

## Structured Payment Transmission File Specifications

File Header – T0 – One Per File

DATA NAME	PIC	POS		EDITING PERFORMED
HEALTH-PLAN-ID	X(6)	01	06	Must be an AHCCCS registered and active MCO
CREATION-DATE	X(6)	7	12	Valid date in 'MMDDYY' format and equal the date data is transmitted to AHCCCS.
FILLER	X(166)	13	178	NONE
RECORD-TYPE	X(2)	179	180	"T0"

File Trailer – T9 – One Per File

DATA NAME	PIC	POS		EDITING PERFORMED
TOTAL-RECORD-COUNT	9(8) *	01	08	A valid numeric count that is equal to the total number of records on the file (T0+A1+T9)
FILLER	X(170)	09	178	NONE
RECORD-TYPE	X(2)	179	180	"T9"

File Detail – A1 – One Per Provider

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
HEALTH-PLAN-ID	X(06)	1	6	Required	An active AHCCCS registered MCO
GROUP-ID	X(06)	7	12	Required	Must be valid provider ID with provider type "VB"
GROUP-NAME	X(60)	13	72	Required	Special characters invalid
PAYMT-TO-PROV	N(14)	73	86	Required	Positive numeric (11.2)
CONTRACT-YEAR	X(04)	87	90	Required	Must be 4 digit number, not less than 2015
CONTRACT-ID	X(30)	91	120	Required	Minimum 6 characters, special characters invalid
PCP-IND	X(01)	121	121	Required	'Y' or 'N'
PURCHASE-STRATEGY-CD	X(02)	122	123	Required	Must be valid code (BE, CP, PB, PC, SR,SS, 2B, 2C, 3A, 3B, 4A, 4B, 4C)
COST OF CARE-IND	X(01)	124	124	Required	Must be valid code (L or T)
PAID-AMOUNT	N(14)	125	138	Required	Positive numeric (11.2)
RBHA-AFFILIATE-IND	X(01)	139	139	Required	'Y' or 'N'
MA-DSNP-IND	X(01)	140	140	Required	'Y' or 'N'
FILLER	X(38)	141	178	Blank	Blank
RECORD-TYPE	X(02)	179	180	Required	"A1"