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: 2.0
March 2020

Table of Contents

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 carry provisions for administrative simplification. This requires the Secretary of the Department of Health and Human Services (HHS) to adopt standards to support the electronic exchange of administrative and financial health care transactions primarily between health care providers and plans. HIPAA directs the Secretary to adopt standards for translations to enable health information to be exchanged electronically and to adopt specifications for implementing each standard HIPAA serves to:

- Create better access to health insurance
- Limit fraud and abuse
- Reduce administrative costs

1.1.2 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. • D-SNP, expect the 5-digit TPL Carrier ID for the DSNP in 2330/NM103 when known or default value of '00053' when not known. 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		

Loop ID	Reference	Name	Codes	Notes/Comments
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 when Plan ID is not known • Medicare Part A Carrier ID = 00050 • Medicare Part B Carrier ID = 00051 • Medicare Part D Carrier ID = 00052 • D-SNP Carrier ID = 00053
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		Prior Plan uses: PRIOR PLAN ID (6) + PRIOR PLAN NAME (25) New Plan uses: HMO PLAN ID (6) + HMO PLAN NAME (25)
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

Loop ID	Reference	Name	Codes	Notes/Comments
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: • 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 Transaction Notes

Element	Identifier Description	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														
ISA01	Authorization Information Qualifier		00	00	00	00	00	00	00	00	00	00	00	00	00\
ISA02	Authorization Information		10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces
ISA03	Security Information Qualifier		00	00	00	00	00	00	00	00	00	00	00	00	00
ISA04	Security Information		10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces	10 spaces
ISA05	Interchange ID Qualifier		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ
ISA06	Interchange Sender ID		AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791
ISA07	Interchange ID Qualifier		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ
ISA08	Interchange Receiver ID		HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID
ISA09	Interchange Date		TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE
ISA10	Interchange Time		TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME
ISA11	Repetition Separator		^	^	^	^	^	^	^	^	^	^	^	^	^
ISA12	Interchange Control Version Number		00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501	00501
ISA13	Interchange Control Number		ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED
ISA14	Acknowledgement requested		1	1	1	1	1	1	1	1	1	1	1	1	1
ISA15	Usage Indicator		P	P	P	P	P	P	P	P	P	P	P	P	P
ISA16	Component Element separator		|	|	|	|	|	|	|	|	|	|	|	|	|
	FUNCTIONAL GROUP														
GS01	Functional Identifier Code		BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE	BE
GS02	Application Sender's Code		AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791	AHCCCS866004791
GS03	Application Receiver's Code		HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID
GS04	Date		TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE
GS05	Time		TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME
GS06	Group Control Number		ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED	ASSIGNED
GS07	Responsible Agency Code		X	X	X	X	X	X	X	X	X	X	X	X	X
GS08	Version / Release / Industry Identifier Code; no addenda		005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1
	HEADER														

Element	Identifier Description	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												
ST	**Transaction Set Header**														
ST01	**Transaction Set Identifier Code**		834	834	834	834	834	834	834	834	834	834	834	834	834
ST02	**Transaction Set Control Number**		000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001
ST03	**Implementation Convention Reference**		005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1	005010X220A1
BGN	**Beginning Segment**														
BGN01	**Transaction Set Purpose Code**		00	00	00	00	00	00	00	00	00	00	00	00	00
BGN02	**Reference Identification**		0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001	0001
BGN03	**Date**		TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE	TRANSACTION DATE
BGN04	**Time**		TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME	TRANSACTION TIME
BGN08	**Action Code**		2	2	2	2	2	2	2	2	2	2	2	4	4
BGN09	**Security Level Code**														
REF	**Transaction Set Policy Number**														
REF01	**Reference Identification Qualifier**		38	38	38	38	38	38	38	38	38	38	38	38	38
REF02	**Reference Identification**		HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID	HP ID
DTP	**File Effective Date**														
DTP01	**Date/Time Qualifier**		303	303	303	303	303	303	303	303	303	303	303	303	303
DTP02	**Date Time Period Format Qualifier**		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8
DTP03	**Date Time Period**		PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE
QTY	**Transaction Set Control Totals**														
QTY01	Quantity Qualifier	Use 'TO' Total	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO	TO
QTY02	Quantity	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count	INS Count
	1000A SPONSOR NAME(1)														
N1	**Sponsor Name**														
N101	Entity Identifier Code		P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5	P5
N102	Name		AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS	AHCCCS
N103	Identification Code Qualifier		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code		866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791	866004791
	1000B PAYER (1)														
N1	**Payer**														
N101	Entity Identifier Code		IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN	IN
N102	Name		HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME	HP NAME

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			Daily 834												
N103	Identification Code Qualifier		FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI	FI
N104	Identification Code		HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID	HP TAX ID
	2000 MEMBER LEVEL DETAIL(>1)														
INS	**Member Level Detail**														
INS01	Yes/No Condition or Response Code		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y
INS02	Individual Relationship Code		18	18	18	18	18	18	18	18	18	18	18	18	18
INS03	Maintenance Type Code		021	024	001	001	001	001	001	001	001	001	001	030	030
INS04	Maintenance Reason Code		02 - Birth 28 – Initial Enrollment 41 - Re-enrollment AH - Patient Moved to a New Location AL - Algorithm Assigned EC - Member Benefit Selection	03 - Death 07 – Termination of Benefits 14 - Voluntary Withdrawal 22 - Plan Change AH - Patient Moved	43 - Change of location	33 - Personnel Data	25 - Change in Identifying Data Element	22 - Plan Change	AI - No Reason Given	29 - Benefit Selection	33 - Personnel Data	33- Personnel Data	AI - No Reason Given	XN - Notification Only	XN - Notification Only
INS05	Benefit Status Code		A	A	A	A	A	A	A	A	A	A	A	A	A
INS06-1	Medicare Plan Code		MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE
INS08	Employment Status Code		AC	TE	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC
INS11	Date Time Period Format Qualifier		D8	D8											
INS12	Date Time Period	Use for Date of Death only, if present	DAT OF DTH	DAT OF DTH											
REF	**Subscriber Identifier**														
REF01	Reference Identification Qualifier		0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F
REF02	Reference Identification	Use AHCCCS ID Format: A######## S########	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"

Element	Identifier Description	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												
REF	**Member Supplemental Identifier**														
REF01	Reference Identification Qualifier	3H-Case Number Q4-Prior Identifier Number (Primary AHCCCS ID) 17-Client Reporting Category (Voucher Number) 23-Client number 6O- Cross Reference Number Note: State Only BHS Files (STD834/STM834) will reflect State IDs (S*) for 0F and 3H	3H Q4 17 23 6O	3H Q4 17 23 6O	23 6O	23 6O	23 6O	23 6O	23 6O	3H 17 23 6O	23 6O	23 6O	23 6O	3H Q4 17 23 6O	
REF02	Reference Identification	1) Case Number (when REF01=3H) 2) Primary AHCCCS ID (when REF01=Q4) 3) Voucher Number (when REF01=17) 4a) CIS ID (when REF01=23) 4b) CRS ID (when REF01=23) 5) RBHA ID (when REF01=6O)	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER 4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER 4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	1) CASE ID 3) VOUCHER NUMBER 4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	1) CASE ID 2) PRIMARY AHCCCS ID 3) VOUCHER NUMBER 4a) CIS ID (BHS) 4b) CRS ID (CRS) 5) RBHA ID	
DTP	**Member Level Dates**														
DTP01	Date/Time Qualifier		356 357	356 357	303	303	303	303	303	303	303	303	303	303	
DTP02	Date Time Period Format Qualifier		D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	D8	
DTP03	Date Time Period		ENRL BEG ENRL END	ENRL BEG ENRL END	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	PROCESS DATE	
	2100A MEMBER NAME(1)														
NM1	**Member Name**														
NM101	Entity Identifier Code		IL	IL	IL	IL	IL 74	IL	IL	IL	IL	IL	IL	IL	IL
NM102	Entity Type Qualifier		1	1	1	1	1	1	1	1	1	1	1	1	1
NM103	Name Last or Organization 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"

Element	Identifier Description	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												
NM104	Name First		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		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**														
PER01	Contact Function Code		IP		IP	IP	IP	IP	IP	IP	IP			IP	
PER03	Communication Number Qualifier	Scenario of PER03 and PER04 of PER segment. Rule applies to all Action Type and Action Code except Action Type "D" 1) HP (when Home Phone present 2) TE when No Home Phone and ER phone present 3) EM when No Home Phone, and No ER phone and Email is present	HP or TE or EM		HP or TE or EM	HP or TE or EM	HP or TE or EM	HP or TE or EM	HP or TE or EM	HP or TE or EM	HP or TE or EM			HP or TE or EM	
PER04	Communication Number		HOME PHONE		HOME PHONE	HOME PHONE	HOME PHONE	HOME PHONE	HOME PHONE	HOME PHONE	HOME PHONE			HOME PHONE	
PER05	Communication Number Qualifier	Scenarios apply to PER05 and PER06 of PER segment. Rule applies to all Action Type and Action Code except Action Type "D" 1) TE when PER03=HP and ER Phone present 2) EM when PER03=HP and No ER phone and Email is present	TE or EM		TE or EM	TE or EM	TE or EM	TE or EM	TE or EM	TE or EM	TE or EM			TE or EM	
PER06	Communication Number		EMER PHONE or Email		EMER PHONE or Email	EMER PHONE or Email	EMER PHONE or Email	EMER PHONE or Email	EMER PHONE or Email	EMER PHONE or Email	EMER PHONE or Email			EMER PHONE or Email	
PER07	Communication Number Qualifier	One scenario of PER07 and PER08 of PER segment. Rule applies to all Action Type and Action Code except Action Type "D" 1) EM when PER03=HP and PER05=TE and Email is present	EM		EM	EM	EM	EM	EM	EM	EM			EM	
PER08	Communication Number		Email		Email	Email	Email	Email	Email	Email	Email			Email	

Element	Identifier Description	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												
N3	**Member Residence Street Address**														
N301	Address Information		RES STR1		RES STR1									RES STR1	
N302	Address Information		RES STR2		RES STR2									RES STR2	
N4	**Member Residence City, State, ZIP Code**														
N401	City Name		CITY		CITY									CITY	
N402	State or Province Code		STATE		STATE									STATE	
N403	Postal Code		ZIP		ZIP									ZIP	
N405	Location Qualifier		CY		CY									CY	
N406	Location Identifier		CTY CODE		CTY CODE									CTY CODE	
DMG	**Member Demographics**														
DMG01	Date Time Period Format Qualifier		D8	D8	D8		D8	D8						D8	
DMG02	Date Time Period		DOB	DOB	DOB		DOB	DOB						DOB	
DMG03	Gender Code		GENDER	GENDER	GENDER		GENDER	GENDER						GENDER	
DMG04	Marital Status Code		MARITAL STA	MARITAL STA	MARITAL STA			MARITAL STA						MARITAL STA	
DMG05-1	Race or Ethnicity Code		ETHNICITY	ETHNICITY	ETHNICITY			ETHNICITY						ETHNICITY	
LUI	**Member Language**														
LUI01	Identification Code Qualifier		LE											LE	
LUI02	Identification Code		LANGUAGE											LANGUAGE	
LUI04	Use of Language Indicator		6											6	

Element	Identifier Description	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												
	2100B INCORRECT MEMBER NAME(1)	Sent on Name change actions only; not used on monthly													
NM1	**Incorrect Member Name**														
NM101	Entity Identifier Code						70								
NM102	Entity Type Qualifier						1								
NM103	Name Last or Organization Name						PRIOR LAST NAME								
NM104	Name First						PRIOR FIRST NAME								
NM105	Name Middle						PRIOR MI								
DMG	**Incorrect Member Demographics**	Used when Action code ≠ NC (Name change); not used on monthly													
DMG01	Date Time Period Format Qualifier						D8								
DMG02	Date Time Period						PRIOR DOB								
DMG03	Gender Code						PRIOR GENDER								
	2100C MEMBER MAILING ADDRESS (1)	Only present if different from Residential Address													
NM1	**Member Mailing Address**														
NM101	Entity Identifier Code		31		31			31						31	
NM102	Entity Type Qualifier		1		1			1						1	
N3	**Member Mail Street Address**														

Element	Identifier Description	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												
N301	Address Information		MAIL STR1		MAIL STR1			MAIL STR1						MAIL STR1	
N302	Address Information		MAIL STR2		MAIL STR2			MAIL STR2						MAIL STR2	
N4	**Member Mail City, State, Zip**														
N401	City Name		MAIL CITY		MAIL CITY			MAIL CITY						MAIL CITY	
N402	State or Province Code		MAIL ST		MAIL ST			MAIL ST						MAIL ST	
N403	Postal Code		MAIL ZIP		MAIL ZIP			MAIL ZIP						MAIL ZIP	
	2100G RESPONSIBLE PERSON (13)	Mother's information on Newborn Adds only (when INS04='02' Birth)													
NM1	**Responsible Person**														
NM101	Entity Identifier Code		S1												
NM102	Entity Type Qualifier		1												
NM103	Name Last or Organization Name		MOM-LAST-NAME												
NM104	Name First		MOM-FIRST-NAME												
NM105	Name Middle		MOM-MI												
NM108	Identification Code Qualifier		ZZ												
NM109	Identification Code		MOM-ID (9)+MOM-CASE-ID (9)												
N3	**Responsible Person Street Address**														
N301	Address Information		RES-STR-1												

Element	Identifier Description	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												
N302	Address Information		RES-STR-2												
N4	**Responsible Person City, State, Zip**														
N401	City Name		RES-CITY												
N402	State or Province Code		RES-ST												
N403	Postal Code	5 or 9 digit Zip Code	RES-ZIP												
	2300 HEALTH COVERAGE(99)	**HMO LOOP**													
HD	**Health Coverage**														
HD01	Maintenance Type Code		021	024			001	001						030	
HD03	Insurance Line Code		HMO	HMO			HMO	HMO						Either INS-LINE-CODE or HMO (default HMO)	
DTP	**Health Coverage Dates**														
DTP01	Date/Time Qualifier		348 349	348 349			348 349	348 349						348	
DTP02	Date Time Period Format Qualifier		D8	D8			D8	D8						D8	
DTP03	Date Time Period		Enroll Begin Date Enroll End Date	Enroll Begin Date Enroll End Date			Enroll Begin Date Enroll End Date	Enroll Begin Date Enroll End Date						Enroll Begin Date	
REF	**Health Coverage Policy Number**														
REF01	Reference Identification Qualifier	1L-Group or Policy Number (Only for BHS, CRS, RBHA, and PBM) CE-Class of Contract Code	1L CE	1L CE			1L CE	1L CE						1L CE	

Element	Identifier Description	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												
REF02	Reference Identification	1) Health Plan ID (when REF01=1L) 2) Contact Type (when REF01=CE)	HP ID Contract Type	HP ID Contract Type			HP ID Contract Type	HP ID Contract Type						HP ID Contract Type	
	2300 HEALTH COVERAGE (99)	**SOC LOOP**													
HD	**Health Coverage**														
HD01	Maintenance Type Code		021								001			030	
HD03	Insurance Line Code		LTC								LTC			LTC	
DTP	**Health Coverage Dates**														
DTP01	Date/Time Qualifier		348								348			348	
DTP02	Date Time Period Format Qualifier		D8								D8			D8	
DTP03	Date Time Period		SOC Begin Date								SOC Begin Date			SOC Begin Date	
AMT	**Health Coverage Policy**														
AMT01	Amount Qualifier Code		C1								C1			C1	
AMT02	Monetary Amount		SOC-AMT								SOC-AMT			SOC-AMT	
	2300 HEALTH COVERAGE (99)	**COB (TPL) LOOP**													
HD	**Health Coverage**														
HD01	Maintenance Type Code											001		030	
HD03	Insurance Line Code	Distinguishes the COB loop 001-Change on Daily 030-Notify Only on Monthly										MM		MM	
DTP	**Health Coverage Dates**														
DTP01	Date/Time Qualifier											303		303	

Element	Identifier Description	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												
DTP02	Date Time Period Format Qualifier											D8		D8	
DTP03	Date Time Period											Effective Date		Effective Date	
REF	**Health Coverage Policy Number**	**Only for PBM Monthly of TPL**												**Monthly TPL (Only PBM)**	
REF01	Reference Identification Qualifier													IL (Only for PBM)	
REF02	Reference Identification													HP-ID	
REF	**Health Coverage Policy Number**	**TPL Only Tab: The 2300 REF*ZZ*PM will only be sent for Medicare Records with prospective begin dates of 90 + days**													
REF01	Reference Identification Qualifier											ZZ		ZZ	
REF02	Reference Identification											PM		PM	
	2320 COORDINATION OF BENEFITS (5)														
COB	**Coordination of Benefits**														
COB01	Payer Responsibility Sequence Number Code											U		U	
COB02	Reference Identification											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	

Element	Identifier Description	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												
COB03	Coordination of Benefits Code											5		5	
REF	**Additional Coordination of Benefits Identifiers**														
REF01	Reference Identification Qualifier	6P-Group number										6P		6P	
REF02	Reference Identification	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**														
REF01	Reference Identification Qualifier	60-Account Suffix code										60		60	
REF02	Reference Identification											TPL-SEQ-NO		TPL-SEQ-NO	
DTP	**Coordination of Benefits Eligibility Dates**														
DTP01	Date/Time Qualifier											344 345		344 345	
DTP02	Date Time Period Format Qualifier											D8		D8	
DTP03	Date Time Period											Begin Date End Date		Begin Date End Date	
	2330 COORDINATION OF BENEFITS RELATED ENTITY (3)														
NM1	**Coordination of Benefits Related Entity**	Note: This segment partially existed in 4010 at 2320/N1.													
NM101	Entity Identifier Code											IN		IN	

Element	Identifier Description	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												
NM102	Entity Type Qualifier											2		2	
NM103	Name Last or Organization Name	When 2300 COB loop HD03 = "MM" Expect Medicare Part A Carrier ID = 00050, or Medicare Part B Carrier ID = 00051 or Medicare Part D Carrier ID = 00052 or D-SNP Carrier ID = 00053.										MASTER CARRIER ID + CARRIER NAME/MEDICARE PLAN NAME		MASTER CARRIER ID + CARRIER NAME/MEDICARE PLAN NAME	
N3	**Coordination of Benefits Related Entity Address**														
N301	Address Information	If TPL address is not present, default is "No Address Known" (No address known/stored for Medicare Part A, B, D, or D-SNP.)										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	TPL address, if present, (No address known/stored for Medicare Part A, B, D, or D-SNP.)										TPL-STR-2		TPL-STR-2	
N4	**Coordination of Benefits Other Insurance Company City, State, ZIP Code**														

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

Element	Identifier Description	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												
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**ACTION CODE**													
LX01	Assigned Number	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	Start with 1				
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75	75	75	75	75	75	75	75	75				
N102	Name		"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"	"Action Code"				
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ	ZZ				
REF02	Reference Identification		ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE	ACTION CODE				
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**RENEWAL DATE**													
LX01	Assigned Number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number	Incrementing number		Incrementing number	Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75	75	75	75	75	75	75	75	75		75	75	

Element	Identifier Description	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												
N102	Name		"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"	"RENEWAL DATE"		"RENEWAL DATE"	"RENEWAL DATE"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier														
REF02	Reference Identification														
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007	007	007	007	007	007	007	007	007		007	007	
DTP02	Date Time Period Format Qualifier		D8	D8	D8	D8	D8	D8	D8	D8	D8		D8	D8	
DTP03	Date Time Period		Renewal Date	Renewal Date	Renewal Date	Renewal Date	Renewal Date	Renewal Date	Renewal Date	Renewal Date	Renewal Date		Renewal Date	Renewal Date	
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**RATE CODE**													
LX01	Assigned Number	Incrementing number	Incrementing number					Incrementing number		Incrementing number				Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75					75		75				75	
N102	Name		"Rate Code"					"Rate Code"		"Rate Code"				"Rate Code"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		9V					9V		9V				9V	

Element	Identifier Description	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												
REF02	Reference Identification		RATE CODE					RATE CODE		RATE CODE				RATE CODE	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007					007		007				007	
DTP02	Date Time Period Format Qualifier		D8					D8		D8				D8	
DTP03	Date Time Period		Enroll Begin Date					Enroll Begin Date		Enroll Begin Date				Enroll Begin Date	
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**PRIOR PLAN**													
LX01	Assigned Number	Incrementing number	Incrementing number	Incrementing number											
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75	75											
N102	Name	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"	"New Plan"											
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		18	18											

Element	Identifier Description	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												
REF02	Reference Identification	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**	**CO-PAY LEVEL**													
LX01	Assigned Number	Incrementing number	Incrementing number			Incrementing number		Incrementing number						Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75			75		75						75	
N102	Name		"Co-Pay Level"			"Co-Pay Level"		"Co-Pay Level"						"Co-Pay Level"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1			XX1		XX1						XX1	
REF02	Reference Identification		CO-PAY LEVEL NUMBER			CO-PAY LEVEL NUMBER		CO-PAY LEVEL NUMBER						CO-PAY LEVEL NUMBER	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007			007		007						007	
DTP02	Date Time Period Format Qualifier		D8			D8		D8						D8	
DTP03	Date Time Period		Co-Pay Effective Begin Date			Co-Pay Effective Begin Date		Co-Pay Effective Begin Date						Co-Pay Effective Begin Date	

Element	Identifier Description	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												
	2710 MEMBER REPORTING CATEGORIES(>1)														
LX	**Member Reporting Categories**	**MH CATEGORY**													
LX01	Assigned Number	Incrementing number	Incrementing number					Incrementing number						Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75	75				75						75	
N102	Name		"BHS"	"BHS"				"BHS"						"BHS"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1	XX1				XX1						XX1	
REF02	Reference Identification		MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20)+ (SPACE)+BHS ACTIVE CARE INDICATOR (1) + BHS SITE (2)	MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20) + (SPACE)+BHS ACTIVE CARE INDICATOR (1) + BHS SITE (2)				MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20) + (SPACE)+BHS ACTIVE CARE INDICATOR (1) + BHS SITE (2)						MH CATEGORY CODE (1) + MH PROVIDER ID (6) + MH PROVIDER NAME (20) + (SPACE)+BHS ACTIVE CARE INDICATOR (1) + BHS SITE (2)	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007	007				007						007	
DTP02	Date Time Period Format Qualifier		D8 RD8	D8				D8 RD8 * For TM action, only send D8 for MH End Date						D8	

Element	Identifier Description	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												
DTP03	Date Time Period	ADD action = Begin Date or Begin Date through End Date; CHANGE action = Begin Date or Begin Date through End Date; TERM action = End Date or Begin Date through End Date	MH Begin Date MH Begin Date- MH End Date	MH End Date				MH Begin Date or MH End Date MH Begin Date- MH End Date						MH Begin Date	
	2710 MEMBER REPORTING CATEGORIES(>1)														
LX	**Member Reporting Categories**	**CRS – Children's Rehab Services**		Not sent to PBM				Not sent to PBM							
LX01	Assigned Number	Incrementing number	Incrementing number	Incrementing number				Incrementing number						Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75	75				75						75	
N102	Name		"CRS"	"CRS"				"CRS"						"CRS"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1	XX1				XX1						XX1	
REF02	Reference Identification		CRS PLAN ID (6) and CRS PLAN NAME (25)	CRS PLAN ID (6) and CRS PLAN NAME (25)				CRS PLAN ID (6) and CRS PLAN NAME (25)						CRS PLAN ID (6) and CRS PLAN NAME (25)	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007	007				007						007	
DTP02	Date Time Period Format Qualifier		D8 RD8	D8				D8 RD8 * For TR action, only send D8 for MH End Date						D8 or RD8 (If CRS End Date is present)	

Element	Identifier Description	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												
DTP03	Date Time Period	ADD action = Begin Date or Begin Date through End Date; CHANGE action = Begin Date or Begin Date through End Date; TERM action = End Date or Begin Date through End Date	CRS Begin Date CRS Begin Date- CRS End Date	CRS End Date				CRS Begin Date or CRS End Date CRS Begin Date- CRS End Date						CRS Begin Date and if present DRS End Date	
LX	**Member Reporting Categories**	**NICU INDICATOR**													
LX01	Assigned Number	Incrementing number	Incrementing number						Incrementing number					Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75						75					75	
N102	Name		"NICU"						"NICU"					"NICU"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1						XX1					XX1	
REF02	Reference Identification		NI						NI					NI	
	2710 MEMBER REPORTING CATEGORIES(>1)														
LX	**Member Reporting Categories**	**PREGNANCY INDICATOR**													
LX01	Assigned Number	Incrementing number	Incrementing number						Incrementing number					Incrementing number	

Element	Identifier Description	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												
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75						75					75	
N102	Name		"Pregnancy"						"Pregnancy"					"Pregnancy"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1						XX1					XX1	
REF02	Reference Identification		PG						PG					PG	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007						007					007	
DTP02	Date Time Period Format Qualifier		D8						D8					D8	
DTP03	Date Time Period		EXPECTED DELIVERY DATE						EXPECTED DELIVERY DATE					EXPECTED DELIVERY DATE	
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**LTC** For Long Term Care recipients only.													
LX01	Assigned Number	Incrementing number	Incrementing number											Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75											75	
N102	Name		"LTC"											"LTC"	

Element	Identifier Description	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												
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1											XX1	
REF02	Reference Identification		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**	**LTC TRANSITION INDICATOR** For Long Term Care recipients only.													
LX01	Assigned Number	Incrementing number	Incrementing number											Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75											75	
N102	Name		"Transition Indicator"											"Transition Indicator"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		XX1											XX1	
REF02	Reference Identification		Y											Y	

Element	Identifier Description	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												
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**AZEIP - AZ Early Intervention Program**													
LX01	Assigned Number	Incrementing number											Incrementing number		
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code												75		
N102	Name												"AZEIP"		
REF	**Reporting Category**														
REF01	Reference Identification Qualifier												PID		
REF02	Reference												AZEIP CLIENT ID		
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**MEDICARE HMO**													
LX01	Assigned Number	Incrementing number											Incrementing number		
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code												75		
N102	Name												"Medicare HMO"		
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier												PID		
REF02	Reference Identification												PLAN ID (5) + PLAN NAME (40)		

Element	Identifier Description	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												
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**TSC - Targeted Support Coordination**													
LX01	Assigned Number	Incrementing number											Incrementing number		
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code												75		
N102	Name												"TSC"		
REF	**Reporting Category**														
REF01	Reference Identification Qualifier												PID		
REF02	Reference Identification												TSC CLIENT ID		
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**LTC PLACEMENT**													
LX01	Assigned Number	Incrementing number	Incrementing number		Incrementing number						Incrementing number			Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75		75						75			75	
N102	Name		"LTC PLACEMENT "		"LTC PLACEMENT "						"LTC PLACEMENT "			"LTC PLACEMENT "	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier	LU-Location Number	LU		LU						LU			LU	

Element	Identifier Description	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												
REF02	Reference Identification		PLACEMENT CODE		PLACEMENT CODE						PLACEMENT CODE			PLACEMENT CODE	
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier		007		007						007			007	
DTP02	Date Time Period Format Qualifier		D8		D8						D8			D8	
DTP03	Date Time Period		LTC BEGIN DATE		LTC BEGIN DATE						LTC BEGIN DATE			LTC BEGIN DATE	
	2710 MEMBER REPORTING CATEGORIES (>1)														
LX	**Member Reporting Categories**	**LTC RESIDENCE**													
LX01	Assigned Number	Incrementing number	Incrementing number		Incrementing number						Incrementing number			Incrementing number	
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code		75		75						75			75	
N102	Name		"LTC RESIDENCE "		"LTC RESIDENCE"						"LTC RESIDENCE"			"LTC RESIDENCE"	
REF	**Reporting Category Reference**														
REF01	Reference Identification Qualifier		LU		LU						LU			LU	
REF02	Reference Identification		RESIDENCE CODE		RESIDENCE CODE						RESIDENCE CODE			RESIDENCE CODE	
LX	**Member Reporting Categories**	**DDDS (Dept. of Economic Security') Subcontractor Information**													
LX01	Assigned Number	Incrementing number											Incrementing number		
	2750 REPORTING CATEGORY (1)														
N1	**Reporting Category**														
N101	Entity Identifier Code												75		
N102	Name												"DDD Subcontractor Plan"		

Element	Identifier Description	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												
REF	**Reporting Category**														
REF01	Reference Identification Qualifier												PID		
REF02	Reference Identification												"DDD Subcontractor Plan ID"		
DTP	**Reporting Category Date**														
DTP01	Date/Time Qualifier												007		
DTP02	Date Time Period Format Qualifier												D8 or RD8		
DTP03	Date Time Period												DDDS Begin Date &/ DDDS End Date		
LE	**Additional reporting Categories Loop Termination**														
LE01	Loop Identifier Code		2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	2700	
	TRAILER														
SE	**Transaction Set Trailer**														
SE01	Number of Included Segments		Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count	Segment Count
SE02	Transaction Set Control Number		000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001	000000001

4.1.2 820 Examples

4.1.2.1 Normal 820 Example

Member #1 – Normal capitation payment of $89.30 for 10/01/16-10/14/16

Member #2 – Recoupment amount of $-94.06 for 10/01/16-10/31/16 and a capitation payment of $54.62 for 10/01/16-10/18/16.
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
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**	**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	20161028
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association 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	20161001-20161031
	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**	

Element	Identifier Description	Values
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**
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	H19101FH0037918**220161001**
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	20161001-20161014
	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**
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	A191012H0037944520161001
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
DTM06	Date Time Period	20161001-20161031
	2300B INDIVIDUAL PREMIUM	***OCCURRENCE #2***

Element	Identifier Description	Values
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Health Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H0037944**520161001**
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	20161001-20161018
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 10/01/16-10/14/16
Member #2 – Recoupment amount of $-94.06 for 10/01/16-10/31/16 and a capitation payment of $54.62 for 10/01/16-10/18/16.
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
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	20161028
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association 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	20161001-20161031
	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

Element	Identifier Description	Values
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 REMITTANCE	
ENT	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	AG - Agency
ENT03	Identification Code Qualifier	FI - Federal Tax Identification Number
ENT04	Identification Code	866004791
	2300A ORGANIZATION SUMMARY REMITTANCE DETAIL	
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	20161001-20161031

	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**20161001**
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	20161001-20161014
	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

Element	Identifier Description	Values
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**20161001**
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**20161001**
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	20161001-20161018
SE	**Transaction Set Trailer**	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

4.1.2.3 RBHA 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
GS03	Application Receiver's Code	010705
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**	**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	20161013
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association 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	20161001-20161031
	1000A PREMIUM RECEIVER'S NAME	
N1	**Premium Receiver's Name**	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AHCCCS - 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	**>1** *Occurrence #1*
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	20161001-20161031
	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 SUMMARY REMITTANCE DETAIL	*Occurrence #2*
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	20161001-20161031
	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

Element	Identifier Description	Values
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 RBHA 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	010705
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**	**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	20161006
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association 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	010705
DTM	**Coverage Period**	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20161001-20161031
	1000A PREMIUM RECEIVER'S NAME	
N1	**Premium Receiver's Name**	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AHCCCS - 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 NAME	
N1	**Premium Payer's Name**	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS

Element	Identifier Description	Values
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	**>1**
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 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	20160210
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association 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	20160501-20161130
	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

Element	Identifier Description	Values
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 +**
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	20160501-20160531
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	20160601-20160630
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
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**	**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	20161013
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association 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	20161028-20161028
	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**	

Element	Identifier Description	Values
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
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	20161013
TRN	**Re-association Trace Number**	
TRN01	Trace Type Code	3 - Financial Re-association 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	20161015-20161015
	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 Transactions transmit enrollment information from the sponsor of the insurance coverage (AHCCCS) to a health care payer (an AHCCCS Health Plan) on a daily and monthly basis. The daily version of this transaction provides data on initial enrollments, enrollment terminations, and subsequent changes to member-level enrollment data. The monthly version provides a listing of active members that is the basis for the health plan's monthly capitation pre-payment.

The Daily 834 Enrollment Transaction is used to identify:

- New members for whom the health plan is responsible
- Terminated or deceased members for whom the health plan is no longer responsible
- Demographic changes for each member such as changes in name, address or date of birth
- Other changes for each member such as changes in Rate Code or TPL coverage

The Monthly 834 Enrollment Transaction is used to:

- Reconcile health plan and AHCCCS member files
- Audit updates to health plan data applied from Daily 834 Transactions during the previous month

Member lines on both Daily and Monthly 834 Transactions carry Voucher Numbers when they result in capitation payments or adjustments. 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 Transactions 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	NI	NICU (Neonatal Intensive Care Unit) indicator	021	28 - Initial Enrollment
A	NP	Normal Enrollment Prior Plan	021	28 – Initial Enrollment
A	PA	End of Contract-In - Auto Assign	021	28 – Initial Enrollment
A	PD	End of Contract- In – Direct Move	021	28 – Initial Enrollment
A	PP	End of Contract- In - Percentage	021	28 – Initial Enrollment
A	PR	End of Contract - In - Rule M	021	28 – Initial Enrollment
A	RA	Retroactive Enrollment	021	28 – Initial Enrollment
A	RE	Re-Enrollment	021	41 - Re-enrollment
A	XN	Normal Enrl for Conversion	021	XT - Transfer
C	AC	Address Change	001	43 - Change of location
C	C1	"Combination Action Code" DB, NC, SX	001	25 - Change in Identifying Data Element
C	C2	"Combination Action Code" DB, NC	001	25 - Change in Identifying Data Element
C	C3	"Combination Action Code" DB, SX	001	25 - Change in Identifying Data Element

Action Type	Action Code	Description	834 Translation/INS03 Maintenance Type	834 Translation/INS04 Maintenance Reason Code Value
C	C4	"Combination Action Code" NC, SX	001	25 - Change in Identifying Data Element
C	CP	Co-pay Change	001	33 - Personnel Data
C	DB	Date of Birth Change	001	25 - Change in Identifying Data Element
C	HC	Acute Health Plan Change	001	22 – Plan Change
C	MC	Mental Health Change	001	22 – Plan Change
C	NC	Name Change	001	25 - Change in Identifying Data Element
C	NI	NICU (Neonatal Intensive Care Unit) indicator	001	28 – Initial Enrollment
C	PG	Pregnant Women	001	AI – No Reason Given
C	RC	Rate Code Change	001	29 - Benefit Selection
C	SC	Share of Cost Change	001	33 - Personnel Data
C	SX	Sex Change	001	25 - Change in Identifying Data Element
C	TM	Mental Health Termination	001	22 – Plan Change
C	N/A	FYI Changes - Daily on 1st of Month	001	AI – No Reason Given
C	N/A	COB Only - Daily 834	001	33 - Personnel Data
D	AE	Applied for New Eligibility	024	07 – Termination of Benefits
D	AO	Admin Out	024	22 - Plan Change
D	CH	Eligibility Change - Disenroll	024	07 – Termination of Benefits
D	CO	County Move-Out	024	22 – Plan Change
D	DE	Deceased	024	03 - Death
D	EO	Open Enrollment-Out	024	22 – Plan Change
D	FO	Family Continuity-Out	024	07 – Termination of Benefits
D	HO	Move out of Health Plan Area	024	07 – Termination of Benefits
D	IE	Ineligible	024	07 - Termination of Benefits
D	MO	Medical Care Continuity-Out	024	07 – Termination of Benefits
D	OS	Out of State Move	024	07 – Termination of Benefits
D	PO	End of Contract - Out - Direct	024	07 – Termination of Benefits
D	PT	End of Contract-Out - %, AA,	024	07 – Termination of Benefits
D	VW	Voluntary Withdrawal	024	14 - Voluntary Withdrawal
D	XA	Admin Out for Conversion	024	XT – Transfer
N/A	N/A	Monthly 834 and Monthly COB Only	030 - Audit/Compare (BGN08='4' Verify)	XN – Notification Only

Source: RF592

4.4.2 AHCCCS Contract Type Table

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

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 or D-SNP

834: 2320/COB02

4.4.4 AHCCCS Mental Health Category Table

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

Source: RF404
834: 2750/REF02 for “BHS” Loop

5. TI Change Summary

#	Location & Section	Revision
1.0		Original Final Version (identified as 0.3)
1.1		V1.1 changes are effective 10/01/2011
1.1	Pages 1-2	• Added AHCCCSA watermark • Removed Page 2 – copyright box
1.1	Pages 4-7 3.1	• Cleaned up Instruction Tables
1.1	Pages 8 4.1.1	• Format Changes o Rename table from Crib Notes to Transaction Notes o Removed columns 3-5 (usage, ID, Min/Max) – fix table header o Expanded ISA and GS segments to show all data elements
1.1	Pages 8-9 4.1.1	• Change ISA/GS/BGN to reflect transaction creation date/time – not mainframe date/time. • Use errata version 005010X220A1
1.1	Pages 12 4.1.1	• 2100A/N3/N4 Member Residence address - Address requirement changed to situational with Errata; revert to original requirements to only send member address on Daily Add, Address change, and on Monthly 834.
1.1	Pages 21-22 4.1.1	• Create 2700 loop for Member Renewal date when present: All Daily actions and Monthly (excludes COB Only).
1.1	Pages 26 4.1.1 2750/DTP03	• Add clarification for MH Category – TM & MC • A MC is a change action – Expect a begin date (D8) or Begin-End date range (RD8). • A TM is a termination action – Expect a term date (D8) or a Begin-End date range (RD8)
1.1	Pages 34-48 4.1.2	• Clean up 820 Examples
1.2	All	• Review of entire document by CG project team 10/2016
1.3	Pages 4, 5, 19, 20 Pages 55 4.4.3	• Added notes about D-SNP 10/2019
2.0	Cover Page	• Change numbering system
2.0	Page 11	• Updated to include Email in the PER segment