-3					D8									
DMG02	Date Time Period	S	AN	1-35					PRIOR DOB									
DMG03	Gender Code	S	ID	1-1					PRIOR GENDER									
	2100C MEMBER MAILING ADDRESS (1)				Only present if different from Residential Address													
NM1	Member Mailing Address	S																
NM101	Entity Identifier Code	R	ID	2-3		31		31									31	
NM102	Entity Type Qualifier	R	ID	1-1		1		1									1	
N3	Member Mail Street Address	S																
N301	Address Information	R	AN	1-55		MAIL STR1		MAIL STR1									MAIL STR1	
N302	Address Information	S	AN	1-55		MAIL STR2		MAIL STR2									MAIL STR2	
N4	Member Mail City, State, Zip	S																
N401	City Name	R	AN	2-30		MAIL CITY		MAIL CITY									MAIL CITY	
N402	State or Province Code	S	AN	2-2		MAIL ST		MAIL ST									MAIL ST	

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N403	Postal Code	S	ID	3-15		MAIL ZIP		MAIL ZIP									MAIL ZIP	
	2100G RESPONSIBLE PERSON (13)				Mother's information on Newborn Adds only (when INS04=02 Birth)													
NM1	Responsible Person	S																
NM101	Entity Identifier Code	R	ID	2-3		S1												
NM102	Entity Type Qualifier	R	ID	1-1		1												
NM103	Name Last or Organization Name	R	AN	1-60		MOM-LAST-NAME												
NM104	Name First	S	AN	1-35		MOM-FIRST-NAME												
NM105	Name Middle	S	AN	1-25		MOM-MI												
NM108	Identification Code Qualifier	S	ID	1-2		ZZ												
NM109	Identification Code	S	AN	2-80		MOM-ID (9)+MOM-CASE-ID (9)												
N3	Responsible Person Street Address	S																
N301	Address Information	R	AN	1-55		RES-STR-1												
N302	Address Information	S	AN	1-55		RES-STR-2												
N4	Responsible Person City, State, Zip	R																
N401	City Name	R	AN	2-30		RES-CITY												
N402	State or Province Code	S	ID	2-2		RES-ST												
N403	Postal Code	S	ID	3-15	5 or 9 digit Zip Code	RES-ZIP												
	2300 HEALTH COVERAGE(99)				HMO LOOP													

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HD	Health Coverage	S															
HD01	Maintenance Type Code	R	ID	3-3		021											030
HD03	Insurance Line Code	R	ID	2-3		HMO											HMO
DTP	Health Coverage Dates	R															
DTP01	Date/Time Qualifier	R	ID	3-3		348 349											348
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8											D8
DTP03	Date Time Period	R	AN	1-35		Begin Date End Date											Begin Date
AMT	Health Coverage Policy	S															
AMT01	Amount Qualifier Code	R	ID	1-3													
AMT02	Monetary Amount	R	R	1-18													
REF	Health Coverage Policy Number	S															
REF01	Reference Identification Qualifier	R	ID	2-3		CE											CE
REF02	Reference Identification	R	AN	1-50		Contract Type											Contract Type

	2300 HEALTH COVERAGE (99)					SOC LOOP											
HD	Health Coverage	S															
HD01	Maintenance Type Code	R	ID	3-3		021						001					030
HD03	Insurance Line Code	R	ID	2-3		LTC						LTC					LTC
DTP	Health Coverage Dates	R															
DTP01	Date/Time Qualifier	R	ID	3-3		348						348					348

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DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8							D8			D8	
DTP03	Date Time Period	R	AN	1-35		SOC Begin Date							SOC Begin Date			SOC Begin Date	
AMT	Health Coverage Policy	S															
AMT01	Amount Qualifier Code	R	ID	1-3		C1							C1			C1	
AMT02	Monetary Amount	R	R	1-18		SOC-AMT							SOC-AMT			SOC-AMT	
	2300 HEALTH COVERAGE (99)				COB LOOP												
HD	Health Coverage	S															
HD01	Maintenance Type Code	R	ID	3-3									001			030	
HD03	Insurance Line Code	R	ID	2-3	Distinguishes the COB loop 001-Change on Daily 030-Notify Only on Monthly								MM			MM	
DTP	Health Coverage Dates	R															
DTP01	Date/Time Qualifier	R	ID	3-3									303			303	
DTP02	Date Time Period Format Qualifier	R	ID	2-3									D8			D8	
DTP03	Date Time Period	R	AN	1-35									Effective Date			Effective Date	
	2320 COORDINATION OF BENEFITS (5)																
COB	Coordination of Benefits	S															
COB01	Payer Responsibility Sequence Number Code	R	ID	1-1									U			U	

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COB02	Reference Identification	S	AN	1-50												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	R	ID	1-1												5		5	
REF	Additional Coordination of Benefits Identifiers	S																	
REF01	Reference Identification Qualifier	R	ID	2-3	6P-Group number											6P		6P	
REF02	Reference Identification	R	AN	1-50	Not used for Medicare Part A or B											INS-GRP-NUM or PART D DRUG PLAN ID NUMBER		INS-GRP-NUM or PART D DRUG PLAN ID NUMBER	
REF	Additional Coordination of Benefits Identifiers	S																	
REF01	Reference Identification Qualifier	R	ID	2-3	60-Account Suffix code											60		60	
REF02	Reference Identification	R	AN	1-50												TPL-SEQ-NO		TPL-SEQ-NO	
DTP	Coordination of Benefits Eligibility Dates	S																	
DTP01	Date/Time Qualifier	R	ID	3-3												344 345		344 345	
DTP02	Date Time Period Format Qualifier	R	ID	2-3												D8		D8	
DTP03	Date Time Period	R	AN	1-35												Begin Date End Date		Begin Date End Date	
	2330 COORDINATION OF BENEFITS RELATED ENTITY (3)																		

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NM1	Coordination of Benefits Related Entity	S			Note: This segment partially existed in 4010 at 2320/N1.											
NM101	Entity Identifier Code	R	ID	2-3									IN		IN	
NM102	Entity Type Qualifier	S	ID	1-1									2		2	
NM103	Name Last or Organization Name	S	AN	1-60	If present, Medicare Part A Carrier ID = 00050, Medicare Part B Carrier ID = 00051 and Medicare Part D Carrier ID = 00052.								MASTER CARRIER ID + CARRIER NAME/MEDICARE PLAN NAME		MASTER CARRIER ID + CARRIER NAME/MEDICARE PLAN NAME	
N3	Coordination of Benefits Related Entity Address	S														
N301	Address Information	R	AN	1-55	TPL address, if known, else "No Address Known" (No address known/stored for Medicare Part A, B or D.)								TPL-STR-1 or "No Address Known" (Medicare Part A/B)		TPL-STR-1 or "No Address Known" (Medicare Part A/B)	
N302	Address Information	S	AN	1-55	TPL address, if present, (No address known/stored for Medicare Part A, B or D.)								TPL-STR-2		TPL-STR-2	
N4	Coordination of Benefits Other Insurance Company City, State, ZIP Code	R														

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N401	City Name	R	AN	2-30	TPL address, if known, else "No City" (No address known/stored for Medicare Part A, B or D.)											TPL-CITY or "No City"	TPL-CITY or "No City"	
N402	State or Province Code	S	ID	2-2	TPL address, if known, else "AZ" (No address known/stored for Medicare Part A, B or D.)											TPL-STATE or "AZ"	TPL-STATE or "AZ"	
N403	Postal Code	S	ID	3-15	TPL address, if known, else "85034" (No address known/stored for Medicare Part A, B or D.)											TPL-ZIP or "85034"	TPL-ZIP or "85034"	
PER	Administrative Communications Contact	S			TPL Phone Number, if present, else not used.													
PER01	Contact Function Code	R	ID	2-2												CN	CN	
PER03	Communication Number Qualifier	R	ID	2-2												TE	TE	
PER04	Communication Number	R	AN	1-256												TPL-PHONE	TPL-PHONE	
END																		
	2700 ADDITIONAL REPORTING CATEGORIES(1)																	
LS	Additional Reporting Categories																	
LS01	Loop Identifier Code	R	AN	1-4		2700	2700	2700	2700	2700	2700	2700	2700	2700		2700	2700	

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	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			ACTION CODE													
LX01	Assigned Number	R	NO	1-6	Incrementing 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					
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75	75	75	75	75	75	75	75					
N102	Name	R	AN	1-60		"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"					
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ					
REF02	Reference Identification	R	AN	1-50		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	S			RATE CODE													
LX01	Assigned Number	R	NO	1-6	Incrementing number	Incrementing number						Incrementing number					Incrementing number	
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75						75					75	
N102	Name	R	AN	1-60		"Rate Code"						"Rate Code"					"Rate Code"	
REF	Reporting Category Reference	S																

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REF	Reporting Category Reference	S															
REF01	Reference Identification Qualifier	R	ID	2-3		18	18										
REF02	Reference Identification	R	AN	1-50	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.	PRIOR PLAN ID (6) + PRIOR PLAN NAME (25)	NEW PLAN ID (6) + NEW PLAN NAME (25)										
	2710 MEMBER REPORTING CATEGORIES (>1)																
LX	Member Reporting Categories	S			CO-PAY LEVEL												
LX01	Assigned Number	R	NO	1-6	Incrementing number	Incrementing number		Incrementing number								Incrementing number	
	2750 REPORTING CATEGORY (1)																
N1	Reporting Category	S															
N101	Entity Identifier Code	R	ID	2-3		75		75								75	
N102	Name	R	AN	1-60		"Co-Pay Level"		"Co-Pay Level"								"Co-Pay Level"	
REF	Reporting Category Reference	S															
REF01	Reference Identification Qualifier	R	ID	2-3		XX1		XX1								XX1	
REF02	Reference Identification	R	AN	1-50		CO-PAY LEVEL NUMBER		CO-PAY LEVEL NUMBER								CO-PAY LEVEL NUMBER	
DTP	Reporting Category Date	S															
DTP01	Date/Time Qualifier	R	ID	3-3		007		007								007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8		D8								D8	

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DTP03	Date Time Period	R	AN	1-35		Co-Pay Effective Begin Date			Co-Pay Effective Begin Date						Co-Pay Effective Begin Date	
	2710 MEMBER REPORTING CATEGORIES (>1)															
LX	Member Reporting Categories	S			MH CATEGORY											
LX01	Assigned Number	R	N0	1-6	Incrementing number	Incrementing number				Incrementing number					Incrementing number	
	2750 REPORTING CATEGORY (1)															
N1	Reporting Category	S														
N101	Entity Identifier Code	R	ID	2-3		75				75					75	
N102	Name	R	AN	1-60		"BHS"				"BHS"					"BHS"	
REF	Reporting Category Reference	S														
REF01	Reference Identification Qualifier	R	ID	2-3		XX1				XX1					XX1	
REF02	Reference Identification	R	AN	1-50		MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)				MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)					MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)	
DTP	Reporting Category Date	S														
DTP01	Date/Time Qualifier	R	ID	3-3		007				007					007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8 RD8				D8 RD8					D8	

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DTP03	Date Time Period	R	AN	1-35	ADD action = Begin Date or Begin Date through End Date; CHANGE action = Begin Date or Begin Date through End Date; TERM action = End Date	Begin Date					Begin Date or End Date					Begin Date	
						Begin Date-End Date					Begin Date-End Date						
LX	Member Reporting Categories	S			NICU INDICATOR												
LX01	Assigned Number	R	N0	1-6	Incrementing number	Incrementing number					Incrementing number					Incrementing number	
	2750 REPORTING CATEGORY (1)																
N1	Reporting Category	S															
N101	Entity Identifier Code	R	ID	2-3		75					75					75	
N102	Name	R	AN	1-60		"NICU"					"NICU"					"NICU"	
REF	Reporting Category Reference	S															
REF01	Reference Identification Qualifier	R	ID	2-3		XX1					XX1					XX1	
REF02	Reference Identification	R	AN	1-50		NI					NI					NI	
	2710 MEMBER REPORTING CATEGORIES (>1)																
LX	Member Reporting Categories	S			PREGNANCY INDICATOR												
LX01	Assigned Number	R	N0	1-6	Incrementing number	Incrementing number					Incrementing number					Incrementing number	
	2750 REPORTING CATEGORY (1)																

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N1	Reporting Category	S															
N101	Entity Identifier Code	R	ID	2-3		75					75					75	
N102	Name	R	AN	1-60		"Pregnancy"					"Pregnancy"					"Pregnancy"	
REF	Reporting Category Reference	S															
REF01	Reference Identification Qualifier	R	ID	2-3		XX1					XX1					XX1	
REF02	Reference Identification	R	AN	1-50		PG					PG					PG	
DTP	Reporting Category Date	S															
DTP01	Date/Time Qualifier	R	ID	3-3		007					007					007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8					D8					D8	
DTP03	Date Time Period	R	AN	1-35		EXPECTED DELIVERY DATE					EXPECT ED DELIVER Y DATE					EXPECTED DELIVERY DATE	
	2710 MEMBER REPORTING CATEGORIES (>1)																
LX	Member Reporting Categories	S			LTC For Long Term Care recipients only.												
LX01	Assigned Number	R	NO	1-6	Incrementing number	Incrementing number										Incrementing number	
	2750 REPORTING CATEGORY (1)																
N1	Reporting Category	S															
N101	Entity Identifier Code	R	ID	2-3		75										75	
N102	Name	R	AN	1-60		"LTC"										"LTC"	
REF	Reporting Category Reference	S															
REF01	Reference Identification Qualifier	R	ID	2-3		XX1										XX1	

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REF02	Reference Identification	R	AN	1-50		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))	
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			LTC TRANSITION INDICATOR For Long Term Care recipients only.													
LX01	Assigned Number	R	NO	1-6	Incrementing number	Incrementing number											Incrementing number	
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3		75											75	
N102	Name	R	AN	1-60		"Transition Indicator"											"Transition Indicator"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3		XX1											XX1	
REF02	Reference Identification	R	AN	1-50		Y											Y	
	2710 MEMBER REPORTING CATEGORIES (>1)																	

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LX	Member Reporting Categories	S			AZEIP - AZ Early Intervention Program													
LX01	Assigned Number	R	NO	1-6	Incrementing number										Incrementing number			
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3											75			
N102	Name	R	AN	1-60											"AZEIP"			
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			CRS - Children's Rehab Services													
LX01	Assigned Number	R	NO	1-6	Incrementing number										Incrementing number			
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3											75			
N102	Name	R	AN	1-60											"CRS"			
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3											PID			
REF02	Reference Identification	R	AN	1-50											CRS CLIENT ID			

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	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			MEDICARE HMO													
LX01	Assigned Number	R	NO	1-6	Incrementing number												Incrementing number	
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3													75	
N102	Name	R	AN	1-60													"Medicare HMO"	
REF	Reporting Category Reference	S																
REF01	Reference Identification Qualifier	R	ID	2-3													PID	
REF02	Reference Identification	R	AN	1-50													PLAN ID (5) + PLAN NAME (40)	
	2710 MEMBER REPORTING CATEGORIES (>1)																	
LX	Member Reporting Categories	S			TSC - Targeted Support Coordination													
LX01	Assigned Number	R	NO	1-6	Incrementing number												Incrementing number	
	2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S																
N101	Entity Identifier Code	R	ID	2-3													75	
N102	Name	R	AN	1-60													"TSC"	

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	2710 MEMBER REPORTING CATEGORIES (>1)																
LX	Member Reporting Categories	S			LTC PLACEMENT												
LX01	Assigned Number	R	NO	1-6	Incrementing number	Incrementing number		Incrementing number					Incrementing number			Incrementing number	
	2750 REPORTING CATEGORY (1)																
N1	Reporting Category	S															
N101	Entity Identifier Code	R	ID	2-3		75		75					75			75	
N102	Name	R	AN	1-60		"LTC PLACEMENT"		"LTC PLACEMENT"					"LTC PLACEMENT"			"LTC PLACEMENT"	
REF	Reporting Category Reference	S															
REF01	Reference Identification Qualifier	R	ID	2-3	LU-Location Number	LU		LU					LU			LU	
REF02	Reference Identification	R	AN	1-50		PLACEMENT CODE		PLACEMENT CODE					PLACEMENT CODE			PLACEMENT CODE	
DTP	Reporting Category Date	S															
DTP01	Date/Time Qualifier	R	ID	3-3		007		007					007			007	
DTP02	Date Time Period Format Qualifier	R	ID	2-3		D8		D8					D8			D8	
DTP03	Date Time Period	R	AN	1-35		BEGIN DATE		BEGIN DATE					BEGIN DATE			BEGIN DATE	
	2710 MEMBER REPORTING CATEGORIES (>1)																
LX	Member Reporting Categories	S			LTC RESIDENCE												
LX01	Assigned Number	R	NO	1-6	Incrementing number	Incrementing number		Incrementing number					Incrementing number			Incrementing number	

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2750 REPORTING CATEGORY (1)																	
N1	Reporting Category	S															
N101	Entity Identifier Code	R	ID	2-3		75		75					75			75	
N102	Name	R	AN	1-60		"LTC RESIDENCE"		"LTC RESIDE NCE"					"LTC RESIDE NCE"			"LTC RESIDENCE"	
REF	Reporting Category Reference	S															
REF01	Reference Identification Qualifier	R	ID	2-3		LU		LU					LU			LU	
REF02	Reference Identification	R	AN	1-50		RESIDENCE CODE		RESIDE NCE CODE					RESIDE NCE CODE			RESIDENCE CODE	
LE	Additional reporting Categories Loop Termination																
LE01	Loop Identifier Code	R	AN	1-4		2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	
	TRAILER																
SE	Transaction Set Trailer	R															
SE01	Number of Included Segments	R	NO	1-10		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	R	AN	4-9		00000001	00000001	00000001	00000001	00000001	00000001	00000001	00000001	00000001	00000001	00000001	00000001

4.1.2 820 Examples

4.1.2.1 Normal 820 Example

Member #1 – Normal capitation payment of \$89.30 for 10/01/09-10/14/09

Member #2 – Recoupment amount of \$-94.06 for 10/01/09-10/31/09 and a capitation payment of \$54.62 for 10/01/09-10/18/09.

Note that Member #2 has one occurrence of the 2000B/ENT loop with multiple 2300/RMR loops. This a change from the 4010 to the 5010 for AZ

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	820 Header	
ST01	Transaction Set Identifier Code	820
	Transaction Set Control Number	000000001
ST02	Implementation Convention Reference	005010X218
ST03	Reference	005010X218
BPR	Financial Information	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	Total Premium Payment Amount	49.86
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091028
TRN	Reassociation Trace Number	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	000000000075939
TRN03	Originating Company Identifier	1866004791
REF	Premium Receivers Identification Key	
REF01	Reference Identification Qualifier	14-Master Account Number

Element	Identifier Description	Values
REF02	Premium Receiver Reference Identifier	010101
DTM	Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091001-20091031
	1000A PREMIUM RECEIVER'S NAME	
N1	Premium Receiver's Name	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AZ HEALTH PLAN
N3	Premium Receiver's Address	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	Premium Receiver's City, State, and Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	1000B PREMIUM PAYER'S NAME	
N1	Premium Payer's Name	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	Premium Payer's Address	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	Premium Payer's City, State, Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	2000B INDIVIDUAL REMITTANCE	MEMBER #1
ENT	Individual Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI – Employee Identification Number
ENT04	Identification Code	A01234567
	2100B INDIVIDUAL NAME	
NM1	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	REGAN
NM104	Name First	RONALD
NM105	Name Middle	A

Element	Identifier Description	Values
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A01234567
2300B INDIVIDUAL PREMIUM		
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	H19101FH00379182 20091001
RMR04	Detail Premium Payment Amount	89.30
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091014
2000B INDIVIDUAL REMITTANCE		
ENT	Individual Remittance	
ENT01	Assigned Number	2
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI - Employee Identification Number
ENT04	Identification Code	A07654321
2100B INDIVIDUAL NAME		
NM1	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	REGAN
NM104	Name First	NANCY
NM105	Name Middle	A
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A07654321
2300B INDIVIDUAL PREMIUM OCCURRENCE #1		
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445 20091001
RMR04	Detail Premium Payment Amount	-94.06
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8

Element	Identifier Description	Values
DTM06	Date Time Period	20091001-20091031
2300B INDIVIDUAL PREMIUM		OCCURRENCE #2
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445 20091001
RMR04	Detail Premium Payment Amount	54.62
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091018
SE	Transaction Set Trailer	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.2 Sanction Adjustment Example

Total 820 Payment amount: \$149.86
 Total Remittances: \$249.86
 Sanction amount: \$-100.00

Member #1 – Normal capitation payment of \$89.30 for 10/01/09-10/14/09
 Member #2 – Recoupment amount of \$-94.06 for 10/01/09-10/31/09 and a capitation payment of \$54.62 for 10/01/09-10/18/09.
 Note that Member #2 has one occurrence of the 2000B/ENT loop with multiple 2300/RMR loops. This a change from the 4010 to the 5010 for AZ

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	820 Header	
ST01	Transaction Set Identifier Code	820

Element	Identifier Description	Values
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	Financial Information	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	Total Premium Payment Amount	149.86
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091028
TRN	Reassociation Trace Number	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	000000000075939
TRN03	Originating Company Identifier	1866004791
REF	Premium Receivers Identification Key	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	010101
DTM	Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091001-20091031
1000A PREMIUM RECEIVER'S NAME		
N1	Premium Receiver's Name	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AZ HEALTH PLAN
N3	Premium Receiver's Address	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	Premium Receiver's City, State, and Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
1000B PREMIUM PAYER'S NAME		
N1	Premium Payer's Name	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	Premium Payer's Address	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	Premium Payer's City, State, Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
2000A ORGANIZATION SUMMARY		
ENT	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	AG - Agency
ENT03	Identification Code Qualifier	FI - Federal Tax Identification Number

Element	Identifier Description	Values
ENT04	Identification Code	866004791
2300A ORGANIZATION SUMMARY		
RMR	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK
RMR02	Reference Identification	10J01SANCTN821
RMR03	Payment Action Code	PI – Pay Item
RMR04	Detail Premium Payment Amount	-100
DTM	Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091001-20091031

2000B INDIVIDUAL REMITTANCE		MEMBER #1
ENT	Individual Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI – Employee Identification Number
ENT04	Identification Code	A01234567
2100B INDIVIDUAL NAME		
NM1	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	REGAN
NM104	Name First	RONALD
NM105	Name Middle	A
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A01234567

2300B INDIVIDUAL PREMIUM		
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	H19101FH00379182 20091001
RMR04	Detail Premium Payment Amount	189.30
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091014

2000B INDIVIDUAL REMITTANCE		MEMBER#2
ENT	Individual Remittance	
ENT01	Assigned Number	2
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	EI – Employee Identification Number
ENT04	Identification Code	A07654321
2100B INDIVIDUAL NAME		
NM1	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	REGAN
NM104	Name First	NANCY

Element	Identifier Description	Values
NM105	Name Middle	A
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A07654321
2300B INDIVIDUAL PREMIUM		OCCURRENCE #1
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445 20091001
RMR04	Detail Premium Payment Amount	-194.06
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091031
2300B INDIVIDUAL PREMIUM		OCCURRENCE #2
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445 20091001
RMR04	Detail Premium Payment Amount	254.62
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091018
SE	Transaction Set Trailer	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.3 BHS Example

For BHS 820, Move (D Rec) ELG-GROUP+ (D Rec) TOTAL-GROUP-CAP from SLN01:

1. Move the ELG-GROUP (or "MANUAL ENTRY") to be concatenated with the Invoice number in 2300/RMR02
2. Move the TOTAL-GROUP-CAP to the 2300/RMR04 to replace the INV-AMT-PAID. The INV-AMT-PAID was equal to the BPR02 value for BHS.

Note:

1. The 2300A/RMR segment may occur more than 1x per 2000A/ENT loop.
2. Sum of all RMR04=BPR02

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791

Element	Identifier Description	Values
GS03	Application Receiver's Code	BHS079999
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	820 Header	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
	Implementation Convention	
ST03	Reference	005010X218
BPR	Financial Information	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	Total Premium Payment Amount	1084309.97
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091106
TRN	Reassociation Trace Number	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	000000000000249
TRN03	Originating Company Identifier	1866004791
REF	Premium Receivers Identification Key	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	079999
DTM	Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
1000A PREMIUM RECEIVER'S NAME		
N1	Premium Receiver's Name	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	DHS - BEHAVIOR HEALTH
N3	Premium Receiver's Address	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	Premium Receiver's City, State, and Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034

Element	Identifier Description	Values
1000B PREMIUM PAYER'S NAME		
N1	Premium Payer's Name	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	Premium Payer's Address	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	Premium Payer's City, State, Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
2000A ORGANIZATION SUMMARY REMITTANCE		
ENT	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2L- Corporation
ENT03	Identification Code Qualifier	FI – Federal Tax ID
ENT04	Identification Code	866004791
2300A ORGANIZATION SUMMARY REMITTANCE DETAIL		
RMR	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	TXXI KIDP00124334 (ELG-GROUP or "MANUAL ENTRY" +VOU-ID-BHS)
RMR03	Payment Action Code	Not used
RMR04	Detail Premium Payment Amount	1050536.48
DTM	Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
2310A SUMMARY LINE ITEM		
IT1	IT1 Segment - Summary Line Item	
IT101	Line Item Control Number	Start with '1' and increment
2315A MEMBER COUNT		
SLN	SLN Segment - Member Count	
SLN01	Line Item Control Number	Start with '1' and increment
SLN03	Information Only Indicator	O – Information Only
SLN04	Head Count	Group count
SLN05	Unit or Basis for Measurement Code	IE - Person
2300A ORGANIZATION		
		<i>Occurrence #2</i>

Element	Identifier Description	Values
SUMMARY REMITTANCE DETAIL		
RMR	Organization Summary	
	Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	TXXI ADUP00124334 (ELG-GROUP or "MANUAL ENTRY" +VOU-ID-BHS)
RMR03	Payment Action Code	Not used
RMR04	Detail Premium Payment Amount	33773.49
DTM Coverage Period		
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
2310A SUMMARY LINE ITEM		
IT1	IT1 Segment - Summary Line Item	
IT101	Line Item Control Number	2
2315A MEMBER COUNT		
SLN	SLN Segment - Member Count	
SLN01	Line Item Control Number	2
SLN03	Information Only Indicator	O – Information Only
SLN04	Head Count	Group count
SLN05	Unit or Basis for Measurement Code	IE - Person
SE	Transaction Set Trailer	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.4 BHS Adjustment Example

For BHS 820, Move (D Rec) ELG-GROUP+ (D Rec) TOTAL-GROUP-CAP from SLN01:

1. Move the ELG-GROUP (or "MANUAL ENTRY") to be concatenated with the Invoice number in 2300/RMR02
2. Move the TOTAL-GROUP-CAP to the 2300/RMR04 to replace the INV-AMT-PAID. The INV-AMT-PAID was equal to the BPR02 value for BHS.

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	BHS079999

Element	Identifier Description	Values
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	820 Header	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number Implementation Convention	000000001
ST03	Reference	005010X218
BPR	Financial Information	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	Total Premium Payment Amount	1084309.97
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091106
TRN	Reassociation Trace Number	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	000000000000249
TRN03	Originating Company Identifier	1866004791
REF	Premium Receivers Identification Key	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	079999
DTM	Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091101-20091130
1000A PREMIUM RECEIVER'S NAME		
N1	Premium Receiver's Name	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	DHS - BEHAVIOR HEALTH
N3	Premium Receiver's Address	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	Premium Receiver's City, State, and Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
1000B PREMIUM PAYER'S		

Element	Identifier Description	Values
NAME		
N1	Premium Payer's Name	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	Premium Payer's Address	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	Premium Payer's City, State, Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
2000A ORGANIZATION SUMMARY REMITTANCE		
ENT	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2L- Corporation
ENT03	Identification Code Qualifier	FI – Federal Tax ID
ENT04	Identification Code	866004791
2300A ORGANIZATION SUMMARY REMITTANCE DETAIL		
RMR	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	MANUAL ENTRYMH012433200000 (ELG-GROUP or "MANUAL ENTRY" +VOU-ID-BHS)
RMR03	Payment Action Code	Not used
RMR04	Detail Premium Payment Amount	1185786.44
RMR05	Billed Premium Amount	11741526.72
2310A SUMMARY LINE ITEM		
IT1	IT1 Segment - Summary Line Item	
IT101	Line Item Control Number	Start with '1' and increment
2315A MEMBER COUNT		
SLN	SLN Segment - Member Count	
SLN01	Line Item Control Number	Start with '1' and increment
SLN03	Information Only Indicator	O – Information Only
SLN04	Head Count	Default to '0'
SLN05	Unit or Basis for Measurement Code	IE - Person
2320A ORGANIZATION SUMMARY REMITTANCE LEVEL ADJUSTMENT		
ADX	ADX Segment - Organization Summary Remittance Level	

Element	Identifier Description	Values
	Adjustment	
ADX01	Adjustment Amount	(ADJ-AMT + PREV-PD-AMT + REM-BAL) * -1
ADX02	Adjustment Reason Code	H6 – Partial Payment
SE	Transaction Set Trailer	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.5 CRS Example

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	820 Header	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	Financial Information	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	Total Premium Payment Amount	376190.47
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20100210
TRN	Reassociation Trace Number	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	000000000000253
TRN03	Originating Company Identifier	1866004791
REF	Premium Receivers Identification Key	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference	999111

Element	Identifier Description	Values
	Identifier	
DTM	Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format	RD8
DTM06	Coverage Period	20090501-20091130
	1000A PREMIUM RECEIVER'S NAME	
N1	Premium Receiver's Name	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AZ HEALTH PLAN
N3	Premium Receiver's Address	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	Premium Receiver's City, State, and Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	1000B PREMIUM PAYER'S NAME	
N1	Premium Payer's Name	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	Premium Payer's Address	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	Premium Payer's City, State, Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
ENT	Organization Summary Remittance	
ENT01	Assigned Number	
ENT02	Entity Identifier Code	2L – Corporation
ENT03	Identification Code Qualifier	FI – Federal TIN
ENT04	Organization Identification Code	866004791
2300A	Organization Summary Remittance Detail	1st occurrence
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	CK0000116
RMR04	Detail Premium Payment Amount	0 (default)
2300A	Organization Summary Remittance Detail	2nd occurrence +

Element	Identifier Description	Values
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	%136013CRSL (Contract Type, Service Area, Enroll Rate Code, CRS Rate Code)
RMR04	Detail Premium Payment Amount	-219.97
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20090501-20090531
2300A	Organization Summary Remittance Detail	Repeats
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	%136013CRSL (Contract Type, Service Area, Enroll Rate Code, CRS Rate Code)
RMR04	Detail Premium Payment Amount	-219.97
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20090601-20090630
SE	Transaction Set Trailer	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.6 CRS Manual Payment Example

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD

Element	Identifier Description	Values
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	820 Header	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number Implementation Convention	000000001
ST03	Reference	005010X218
BPR	Financial Information	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	Total Premium Payment Amount	2000
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20100210
TRN	Reassociation Trace Number	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	000000000000253
TRN03	Originating Company Identifier	1866004791
REF	Premium Receivers Identification Key	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	999111
DTM	Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20090828-20090828
	1000A PREMIUM RECEIVER'S NAME	
N1	Premium Receiver's Name	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AZ HEALTH PLAN
N3	Premium Receiver's Address	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99
N4	Premium Receiver's City, State, and Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	1000B PREMIUM PAYER'S NAME	

Element	Identifier Description	Values
N1	Premium Payer's Name	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	Premium Payer's Address	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	Premium Payer's City, State, Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
ENT	Organization Summary Remittance	
ENT01	Assigned Number	
ENT02	Entity Identifier Code	2L – Corporation
ENT03	Identification Code Qualifier	FI – Federal TIN
ENT04	Organization Identification Code	866004791
2300A	Organization Summary Remittance Detail	1st occurrence
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	IK – Invoice Number
RMR02	Contract, Invoice, Account, Group, or Policy Number	CK0000116
RMR04	Detail Premium Payment Amount	2000 (Invoice Amount Paid; =BPR02)
RMR05	Billed Premium Amount	3000 (Invoice Amount)
ADX	Organization Summary Remittance Level Adjustment	
ADX01	Adjustment Amount	-1000 (Difference of 2300A/RMR04 and RMR05)
ADX02	Adjustment Reason Code	H6 – Partial Payment Remitted
SE	Transaction Set Trailer	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.7 Empty File Example

Element	Identifier Description	Values
ISA08	Interchange Receiver ID	990123456 (HP TAX ID; 3-character Health Plan acronym removed)
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA

Element	Identifier Description	Values
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	820 Header	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	Financial Information	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	Total Premium Payment Amount	0
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091028
TRN	Reassociation Trace Number	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	"NO DATA"
TRN03	Originating Company Identifier	1866004791
REF	Premium Receivers Identification Key	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	010101
DTM	Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091015-20091015
	1000A PREMIUM RECEIVER'S NAME	
N1	Premium Receiver's Name	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	"NO CAPITATION PAYMENT"
	1000B PREMIUM PAYER'S NAME	
N1	Premium Payer's Name	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	Premium Payer's Address	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	Premium Payer's City, State, Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
SE	Transaction Set Trailer	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.2 Payer Specific Business Rules and Limitations

4.2.1 834 Enrollment Transaction

The 834 Enrollment Transaction transmits 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. Corresponding Voucher Numbers also appear on payment lines in the 820 Capitation Payment Transaction and can be used to link enrollments to member level capitation payments.

4.2.2 820 Capitation Transaction

The 820 Capitation Transaction is a weekly file that provides each AHCCCS health plan with an electronic remittance advice for its capitation payments. AHCCCS makes all capitation payments on a weekly basis with an electronic payment or check to each capitated health plan. The weekly 820 can accumulate and report capitation payments generated during the prior week by Daily Rosters, Monthly Rosters, and ad hoc Mass Adjustment Files. Financial sanctions and other payments to and recoupments from health plans that are not member specific can also be carried on the 820. Partial capitation

payments can be accommodated on the 820 as organization level negative payments.

The AHCCCS Division of Budget and Finance (DBF) control payment data on the 820 through the Oracle Financial System. Finance specifies the Oracle Invoice Numbers (derived from Voucher Numbers generated in PMMIS) to be included in each weekly payment. Although more than one Invoice Number can appear on a Roster, Finance specifies Invoice Numbers in a way that includes full Daily Roster data in each payment. Rosters are not normally split between payments.

Finance makes an exception to the weekly payment inclusiveness rule for Daily or Mass Adjustment Rosters that result in negative payments to a health plan. Because payments cannot be made for negative amounts, these rosters are saved for payment until the next Monthly Pre-Payment Cycle when the payment total is certain to be higher than any negative adjustment.

The 820 Transaction is used to:

- Show monthly capitation pre-payments for each health plan member
- Show pro-rated payments for each health plan member who joined during the previous month
- Show positive or negative adjustments that reflect changes to previous capitation payments
- Show positive or negative Rate Code adjustments based on retroactive capitation rate changes by AHCCCS (mass adjustments)
- Show AHCCCS payments and recoveries that are not member specific, including financial sanctions imposed by AHCCCS due to late encounter submission

For AHCCCS, the concept of retroactive capitation adjustments is different from the adjustments to current payments supported by the 820 Transaction. For this reason, payments and recoupments reported on the 820 are always considered original payments rather than 820 adjustments.

4.3 Frequently Asked Questions

None available at this time.

4.4 Other Resources

4.4.1 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	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

Action Type	Action Code	Description	834 Translation/INS03 Maintenance Type	834 Translation/INS04 Maintenance Reason Code Value
C	DB	Date of Birth Change	001	25 - Change in Identifying Data Element
C	HC	Acute Health Plan Change	001	22 – Plan Change
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	AI – No Reason Given
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 1 st 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

Source: RF592

4.4.2 AHCCCS Contract Type Table

Type	Contract code	Description
%	CRS/CAP	CHILDREN'S REHAB SERVICES, CAPITATION
@	DES/DD/RI	DES DD REINSURANCE INDICATOR
A	ACU/CAP	ACUTE CAPITATED
B	ACU/CAP/PAR	ACUTE,PARTIALLY CAPITATED
C	ACU/CAP/ACU	ACUTE,CAPITATED ACUTE SVCS ONLY
D	ACU/FFS/ACU	ACUTE,FEE FOR SERVICE ACUTE SVCS ONLY
E	ACU/FFS	ACUTE FEE FOR SERVICE
F	ACU/FFS/EMO	ACUTE,FEE FOR SERVICE EMERGENCY SVCS ONLY
G	ACU/FFS/FPS	ACUTE, FEE FOR SVC, FAMILY PLANNING SVCS
H	ACU/PPC	ACUTE PRIOR PERIOD COVERAGE
I	ACU/PPC/EMO	ACUTE PRIOR PERIOD COVERAGE EMERGENCY SVCS
J	LTC/CAP	LONG TERM CARE,CAPITATED
K	MHS/CAP/ACU	MENTAL HEALTH SERVICES,CAPITATED,ACUTE ONLY
L	LTC/CAP/ACU	LONG TERM CARE CAP ACUTE ONLY
M	LTC/PPC	LONG TERM CARE PRIOR PERIOD COVERAGE
N	ACU/NBN	ACUTE NEWBORN NON-CAPPED
O	LTC/PPC/ACU	LONG TERM CARE PRIOR PERIOD COVERAGE ACUTE
P	LTC/CAP/PAR	LTC,PARTIALLY CAPITATED
Q	ACU/CAP/FPS	ACUTE 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 ACUTE ONLY
U	UNDOC/FFS/EM	UNDOCUMENTED ALIENS, FFS, EMERGENCY SVCS ONLY
V	MHS/CAP/KC	MENTAL HEALTH SVCS CAPITATED KIDSCARE
W	ACU/KC/NOPAY	ADHS DIRECT SERVICES KIDSCARE NO PAYMENT
X	ACU/FFS/KC	ACUTE FFS KIDSCARE
Y	ACU/CAP/KC	ACUTE CAPITATED KIDSCARE
Z	MHS/CAP/HIFA	MENTAL HEALTH SERVICES CAPITATED HIFA
1	NO/PMT	NO PAYMENT ALLOWED
2	LTC/VD/CAP/F	LTC VENT DEPENDENT CAPITATED FULL SERVICES
3	LTC/FFS/VD	LONG TERM CARE FFS VD
4	LTC/VD/CAP/A	LTC VENT DEPENDENT CAPITATED ACUTE SERVICES
5	LTC/FFS/VHA	LTC,FFS,VENT.DEPEND.,ACUTE SVCS ONLY
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

Source: RF410

4.4.3 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

834: 2320/COB02

4.4.4 AHCCCS Mental Health Category Table

Code	Description
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

Source: RF404

834: 2750/REF02 for "BHS" Loop

5. TI Change Summary

#	Location	Previously Stated	Revision
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