

820 v5010 – Sanction Adjustment example

Total 820 Payment amount: \$149.86

Total Remittances: \$249.86

Sanction amount: \$-100.00

Member #1 – Normal capitation payment of \$89.30 for 10/01/09-10/14/09

Member #2 – Recoupment amount of \$-94.06 for 10/01/09-10/31/09 and a capitation payment of \$54.62 for 10/01/09-10/18/09.

Note that Member #2 has one occurrence of the 2000B/ENT loop with multiple 2300/RMR loops. This a change from the 4010 to the 5010 for AZ

Element	Identifier Description	Values
ISA11	Repetition Separator	^
ISA12	Interchange Control Version Number	00501
GS01	Functional Identifier Code	RA
GS02	Application Sender's Code	AHCCCS866004791
GS03	Application Receiver's Code	010101
GS04	Functional group creation date	CCYYMMDD
GS05	Time	02190182
GS06	Group Control Number	294021901
GS07	Responsible Agency Code	X
GS08	Version / Release / Industry Identifier Code; no addenda	005010X218
ST	820 Header	
ST01	Transaction Set Identifier Code	820
ST02	Transaction Set Control Number	000000001
ST03	Implementation Convention Reference	005010X218
BPR	Financial Information	
BPR01	Transaction Handling Code	I - Remittance Info Only
BPR02	Total Premium Payment Amount	149.86
BPR03	Credit/Debit Flag Code	C
BPR04	Payment Method Code	NON - Non-payment Data
BPR10	Originating Company Identifier	1866004791
BPR16	Check Issue or EFT Effective Date	20091028
TRN	Reassociation Trace Number	
TRN01	Trace Type Code	3 - Financial Reassociation Trace Number
TRN02	Reference Identification	00000000075939
TRN03	Originating Company Identifier	1866004791
REF	Premium Receivers Identification Key	
REF01	Reference Identification Qualifier	14-Master Account Number
REF02	Premium Receiver Reference Identifier	010101
DTM	Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Coverage Period	20091001-20091031
	1000A PREMIUM RECEIVER'S NAME	
N1	Premium Receiver's Name	
N101	Entity Identifier Code	PE-Payee
N102	Premium Receiver's Last or Organization Name	AZ HEALTH PLAN
N3	Premium Receiver's Address	
N301	Address Information	123 ADDRESS1 ST
N302	Address Information	SUITE #99

N4	Premium Receiver's City, State, and Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	1000B PREMIUM PAYER'S NAME	
N1	Premium Payer's Name	
N101	Entity Identifier Code	PR
N102	Premium Payer Name	AHCCCS
N3	Premium Payer's Address	
N301	Premium Payer Address Line	801 E JEFFERSON ST
N4	Premium Payer's City, State, Zip Code	
N401	City Name	PHOENIX
N402	State or Province Code	AZ
N403	Postal Code	85034
	2000A ORGANIZATION SUMMARY	
ENT	Organization Summary Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	AG - Agency
ENT03	Identification Code Qualifier	FI - Federal Tax Identification Number
ENT04	Identification Code	866004791
	2300A ORGANIZATION SUMMARY	
RMR	Organization Summary Remittance Detail	
RMR01	Reference Identification Qualifier	IK
RMR0	Reference Identification	10J01SANCTN821
RMR03	Payment Action Code	PI
RMR04	Detail Premium Payment Amount	-100

	2000B INDIVIDUAL REMITTANCE	MEMBER #1
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ENT	Individual Remittance	
ENT01	Assigned Number	1
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	34 - SSN
ENT04	Identification Code	467600298
	2100B INDIVIDUAL NAME	
NM1	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	REGAN
NM104	Name First	RONALD
NM105	Name Middle	A
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A01234567

	2300B INDIVIDUAL PREMIUM	
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RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Helath Insurance Policy Number
RMR02	Insurance Remittance Reference Number	H19101FH0037918220091001
RMR04	Detail Premium Payment Amount	189.30
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091014

	2000B INDIVIDUAL REMITTANCE	MEMBER#2
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ENT	Individual Remittance	
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ENT01	Assigned Number	2
ENT02	Entity Identifier Code	2J - Individual
ENT03	Identification Code Qualifier	34 - SSN
ENT04	Identification Code	467600299
2100B INDIVIDUAL NAME		
NM1	Individual Name	
NM101	Entity Identifier Code	IL - Insured/Subscriber ID
NM102	Entity Type Qualifier	1 - Person
NM103	Name Last or Organization Name	REGAN
NM104	Name First	NANCY
NM105	Name Middle	A
NM108	Identification Code Qualifier	N - Insured's Unique Identification Number
NM109	Identification Code	A07654321
2300B INDIVIDUAL PREMIUM		
<i>OCCURRENCE #1</i>		
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Helath Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445 20091001
RMR04	Detail Premium Payment Amount	-194.06
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091031
2300B INDIVIDUAL PREMIUM		
<i>OCCURRENCE #2</i>		
RMR	Individual Premium Remittance Detail	
RMR01	Reference Identification Qualifier	AZ - Helath Insurance Policy Number
RMR02	Insurance Remittance Reference Number	A191012H00379445 20091001
RMR04	Detail Premium Payment Amount	254.62
DTM	Individual Coverage Period	
DTM01	Date/Time Qualifier	582 - Report Period
DTM05	Date Time Period Format Qualifier	RD8
DTM06	Date Time Period	20091001-20091018
SE	Transaction Set Trailer	
SE01	Number of Included Segments	
SE02	Transaction Set Control Number	

REF DEV FILE: AZW820-010101-SANCADJ-20091028.TXT

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