



AHCCCS

Provider Affiliation Transmission

User Manual

**Version 6.7
October 1, 2009**

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O V E R V I E W

AHCCCS has contracts and agreements with health plans, the AHCCCS Pharmacy Benefit Manager and other AHCCCS contractors to deliver medically necessary services to AHCCCS eligible recipients. The AHCCCS Division of Health Care Management is charged with the responsibility of monitoring the provider networks of these entities to assure that they are adequate and that they meet the minimum contractual requirements.

The Provider Affiliation Transmission (PAT) is an integral part of this monitoring process. Every quarter the contractors submit information about each individual provider within their network. Each contractor is responsible for submitting true and valid information. AHCCCSA will regularly conduct verification procedures to monitor the accuracy of the data submitted by the contractors. Submission of false or erroneous information may result in sanctions imposed upon the contractors.

Contractors must use the specifications found in the following pages. Although certain fields are not edited prior to acceptance of the PAT, these fields may be reviewed by Health Plan Operations in the Division of Health Care Management. If incorrect, the contractor may be considered to be noncompliant with their obligation to submit an accurate PAT. The contractor may be required to make corrections immediately, submit a corrective action plan and be subject to sanctions.

If there are any questions regarding the Provider Affiliation Transmission or its submission, they should be directed to the ACUTE Care Operations Specialist in the Division of Health Care Management at AHCCCS.

DEFINITION OF TERMS

- ◆ AHCCCS Arizona Health Care Cost Containment System
- ◆ AHCCCSA Arizona Health Care Cost Containment System Administration
- ◆ BC Indicator Indicates whether or not the provider is board certified.
- ◆ BH Indicator Indicates whether or not the provider performs behavioral health services.
- ◆ BH/PCP Indicates if the PCP treats ADHD, Anxiety or Depression
- ◆ City The city where the provider performs services.
- ◆ Conditional Whether a field is required to be populated on the transmission depends upon the value of another field.
- ◆ Contract Code Defines the contractor's contracted relationship with the provider and the type of financial arrangements the contractor has with the provider.
- ◆ Contractor An Acute Care health plan, the AHCCCS Pharmacy Benefit Manager or other AHCCCS contractor.
- ◆ Contractor ID An AHCCCSA assigned number identifying the contractor on the AHCCCS contractor database.
- ◆ Contractor ID 999999 Invalid on T0 Header Record The Header Contractor ID is not numeric.
- ◆ Contractor ID 999999 on T0 Header Record Not on File The Header Contractor ID is not on the AHCCCS Contractor Database.
- ◆ County Code An AHCCCSA assigned code that identifies that the service location is in a specific county in Arizona, the service location is outside of Arizona, or that services are performed on a statewide basis.

- ◆ CR Indicator Indicates whether or not the provider has completed a residency.
- ◆ Create Date Invalid T0 Header Record Creation Date is not a valid date.
- ◆ Create Date Mismatch The date in the file name does not match the Create Date in the T0 Header Record.
- ◆ Creation Date The date that the provider affiliation transmission file is transmitted to AHCCCS.
- ◆ Dental Indicator Indicates whether or not the provider provides services other than routine and preventive care.
- ◆ EPSDT Indicator Indicates whether or not the provider provides services through primary prevention, early intervention, diagnosis and medically necessary treatment of physical and behavioral health problems for all enrolled AHCCCS members less than twenty one years of age.
- ◆ Group An organization through which more than one provider contracts under the same contract.
- ◆ Health Plan Mismatch The Header Record Contractor ID is blank or not found in AHCCCS Contractor Database.
- ◆ Language Spoken Code - Provider A code associated with a specific language, other than English, used by the provider.
- ◆ Language Spoken Code - Provider Staff A code associated with a specific language, other than English, used by the provider's staff.
- ◆ Member Capacity The maximum number of members accepted by the provider.
- ◆ Member Count The total number of members currently assigned to the provider.
- ◆ Multiple T0 Headers on File More than one T0 Header Record in PAT File.

- ◆ National Provider Identifier (NPI) A unique standard identification number assigned to the provider by CMS.
- ◆ No T0 Header Record T0 Header Record Missing from PAT File.
- ◆ No T9 Trailer Record T9 Trailer Record Missing from PAT File.
- ◆ OB Indicator Indicates whether or not the provider provides obstetric services.
- ◆ OB/PCP Indicates whether or not the PCP is willing to be responsible for the management/obstetrics of a member's health care through term.
- ◆ PO Indicator The Provider Open (PO) Indicator denotes whether the provider is accepting new members.
- ◆ PAT Abbreviation for provider affiliation transmission.
- ◆ Pay For Performance Physician Incentive Plans that base compensation (in whole or in part) on the use or cost of services furnished to Medicaid recipients in order to improve statistical measures or outcomes.
- ◆ PCP Primary Care Provider is an individual who is responsible for the management of a member's health care.
- ◆ PCP Indicator Indicates whether or not the provider is available as a primary care provider to the general membership.
- ◆ Provider Affiliation The relationship between a provider and a contractor.
- ◆ Provider Type Code An AHCCCSA assigned code that identifies services that may be rendered by the provider. For example, 07 (Dentist), 08 (Physician, Allopath), 10 (Podiatrist), 19 (Registered Nurse Practitioner), and 31 (Physician, Osteopath).
- ◆ Record Count Mismatch Records submitted do not match actual records read
- ◆ Record Type An AHCCCSA assigned field that identifies a specific record on the file.

- ◆ Service Provider Registration ID An AHCCCSA assigned number identifying the provider on the AHCCCS provider database.

- ◆ Specialty Code AHCCCSA assigned codes that are subsets of the Provider Type Codes.

- ◆ Street Address The physical street address where the provider performs services. ***PO Boxes must not be used.*** If a street address does not exist, you may use a physical description/location as long as it would serve to direct members to where care is provided. Providers who are Hospitalists should use the hospital address as their service street address. **This field is for physical service location only. Information regarding practice names or the names of ancillary providers must not be entered into this field.**

- ◆ Total Record Count The total number of records submitted in the provider affiliation transmission.

- ◆ VPN Virtual Private Network

- ◆ ZIP Code The ZIP code where the provider performs services.

RULES AND ASSUMPTIONS

Effective Date. This manual is effective for transmissions submitted on or after 1 October 2009.

- ◆ Each contractor is required to submit a minimum of four Provider Affiliation Transmissions per contract year, at least one per quarter. The transmissions must be submitted on or before the 15th of the first month in each quarter.

FIRST SUBMISSION DUE ON OR BEFORE	LATE & RE-SUBMISSION DUE ON OR BEFORE	FOR QUARTER
10/15	11/20	10/01 - 12/31
01/15	02/20	01/01 - 03/31
04/15	05/20	04/01 - 06/30
07/15	08/20	07/01 - 09/30

Please note: If the 15th or the 20th of the month falls on an AHCCCSA non-business day (e.g. Saturday, Sunday, holiday), the transmission will be due on the next AHCCCSA routine business day.

- ◆ Before an approved PAT is loaded to the AHCCCS PAT database, all existing PAT records for the current contractor are deleted from the database. Therefore, **each PAT must represent the contractor's entire provider network.**
- ◆ Because the contractor's entire network is replaced by each transmission, a transmission that has an error rate of more than three percent (3.0%) will not be accepted for processing.
- ◆ An Outside Server Directory has been created for each contractor. Each contractor will be able to add or read files only under its own in directory.
- ◆ Contractors will use the following production Outside Server Directory to load data:

<https://sftp.statemedicaid.us/AZ/AAA//PROD/IN/PAMMDDYY.TXT>

'AAA' is the health plan acronym and 'MMDDYY' is the transmission date.

◆ **The following conditions must be adhered to or the PAT will be rejected by AHCCCSA:**

- The file must be submitted to the AHCCCS Outside Server Directory
 - The record length must be 180 bytes.
 - A single file header (T0) record is required.
 - At least one file detail (A1) record is required.
 - A single file trailer (T9) record is required.
 - The Contractor ID on the file header record must be a registered AHCCCSA Contractor.
 - The Creation Date on the file header record must be a valid date (MMDDYY). The Creation Date must be the date the file is transmitted to AHCCCS.
 - The Total Record Count on the file trailer record must be formatted as a numeric with a value of greater than zero.
- ◆ Service Provider Registration ID is required and must be a valid registered AHCCCSA provider. Each AHCCCS assigned Service Provider Registration ID number is compared to the AHCCCS Provider Registration file to assure that it belongs to a registered provider. If it does not, that Registration ID will appear on each of the load exception reports. This report will be given to each contractor so errors can be corrected.
- ◆ National Provider Identifier is required beginning March 01, 2008 for all provider types listed in table 'Provider Types Requiring NPI' on pages 23-24. Note however that AHCCCS Provider Registration may make exceptions to the rule for specific providers. When edits are conducted against the transmitted file, each provider record will be checked for exceptions to the requirement. One A2 record must be transmitted for each active NPI for a provider. Edits will be performed in the following order.

Only one error will be counted if any of the following occur:

- 1) The provider is required to have an NPI, it is on or after March 1, 2008 and no NPI is submitted.
- 2) The NPI field is populated but is not numeric regardless of the date.
- 3) The NPI is numeric but is an invalid NPI.
- 4) If a valid NPI is submitted and it is active on a different provider in AHCCCSA then an error will be counted. Otherwise the NPI will be added to AHCCCSA for that provider.

◆ **All text must be in upper case, including the file name.**

- ◆ A single Service Provider Registration ID with multiple service sites within the same unique ZIP and county code requires a separate detail (A1) record for each service site.
- ◆ Service Street Address – 1 is required but is not edited prior to acceptance of the transmission (*except under the prior condition, i.e., multiple service sites*). Providers who are Hospitalists should use the hospital address as their service street address. Punctuation and/or other symbols must not be entered into this field. To provide a uniform method to abbreviate an address, use the street abbreviations found on page 15, and the directional abbreviations and secondary unit abbreviations found on page 16 of this document. **Information regarding practice names or the names of ancillary providers must not be entered into this field.**
- ◆ Service Street Address – 2 is optional and is not edited prior to acceptance of the transmission (*except under the prior condition*).
- ◆ City is required and is not edited (*except under the prior condition*).
- ◆ ZIP Code is required and may be submitted as a 5 or 9 digit code (*do not include a hyphen if submitting a 9 digit code*).
- ◆ County Codes must be valid as defined by the County Code table found on page 17 of this document. The County Code should represent the county in Arizona where the provider performs services or should indicate that the provider performs services either out-of-state or on a statewide basis.
- ◆ The following yes/no indicators must contain a valid ‘Y’ or ‘N’ value.
 - BH Indicator
 - BC Indicator
 - PCP Indicator
 - EPSDT Indicator
 - OB Indicator
 - PO Indicator
 - BH/PCP Indicator
 - OB/PCP Indicator
 - Dental Indicator
- ◆ Completed Residency Indicator is optional. However, if completed the field entry should contain an indicator of ‘Y’ or ‘N’.
- ◆ Member Count and Capacity are required when the PCP indicator is set to ‘Y’. Member count and capacity must be formatted as numeric. Capacity must have a value greater than zero for PCP health care providers. Member Count may be zero. Member Count and Capacity must be reported at the site level.
- ◆ Contract Codes are required and must be valid as defined by the Contract Code table found on page 17 of this document. If the contractor uses a provider frequently, but does not have a signed contract with the provider, that provider should be reported using the ‘00’ code indicating “No Contract.”

- ◆ Language Spoken Codes - Provider is optional unless the provider speaks a language other than English. Field entries must be valid as defined by the Language Spoken Code table found on pages 18-19 of this document (*maximum of two language codes are permitted*).
- ◆ Language Spoken Codes – Provider Staff is optional unless staff speak a language other than English. Field entries must be valid as defined by the Language Spoken Code table found on pages 18-19 of this document (*maximum of two language codes are permitted*).
- ◆ Specialty Codes must be valid as defined by the Specialty Code table found on pages 20-22 of this document (*a maximum of three Specialty Codes are permitted*).
- ◆ Specialty Code 999-Other, should ONLY be used if the provider’s specialty is not listed in the table beginning on page 20.
- ◆ The Transmission Validation Report (sample on page 25) provides information about the status of the submitted PAT. If all conditions are met, the transmission passes and is accepted for loading to the PAT database. If the transmission fails any of the required conditions, the transmission is rejected and returned to the contractor for correction and re-submission.
- ◆ The Load Exceptions by Provider Report (sample on page 26) provides a list of all exception errors that occurred during the PAT database load process, sorted by Provider Registration ID. The report is designed to aid the contractor in error correction. All exception errors must be corrected prior to the next submission. This report will appear in the contractor’s “out” directory in filename EPMDDYY.TXT.
<https://sftp.statemedicaid.us/AZ/AAA/PROD/OUT/EPMDDYY.TXT>
‘AAA’ is the health plan acronym and ‘MMDDYY’ is the transmission date.
- ◆ The Load Exceptions by Field Report (sample on page 26) provides the same list of exception errors reported on the ‘by Provider’ Exception Report, but is sorted by the field in error. The report is designed to aid the contractor in error correction. All exception errors must be corrected prior to the next submission. This report will appear in the contractor’s “out” directory in filename EFMMDDYY.TXT.
<https://sftp.statemedicaid.us/AZ/AAA/PROD/OUT/EFMMDDYY.TXT>
‘AAA’ is the health plan acronym and ‘MMDDYY’ is the transmission date.
- ◆ The Load Detail Report (sample on page 27) provides a complete listing of all PAT data loaded to the PAT database, sorted by Provider Registration ID. The sort sequence for this report is contractor name/ county name/ city name/ provider type name/ provider specialty name/ provider last name alphabetically. This report will appear in the contractor’s “out” directory in filename LDMMDDYY.TXT.
<https://sftp.statemedicaid.us/AZ/AAA/PROD/OUT/LDMMDDYY.TXT>
‘AAA’ is the health plan acronym and ‘MMDDYY’ is the transmission date.

- ◆ The Provider Affiliation Duplicate Report (sample on page 28) provides a list of providers who were reported more than once within the same zip code. This report is designed to aid the contractor in identifying and removing duplicate listings of providers.
- ◆ The Load Summary Report (sample on page 28) provides summarized information about the PAT load process including the total number of records read and the total number of records with exception errors.
- ◆ The Summary Totals Report (sample on page 29) Provides summarized information about the providers listed on the PAT. The sort sequence for this report is contractor name/ county name/ city name/ provider type name/ provider specialty name. The report will provide the overall total for each provider type/ provider specialty. From the overall total, the report provides the total number of PCPs, PCPs who provide EPSDT services, PCPs who provide OB services, the total number of OB providers and the total number of BH providers. This report will appear in the contractor's "out" directory in filename STMMDDYY.TXT.

<https://sftp.statemedicaid.us/AZ/AAA/PROD/OUT/STMMDDYY.TXT>

'AAA' is the health plan acronym and 'MMDDYY' is the transmission date.

- ◆ Reports are downloaded to the contractor's Outside Server Directory on the day that processing completes. An email is sent notifying the contractor of the result (sample on page 32). The email will confirm whether the transmission passed or failed, error % and will indicate if any other errors were encountered that should be corrected before the PAT is resubmitted.
- ◆ The results will be loaded to the contractor's out directory:

<https://sftp.statemedicaid.us/AZ/AAA/PROD/OUT/RTMMDDYY.TXT>

'AAA' is the health plan acronym 'MMDDYY' is the transmission date and 'RT' is the report type.

Report Types (RT):

LD = Load Detail

ST = Summary Totals

EP = Exceptions by Provider

EF = Exceptions by Field

- ◆ All new AHCCCSA contractors must submit a test PAT to AHCCCSA prior to the first production file submission. The test PAT must conform to all requirements as outlined in this document. The test PAT should be received by AHCCCSA at least two weeks prior to the submission of the production transmission. To submit a test PAT, contractors will use the following test Outside Server Directory to load data:

<https://sftp.statemedicaid.us/AZ/AAA/TEST/IN/PAMMDDYY.TXT>

'AAA' is the health plan acronym and 'MMDDYY' is the transmission date.

FILE SPECIFICATIONS

FILE HEADER - T0 – ONE PER FILE

DATA NAME	PIC	POS		EDITING PERFORMED
CONTRACTOR ID	X(6)	01	06	Must be an AHCCCSA registered and active Contractor
FILLER	X(6)	07	12	NONE
CREATION DATE	X(6)	13	18	Valid date in 'MMDDYY' format and equal the date data is transmitted to AHCCCS.
FILLER	X(12)	19	30	NONE
PRODUCE LOAD DETAIL REPORT	X(1)	31	31	'Y' or 'N'
FILLER	X(147)	32	178	NONE
RECORD TYPE	X(2)	179	180	'T0'.

FILE TRAILER - T9 – ONE PER FILE

DATA NAME	PIC	POS		EDITING PERFORMED
TOTAL RECORD COUNT	9(9) *	01	09	A valid numeric count that is equal to the total number of records on the file (T0+A1+A2+T9)
FILLER	X(169)	10	178	NONE
RECORD TYPE	X(2)	179	180	'T9'

FILE DETAIL - A1 - ONE PER PROVIDER

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
SERVICE PROVIDER REGISTRATION ID	X(6)	1	6	Required	An active AHCCCSA registered provider
SERVICE STREET 1	X(25)	7	31	Required	NONE
SERVICE STREET 2	X(25)	32	56	Required	NONE
SERVICE CITY	X(20)	57	76	Required	NONE
SERVICE ZIP	X(9)	77	85	Required	NONE (5 or 9 digit number)
COUNTY CODE	X(2)	86	87	Required	See list of valid codes in this document
PCP INDICATOR	X(1)	88	88	Required	'Y' or 'N'
OB INDICATOR	X(1)	89	89	Required	'Y' or 'N'
OB/PCP INDICATOR	X(1)	90	90	Optional	'Y' or 'N'
BH INDICATOR	X(1)	91	91	Required	'Y' or 'N'
BH/PCP INDICATOR	X(1)	92	92	Optional	'Y' or 'N'
DENTAL INDICATOR	X(1)	93	93	Required	'Y' or 'N'
EPSDT INDICATOR	X(1)	94	94	Required	'Y' or 'N'
PO INDICATOR	X(1)	95	95	Required	'Y' or 'N'
BC INDICATOR	X(1)	96	96	Required	'Y' or 'N'
CR INDICATOR	X(1)	97	97	Optional	'Y' or 'N'
MEMBER COUNT	9(6) *	98	103	Conditional	A valid numeric greater than or equal to zero
MEMBER CAPACITY	9(6) *	104	109	Conditional	A valid numeric greater than zero
RESERVED FOR FUTURE USE	X(3)	110	112	N/A	NONE
RESERVED FOR FUTURE USE	X(3)	113	115	N/A	NONE
CONTRACT CODE	X(2)	116	117	Required	See list of valid codes in this document
LANGUAGE CODE - PROVIDER 1	X(2)	118	119	Optional	See list of valid codes in this document
LANGUAGE CODE - PROVIDER 2	X(2)	120	121	Optional	See list of valid codes in this document
LANGUAGE CODE - PROVIDER STAFF 1	X(2)	122	123	Optional	See list of valid codes in this document
LANGUAGE CODE - PROVIDER STAFF 2	X(2)	124	125	Optional	See list of valid codes in this document
SPECIALTY CODE 1	X(3)	126	128	Conditional	See list of valid codes in this document
SPECIALTY CODE 2	X(3)	129	131	Conditional	See list of valid codes in this document
SPECIALTY CODE 3	X(3)	132	134	Conditional	See list of valid codes in this document
RESERVED FOR FUTURE USE	X(44)	135	178	N/A	NONE
RECORD TYPE	X(2)	179	180	Required	'A1'

* Numeric

FILE DETAIL - A2 - Zero To Many Per Provider (Required on 1/1/08 if Provider Type requires a NPI)

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
SERVICE PROVIDER REGISTRATION ID	X(6)	1	6	Required	An active AHCCCSA registered provider
NATIONAL PROVIDER IDENTIFIER	X(10)	7	16	Conditional	See list of provider types required to have an NPI by 01/01/2008
RESERVED FOR FUTURE USE	X(162)	17	178	N/A	NONE
RECORD TYPE	X(2)	179	180	Required	'A2'

STREET ABBREVIATIONS

Primary Name	Postal Service Standard Abbreviation
Avenue	AVE
Boulevard	BLVD
Center	CTR
Circle	CIR
Court	CT
Drive	DR
Expressway	EXPY
Freeway	FWY
Highway	HWY
Junction	JCT
Lane	LN
Parkway	PKWY
Place	PL
Road	RD
Roadway	RDWY
Route	RT
Square	SQ
Station	STA
Street	ST
Terrace	TER
Trail	TRL

DIRECTIONAL ABBREVIATIONS

Description	Approved Abbreviation
East	E
North	N
Northeast	NE
Northwest	NW
South	S
Southeast	SE
Southwest	SW
West	W

SECONDARY UNIT ABBREVIATIONS

Description	Approved Abbreviation
Administration	ADMN
Annex	ANX
Apartment	APT
Branch	BR
Building	BLDG
Company	CO
Convalescent	CONVAL
Department	DEPT
Division	DIV
Floor	FL
Hospice	HSPC
Hospital	HOSP
Laboratory	LAB
Lobby	LBBY
Office	OFC
Room	RM
Space	SPC
Suite	STE
Trailer	TRLR

COUNTY CODES

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

CONTRACT CODES

CD	DESCRIPTION
00	NO CONTRACT
01	SALARY
02	SALARY WITH WITHHOLD
03	SALARY WITH BONUS
04	FEE FOR SERVICE
05	FEE FOR SERVICE WITH WITHHOLD
06	FEE FOR SERVICE WITH BONUS
07	CAPITATED
08	CAPITATED WITH WITHHOLD
09	CAPITATED WITH BONUS
10	CAPITATION FEE FOR SERVICE MIX
11	PAY FOR PERFORMANCE
99	OTHER

LANGUAGE SPOKEN CODES

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

LANGUAGE SPOKEN CODES (continued)

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

SPECIALTY CODES

CD	DESCRIPTION
010	ALLERGIST/IMMUNOLOGIST
011	ALLERGIST
012	IMMUNOLOGIST
020	ANESTHESIOLOGIST
030	SURGERY-COLON/RECTAL
040	DERMATOLOGIST
050	FAMILY PRACTICE
055	GENERAL PRACTICE
060	INTERNAL MEDICINE
062	CARDIOVASCULAR MEDICINE
063	ENDOCRINOLOGIST
064	GASTROENTEROLOGIST
065	HEMATOLOGIST
066	INFECTIOUS DISEASES
067	NEPHROLOGIST
068	PULMONARY DISEASES
069	RHEUMATOLOGIST
070	SURGERY-NEUROLOGY
075	NEUROLOGIST
076	PEDIATRIC NEUROLOGIST
080	NUCLEAR MEDICINE
082	GERONTOLOGIST
083	PSYCHOLOGIST
084	RN FAMILY NURSE PRACTITIONER
085	RN SCHOOL NURSE PRACTITIONER
086	RN PEDIATRIC NURSE ASSOCIATE
087	RN PEDIATRIC NURSE PRACTITIONER
088	RN GERIATRIC NURSE PRACTITIONER
089	OBSTETRICIAN AND GYNECOLOGIST
090	GYNECOLOGIST
091	OBSTETRICIAN
092	MATERNAL AND FETAL MEDICINE
093	REPRODUCTIVE ENDOCRINOLOGIST
094	RN MIDWIFE
095	WOMEN'S HC/OB-GYN NP
096	NEONATAL NURSE PRACTITIONER
097	RN ADULT NURSE PRACTITIONER
100	OPHTHALMOLOGIST
110	SURGERY-ORTHOPEDIC

SPECIALTY CODES (continued)

CD	DESCRIPTION
120	OTOLARYNGOLOGIST
122	LARYNGOLOGIST
124	OTOLOGIST
125	RHINOLOGIST
150	PEDIATRICIAN
151	PEDIATRIC CARDIOLOGIST
152	PEDIATRIC HEMATOLOGIST
153	SURGERY-PEDIATRIC
154	PEDIATRIC NEPHROLOGIST
155	PEDIATRIC NEONATAL/PERINATAL
156	PEDIATRIC ENDOCRINOLOGIST
157	PEDIATRIC ALLERGIST
158	RADIOLOGY PEDIATRIC
159	PEDIATRIC PULMONARY
160	PHYSICAL MEDICINE/REHABILITATION
161	OSTEOPATHIC MANIPULATIVE THERAPY
165	THERAPIST-SPEECH
166	THERAPIST-OCCUPATIONAL
167	THERAPIST-PHYSICAL
170	SURGERY-PLASTIC
171	SURGERY-PLASTIC, OTOLARYNGOLOGICAL FACIAL
175	ACUPUNCTURIST
176	ADOLESCENT MEDICINE
181	SURGERY-OBSTETRICAL
182	PREVENTIVE MEDICINE
183	OCCUPATIONAL MEDICINE
187	NUTRITIONIST
188	PHARMACOLOGIST
189	PSYCHOSOMATIC MEDICINE
191	PEDIATRIC-PSYCHIATRIST
192	PSYCHIATRIST
195	PSYCHIATRIST AND NEUROLOGIST
200	RADIOLOGY
201	RADIOLOGY-DIAGNOSTIC
205	RADIOLOGY-THERAPEUTIC
210	SURGERY
211	SURGERY-ABDOMINAL
212	SURGERY-CARDIOVASCULAR

SPECIALTY CODES (continued)

CD	DESCRIPTION
213	SURGERY-HAND
214	SURGERY-HEAD AND NECK
215	SURGERY-MAXILLOFACIAL
216	SURGERY-TRAUMA
217	SURGERY-UROLOGICAL
218	SURGERY-VASCULAR
219	SURGERY-GYNECOLOGICAL
220	SURGERY-THORACIC
230	UROLOGIST
241	ONCOLOGIST
250	EMERGENCY MEDICINE
251	CRITICAL CARE MEDICINE
441	SURGERY-OPHTHALMOLOGICAL
484	SURGERY-PODIATRIST
490	IMMUNOHEMATOLOGY
503	PHYSIOLOGICAL TESTING
600	OPTOMETRIST
650	PODIATRIST
714	EYE (LOW VISION SPECIALIST)
798	PHYSICIAN ASSISTANT
800	DENTIST-GENERAL
801	DENTIST-ORTHODONTIST
802	DENTIST-ENDODONTIST
803	DENTIST-ORAL PATHOLOGIST
804	DENTIST-PEDIATRIC
805	DENTIST-PROSTHODONTIST
806	DENTIST-PERIODONTIST
808	DENTIST-ORAL SURGEON
809	DENTIST-ANESTHESIOLOGIST
900	PROCEDURES-ANY CERTIFIED LAB
901	EMERGENCY ROOM PHYSICIANS
925	AUDIOLOGIST
927	CARDIOLOGIST
935	OTORHINOLARYNGOLOGIST (ENT)
943	PEDIATRIC ORTHOPEDIST
950	ORTHOPEDIST
958	GYNECOLOGICAL ONCOLOGY
963	PEDIATRIC HEMATOLOGY-ONCOLOGY
968	RADIOLOGY ONCOLOGY
970	HEMATOLOGY & ONCOLOGY
999	OTHER

PROVIDER TYPES REQUIRING NPI

CD	DESCRIPTION
A2	LEVEL III BEHAVIORAL HTH RESIDENTIAL
A3	COMMUNITY SERVICE AGENCY
A4	LIC INDEP SUBSTANCE ABUSE COUNS (LISAC)
A5	THERAPEUTIC FOSTER CARE PROVIDER
A6	RURAL SUBSTANCE ABUSE TRANSITIONAL AGCY
B1	RESID TRTMENT CTR-SECURE (17+BEDS)(IMD)
B2	RESID TRTMENT CTR-NON-SECURE (1-16 BEDS)
B3	RESID TRTM CTR-NON-SECURE (17+BEDS)(IMD)
B5	SUBACUTE FACILITY (1-16 BEDS)
B6	SUBACUTE FACILITY (17+BEDS)(IMD)
B7	CRISIS SERVICES PROVIDER
C2	FEDERALLY QUALIFIED HEALTH CENTER (FQHC)
C3	FAMILY PLANNING SERVICES
DG	DOC GENERAL PROVIDER
DN	DOC NON-PAY PROVIDER
D1	DENTIST-ENDODONTIST
D2	DENTIST-PEDODONTIST
D3	DENTIST-ORAL SURGEON
D4	CLINIC - DENTAL SERVICES
E1	INDEPENDENT TESTING FACILITIES
02	HOSPITAL
03	PHARMACY
04	LABORATORY
05	CLINIC
06	EMERGENCY TRANSPORTATION
07	DENTIST
08	MD-PHYSICIAN
09	CERTIFIED NURSE-MIDWIFE
10	PODIATRIST
11	PSYCHOLOGIST
12	CERTIFIED REGISTERED NURSE ANESTHETIST
13	OCCUPATIONAL THERAPIST
14	PHYSICAL THERAPIST
15	SPEECH/HEARING THERAPIST
16	CHIROPRACTOR
17	NATUROPATH
18	PHYSICIANS ASSISTANT
19	REGISTERED NURSE PRACTITIONER
20	RESPIRATORY THERAPIST
22	NURSING HOME

PROVIDER TYPES REQUIRING NPI (continued)

CD	DESCRIPTION
23	HOME HEALTH AGENCY
26	MIPS SPEECH THERAPIST/AUDIOLOGISTS
29	COMMUNITY/RURAL HEALTH CENTER
30	DME SUPPLIER
31	DO-PHYSICIAN OSTEOPATH
33	REHABILITATION CENTER
35	HOSPICE
41	DIALYSIS CLINIC
43	AMBULATORY SURGICAL CENTER
46	NURSE (PRIVATE-RN/LPN)
54	DENTAL HYGENIST
59	DENTAL LAB
62	AUDIOLOGIST
63	DRUG AND ALCOHOL REHAB
64	DETOX CENTER
67	PERFUSIONIST
68	HOMEOPATHIC
69	OPTOMETRIST
71	PSYCHIATRIC HOSPITAL
74	ALTERNATIVE RESIDENTIAL FACILITY
77	MENTAL HEALTH REHABILITATION
78	MENTAL HEALTH RESIDENTIAL TREATMENT CNTR
79	VISION CENTER
82	SURGICAL FIRST ASSISTANT
83	FREE-STANDING BIRTHING CENTER
84	LICENSED MIDWIFE
85	LICENSED CLINICAL SOCIAL WORKER (LCSW)
86	LICENSED MARRIAGE & FAMILY THERAPIST LMFT
87	LICENSED PROFESSIONAL COUNSELOR (LPC)
88	SCHOOL BASED GUIDANCE COUNSELOR
89	SCHOOL BASED CERTIFIED SCHOOL PSYCHOLOGIST
90	QMB ONLY PROVIDER
94	SCHOOL BASED NURSE (RN/LPN)
97	AIR TRANSPORTATION

SAMPLE REPORTS

REPORT ID: HP07Q082 PROGRAM #: HP07L082		ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PROVIDER AFFILIATION TRANSMISSION REPORT TRANSMISSION TRANSMITTAL VALIDATION REPORT				PAGE: 1 RUN: 07/15/06 TIME: 17:11	
	<u>TRANSMITTAL</u>	<u>TRANSMISSION HEADER</u>	<u>TRANSMISSION DETAIL</u>	<u>TRANSMISSIONTRAILER</u>	<u>ACTUAL</u>	<u>PASS/ FAIL</u>	
FOUND:	YES	YES (1)	YES (2204)	YES (1)	-	PASS	
RECORD COUNT:	2206		-	2206	2206	PASS	
HEALTH PLAN:	100100	100100	-	-	-	PASS	
FILE NAME:	PA071506.TXT		-	-	-	PASS	
FILE CREATION DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
PERIOD START DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
PERIOD END DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
TRANSMISSION ERROR PERCENT:	0.47%						
PROCESSING RUN COMPLETE	-- TRANSMISSION LOAD ACCEPTED						
TRANSMISSION HAS BEEN ACCEPTED							

REPORT ID: HP07Q082 PROGRAM #: HP07L082		ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PROVIDER AFFILIATION TRANSMISSION REPORT TRANSMISSION TRANSMITTAL VALIDATION REPORT				PAGE: 1 RUN: 07/15/06 TIME: 17:11	
	<u>TRANSMITTAL</u>	<u>TRANSMISSION HEADER</u>	<u>TRANSMISSION DETAIL</u>	<u>TRANSMISSIONTRAILER</u>	<u>ACTUAL</u>	<u>PASS/ FAIL</u>	
FOUND:	YES	YES (1)	YES (644)	YES	-	PASS	
RECORD COUNT:	2206	-	-	646	646	FAIL	
HEALTH PLAN:	100100	100100	-	-	-	PASS	
FILE NAME:	PA071506.TXT		-	-	-	PASS	
FILE CREATION DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
PERIOD START DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
PERIOD END DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
TRANSMISSION ERROR PERCENT:	20.47%						
	-- TRANSMISSION NOT PROCESSED						
TRANSMISSION HAS BEEN REJECTED							

SAMPLE REPORTS (continued) - LOAD DETAIL

REPORT ID: HP07Q099	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM			PAGE: 1
PROGRAM #: HP07L099	PROVIDER AFFILIATION TRANSMISSION REPORT			RUN: 07/15/06
	PLAN NAME:			
PR-ID:	101001	101002	101003	101004
NPI:	1992789200	1316903412	1609895333	1780690610
	1244387755			1544997711
	1887544321			
NAME:	LENKAITIS, D.	KALLENBACH, T.	ATCHISON, J.	MUDRY, T.
ADDRESS 1:	1234 E MAIN ST	4056 N 17TH ST	333 W ROCKY RD	160 N AVONDALE
ADDRESS 2:				STE 16B
CITY:	PHOENIX	PHOENIX	PHOENIX	PHOENIX
ZIP:	85040	85046	85041	85048
COUNTY:	MARICOPA	MARICOPA	MARICOPA	MARICOPA
PROVIDER TYPE:	MD-PHYSICIAN	MD-PHYSICIAN	MD-PHYSICIAN	MD-PHYSICIAN
MEMBER COUNT:	000345	000115	000345	000022
MEMBER CAPACITY:	000460	000200	000460	000080
BOARD CERTIFIED?:	YES	NO	YES	YES
COMPLETED RESIDENCY?:	YES	NO	YES	YES
EPSDT?:	YES	YES	YES	YES
OBSTETRICS?:	NO	NO	NO	NO
OBSTETRICS PCP?:	NO	NO	NO	NO
PCP?:	YES	NO	YES	YES
OPEN TO NEW MEMBERS?:	YES	NO	NO	YES
BEHAVIORAL HEALTH?:	NO	NO	NO	NO
BEHAVIORAL HEALTH PCP?:	NO	NO	NO	NO
CONTRACT TYPE:	SALARY	FEE FOR SERVICE CAPITATED		NO CONTRACT
LANGUAGE - PRV(1) :	SPANISH	SPANISH		SPANISH
LANGUAGE - PRV(2):	FRENCH			FRENCH
LANGUAGE - PRV STAFF(1):	SPANISH	SPANISH		SPANISH
LANGUAGE - PRV STAFF(2):	BOSNIAN	NAVAJO		
SPECIALTY (1):	FAMILY PRACTICE	PEDIATRICIAN	OBSTETRICIAN AND GYN	
SPECIALTY (2):	PEDIATRIC NEUROLOGIST			MATERNAL AND
SPECIALTY (3):				

SAMPLE REPORTS (continued)

REPORT ID: HP07Q089	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM	PAGE: 1	
PROGRAM #: HP07L089	PROVIDER AFFILIATION DUPLICATE REPORT	RUN: 07/15/06	
HEALTH PLAN:			
<u>PROVIDER NUMBER</u>	<u>PROVIDER NAME</u>	<u>ZIP CODE</u>	<u>COUNTY</u>
194720	MILLER/WILLIAM A.	85938	APACHE
362450	MEMON/ABDUL-QADIR	85938	APACHE
TOTAL NUMBER OF DUPLICATE PROVIDERS: 2			

REPORT ID: HP0786QD	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM	PAGE: 1
PROGRAM #: HP07L086	PROVIDER AFFILIATION TRANSMISSION REPORT	RUN: 07/15/06
LOAD SUMMARY		
HEALTH PLAN:		
FILENAME:	PA071506.TXT	
CREATION DATE:	07/15/2006	
PERIOD START DATE:	07/01/2006	
PERIOD END DATE:	09/30/2006	
DATE LOGGED:	07/15/2006	
RECORDS READ:	2602	
RECORDS WITH ERRORS:	6	
TOTAL EXCEPTION ERRORS:	11	

SAMPLE REPORTS (continued)

REPORT ID: HP07Q99A		ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM						PAGE: 1	
PROGRAM #: HP07L099		HEALTH PLANS PROVIDER AFFILIATION						RUN: 04/15/09	
		SUMMARY TOTALS FOR							
		OVERALL	PCP	PCP EPSDT	PCP OB	OB	OB PCP	BH	BH PCP
COCONINO	FLAGSTAFF	DENTIST	DENTIST-GENERAL	2	0	0	0	0	0
				5	0	0	0	0	0
		DO-PHYSICIAN OSTEOPATH	NONE	1	0	0	0	0	0
			ORTHOPEDIST	3	0	0	0	0	0
		HOSPITAL	NONE	1	0	0	0	0	0
		MD-PHYSICIAN	DERMATOLOGIST	5	0	0	0	0	0
			FAMILY PRACTICE	2	1	0	0	0	0
			NEPHROLOGIST	1	0	0	0	0	0
			NEUROLOGIST	1	0	0	0	0	0
			ONCOLOGIST	1	0	0	0	0	0
			OPHTHALMOLOGIST	2	0	0	0	0	0
			ORTHOPEDIST	14	0	0	0	0	0
			PHYSICAL MEDICINE/REHAB	1	0	0	0	0	0
			SURGERY	1	0	0	0	0	0
			SURGERY-ORTHOPEDIC	1	0	0	0	0	0
		PHYSICAL THERAPIST	THERAPIST-PHYSICAL	1	0	0	0	0	0
		PHYSICIANS ASSISTANT	PHYSICIAN ASSISTANT	10	0	0	0	0	0
		PODIATRIST	SURGERY-PODIATRIST	1	0	0	0	0	0
		REGISTERED NURSE PRACTI	RN FAMILY NURSE PRACTIT	2	0	0	0	0	0
	WILLIAMS	DENTIST	DENTIST-GENERAL	2	0	0	0	0	0
		PCP COUNT FOR COCONINO COUNTY:	1						
GILA	PAYSON	MD-PHYSICIAN	OPHTHALMOLOGIST	1	0	0	0	0	0
		PCP COUNT FOR GILA COUNTY:	0						
GRAHAM	THATCHER	NON-EMERGENCY TRANSPORT	NONE	1	0	0	0	0	0
		PCP COUNT FOR GRAHAM COUNTY:	0						
MARICOPA	AVONDALE	DENTIST	DENTIST-GENERAL	1	0	0	0	0	0
		MD-PHYSICIAN	OPHTHALMOLOGIST	8	0	0	0	0	0
		PCP COUNT FOR MARICOPA COUNTY:	2						
	CAVE CREEK	DME SUPPLIER	NONE	1	0	0	0	0	0
	CHANDLER	DENTIST	DENTIST-GENERAL	5	0	0	0	0	0
		MD-PHYSICIAN	FAMILY PRACTICE	1	1	0	0	0	0
			OPHTHALMOLOGIST	2	0	0	0	0	0

NOTIFICATION EMAIL

From: DHCMOPS@AZAHCCCS.GOV [<mailto:DHCMOPS@AZAHCCCS.GOV>]
Sent: Friday, August 01, 2008 3:05 AM
To:
Cc: DHCM OPS
Subject: PAT LOAD RESULTS

WE RECEIVED THE SUBMISSION OF YOUR HEALTH PLAN'S QUARTERLY PROVIDER AFFILIATION TRANSMISSION (PAT). THIS RESULTED IN A 2.15% ERROR RATE FOR ALL RECORDS READ. A TRANSMISSION THAT HAS AN ERROR RATE OF MORE THAN 3.0% WILL NOT BE ACCEPTED FOR PROCESSING.

ALTHOUGH YOUR ERROR PERCENT WAS ACCEPTABLE YOUR TRANSMISSION WAS REJECTED FOR THE FOLLOWING REASON:

RECORD COUNT ON T9 TRAILER RECORD DOES NOT MATCH RECORDS READ.

AFTER THE ERRORS IDENTIFIED IN THE LOAD EXCEPTIONS REPORTS HAVE BEEN CORRECTED, YOU MUST RESUBMIT YOUR PAT FILE BY THE 20TH OF **XXXX**. AS A REMINDER, THE CREATION DATE MUST BE THE DATE THAT THE PAT FILE IS TRANSMITTED TO AHCCCS.

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