



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 005010

COMPANION GUIDE VERSION NUMBER: 3.0 JULY 2020



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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 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)

1.3 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 X12’s 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).

- For 2110C, EB segment will be repeated for each of the following benefit groupings:
 - ELIGIBLE (up to 20x)
 - ENROLL FFS (up to 20x)
 - ENROLL CAP (up to 20x)
 - MDC PT D (up to 2x)
 - MEDICARE HMO (up to 1x)
 - MEDICARE (1x for each type)
 - TPL (up to 2x)
 - COPAY (up to 1x)
 - SHARE OF COST (up to 20x)
 - BHS (up to 3x)
 - CRS (up to 1x)
 - TSC (up to 1x)
 - AZEIP (up to 1x)

3.1 270 INSTRUCTION TABLE

LOOP ID	ELEMENT	DESCRIPTION	USE	AHCCCS USAGE/EXPECTED VALUE	RETURN ON 271
	ISA	INTERCHANGE CONTROL HEADER	R	Expect only 1 ISA Per File	
	ISA01	Authorization Information Qualifier	R	Expect value 00 (No authorization information present)	
	ISA02	Authorization Information	R	Expect 10 blank spaces	
	ISA03	Security Information Qualifier	R	Expect value 00 (No security information present)	
	ISA04	Security Information	R	Expect 10 blank spaces	
	ISA05	Interchange ID Qualifier	R	Expect value ZZ	
	ISA06	Interchange Sender ID	R	Expect to be populated by sender ID number known to AHCCCS. This can be an AHCCCS provider, an approved entity acting on the provider's behalf or a Clearinghouse.	
	ISA07	Interchange ID Qualifier	R	Expect value ZZ	
	ISA08	Interchange Receiver ID	R	Expect AHCCCS866004791	
	ISA09	Interchange Date	R	Expect Interchange Date	
	ISA10	Interchange Time	R	Expect Interchange Time	
	ISA11	Repetition Separator	R	Expect ^ (Caret)	
	ISA12	Interchange Control Version Number	R	Expect 00501	
	ISA13	Interchange Control Number	R	Expect assigned unique 9 digit control number	
	ISA14	Acknowledgement Requested	R	Expect value 1	
	ISA15	Interchange Usage Indicator	R	Expect value P (Production) or T (Test)	
	ISA16	Component Element Separator	R	Expect value (Pipe)	

LOOP ID	ISA	INTERCHANGE CONTROL HEADER	USE	AHCCCS USAGE/EXPECTED VALUE	RETURN ON 271
	GS	FUNCTIONAL GROUP HEADER	R		
	GS01	Functional Identifier Code	R	Expect HS 270 Request	
	GS02	Application Sender's Code	R	6-digit AHCCCS Provider ID followed by the 2-digit location code 01	
	GS03	Application Receiver's Code	R	Expect value AHCCCS866004791	
	GS04	Date	R	Expect Creation Date	
	GS05	Time	R	Expect Creation Time (HHMM)	
	GS06	Group Control Number	R	Expect Group Control Number assigned by sender	
	GS07	Responsible Agency Code	R	Expect value X Accredited Standards Committee X12	
	GS08	Version/Release/ Industry Identifier Code	R	Expect 005010X279A1	
HDR	ST	TRANSACTION SET HEADER	R		
HDR	ST01	Transaction Set Identifier Code	R	Expect value 270	
HDR	ST02	Transaction Set Control Number	R	Expect a numeric value	
HDR	ST03	Implementation Convention Reference	R	Expect value 005010X279A1	
HDR	BHT	BEGINNING OF HIERARCHICAL TRANSACTION	R		
HDR	BHT01	Hierarchical Structure Code	R	Expect value 0022	
HDR	BHT02	Transaction Set Purpose Code	R	Expect value 13	
HDR	BHT03	Reference Identification	S	Due to the nature of batch transaction processing, the receiver of the 270 transaction (whether it is a clearinghouse or information source) may or may not be able to return the 270 BHT03 value in the 271 BHT03	X
HDR	BHT04	Transaction Set Creation Date	R	Expect the date on which the transaction is created (CCYYMMDD)	

LOOP ID	ISA	INTERCHANGE CONTROL HEADER	USE	AHCCCS USAGE/EXPECTED VALUE	RETURN ON 271
HDR	BHT05	Time	R	Expect the time at which the transaction set was generated. (HHMMSS)	
HDR	BHT06	Transaction Type Code	S	Do not expect a value in this field. If one is placed, ignore	
2000A	HL	INFORMATION SOURCE LEVEL	R		
2000A	HL01	Hierarchical ID Number	R	Must begin with the value of 1 for the first HL and increment +1 for each subsequent HL in the transaction	X
2000A	HL03	Hierarchical Level Code	R	Expect value 20	X
2000A	HL04	Hierarchical Child Code	R	Expect 1	X
2100A	NM1	INFORMATION SOURCE NAME	R		
2100A	NM101	Entity Identifier Code	R	Must be PR	X
2100A	NM102	Entity Type Qualifier	R	Must be 2	X
2100A	NM103	Name Last or Organization Name	R	Must be AHCCCS	X
2100A	NM108	Identification Code Qualifier	R	Must be FI	X
2100A	NM109	Identification Code	R	Must be 866004791	X
2000B	HL	INFORMATION RECEIVER LEVEL	R		
2000B	HL01	Hierarchical ID Number	R	Incremented number from previous HL segment	
2000B	HL02	Hierarchical Parent ID Number	R	To be populated by sender	
2000B	HL03	Hierarchical Level Code	R	Expect value 21	
2000B	HL04	Hierarchical Child Code	R	Expect value 1	

LOOP ID	ISA	INTERCHANGE CONTROL HEADER	USE	AHCCCS USAGE/EXPECTED VALUE	RETURN ON 271
2100B	NM1	INFORMATION RECEIVER NAME	R	This could either be an AHCCCS Registered Provider OR a Clearinghouse.	X
2100B	NM101	Entity Identifier Code	R	Expect any value of the actual sender	
2100B	NM102	Entity Type Qualifier	R	Expect either value 1 or 2	
2100B	NM103	Name Last or Organization Name	R	Expect Provider or clearinghouse name	
2100B	NM104	Name First	S	Expect name if NM102 = 1	
2100B	NM105	Name Middle	S	Expect name if NM102 = 1	
2100B	NM107	Name Suffix	S	Expect name if NM102 = 1	
2100B	NM108	Identification Code Qualifier	R	When NM101 = 1P, 80, FA, or GP Expect value XX if required to have NPI OR Expect value SV when using 6-digit AHCCCS Provider ID	
2100B	NM109	Identification Code	R	When NM101 = 1P, 80, FA, or GP Expect National Provider ID if NM108 = XX OR Expect 6-digit AHCCCS Provider ID if NM108 = SV	

LOOP ID	ISA	INTERCHANGE CONTROL HEADER	USE	AHCCCS USAGE/EXPECTED VALUE	RETURN ON 271
2100B	PRV	INFORMATION RECEIVER PROVIDER INFORMATION	S		X
2100B	PRV01	Provider Code	R	<p>If used, return on 271</p> <p>Provider Type Codes: AD Admitting AT Attending BI Billing CO Consulting CV Covering H Hospital HH Home Health Care LA Laboratory OT Other Physician P1 Pharmacist P2 Pharmacy PC Primary Care Physician PE Performing R Rural Health Clinic RF Referring SB Submitting SK Skilled Nursing Facility SU Supervising</p>	X
2000C	HL	SUBSCRIBER LEVEL	R		
2000C	HL01	Hierarchical ID Number	R	Incremented number from previous HL segment	
2000C	HL02	Hierarchical Parent ID Number	R	Expect to be populated with a positive numeric value	
2000C	HL03	Hierarchical Level Code	R	Expect Value 22	
2000C	HL04	Hierarchical Child Code	R	Expect Value 0 or 1	

LOOP ID	ISA	INTERCHANGE CONTROL HEADER	USE	AHCCCS USAGE/EXPECTED VALUE	RETURN ON 271
2000C	TRN	SUBSCRIBER TRACE NUMBER	S	This segment is not sent when performing a newborn request using the 2000D Dependent loop.	
2000C	TRN01	Trace Type Code	R	Expect Value 1	
2000C	TRN02	Reference Identifier	R	Expect to be populated with a numeric value	X
2000C	TRN03	Originating Company Identifier	R	Expect 1+Requester's 9-digit Federal Tax ID	X
2000C	TRN04	Reference Identification	S	If present, return on 271	X
2100C	NM1	SUBSCRIBER NAME	R		
2100C	NM101	Entity Identifier Code	R	Expect value IL	
2100C	NM102	Entity Type Qualifier	R	Expect value 1	
2100C	NM103	Name Last or Organization Name	S	Recipient's Last Name may or may not be provided.	
2100C	NM104	Name First	S	Recipient's First Name may or may not be provided.	
2100C	NM105	Name Middle	S	Recipient's Middle Name may or may not be provided.	
2100C	NM107	Name Suffix	S		
2100C	NM108	Identification Code Qualifier	S	Expect value MI if value in NM109 is populated and begins with an A	
2100C	NM109	Identification Code	S	Expect AHCCCS Member ID if NM108 is MI	
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION	S	SSN - For use in Optional search	
2100C	REF01	Reference Identification Qualifier	R	Expect SY for SSN	
2100C	REF02	Reference Identification	R	Recipient's SSN NOTE: If SSN does not match, will not be returned in 271	X
2100C	REF	SUBSCRIBER ADDITIONAL IDENTIFICATION	S	Medicare Claim ID - for use in Optional search	
2100C	REF01	Reference Identification Qualifier	R	Expect F6 Medicare Claim ID	
2100C	REF02	Reference Identification	R	Expect Recipient's Medicare Claim ID	X

LOOP ID	ISA	INTERCHANGE CONTROL HEADER	USE	AHCCCS USAGE/EXPECTED VALUE	RETURN ON 271
2100C	PRV	PROVIDER INFORMATION	S	THIS SEGMENT USED ONLY IF PROVIDER IS NOT THE SAME AS IN 2100B LOOP If 2100B NM101 is not = '1P', '80', 'FA', or 'GP", then use this segment	X
2100C	PRV01	Provider Code	R	Expect this field to contain a value AD Admitting AT Attending BI Billing CO Consulting CV Covering H Hospital HH Home Health Care LA Laboratory OT Other Physician P1 Pharmacist P2 Pharmacy PC Primary Care Physician PE Performing R Rural Health Clinic RF Referring SK Skilled Nursing Facility SU Supervising	X
2100C	PRV02	Reference Identification Qualifier	S	Expect HPI if NPI or 9K if no NPI	X
2100C	PRV03	Reference Identification	S	Expect NPI or 6-digit AHCCCS Provider ID	X
2100C	DMG	SUBSCRIBER DEMOGRAPHIC INFORMATION	S		
2100C	DMG01	Date Time Period Format Qualifier	S	Expect Value D8 if DMG02 is populated	
2100C	DMG02	Date Time Period	S	Recipient's DOB may or may not be provided	X
2100C	DMG03	Gender Code	S	Recipient's Gender may or may not be provided	X

LOOP ID	ISA	INTERCHANGE CONTROL HEADER	USE	AHCCCS USAGE/EXPECTED VALUE	RETURN ON 271
2100C	DTP	SUBSCRIBER DATE	S		
2100C	DTP01	Date Time Qualifier	R	Expect value 291	
2100C	DTP02	Date Time Period Format Qualifier	R	Expect value D8 or RD8	
2100C	DTP03	Date Time Period	R	Expect one date if DTP01 is D8 and expect a date range if RD8 NOTE: AHCCCS will use the date the transaction date is process if no date is supplied.	
2110C	EQ	SUBSCRIBER ELIGIBILITY/BENEFIT INQUIRY INFORMATION	S		
2110C	EQ01	Service Type Code	S	Expect Value 30 since we will not support Explicit Inquiries	
2000D	HL	DEPENDENT LEVEL	S	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 mother's 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	R	Expect to be populated with a positive numeric value	
2000D	HL02	Hierarchical Parent ID Number	R	Expect to be populated with a positive numeric value	
2000D	HL03	Hierarchical Level Code	R	Expect to be populated with 23	
2000D	HL04	Hierarchical Child Code	R	Expect to be populated with 0	

LOOP ID	ISA	INTERCHANGE CONTROL HEADER	USE	AHCCCS USAGE/EXPECTED VALUE	RETURN ON 271
2000D	TRN	DEPENDENT TRACE NUMBER	S	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	R	Expect to be populated with 1	
2000D	TRN02	Reference Identification	R	Expect to be populated with a number	X
2000D	TRN03	Originating Company Identifier	R	Expect to be populated with a number	X
2000D	TRN04	Reference Identification	S	May or may not be populated	X
2100D	NM1	DEPENDENT NAME	R		
2100D	NM101	Entity Identifier Code	R	Expect to be populated with 03	
2100D	NM102	Entity Type Qualifier	R	Expect to be populated with 1	
2100D	NM103	Name Last or Organization Name	S	Expect Newborn Last Name NOTE: New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270	X
2100D	NM104	Name First	S	Expect Newborn First Name NOTE: New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270	X
2100D	NM105	Name Middle	S	Expect Newborn Middle Initial NOTE: New for Newborn, but not used in Search Return value in PMMIS if found, else use value from 270	X
2100D	DMG01	Date Time Period Format Qualifier	S	Expect to be populated with D8	
2100D	DMG02	Date Time Period	S	Expect to be populated with DOB of newborn	X
2100D	DMG03	Gender Code	S	Expect to be populated with newborn's gender	X
2110D	EQ	DEPENDENT ELIGIBILITY/BENEFIT INQUIRY	R		
2110D	EQ01	Service Type Code	S	Expect 30	

LOOP ID	ISA	INTERCHANGE CONTROL HEADER	USE	AHCCCS USAGE/EXPECTED VALUE	RETURN ON 271
	SE	TRANSACTION SET TRAILER	R		
	SE01	Number of Included Segments	R	Expect to be populated with count	
	SE02	Transaction Set Control Number	R	Must match ST02 number	
	GE	FUNCTIONAL GROUP TRAILER	R		
	GE01	Number of Transaction Sets Included	R	Total number of transaction sets	
	GE02	Group Control Number	R	Must be the same as GS06	
	IEA	INTERCHANGE CONTROL TRAILER	R		
	IEA01	Number of Included Functional Groups	R	Total number of functional groups sent	
	IEA02	Interchange Control Number	R	Expect to be populated	

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	Member's 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 today's date). No member data will be returned.

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	Member's 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{0050 10X279A1	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{EDI CUSTOMER SUPPORT{EM{EDICUSTOMERSUPPORT@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	Member's name & AHCCCS ID
N3{801 E JEFFERSON{APT 100	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{20151020{F	Member's 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	Plan's address
N4{PHOENIX{AZ{85040	Plan's address
PER{IC{TE{8001234567{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Plan's 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	Plan's address
N4{PHOENIX{AZ{85038	Plan's address
PER{IC{TE{6025551212	Plan's telephone number
PER{IC{TE{8001234567{UR{HTTPS://WWW.AZAHCCCS.GOV/SHARED/MEDICALPOLICYMANUAL/	Plan's 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	Member's 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{EDI CUSTOMER SUPPORT{EM{EDICUSTOMERSUPPORT@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	Member's name & AHCCCS ID
REF{SY{999999999	Member SSN
N3{701 E JEFFERSON	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{19610213{F	Member's 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{99 9998AHCCCS 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/PLANSPROVIDERS/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{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{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	Member's 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{F{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICUSTOMERSUPPORT@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{80{2{JOHN C. LINCOLN{X{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	Member's name & AHCCCS ID
REF{SY{000000000	Member SSN
N3{701 E JEFFERSON{APT 110	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{19550304{M	Member's 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	Plan's address
N3{1870 W RIO SALADO PW	Plan's address
N4{TEMPE{AZ{85281	Plan's 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	Plan's address
N4{PHOENIX{AZ{85034	Plan's address
PER{IC{TE{6025551212	Plan's 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/RAT ESANDBILLING/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{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{590PUQ0G7S9A20U54JX310ZTQPQ001{9123456	Trace Number
	MEMBER DATA
NM1{IL{1{SMITH{SUSAN{M{A00000000	Member Name and AHCCCS ID
DMG{D8{19890405	Member's 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{F{866004791	Information source name & TIN
PER{IC{EDI CUSTOMER SUPPORT{EM{EDICUSTOMERSUPPORT@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{PROVIER COMPANY{X{1234567890	Information receiver name & ID number. This may be a provider or clearinghouse
HL{3{2{22{0	SUBSCRIBER LEVEL
TRN{2{590PUQ0G7S9A20U54JX310ZTQPQ001{9123456	Trace number from requester
	MEMBER DATA
NM1{IL{1{SMITH{SUSAN{M{A00000000	Member's name & AHCCCS ID
N3{801 E JEFFERSON{APT F102	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{19890405{M	Member's 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{XX{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	Member's 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{EDI CUSTOMER SUPPORT{EM{EDICUSTOMERSUPPORT@AZAHCCCS.GOV	Information source contact information
HL{2{1{21{1	INFORMATION RECEIVER LEVEL
NM1{1P{2{1487607784{XX{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	Member's name
REF{SY{999999999	Member's 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{1111101{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{M{A00000000	Member Name and AHCCCS ID
DMG{D8{19570607	Member's 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{1111101{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{EDI CUSTOMER SUPPORT{EM{EDICUSTOMERSUPPORT@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{M{A00000000	Member's name & AHCCCS ID
N3{9999 E 9 TH	Member's mailing address
N4{TUCSON{AZ{85711	Member's mailing address
DMG{D8{19570607{M	Member's 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 plan's 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	Member's DOB & gender
DTP{291{RD8{20180701-20180712	Requested Plan date
EQ{30	
	TRAILER
SE{86{000141620 GE{1{141620 IEA{1{002241622	

271 RESPONSE:	
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{EDI CUSTOMER SUPPORT{EM{EDICUSTOMERSUPPORT@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	Member's name & AHCCCS ID
N3{11111 W 11 TH CIRCLE	Member's mailing address
N4{PHOENIX{AZ{85034	Member's mailing address
DMG{D8{19830809{M	Member's 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 plan's 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{000000000C1	Medicare Claim number
DTP{292{D8{20130501	Medicare Begin date
EB{R{IND{30{MB	MB = Medicare Part B
REF{F6{000000000C1	Medicare Claim number
DTP{292{D8{20140601	Medicare Begin date
EB{R{IND{30{OT	Other or Additional Payer
REF{F6{000000000C1	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 NEWBON 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{00501 0X279A1	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	Member's 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{EDI CUSTOMER SUPPORT{EM{EDICUSTOMERSUPPORT@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	Newborn's Member's name & AHCCCS ID
N3{701 E JEFFERSON{APT 204	Newborn's mailing address
N4{PHOENIX{AZ{85034	Newborn's mailing address
DMG{D8{20170817{M	Newborn's 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	Plan's address
N4{TEMPE{AZ{85281	Plan's address
PER{IC{TE{6025551212	Plan's 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/PLANSPROVIDERS/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{2{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{003226027{1{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	Member's 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{005 010X279A1	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{EDI CUSTOMER SUPPORT{EM{EDICUSTOMERSUPPORT@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	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

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	Page 1	Document Title	Changed version numbering sequence from 0.1 to 1.0	March 2019
1	Page 16	Section 5 271 AAA Errors	New section	March 2019
1	Page 18	Section 6 Scenarios	Updated 270/271 scenarios	March 2019
2	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	Page 5	Section 3.1 Instruction Table	Updated from Instructions Note to Instruction Table	July 2020
3	Pages 37 and 38	Section 7 Other Resources	Added Section 7/7.1 AHCCCS Contract Type Table	July 2020