



ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM

270/271 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

INSTRUCTIONS RELATED TO TRANSACTIONS BASED ON ASC X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE TECHNICAL REPORT TYPE 3 (TR3), VERSION 005010A1

**COMPANION GUIDE
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1 INTRODUCTION

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

1.2 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 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 standards implementation specifications or are not in the standards implementation specification(s)
- Change the meaning or intent of the standards implementation specification(s)

1.3 Compliance according to ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3)

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

- Modifying any defining, explanatory, or clarifying content contained in the TR3
- Modifying any requirement contained in the TR3.

1.4 Intended Use

The Transaction Specific Information of this companion guide must be used in conjunction with an associated ASC X12 Standard for Electronic Data Interchange Report Type 3 (TR3). The Transaction Specific Information in this companion guide is not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 TR3 and is in conformance with ASC X12s Fair Use and Copyright statements.

2 ASC X12 STANDARDS FOR ELECTRONIC DATA INTERCHANGE REPORT TYPE 3

- 005010X279A1 Eligibility, Coverage, or Benefit Inquiry (270)
- 005010X279A1 Eligibility, Coverage, or Benefit Information (271)

3 TRANSACTION SPECIFIC INFORMATION

NOTE:

If the file success rate falls below 75% during the search process, then all ST/SE transaction sets will contain an error 41 in the 2100B/AAA03 on the 271 response file.

The following provider types are excluded from submitting inquiries:

- DJ - Dept of Juvenile corrections
- DN - DOC Non-pay provider
- F1 - Fiscal Intermediaries
- H2 - One Time only out of state
- 45 - county Phase in
- 73 - Out-of-state ENC or 1 time FFS Prov
- 91 - QMB only Recipient

Due to linked records, it is possible to have multiple overlapping enrollments for the same time period (Primary record and Secondary record).

3.1 270 ELIGIBILITY VERIFICATION REQUESTS TRANSACTION SPECIFICATIONS

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 270 USAGE/EXPECTED VALUE
	ISA	INTERCHANGE CONTROL HEADER	
	ISA01	Authorization Information Qualifier	Expect value 00 No Authorization Information Present
	ISA02	Authorization Information	Expect 10 blank spaces
	ISA03	Security Information Qualifier	Expect value 00 No Security Information Present
	ISA04	Security Information	Expect 10 blank spaces
	ISA05	Interchange ID Qualifier	Expect value ZZ
	ISA06	Interchange Sender ID	Expect to be populated by sender ID number known to AHCCCS. This can be a AHCCCS provider, an approved entity acting on the provider's behalf or a clearinghouse. Will be returned to 271 as ISA08
	ISA07	Interchange ID Qualifier	Expect value ZZ
	ISA08	Interchange Receiver ID	Expect AHCCCS866004791
	ISA09	Interchange Date	Expect Interchange Date
	ISA10	Interchange Time	Expect Interchange Time
	ISA11	Repetition Separator	Expect ^
	ISA12	Interchange Control Version Number	Expect 00501
	ISA13	Interchange Control Number	Expect assigned unique 9 digit control number The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02
	ISA14	Acknowledgement Requested	Expect value 1
	ISA15	Interchange Usage Indicator	Expect value P Production Data
	ISA16	Component Element Separator	Expect value Pipe

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 270 USAGE/EXPECTED VALUE
	GS	FUNCTIONAL GROUP HEADER	
	GS01	Functional Identifier Code	Expect HS 270 Request
	GS02	Application Sender's Code	6-digit AHCCCS Registration ID followed by the 2-digit location code 01
	GS03	Application Receiver's Code	Expect value AHCCCS866004791
	GS04	Date	Expect Creation Date
	GS05	Time	Expect Creation Time (HHMM)
	GS06	Group Control Number	Expect Group Control Number assigned by sender
	GS07	Responsible Agency Code	Expect value X Accredited Standards Committee X12
	GS08	Version/Release/ Industry Identifier Code	Expect 005010X279A1
	ST	TRANSACTION SET HEADER	
	ST01	Transaction Set Identifier Code	Expect value 270
	ST02	Transaction Set Control Number	Expect a numeric value
	ST03	Implementation Convention Reference	Expect value 005010X279A1
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	
	BHT01	Hierarchical Structure Code	Expect value 0022
	BHT02	Transaction Set Purpose Code	Expect value 13
	BHT03	Reference Identification	If present, will return in 271 BHT03
	BHT04	Transaction Set Creation Date	Expect the date on which the transaction is created (CCYYMMDD)
	BHT05	Transaction Set Creation Time	Expect the time at which the transaction set was generated. (HHMMSS)
2000A	HL	INFORMATION SOURCE LEVEL	
2000A	HL01	Hierarchical ID Number	Must begin with the value of 1 for the first HL and increment +1 for each subsequent HL in the transaction
2000A	HL03	Hierarchical Level Code	Expect value 20
2000A	HL04	Hierarchical Child Code	Expect 1 Use 1 Additional Subordinate if RCV Record type present, else use 0 No subordinate (due to SRC-AAA03 error)

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 270 USAGE/EXPECTED VALUE
2100A	NM1	INFORMATION SOURCE NAME	
2100A	NM101	Entity Identifier Code	Must be PR
2100A	NM102	Entity Type Qualifier	Must be 2
2100A	NM103	Information Source Last or Organization Name	Must be AHCCCS
2100A	NM108	Identification Code Qualifier	Must be FI
2100A	NM109	Information Source Primary Identifier	Must be 866004791
2000B	HL	INFORMATION RECEIVER LEVEL	
2000B	HL01	Hierarchical ID Number	Incremented number from previous HL segment
2000B	HL02	Hierarchical Parent ID Number	To be populated by sender
2000B	HL03	Hierarchical Level Code	Expect value 21
2000B	HL04	Hierarchical Child Code	Expect value 1
2100B	NM1	INFORMATION RECEIVER NAME	This could either be a AHCCCS Registered Provider OR a Clearinghouse.
2100B	NM101	Entity Identifier Code	Expect 1P Provider, 80 Hospital, FA Facility, or GP Gateway Provider
2100B	NM102	Entity Type Qualifier	Expect either value 1 Person or 2 Non-Person Entity
2100B	NM103	Information Receiver Last or Organization Name	Expect Provider or clearinghouse name Who physically is to receive data
2100B	NM104	Information Receiver First Name	Expect First Name if NM102 = 1
2100B	NM105	Information Receiver Middle Name	Expect Middle Name if NM102 = 1
2100B	NM108	Identification Code Qualifier	Expect value XX if required to have NPI or SV in using AHCCCS Provider ID number when NM101 = 1P, 80, FA, or GP
2100B	NM109	Information Receiver Identification Number	The 10-character National Provider ID of the requestor (or the six-character AHCCCS Provider ID Number of the requestor if requestor does not have an NPI)
2100B	PRV	INFORMATION RECEIVER PROVIDER INFORMATION	
2100B	PRV01	Provider Code	If present, return on 271
2000C	HL	SUBSCRIBER LEVEL	
2000C	HL01	Hierarchical ID Number	Incremented number from previous HL segment
2000C	HL02	Hierarchical Parent ID Number	Expect to be populated with a positive numeric value
2000C	HL03	Hierarchical Level Code	Expect Value 22
2000C	HL04	Hierarchical Child Code	Expect Value 0 or 1

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 270 USAGE/EXPECTED VALUE
2000C	TRN	SUBSCRIBER TRACE NUMBER	This segment is not sent when performing a newborn request using the 2000D Dependent loop
2000C	TRN01	Trace Type Code	Expect Value 1
2000C	TRN02	Trace Number	Expect to be populated with a numeric value
2000C	TRN03	Originating Company Identifier	Expect The first position must be either a "1" if an EIN is used, a "3" if a DUNS is used or a "9" if a user assigned identifier is used.
2000C	TRN04	Trace Assigning Entity Additional Identifier	If present, return on 271
2100C	NM1	SUBSCRIBER NAME	
2100C	NM101	Entity Identifier Code	Expect value IL
2100C	NM102	Entity Type Qualifier	Expect value 1
2100C	NM103	Subscriber's Last Name	Expect Recipient's Last Name is used as a search criteria
2100C	NM104	Subscriber's First Name	Expect Recipient's First Name is used as a search criteria
2100C	NM105	Subscriber Middle Name or Initial	Expect Recipient's Middle Name or Initial is used as a search criteria
2100C	NM108	Identification Code Qualifier	Expect value MI Use this qualifier if the patients AHCCCS ID is used as a search criteria
2100C	NM109	Identification Code	Expect recipient's AHCCCS ID if AHCCCS Recipient ID is used as a search criteria
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION	
2100C	REF01	Reference Identification Qualifier	Expect F6 or SY
2100C	REF02	Reference Identification	Expect Medicare ID # (HIC #) or SSN
2100C	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	
2100C	DMG01	Date Time Period Format Qualifier	Expect D8 format CCYYMMDD
2100C	DMG02	Subscriber Birth Date	Expect Recipient's DOB
2100C	DMG03	Subscriber Gender Code	Expect Recipient's Gender
2100C	DTP	SUBSCRIBER DATE	
2100C	DTP01	Date Time Qualifier	Expect value 291
2100C	DTP02	Date Time Period Format Qualifier	Expect value D8 or RD8
2100C	DTP03	Date Time Period	Expect CCYYMMDD or CCYYMMDD-CCYYMMDD

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 270 USAGE/EXPECTED VALUE
2110C	EQ	SUBSCRIBER ELIGIBILITY OR BENEFIT INQUIRY	
2110C	EQ01	Service Type Code	Expect 30
2000D	HL	DEPENDENT LEVEL	When provider is requesting information about a mother's newborn child (DOB must be less than 12 months in past), this segment will be used by the provider to submit gender and DOB of newborn and the 2100C segments will provide the mothers demographic data. If found, the newborn data will be returned on the 271 as the subscriber and mother's data will not be returned. If newborn DOB is more than 12 months in the past, data in 271 will only be provided on mother.
2000D	HL01	Hierarchical ID Number	Expect to be populated with a positive numeric value
2000D	HL02	Hierarchical Parent ID Number	Expect to be populated with a positive numeric value
2000D	HL03	Hierarchical Level Code	Expect to be populated with 23
2000D	HL04	Hierarchical Child Code	Expect to be populated with 0
2000D	TRN	DEPENDENT TRACE NUMBER	The 2000C/TRN Subscriber Level is not used when the 2000D/TRN Dependent Level is used for a newborn request.
2000D	TRN01	Trace Type Code	Expect to be populated with 1
2000D	TRN02	Trace Number	Expect to be populated with a number Will be returned in the Subscriber 2000C/TRN when newborn is found
2000D	TRN03	Trace Assigning Entity Identifier	Expect to be populated with a number Will be returned in the Subscriber 2000C/TRN when newborn is found
2000D	TRN04	Trace Assigning Entity Additional Identifier	Expect to be populated with a number Will be returned in the Subscriber 2000C/TRN when newborn is found
2100D	NM1	DEPENDENT NAME	
2100D	NM101	Entity Identifier Code	Expect to be populated with 03
2100D	NM102	Entity Type Qualifier	Expect to be populated with 1
2100D	NM103	Dependent Last Name	New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270
2100D	NM104	Dependent First Name	New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270
2100D	NM105	Dependent Middle Name	New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 270 USAGE/EXPECTED VALUE
2100D	DMG	DEPENDENT DEMOGRAPHIC INFORMATION	
2100D	DMG01	Date Time Period Format Qualifier	Expect to be populated with D8
2100D	DMG02	Dependent Birth Date	Expect to be populated with DOB of newborn
2100D	DMG03	Dependent Gender Code	Expect to be populated with newborns gender
2100D	INS	DEPENDENT RELATIONSHIP	
2100D	INS01	Insured Indicator	Expect to be populated with N
2100D	INS02	Individual Relationship Code	Expect to be populated with 19
	SE	TRANSACTION SET TRAILER	
	SE01	Number of Included Segments	Populate with total number of segments included in transaction set including ST & SE segments
	SE02	Transaction Set Control Number	Must match ST02 number
	GE	FUNCTIONAL GROUP TRAILER	
	GE01	Number of Transaction Sets Included	Expect number of ST/SE groups
	GE02	Group Control Number	Must be the same at GS06
	IEA	INTERCHANGE CONTROL TRAILER	
	IEA01	Number of Included Functional Groups	Expect number of GS/GE groups
	IEA02	Interchange Control Number	Expect Same value of ISA13

3.2 271 ELIGIBILITY VERIFICATION RESPONSE TRANSACTION SPECIFICATIONS

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
	ISA	INTERCHANGE CONTROL HEADER	
	ISA01	Authorization Information Qualifier	Expect value 00 No Authorization Information Present
	ISA02	Authorization Information	Expect 10 blank spaces
	ISA03	Security Information Qualifier	Expect value 00 (No security information present)
	ISA04	Security Information	Expect 10 blank spaces
	ISA05	Interchange ID Qualifier	Expect value ZZ
	ISA06	Interchange Sender ID	Expect AHCCCS866004791
	ISA07	Interchange ID Qualifier	Expect value ZZ
	ISA08	Interchange Receiver ID	Expect an AHCCCS provider, an approved entity acting on the providers behalf, a clearinghouse or from ISA06 of 270 Request
	ISA09	Interchange Date	Expect Interchange Date
	ISA10	Interchange Time	Expect Interchange Time
	ISA11	Repetition Separator	Expect ^
	ISA12	Interchange Control Version Number	Expect 00501
	ISA13	Interchange Control Number	Expect assigned unique 9 digit control number The Interchange Control Number, ISA13, must be identical to the associated Interchange Trailer IEA02
	ISA14	Acknowledgement Requested	Expect value 0 No Interchange acknowledgement requested
	ISA15	Interchange Usage Indicator	Expect value P Production
	ISA16	Component Element Separator	Expect value Pipe
	GS	FUNCTIONAL GROUP HEADER	
	GS01	Functional Identifier Code	Expect HB 271 Response
	GS02	Application Sender's Code	Expect AHCCCS866004791

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
	GS03	Application Receiver's Code	Expect value found in GS02 of 270
	GS04	Date	Expect Creation Date
	GS05	Time	Expect Creation Time
	GS06	Group Control Number	Expect Group Control Number
	GS07	Responsible Agency Code	Expect value X Accredited Standards Committee X12
	GS08	Version/Release/ Industry Identifier Code	Expect 005010X279A1
	ST	TRANSACTION SET HEADER	
	ST01	Transaction Set Identifier Code	Expect 271
	ST02	Transaction Set Control Number	Expect incremental number and must match SE02
	ST03	Implementation Convention Reference	Expect 005010X279A1
	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	
	BHT01	Hierarchical Structure Code	Expect 0022
	BHT02	Transaction Set Purpose Code	Expect 11 Response
	BHT03	Submitter Transaction Identifier	Expect data from 270 BHT03 if received
	BHT04	Transaction Set Creation Date	Expect Transaction Date
	BHT05	Transaction Set Creation Time	Expect Transaction Time
2000A	HL	INFORMATION SOURCE LEVEL	
2000A	HL01	Hierarchical ID Number	Expect to start with 1 and increment by 1 for each HL01 within one set of ST and SE
2000A	HL03	Hierarchical Level Code	Expect 20
2000A	HL04	Hierarchical Child Code	Expect 1 Additional Subordinate if RCV Record type present, else use 0 No subordinate (due to SRC-AAA03 error)
2100A	AAA	REQUEST VALIDATION	
2100A	AAA01	Valid Request Indicator	Expect N

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
2100A	AAA03	Reject Reason Code	Expect 04 Authorized Quantity Exceeded 41 Authorization/Access Restrictions 42 Unable to Respond at Current Time 79 Invalid Participant Identification
2100A	AAA04	Follow-up Action Code	Expect C Please Correct and Resubmit
2100A	NM1	INFORMATION SOURCE NAME	
2100A	NM101	Entity Identifier Code	Expect PR Payer
2100A	NM102	Entity Type Qualifier	Expect 2 Non-Person
2100A	NM103	Information Source Last or Organization Name	Expect AHCCCS
2100A	NM108	Identification Code Qualifier	Expect FI Tax Identification
2100A	NM109	Information Source Primary Identifier	Expect 866004791
2100A	PER	PAYER CONTACT INFORMATION	
2100A	PER01	Contact Function Code	Expect IC Information Contact
2100A	PER02	Information Source Contact Name	Expect AHCCCS Service Desk
2100A	PER03	Communication Number Qualifier	Expect EM Email
2100A	PER04	Information Source Communication Number	Expect servicedesk@azahcccs.gov
2000B	HL	INFORMATION RECEIVER LEVEL	
2000B	HL01	Hierarchical ID Number	Expect an increment of 1 from previous HL01 loop within one set of ST and SE
2000B	HL02	Hierarchical Parent ID Number	Expect sequentially assigned beginning with 1
2000B	HL03	Hierarchical Level Code	Expect 21
2000B	HL04	Hierarchical Child Code	Expect 1 Additional Subordinate if TRN Record type present, else use 0 No subordinate (due to RCVR-AAA03 error)
2100B	NM1	INFORMATION RECEIVER NAME	
2100B	NM101	Entity Identifier Code	Expect what was sent on 270/2100B
2100B	NM102	Entity Type Qualifier	Expect what was sent on 270/2100B

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
2100B	NM103	Information Receiver Last or Organization Name	Expect what was sent on 270/2100B
2100B	NM104	Information Receiver First Name	Expect what was sent on 270/2100B
2100B	NM105	Information Receiver Middle Name	Expect what was sent on 270/2100B
2100B	NM108	Identification Code Qualifier	Expect what was sent on 270/2100B
2100B	NM109	Information Receiver Identification Number	Expect what was sent on 270/2100B
2100B	AAA	INFORMATION RECEIVER REQUEST VALIDATION	
2100B	AAA01	Valid Request Indicator	Expect N for 41 or 43 and Y for other codes
2100B	AAA03	Reject Reason Code	Expect 41 If submitter falls below success rate threshold 43 Invalid/Missing Provider Identification 50 Provider is Terminated/Pended Status or Excluded 51 NPI/Provider ID Not Found
2100B	AAA04	Follow-up Action Code	Expect 41, 43, and 51 use C; 50 use N
2100B	PRV	INFORMATION RECEIVER PROVIDER INFORMATION	
2100B	PRV01	Provider Code	Expect what was sent on 270/2100B
2000C	HL	SUBSCRIBER LEVEL	
2000C	HL01	Hierarchical ID Number	
2000C	HL02	Hierarchical Parent ID Number	
2000C	HL03	Hierarchical Level Code	Expect 22
2000C	HL04	Hierarchical Child Code	Expect 0 or 1
2000C	TRN	SUBSCRIBER TRACE NUMBER	THERE MAY BE DUPLICATE TRNs AS A RESULT OF MULTIPLE NEWBORNS FOUND
2000C	TRN01	Trace Type Code	Expect 2
2000C	TRN02	Trace Number	Use 270 TRN02 number

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
2000C	TRN03	Trace Assigning Entity Identifier	Use 270 TRN03 number
2000C	TRN04	Trace Assigning Entity Additional Identifier	Use 270 TRN04 number
2100C	NM1	SUBSCRIBER NAME	
2100C	NM101	Entity Identifier Code	Expect 1L
2100C	NM102	Entity Type Qualifier	Expect 1
2100C	NM103	Subscriber Last Name	Expect last name from AHCCCS mainframe If newborn not found=spaces
2100C	NM104	Subscriber First Name	Expect first Name from AHCCCS mainframe If newborn not found=spaces
2100C	NM105	Subscriber Middle Name or Initial	Expect middle initial from AHCCCS mainframe (if any)
2100C	NM108	Identification Code Qualifier	Expect "MI"
2100C	NM109	Subscriber Primary Identifier	Expect AHCCCS ID number If newborn not found=spaces
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION	
2100C	REF01	Reference Identification Qualifier	Expect SY
2100C	REF02	Subscriber Supplemental Identifier	Expect SSN
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION	
2100C	REF01	Reference Identification Qualifier	Expect EJ Patient Account Number
2100C	REF02	Subscriber Supplemental Identifier	Expect the Patient Account Number from the 270 transaction must be returned exactly as submitted
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION	
2100C	REF01	Reference Identification Qualifier	Expect F6 Health Insurance Claim (HIC) Number
2100C	REF02	Subscriber Supplemental Identifier	Expect Medicare Claim ID Number

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
2100C	N3	SUBSCRIBER ADDRESS	
2100C	N301	Subscriber Address Line	Expect recipient's mailing address line 1
2100C	N302	Subscriber Address Line	Expect recipient's mailing address line 2 (if any)
2100C	N4	SUBSCRIBER CITY/STATE/ZIP CODE	
2100C	N401	Subscriber City Name	Expect recipient's city
2100C	N402	Subscriber State Code	Expect recipient's state code
2100C	N403	Subscriber Postal Zone or ZIP Code	Expect recipient's zip code
2100C	AAA	SUBSCRIBER REQUEST VALIDATION	
2100C	AAA01	Valid Request Indicator	Expect N
2100C	AAA03	Reject Reason Code	Expect Reason Code
2100C	AAA04	Follow-up Action Code	Expect C
2100C	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	
2100C	DMG01	Date Time Period Format Qualifier	Expect D8
2100C	DMG02	Subscriber Birth Date	Expect recipient's DOB
2100C	DMG03	Subscriber Gender Code	Expect recipient's gender
2100C	INS	SUBSCRIBER RELATIONSHIP	Set to 'Y' when member's AHCCCS ID, Last Name, or DOB differs from 270, else Will not be used.
2100C	INS01	Yes/No Condition or Response Code	Expect Y
2100C	INS02	Individual Relationship Code	Expect 18
2100C	INS03	Maintenance Type Code	Expect 001
2100C	INS04	Maintenance Reason Code	Expect 25
2100C	DTP	SUBSCRIBER DATE	
2100C	DTP01	Date Time Qualifier	Expect 291
2100C	DTP02	Date Time Period Format Qualifier	Expect RD8

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
2100C	DTP03	Date Time Period	Expect Service Begin-End Date
2100C	DTP	SUBSCRIBER DATE	1ST OCCURRENCE DATE OF DEATH
2100C	DTP01	Date Time Qualifier	Expect 442 Date of Death
2100C	DTP02	Date Time Period Format Qualifier	Expect D8
2100C	DTP03	Date Time Period	Expect DOD
2100C	DTP	SUBSCRIBER DATE	2ND OCCURRENCE RENEWAL DATE
2100C	DTP01	Date Time Qualifier	Expect 771
2100C	DTP02	Date Time Period Format Qualifier	Expect D8
2100C	DTP03	Date Time Period	Expect Renewal Date
2110C	EB	SUBSCRIBER ELIGIBILITY OR BENEFIT INFORMATION	ELIGIBILITY RECORD WILL REPEAT FOR EACH OCCURRENCE FOR (UP TO 20)
2110C	EB01	Eligibility or Benefit Information	Expect 1 – Active Coverage 3 – Active - Services Capitated 6 – Inactive D – Benefit Description G – Out of Pocket R - Other or Additional Payor
2110C	EB02	Benefit Coverage Level Code	Expect IND
2110C	EB03	Service Type Code	Expect A9 Rehabilitation CH Mental Health Facility-Outpatient CQ Case Management 30 Health Benefit Plan Coverage 54 Long Term Care 88 Pharmacy HM – Health Maintenance Organization (HMO)

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
2110C	EB04	Insurance Type Code	Expect C1 – Commercial HS - Special Low Income Medicare Beneficiary LC - Long Term Care MC - Medicaid MP - Medicare Primary QM - Qualified Medicare Beneficiary OT - Other If Medicare Part A populate with MA If Medicare Part B populate with MB If Medicare Part D populate with OT
2110C	EB05	Plan Coverage Description	Expect AZ Early Intervention Program BHS Category Description Children Rehabilitation Services Copay Level DDD Subcontractor Plan DES/DDD Targeted Support Coordination Eligibility Group Description Medicare HMO Medicare Part D No Eligibility Found Plan ID and Name TPL with Coverage Type
2110C	EB07	Benefit Amount	Expect Share of Cost Amount (if applicable)
2110C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION	
2110C	REF01	Reference Identification Qualifier	Expect 1L – Group or Policy Number 1W – Member Identification Number F6 – HIC Number IG – Insurance Policy Number
2110C	REF02	Subscriber Eligibility or Benefit Identifier	Expect Medicare Claim Number (MBI) TPL Policy Number Current Copay Level and Description

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
2110C	DTP	SUBSCRIBER ELIGIBILITY/BENEFIT DATE	
2110C	DTP01	Date Time Qualifier	Expect 292 Benefit
2110C	DTP02	Date Time Period Format Qualifier	Expect D8 or RD8
2110C	DTP03	Eligibility or Benefit Date Time Period	Expect actual begin and end dates
2110C	LS	LOOP HEADER	
2110C	LS01	Loop Identifier Code	Expect 2120
2120C	NM1	SUBSCRIBER BENEFIT RELATED ENTITY NAME	
2120C	NM101	Entity Identifier Code	Expect 13 – Contracted Service Provider 2B – Third Party Administrator PR – Payer Y2 – Managed Care Organization
2120C	NM102	Entity Type Qualifier	Expect 2 Non-Person Entity
2120C	NM103	Benefit Related Entity Last or Organization Name	Expect FYI Part D Drug Plan ID and Plan Name Medicare HMO Plan ID and Plan Name TPL Carrier Name AHCCCS Copay AHCCCS Share of Cost BHS Site Code and Description CRS Plan ID and Description BHS Site Code and Description DDDS Code and Description
2120C	N3	SUBSCRIBER BENEFIT RELATED ENTITY ADDRESS	
2120C	N301	Benefit Related Entity Address Line	Expect HP Contract Plan Address Line 1 TPL Address Line 1 No Known Address
2120C	N302	Benefit Related Entity Address Line	Expect HP Contract Plan Address Line 2 TPL Address Line 2 No Known Address

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
2120C	N4	SUBSCRIBER BENEFIT RELATED ENTITY CITY, STATE, ZIP CODE	
2120C	N401	Benefit Related Entity City Name	Expect TPL address or Phoenix
2120C	N402	Benefit Related Entity State Code	Expect TPL State or AZ
2120C	N403	Benefit Related Entity Postal Zone or ZIP Code	Expect TPL Zip Code or 85034
2120C	PER	SUBSCRIBER BENEFIT RELATED ENTITY CONTACT INFORMATION	
2120C	PER01	Contact Function Code	Expect IC
2120C	PER02	Benefit Related Entity Contact Name	Expect TE or UR
2120C	PER03	Benefit Related Entity Communication Number	Expect TPL Number or URL
2120C	PER04	Communication Number	Expect Enrollment URL: https://www.azahcccs.gov/shared/MedicalPolicyManual/ Copay URL: https://www.azahcccs.gov/PlansProviders/RatesAndBilling/copayments.html Share of Cost URL: https://azahcccs.gov/Resources/GuidesManualsPolicies/EligibilityPolicy/EligibilityPolicyManual/index.html#t=Policy%2FChapter_1200_Customer_Costs%2F1200_Introduction.htm
2110C	LE	LOOP TRAILER	
2110C	LE01	Loop Identifier Code	Expect 2120
	SE	TRANSACTION SET TRAILER	
	SE01	Number of Included Segments	Populate with total number of segments included in transaction set including ST & SE segments
	SE02	Transaction Set Control Number	Must match ST02 number

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSATION INFORMATION

LOOP ID	SEGMENT/ ELEMENT ID	DESCRIPTION	AHCCCS 271 USAGE/EXPECTED VALUE
	GE	FUNCTIONAL GROUP TRAILER	
	GE01	Number of Transaction Sets Included	Expect number of ST/SE groups
	GE02	Group Control Number	Must be the same at GS06
	IEA	INTERCHANGE CONTROL TRAILER	
	IEA01	Number of Included Functional Groups	Expect number of GS/GE groups
	IEA02	Interchange Control Number	Expect Same value of ISA13

4 PAYER SPECIFIC BUSINESS RULES AND LIMITATIONS

4.1 270 SEARCH CRITERIA

Transaction	Search Type	AHCCCS ID (A*) NM108/NM109	Last Name	First Name	DOB	ALT ID REF01/02	Source
270 Inbound Eligibility Lookup							<ul style="list-style-type: none"> Allow a requested date to go back as far as 36 months in the past and up to 30 days in the future. 270/271 Errata X279A1 dated 6/2010: Information Source must allow inquiry date ranges that follow their claims filing limitations and for dates in the future to the end of the current month. The begin eligibility/benefit date must be less than or equal to today, and the end eligibility/benefit date can be up to 36 months back from today or 30 days forward from today. <p>NOTE: For hospitals (AHCCCS Provider Type 02), unlimited DOS search is allowed.</p>
Required Search	Primary						TR3 1.4.8.1 AHCCCS Member ID/Last Name/First Name/DOB
Required Alternate	Alt 1						TR3 1.4.8.2 AHCCCS Member ID//Last Name/DOB
Required Alternate	Alt 2						TR3 1.4.8.2 AHCCCS Member ID/Last Name/First Name
Optional	Opt 1						TR3 1.4.8.3 Last Name/First Name/DOB
Optional	Opt 2						TR3 1.4.8.4 AHCCCS Member ID/DOB
Optional	Opt 3					SSN	TR3 1.4.8.5 Last Name/First Name/DOB/SSN=Social Security #; Verified only <ul style="list-style-type: none"> If SSN does not match, will not be returned on response Used when there are multiple records found for Last Name/First Name/DOB search
Optional	Opt 4					MBI	TR3 1.4.8.5 Last Name/First Name/DOB/MBI (Medicare Beneficiary Identifier) <ul style="list-style-type: none"> Used when there are multiple records found for Last Name/First Name/DOB

5 271 AAA ERRORS

X12 ERROR	X12 ERROR DESCRIPTION	BUSINESS REQUIREMENT
	2100B/AAA03 INFORMATION RECEIVER RESPONSE (NO SUBSCRIBER DATA RETURNED)	IF PRESENT, RETURN FOR RCV RECORD TYPE AND STOP RESPONSE
41	Authorization/Access Restrictions	When the submitter falls below the 75% success rate threshold. The entire file fails at the 2100B Information Receiver Loop (2100B/AAA03).
43	Invalid/Missing Provider Identification	NPI/Provider ID invalid or missing
51	Provider Not on File	NPI/Provider ID not found
	2100C/AAA03 SUBSCRIBER RESPONSE	IF PRESENT, RETURN FOR RCP RECORD TYPE
15	Required application data missing	Did not supply minimum search criteria for subscriber. No member data will be returned.
52	Service Dates Not Within Provider Plan Enrollment	Provider is not active for member request dates. No member data will be returned.
57	Invalid/Missing Date(s) of Service	Invalid Begin/End date used in request. No member data will be returned.
60	Date of Birth Follows Date(s) of Service	DOB is after the date of service No member data will be returned.
61	Date of Death Precedes Date(s) of Service	Members Date of Death is before the date of service. No member data will be returned.
X12 ERROR	X12 ERROR DESC	BUSINESS REQUIREMENT
	2100C/AAA03 SUBSCRIBER RESPONSE	IF PRESENT, RETURN FOR RCP RECORD TYPE
62	Date of Service Not Within Allowable Inquiry Period	If the begin eligibility/benefit date is more than 36 months (3 years) in the past and end eligibility/benefit date is more than 30 days in the future (from todays date). No member data will be returned.

AHCCCS 270/271 STANDARD COMPANION GUIDE TRANSACTION INFORMATION

X12 ERROR	X12 ERROR DESC	BUSINESS REQUIREMENT
	2100C/AAA03 SUBSCRIBER RESPONSE	IF PRESENT, RETURN FOR RCP RECORD TYPE
63	Date of Service in future	Begin date of service must be less than or equal to today. No member data will be returned.
71	Patient Birth Date Does Not Match That for the Patient on the Database	Member DOB is different from what was submitted. Member data will be returned.
72	Invalid/Missing Subscriber/Insured ID	AHCCCS ID is different from what was submitted. Member data will be returned.
72	Invalid/Missing Subscriber/Insured ID	Prisoner ID used in search and is not allowed. No member data will be returned.
72	Invalid/Missing Subscriber/Insured ID	Multiple matches found or no match on SSN or Medicare Claim ID. [See 1.4.8.3 in TR3] No member data will be returned.
72	Invalid/Missing Subscriber/Insured ID	If only a record belonging to excluded ID types P* or S* No member data will be returned.
72	Invalid/Missing Subscriber/Insured ID	Primary Search AHCCCS ID, Name, DOB used and the AHCCCS ID do not exist in PMMIS. No member data will be returned.
73	Invalid/Missing Subscriber/Insured Name	Member name is different from what was submitted. Member data will be returned.
75	Subscriber/Insured Not Found	Newborn must match both DOB and Gender. No member data will be returned.
75	Subscriber/Insured Not Found	Only a Prisoner ID found for Name/DOB Search. No member data will be returned.
75	Subscriber/Insured Not Found	When multiple Primary AHCCCS Member IDs are found
76	Duplicate Subscriber/Insured ID Number	No member data will be returned

6 SCENARIOS

6.1 ELIGIBLE AND ENROLLED IN A CAPITATED PLAN FOR REQUEST DATE OF 7/15/18 TO 7/15/18

270 RESPONSE:	HEADER
ISA{00{ {00{ {ZZ{111111 {ZZ{AHCCCS866004791{180715{1230{^00501{000000067{1{P{}	Identifies the sender and receiver of the 270
GS{HS{11111101{AHCCCS866004791{20180715{1230{67{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{000000001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{{20180715{123001	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{XX{1234567890	Information Receiver and NPI
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{33010{1742562293	Trace Number
	MEMBER DATA
NM1{IL{1{DOE{JANE{J{MI{A00000000	Member Name and AHCCCS ID
DMG{D8{20151020{F	Members DOB & gender
DTP{291{RD8{20180715-20180715	Requested Plan date
EQ{30	
	TRAILER
SE{74779{000000001 GE{1{67 IEA{1{000000067	

271 RESPONSE:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{111111 {180715{2023{^00501{181968676{0{P{}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{11111101{20180715{20232929{181968676{X{005010X279A1	Identifies the transaction and version HB=Eligibility, Coverage or Benefit Information (271)
ST{271{000000001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{11{{20180715{201743	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information source name & TIN
PER{IC{AHCCCS SERVICE DESK{EM{SERVICEDESK@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY1{XX{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{2{33010{1742562293	Trace number from requester
	MEMBER DATA
NM1{IL{1{DOE{JANE{J{MI{A00000000	Members name & AHCCCS ID
N3{801 E JEFFERSON{APT 100	Members mailing address
N4{PHOENIX{AZ{85034	Members mailing address
DMG{D8{20151020{F	Members DOB & gender
DTP{291{RD8{20180715-20180715	Plan Date

DTP{771{D8{20161031	
	ELIGIBILITY INFO
EB{1{IND{MC{ACUTE	Eligibility type
DTP{307{D8{20171101	Eligibility begin date
DTP{318{D8{20171228	Date record added
	ENROLLMENT INFO
EB{3{IND{30{HM{010306MERCY CARE PLAN	Enrolled HP with info of Health Benefit Plan Coverage (no details)
REF{6P{ACC/PPC	Enrollment contract type
REF{M7{431CSOBRA CHILD 6-13 M&F NO M	Enrollment rate code and description
DTP{291{RD8{20180320-20180320	Enrollment begin and end dates
NM1{Y2{2{MERCY CARE PLAN	Enrollment to a Managed Care Organization
N3{4350 E COTTON CENTER{BLDG D	Plans address
N4{PHOENIX{AZ{85040	Plans address
PER{IC{TE{8001234567{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Plans telephone number and Link to the AHCCCS Medical Policy Manual (AMPM)
	ENROLLMENT INFO
EB{3{IND{30{HM{010166DCS/CMDP	Enrolled HP with info of Health Benefit Plan Coverage (no details)
REF{6P{ACU/CAP	Enrollment contract type
REF{M7{4312SOBRA CHILD 01-05 M & F N	Enrollment rate code and description
DTP{291{D8{20171228	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{DCS/CMDP	Enrollment to a Managed Care Organization
N3{SITE CODE CMDP 942-C{PO BOX 29202	Plans address
N4{PHOENIX{AZ{85038	Plans address
PER{IC{TE{6025551212	Plans telephone number
PER{IC{TE{8001234567{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Plans telephone number and Link to the AHCCCS Medical Policy Manual (AMPM)
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D DRUG	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20140501	Begin date of Part D enrollment
NM1{13{2{N6412328CIGNA-HEALTHSPRING RX SEC	Part D plan ID and name
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{5Q56XQ2CX73	Medicare Claim number
DTP{292{D8{20050301	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{5Q72XQ2CX46	Medicare Claim number
DTP{292{D8{20050301	Medicare Begin date
	TPL INFO
EB{R{IND{30{C1{ME	TPL coverage type – M=Medical
REF{IG{108591873	TPL Policy number
DTP{292{D8{20170201	TPL Begin date
NM1{2B{2{HUMANA HEALTH INS	TPL Carrier
N3{1100 EMPLOYERS BLVD	Carrier address
N4{GREEN BAY{WI{54344	Carrier address
PER{IC{TE{8005584444	Carrier phone number
	COPAY DATA
EB{D{IND{COPAY LEVEL	Identified Copay info

REF{1L{00NO CO-PAY	Copay level and description
DTP{292{D8{20171229	Copay begin date
NM1{PR{2{AHCCCS COPAY	
PER{IC{UR{HTTPS://WWW.AZAHCCCS.GOV/PLANS/PROVIDERS/RATES/ANDBILLING/COPAYMENTS.HTML	Link to Copay info on Website
	BHS DATA
EB{3{IND{CH{CHILDREN SERVICES	BHS Category description
DTP{292{D8{20171228	Begin date of BHS segment
LS{2120	
NM1{13{2{37MERCY MARICOPA	BHS Site and description
LE{2120	
	CRS DATA
EB{3{IND{A9{CHILDRENS REHABILITATION SERVICES	CRS name
DTP{292{D8{20181001	Begin date of CRS segment
LS{2120	
NM1{13{2{010306MERCY CARE PLAN	Service provider
LE{2120	
	TSC DATA
EB{3{IND{CQ{DES/DDD TARGETED SUPPORT COORDINATION	TSC name
DTP{292{D8{20170201	Begin date of TSC segment
	AZEIP DATA
EB{3{IND{CQ{AZ EARLY INTERVENTION PROGRAM	AZ EIP name
DTP{292{RD8{20151020-20181019	Begin date of AZEIP segment
	TRAILER
SE{408723{00000001 GE{1{181968676 IEA{1{181968676	

6.2 ELIGIBLE AND ENROLLED IN A FFS PLAN FOR REQUEST DATE OF 08/01/18 TO 08/02/18

270 REQUEST	HEADER
ISA{00{ {00{ {ZZ{111111 {ZZ{AHCCCS866004791{180801{0501{00501{000002565{1{P{}	Identifies the sender and receiver of the 270
GS{HS{11111101{AHCCCS866004791{20180801{0501{2565{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{2565{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{{20180801{050030	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{XX{1234567890	Information Receiver and NPI
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{15668{1860363717	Trace Number
	MEMBER DATA
NM1{IL{1{SMITH{SUZY{S{MI{A00000000	Member Name and AHCCCS ID
REF{SY{999999999	Member SSN
DMG{D8{19610213{F	Members DOB & gender
DTP{291{RD8{20180801-20180802	Requested Plan date
EQ{30	
	TRAILER
SE{62824{2565 GE{1{2565 IEA{1{000002565	

271 RESPONSE:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{111111 {180802{0117{00501{182141186{0{P{}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{11111101{20180802{01171172{182141186{ X{005010X279A1	Identifies the transaction and version
ST{271{000000001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20180802{011217	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information source name & TIN
PER{IC{AHCCCS SERVICE DESK{EM{SERVICEDESK@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{AZ COMPANY{XX{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{2{15668{1860363717	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{SUZY{S{MI{A00000000	Members name & AHCCCS ID
REF{SY{999999999	Member SSN
N3{701 E JEFFERSON	Members mailing address
N4{PHOENIX{AZ{85034	Members mailing address
DMG{D8{19610213{F	Members DOB & gender
DTP{291{RD8{20180801-20180802	Plan date

DTP{771{D8{20181231	Status
	ELIGIBILITY INFO
EB{1{IND{MC{ACUTE DISABLED	Eligibility type
DTP{307{D8{20171101	Eligibility begin date
DTP{318{D8{20171228	Date record added
	ENROLLMENT INFO
EB{1{IND{AL^BY^BZ^MH^PT^UC^1^2^33^35^47^82^86^88^93^98{MC{999998AHCCCS AMERICAN INDIAN HP	Enrolled in an FFS segment and identifies the Service Codes covered (not all inclusive)
REF{6P{ACU/FFS	Type of FFS coverage
REF{M7{8700SSI DISABLED FREEDOM/WORK	Enrollment Rate code and description
DTP{291{D8{20180104	Begin Date of FFS coverage
LS{2120	
NM1{PR{2{AHCCCS AMERICAN INDIAN HP	Name of FFS Plan
N3{SUITE A{3738 N 16TH ST	Address of FFS Plan
N4{PHOENIX{AZ{85018	Address of FFS Plan
PER{IC{TE{8001234567{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Telephone number of FFS plan and Link to the AHCCCS Medical Policy Manual (AMPM)
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D DRUG	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20170101	Begin date of Part D enrollment
LS{2120	
NM1{13{2{S4509026WELLCARE CLASSIC	Part D plan ID and name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{000000000A	Medicare Claim number
DTP{292{D8{20020401	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{000000000A	Medicare Claim number
DTP{292{D8{20020401	Medicare Begin date
EB{R{IND{30{OT	OT= Medicare Part D
REF{F6{000000000A	Claim number
DTP{292{D8{20060101	Begin date
	TPL INFO
EB{R{IND{30{C1{PH	TPL coverage type
REF{IG{00000000	TPL Policy ID
DTP{292{D8{20141101	TPL Begin date
LS{2120	
NM1{2B{2{CAREMARK	TPL Carrier
N3{P.O. BOX 686005	Carrier address
N4{SAN ANTONIO{TX{78268	Carrier address
PER{IC{TE{8662124758	Carrier phone number
LE{2120	
	COPAY DATA
EB{D{IND{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level

DTP{292{D8{20180105	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{UR{HTTPS://WWW.AZAHCCCS.GOV/PLANS/PROVIDERS/RATE SANDBILLING/COPAYMENTS.HTML	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{{GENERAL MENTAL HEALTH SERVICES	BHS Category description
DTP{292{D8{20180104	Begin date of BHS segment
LE{2120	
NM1{13{2{39CENPATICO	BHS Site and description
	CRS DATA
LE{2120	
EB{3{IND{A9{{CHILDRENS REHABILITATION SERVICES	CRS name
DTP{292{D8{20131001	Begin date of CRS segment
LS{2120	
NM1{13{2{010115CRS FULLY INTEGRATED	Service provider
LE{2120	
	TSC DATA
EB{3{IND{CQ{{DES/DDD TARGETED SUPPORT COORDINATION	TSC name
DTP{292{D8{20081001	Begin date of TSC segment
	TRAILER
SE{308538{000000001 GE{1{182141186 IEA{1{182141186	

6.3 ELIGIBLE AND ENROLLED IN A FFS AND CAPITATED PLAN FOR REQUEST DATE OF 12/20/17 TO 1/8/18

270 REQUEST:	
ISA{00{ {00{ {ZZ{111111 {ZZ{AHCCCS866004791{181017{1532{^00501{000000082{1{P{}	Identifies the sender and receiver of the 270
GS{HS{11111101{AHCCCS866004791{20181017{1532{82{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{1280{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{{20181017{153205	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{XXX{1234567890	Information Receiver and NPI
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{AZ_JCL=252=1735505{1263242031	Trace Number
	MEMBER DATA
NM1{IL{1{DOE{JOHN	Member Name (and AHCCCS ID if available)
REF{SY{000000000	Member SSN
DMG{D8{19550304{M	Members DOB & gender
DTP{291{RD8{20171220-20180108	Requested Plan date
EQ{30	
	TRAILER
SE{77861{1280 GE{1{82 IEA{1{000000082	

271 RESPONSE:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{111111 {181017{1953{^00501{182909828{0{P{}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{11111101{20181017{19535006{182909828{ X{005010X279A1	Identifies the transaction and version
ST{271{000000001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20181017{194727	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information source name & TIN
PER{IC{AHCCCS SERVICE DESK{EM{SERVICEDESK@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{80{2{JOHN C. LINCOLN{XXX{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{AZ_JCL=252=1735505{1263242031	Trace Number
	MEMBER DATA
NM1{IL{1{DOE{JOHN{J{MI{A00000000	Members name & AHCCCS ID
REF{SY{000000000	Member SSN
N3{701 E JEFFERSON{APT 110	Members mailing address
N4{PHOENIX{AZ{85034	Members mailing address
DMG{D8{19550304{M	Members DOB & gender
DTP{291{RD8{20171220-20180108	Plan date

DTP{442{D8{20180110	Date of Death
DTP{771{D8{20171231	Status
	ELIGIBILITY INFO
EB{6{IND{MC{ACUTE	Eligibility type
DTP{307{RD8{20161201-20180110	Eligibility begin date
DTP{318{D8{20161228	Date record added
	ENROLLMENT INFO
EB{1{IND{AL^BY^BZ^MH^PT^UC^1^2^33^35^47^82^86^88^93^98{MC{008690FFS TEMPORARY	Enrolled in an FFS segment and identifies the Service Codes covered (not all inclusive)
REF{6P{ACC/FFS	Type of FFS coverage
REF{M7{3718ADULT <40% EXP M&F 45-64	Enrollment Rate code and description
DTP{291{RD8{20180101-20180110	Begin Date of FFS coverage
LS{2120	
NM1{PR{2{FFS TEMPORARY	Name of FFS Plan
N3{801 E JEFFERSON{SUITE 300	Address of FFS Plan
N4{PHOENIX{AZ{85034	Address of FFS Plan
PER{IC{TE{8001234567{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Telephone number of FFS plan and Link to the AHCCCS Medical Policy Manual (AMPM)
PER{IC{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Link to the AHCCCS Medical Policy Manual (AMPM)
LE{2120	
	ENROLLMENT INFO
EB{3{IND{30{HM{010422AZ COMPLETE HEALTH CARE	Enrolled HP with info of Health Benefit Plan Coverage (no details)
REF{6P{ACC/PPC	Enrollment contract type
REF{M7{371HADULT <40% EXP M&F 45-64	Enrollment Rate code and description
DTP{291{RD8{20180601-20180624	Enrollment begin and end dates
LS{2120	Enrollment to a Managed Care Organization
NM1{Y2{2{AZ COMPLETE HEALTH CARE	Plans address
N3{1870 W RIO SALADO PW	Plans address
N4{TEMPE{AZ{85281	Plans telephone number
PER{IC{TE{8001234567{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Link to the AHCCCS Medical Policy Manual (AMPM)
LE{2120	
	ENROLLMENT INFO
EB{3{IND{30{HM{010306MERCY CARE PLAN	Enrolled HP with info of Health Benefit Plan Coverage (no details)
REF{6P{ACC/CAP	Enrollment contract type
REF{M7{3718ADULT <40% EXP M&F 45-64	
DTP{291{RD8{20161228-20171231	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{MERCY CARE PLAN	Enrollment to a Managed Care Organization
N3{801 E JEFFERSON	Plans address
N4{PHOENIX{AZ{85034	Plans address
PER{IC{TE{6025551212	Plans telephone number
PER{IC{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Link to the AHCCCS Medical Policy Manual (AMPM)
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D DRUG	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20180801	Begin date of Part D enrollment

LS{2120	
NM1{13{2{B123903993UNITEDHEALTHCARE DUAL COM	Part D plan ID and name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{999999999A	Medicare Claim number
DTP{292{D8{19871101	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{999999999A	Medicare Claim number
DTP{292{D8{19871101	Medicare Begin date
EB{R{IND{30{OT	MB = Medicare Part D
REF{F6{999999999A	Medicare Claim number
DTP{292{D8{20060101	Medicare Begin date
	COPAY DATA
EB{D{IND{{{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20131013	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{{UR{HTTPS://WWW.AZAHCCCS.GOV/PLANS PROVIDERS/RATES AND BILLING/COPAYMENTS.HTML	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{{GENERAL MENTAL HEALTH SERVICES	BHS Category description
DTP{292{RD8{20161228-20171231	Begin date of BHS segment
LS{2120	
NM1{13{2{37MMIC<10-1/MERCYCRE NON19>10-1	BHS Site and description
LE{2120	
	CRS DATA
EB{3{IND{A9{{CHILDRENS REHABILITATION SERVICES	CRS name
DTP{292{D8{20131001	Begin date of CRS segment
LS{2120	
NM1{13{2{999125CRS PARTIAL BH	Service provider
LE{2120	
	TRAILER
SE{110254{000000001 GE{1{182909828 IEA{1{182909828	

6.4 NOT ELIGIBLE FOR REQUEST DATE OF 10/02/17 TO 11/01/17

270 REQUEST:	
ISA{00{ {00{ {ZZ{111111 {ZZ{AHCCCS866004791{180801{0025^{00501{060174206{0{P{:	Identifies the sender and receiver of the 270
GS{HS{11111101{AHCCCS866004791{20180801{0025{60174206{X{0050 10X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{0001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{20180801{0025	Marks the start of transaction
HL{1{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{XX{1234567890	Information Receiver and NPI
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{590PUQ0G7S9A20U54JX3I0ZTQPQ001{9123456	Trace Number
	MEMBER DATA
NM1{IL{1{SMITH{SUSAN{MI{A00000000	Member Name and AHCCCS ID
DMG{D8{19890405	Members DOB & gender
DTP{291{RD8{20171002-20171101	Requested Plan date
EQ{30	
	TRAILER
SE{19{0001 GE{1{60174206 IEA{1{060174206	

271 RESPONSE:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{111111 {180802{0244^{00501{182145902{0{P{}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{11111101{20180802{02441590{182145902{ X{005010X279A1	Identifies the transaction and version
ST{271{000000001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{20180802{024342	Marks the start of transaction
HL{1{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information source name & TIN
PER{IC{AHCCCS SERVICE DESK{EM{SERVICEDESK@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIER COMPANY{XX{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{2{590PUQ0G7S9A20U54JX3I0ZTQPQ001{9123456	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{SUSAN{MI{A00000000	Members name & AHCCCS ID
N3{801 E JEFFERSON{APT F102	Members mailing address
N4{PHOENIX{AZ{85034	Members mailing address
DMG{D8{19890405{M	Members DOB & gender
DTP{291{RD8{20171002-20171101	Plan date
	ELIGIBILITY INFO
EB{6{IND{NO ELIGIBILITY FOUND	No eligibility
	TRAILER
SE{24{000000001 GE{1{182145902 IEA{1{182145902	

6.5 MEMBER NOT FOUND FOR REQUEST DATE OF 8/27/17 TO 8/29/17

270 REQUEST:	HEADER
ISA{00{ {00{ {ZZ{111111 {ZZ{AHCCCS866004791{180802{0903{^00501{001257483{1{P{:	Identifies the sender and receiver of the 270
GS{HS{11111101{AHCCCS866004791{11111102{0903{1{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{0001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{COR173_003{20180802{0903	Marks the start of transaction
HL{1{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{F{866004791	Information Source Name & Tax ID
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{X{1234567890	Information Receiver and NPI
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{210696001-4-70{9123456789	Trace Number
	MEMBER DATA
NM1{IL{1{BROWN{CHARLIE	Member Name
REF{SY{999999999	Members SSN (sent in request)
DTP{291{RD8{20170827-20170829	Requested Plan date
EQ{30	
	TRAILER
SE{419{0001 GE{1{1 IEA{1{001257483	

271 RESPONSE:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{111111 {180802{2156{^00501{182149616{0{P{}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{11111101{20180802{21564962{182149616{X{ 005010X279A1	Identifies the transaction and version
ST{271{000000001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{COR173_003{20180802{213210	Marks the start of transaction
HL{1{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{F{866004791	Information source name & TIN
PER{IC{AHCCCS SERVICE DESK{EM{SERVICEDESK@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{1487607784{X{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{2{210696001-4-70{9123456789	Trace number from requester
	MEMBER DATA
NM1{IL{1{BROWN{CHARLIE	Members name
REF{SY{999999999	Members SSN
AAA{N{15{C	Subscriber error – 15 Required Application data missing C-Correct and resubmit
DTP{291{RD8{20170827-20170829	Plan date
	TRAILER
SE{1074{000000001 GE{1{182149616 IEA{1{182149616	

6.6 QMB MEMBER FOUND FOR REQUEST DATE OF 08/01/18 TO 08/08/18

270 REQUEST:	HEADER
ISA{00{ {00{ {ZZ{111111 {ZZ{AHCCCS866004791{180809{2253{^00501{061042360{0{P{:	Identifies the sender and receiver of the 270
GS{HS{11111101{AHCCCS866004791{20180809{2253{61042360{X{005010X 279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{0001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{{20180809{2253	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{F{866004791	Information Source Name & Tax ID
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{X{1234567890	Information Receiver and NPI
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{590U8437ESA81076474TH10CCL4001{9123456	Trace Number
	MEMBER DATA
NM1{IL{1{SMITH{SAMMY{MI{A00000000	Member Name and AHCCCS ID
DMG{D8{19570607	Members DOB
DTP{291{RD8{20180801-20180808	Requested Plan date
EQ{30	
	TRAILER
SE{50659{0001 GE{1{61042360 IEA{1{061042360	

271 RESPONSE:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{111111 {180810{1950{^00501{182223532{0{P{}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{11111101{20180810{19505382{182223532{ X{005010X279A1	Identifies the transaction and version
ST{271{000000001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20180810{194802	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{F{866004791	Information source name & TIN
PER{IC{AHCCCS SERVICE DESK{EM{SERVICEDESK@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{TUCSON MEDICAL CENTER{X{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{2{590U8437ESA81076474TH10CCL4001{9123456	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{SAMMY{MI{A00000000	Members name & AHCCCS ID
N3{9999 E 9 TH	Members mailing address
N4{TUCSON{AZ{85711	Members mailing address
DMG{D8{19570607{M	Members DOB & gender
DTP{291{RD8{20180801-20180808	Plan date
DTP{771{D8{20181231	Status
	ELIGIBILITY INFO

EB{1{IND{QM{QMB	Eligibility type – QM=Qualified Medicare Beneficiary
DTP{307{D8{20180401	Eligibility date
DTP{318{D8{20180328	Date record added
	ENROLLMENT INFO
EB{3{IND{30{MP{008715AHCCCS QMB - ONLY	
REF{6P{NON/PAY	Type of coverage
REF{M7{8020QMB ONLY	Enrollment Rate code and description
DTP{291{D8{20180401	Begin Date of Non-pay coverage
LS{2120	
NM1{Y2{2{AHCCCS QMB - ONLY	Name of Non-pay Plan
N3{801 E JEFFERSON{SUITE 300	Address of Non-pay Plan
N4{PHOENIX{AZ{85034	Address of Non-pay Plan
PER{IC{TE{8001234567{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Non-pay plans telephone number and Link to the AHCCCS Medical Policy Manual (AMPM)
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D DRUG	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20170401	Begin date of Part D enrollment
LS{2120	
NM1{13{2{S5810062AETNA MEDICARE RX SAVER	Part D plan name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{000000000A	Medicare Claim number
DTP{292{D8{20100701	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{000000000A	Medicare Claim number
DTP{292{D8{20130101	Medicare Begin date
EB{R{IND{30{OT	OT = Medicare Part D
REF{F6{000000000A	Medicare Claim number
DTP{292{D8{20110101	Medicare Begin date
	COPAY DATA
EB{D{IND{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20180401	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{UR{HTTPS://WWW.AZAHCCCS.GOV/PLANS/PROVIDERS/RATE SANDBILLING/COPAYMENTS.HTML	Link to Copay info on Website
LE{2120	
	TRAILER
SE{192541{000000001 GE{1{182223532 IEA{1{182223532	

6.7 SLMB MEMBER FOUND FOR REQUEST DATE OF 7/1/18 TO 7/12/18

270 REQUEST:	
ISA{00{ {00{ {ZZ{111111 {ZZ{AHCCCS866004791{180214{0924{^00501{002241622{1{P{}	Identifies the sender and receiver of the 270
GS{HS{11111101{AHCCCS866004791{20180214{0924{141620{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{000141620{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{{20180214{092442	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{XX{1234567890	Information Receiver and NPI
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{35679{1860966400	Trace Number
	MEMBER DATA
NM1{IL{1{DOE{JOHN{MI{A00000000	Member Name and AHCCCS ID
DMG{D8{19830809{M	Members DOB & gender
DTP{291{RD8{20180701-20180712	Requested Plan date
EQ{30	
	TRAILER
SE{86{000141620 GE{1{141620 IEA{1{002241622	

271 RESPONSE:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{111111 {180718{1453{^00501{181993548{0{P{}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{11111101{20180718{14535355{181993548{X{005010X279A1	Identifies the transaction and version
ST{271{000000001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20180718{145322	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information source name & TIN
PER{IC{AHCCCS SERVICE DESK{EM{SERVICEDESK@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{XX{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{2{35679{1860966400	Trace number from requester
	MEMBER DATA
NM1{IL{1{DOE{JOHN{J{MI{A00000000	Members name & AHCCCS ID
N3{11111 W 11 TH CIRCLE	Members mailing address
N4{PHOENIX{AZ{85034	Members mailing address
DMG{D8{19830809{M	Members DOB & gender
DTP{291{RD8{20180701-20180712	Plan date
DTP{771{D8{20190430	
	ELIGIBILITY INFO

EB{1{IND{{HS{SLMB PART B PREMIUM	Eligibility type – HS=Special Low Income Medicare Beneficiary
DTP{307{D8{20180501	Eligibility date
DTP{318{D8{20180411	Date record added
	ENROLLMENT INFO
EB{3{IND{{OT{008040AHCCCS SLMB-PART B BUY-IN	Enrolled plan
REF{6P{NO/PMT	Type of coverage
REF{M7{8040SLMB	Enrollment Rate code and description
DTP{291{D8{20180601	Begin Date and End date of Non-pay coverage
LS{2120	
NM1{Y2{2{AHCCCS SLMB-PART B BUY-IN	Name of Non-pay Plan
N3{801 E JEFFERSON{SUITE 300	Address of Non-pay Plan
N4{PHOENIX{AZ{85034	Address of Non-pay Plan
PER{IC{{TE{6024177000{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Non-pay plans telephone number and Link to the AHCCCS Medical Policy Manual (AMPM)
LE{2120	
	PART D INFO
EB{R{IND{88{OT{MEDICARE PART D DRUG	Enrolled into a Part D plan for Pharmacy (88)
DTP{292{D8{20170101	Begin date of Part D enrollment
LS{2120	
NM1{13{2{H0302001BLUE MEDICARE ADVANTAGE P	Part D plan name
LE{2120	
	MEDICARE INFO
EB{R{IND{30{MA	MA = Medicare Part A
REF{F6{0000000000C1	Medicare Claim number
DTP{292{D8{20130501	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{0000000000C1	Medicare Claim number
DTP{292{D8{20140601	Medicare Begin date
EB{R{IND{30{OT	Other or Additional Payer
REF{F6{0000000000C1	Health Insurance Claim Number
DTP{292{D8{20140601	Benefit Date
	TPL INFO
EB{R{IND{30{C1{ME	TPL coverage type – M=Medical Information
REF{IG{251624883	TPL Policy ID
DTP{292{D8{20090607	TPL begin date
LS{2120	
NM1{2B{2{TRIWEST	TPL Carrier
N3{WEST REGION CLAIMS{PO BOX 77028	Carrier address
N4{MADISON{WI{53707	Carrier address
PER{IC{{TE{8888749378	Carrier phone number
LE{2120	
	COPAY DATA
EB{D{IND{{{COPAY LEVEL	Identified Copay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20180501	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	

PER{IC{{UR{HTTPS://WWW.AZAHCCCS.GOV/PLANS PROVIDERS/RATE SANDBILLING/COPAYMENTS.HTML	Link to Copay info on Website
LE{2120	
	MEDICARE HMO
EB{R{IND{30{{MEDICARE HMO	Medicare HMO
DTP{292{D8{20150101	Begin date
LS{2120	
NM1{13{2{H0302MEDICAL COMPANY	Medicare HMO Plan Name
LE{2120	
	TRAILER
SE{598{000000001 GE{1{181993548 IEA{1{181993548	

6.8 NEWBORN REQUEST AND RESPONSE FOR DATE 07/15/18 TO 07/15/18

270 REQUEST:	HEADER
ISA{00{ {00{ {ZZ{111111 {ZZ{AHCCCS866004791{180214{0924{^00501{002241622{1{P{}	Identifies the sender and receiver of the 270
GS{HS{11111101{AHCCCS866004791{20180214{0924{141620{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{000141620{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{1{20110114{1003	Marks the start of transaction
HL{1{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information Source Name & Tax ID
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{XX{1234567890	Information Receiver and NPI
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{44350{1742562293	Trace Number
	MEMBER DATA
NM1{IL{1{DOE{BABY{MI{A00000000	Member Name and AHCCCS ID
DMG{D8{20170817{M	Members DOB and Gender
DTP{291{RD8{20180715-20180715	Requested Plan date
EQ{30	
	TRAILER
SE{86{000141620 GE{1{141620 IEA{1{002241622	

271 RESPONSE:	HEADER
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{111111 {180718{1453{^00501{181993548{0{P{}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{11111101{20180718{14535355{181993548{X{005010X279A1	Identifies the transaction and version HB=Eligibility, Coverage or Benefit Information (271)
ST{271{000000001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{11{20180718{145322	Marks the start of transaction
HL{1{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{FI{866004791	Information source name & TIN
PER{IC{AHCCCS SERVICE DESK{EM{SERVICEDESK@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{XX{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{2{44350{1742562293	Trace number from requester
HL{11{2{22{0	MEMBER DATA – Newborn becomes the subscriber
NM1{IL{1{DOE{BABY{MI{A00000000	Newborns Members name & AHCCCS ID
N3{701 E JEFFERSON{APT 204	Newborns mailing address
N4{PHOENIX{AZ{85034	Newborns mailing address
DMG{D8{20170817{M	Newborns DOB & gender
DTP{291{RD8{20180715-20180715	Plan Date
DTP{771{D8{20190228	ELIGIBILITY INFO
EB{1{IND{MC{ACUTE NEWBORN	Eligibility type

DTP{307{D8{20170828	Eligibility begin date
DTP{318{D8{20170831	Date record added
	ENROLLMENT INFO
EB{3{IND{30{HM{010422HEALTH NET ACCESS	Enrolled HP with info of Health Benefit Plan Coverage (no details)
REF{6P{ACU/CAP	Enrollment contract type
REF{M7{1011TANF <1 M & F NON-MEDICAR	Enrollment rate code and description
DTP{291{D8{20170829	Enrollment begin and end dates
LS{2120	
NM1{Y2{2{HEALTH NET ACCESS	Enrollment to a Managed Care Organization
N3{1230 W WASHINGTON ST	Plans address
N4{TEMPE{AZ{85281	Plans address
PER{IC{TE{6025551212	Plans telephone number
PER{IC{TE{8001234567{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Link to the AHCCCS Medical Policy Manual (AMPM)
LS{2120	
	COPAY DATA
EB{D{IND{COPAY LEVEL	Identified co-pay info
REF{1L{00NO CO-PAY	Copay level
DTP{292{D8{20170901	Copay begin date
LS{2120	
NM1{PR{2{AHCCCS COPAY	
PER{IC{UR{HTTPS://WWW.AZAHCCCS.GOV/PLANSROVIDERS/RATE SANDBILLING/COPAYMENTS.HTML	Link to Copay info on Website
LE{2120	
	BHS DATA
EB{3{IND{CH{CHILDREN SERVICES	BHS Category description
DTP{292{D8{20170829	Begin date of BHS segment
LS{2120	
NM1{13{37MERCY MARICOPA	BHS Site and description
LE{2120	
	TRAILER
SE{598{000000001 GE{1{181993548 IEA{1{181993548	

6.9 INFORMATION RECEIVER ERROR REQUEST AND RESPONSE

270 REQUEST:	
ISA{00{ {00{ {ZZ{111111 {ZZ{AHCCCS866004791{180801{0419{^00501{0032260271{P{:	Identifies the sender and receiver of the 270
GS{HS{11111101{AHCCCS866004791{20180801{0419{3226027{X{005010X279A1	Identifies the transaction and version HS=Eligibility, Coverage or Benefit Inquiry (270)
ST{270{0001{005010X279A1	Identifies the beginning of the transaction set
BHT{0022{13{{20180801{0419	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{F{866004791	Information Source Name & Tax ID
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{X{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{RAYS-638128{937820560A	Trace Number
	MEMBER DATA
NM1{IL{1{DOE{EDUARDO	Member Name
REF{SY{999999999	Member SSN
DMG{D8{19801011{M	Members DOB & gender
DTP{291{RD8{20180726-20180726	Requested Plan date
EQ{30	
	TRAILER
SE{14{0001 GE{1{3226027 IEA{1{003226027	

271 RESPONSE:	
ISA{00{ {00{ {ZZ{AHCCCS866004791{ZZ{111111 {180802{0140{^00501{182142519{0{P{}	Identifies the sender and receiver of the 271
GS{HB{AHCCCS866004791{11111101{20180802{01401252{182142519{X{0050 10X279A1	Identifies the transaction and version
ST{271{000000001{005010X279A1	Identified the beginning of the transaction set
BHT{0022{11{{20180802{013847	Marks the start of transaction
HL{1{{20{1	INFORMATION SOURCE LEVEL
NM1{PR{2{AHCCCS{F{866004791	Information source name & TIN
PER{IC{AHCCCS SERVICE DESK{EM{SERVICEDESK@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIDER COMPANY{X{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{1{RAYS-638128{937820560A	Trace number from requester
	MEMBER DATA
AAA{Y{{51{C	Y-Valid Request; 51=Provider Not on File; C=Correct and resubmit
	TRAILER
SE{9{000000001 GE{1{182142519 IEA{1{182142519	

7 OTHER RESOURCES

7.1 AHCCCS CONTRACT TYPE TABLE

TYPE	CONTRACT CODE	DESCRIPTION
\$	AIMHS	AMERICAN INDIAN MEDICAL HOME SERVICES
%	CRS/CAP	CHILDRENS 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

8 CHANGE SUMMARY

Ver #	Location	Section	Revision	Revision Date
0.4		Section 3 Instructions Table Section 4.12.2 271 Transaction Notes	These sections were removed.	March 2019
1.0	Page 1	Document Title	Changed version numbering sequence from 0.1 to 1.0	March 2019
1.0	Page 16	Section 5 271 AAA Errors	New section	March 2019
1.0	Page 18	Section 6 Scenarios	Updated 270/271 scenarios	March 2019
2.0	Page 15	Section 4.1 270 Search Criteria	Option 4 Remove reference to HICN which has been replaced with Medicare Beneficiary Identifier (MBI)	February 2020
3.0	Page 5	Section 3.1 Instruction Table	Updated from Instructions Note to Instruction Table	July 2020
3.0	Pages 37 and 38	Section 7 Other Resources	Added Section 7/7.1 AHCCCS Contract Type Table	July 2020
4.0		Cover Page/Template	Updated using new template	September 2022
4.0	Pages 5 and 11	3.2 270 Eligibility Verification Request Transaction Specifications 3.3 271 Eligibility Response Request Transaction Specifications	Separated the 270 Eligibility Verification Request Transaction Specifications and 271 Eligibility Response Request Transaction Specifications	September 2022
4.0	Pages 13, 25, 28, 31, 34-36, 38, 41, 43	6 Scenarios	Updated info/email address from EDI Customer Support edicustomersupport@azahcccs.gov to AHCCCS Service Desk servicedesk@azahcccs.gov	September 2022