



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

- Overview of changes from 4010 to 5010
- 5010 834 Crib Notes
- Walkthrough of examples



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834 Requirements Walkthrough

CHANGE OVERVIEW

Transactions are more clearly focused

Address change will only contain data for the address change

SOC change will only contain SOC data

EXAMPLE

Member has an Address change, Name change and Rate Code change

Transaction for Address change

Transaction for Name change

Transaction for Rate Code change

INS{Y{18{021{28{A{E}{FT  
REF{OF{A999999999  
REF{1L{NO DATA  
REF{3H{9999999999  
REF{17{H999999999  
DTP{303{D8{CCYMMDD  
NM1{IL{1{LLLLL{FFFFFF {{{{34{999999999  
PER{IP{{HP{9999999999  
N3{9999 E AAAAAAAAAA  
N4{MESA{AZ{85206{{CY{13  
DMG{D8{CCYMMDD{F{U{C

AMT{C1{0  
AMT{C1{0  
AMT{C1{1  
AMT{C1{1  
LUI{LE{ENG  
NM1{31{1  
N3{9999 E AAAAAAAAAA  
N4{MESA{AZ{85206  
HD{021{{HMO{3617  
DTP{348{D8{CCYMMDD  
REF{1L{A  
HD{021{{AK{H  
DTP{348{D8{CCYMMDD

INS{Y{18{021{28{A{E}{AC  
REF{OF{A999999999  
REF{3H{9999999999  
REF{17{H999999999  
DTP{356{D8{CCYMMDD  
NM1{IL{1{LLLLL{FFFFFF  
PER{IP{{HP{9999999999  
N3{9999 E AAAAAAAAAA  
N4{MESA{AZ{85206{{CY{13  
DMG{D8{CCYMMDD{F{U{C

LUI{LE{ENG{6

CI HD{021{{HMO  
DTP{348{D8{CCYMMDD  
REF{CE{A

LS{2700  
LX{1  
N1{75{ACTION CODE  
REF{ZZ{CI  
LX{2  
N1{75{RATE CODE  
REF{ZZ{3617  
LX{3  
N1{75{COPAY LEVEL  
REF{ZZ{20  
LX{4  
NI{75{BHS  
REF{XX1{S415712GILA RIVER INDIAN COMM  
DTP{D8{CCYMMDD



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CHANGE OVERVIEW

Transactions are more clearly focused

TPL data will always be on a separate transaction

If recipient has enrollment transaction

COB will not appear on the enrollment

If recipient has only a TPL add

Only the COB will be provided on transaction

834 Daily for the 1<sup>st</sup> day of month

If recipient has CRS, AzEIP, TSC or Medicare HMO

A one transaction with multiple 2710 records



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CHANGE OVERVIEW

Transactions are more clearly focused

Data about enrollment has been decoupled from enrollment loop

Enrollment data contains dates and Contract Type

All other elements moved to 2710 Reporting Categories loop

Rate Code

Prior Plan ID and plan name

Action Code

Pregnancy data

NICU data



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CHANGE OVERVIEW

Additional Data added to 834

Mother's information added to NB enrollment

RBHA/TRHBA ID & Name added to MH action

Expected delivery date added to PG actions

New enrollment Health plan, if known

Eliminate daily Prior Plan proprietary file

TPL address and contact information

Eliminate daily TPL proprietary file

Monthly 834 will contain current COB data

Eliminate monthly TPL proprietary file



# AHCCCS 5010 Project Consortium Meeting

## 834 Requirements Walkthrough

### CRIB NOTES

ID	1-1		Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	Y	
ID	2-2		18	18	18	18	18	18	18	18	18	18	18	18	
ID	3-3		021	024	001	001	001	001	001	001	001	001	030	030	
ID	2-3	Open Issue to be resolved prior to Consortium (COB would be more easily identified if this is empty.)	02 - Birth 28 - Initial Enrollment 41 - Re-enrollment	03 - Death 07 - Termination of Benefits 14 - Voluntary Withdrawal 22 - Plan Change AH - Patient Moved	43 - Change of location	33 - Personnel Data	25 - Change in Identifying Data Bement	22 - Plan Change	AI - No Reason Given	29 - Benefit Selection	33 - Personnel Data	AI - No Reason Given	AI - No Reason Given	XN - Notification Only	XN - Notification Only
ID	1-1		A	A	A	A	A	A	A	A	A	A	A	A	
ID	1-1		MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	MED-CODE	
ID	2-2		AC	TE	AC	AC	AC	AC	AC	AC	AC	AC	AC	AC	
ID	2-3		D8	D8											
AN	1-36	Use for Date of Death only, if present	DAT OF DTH	DAT OF DTH											
ID	2-3		0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	0F	
AN	1-50		AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	AHCCCS ID	"No Data"	
ID	2-3	3H- Case Number Q4-Prior Identifier Number (Primary AHCCCS ID) 17-Client Reporting Category (Voucher Number)	3H Q4 17	3H Q4 17						3H 17				3H Q4 17	



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

### EXAMPLE WALKTHROUGH

SIMPLE ADD

ADD WITH COB

NEWBORN ADD

DISENROLL

ADDRESS CHANGE

COPAY CHANGE

DEMO CHANGE

MH CHANGE OR TERM

PREGNANCY OR NICU INDICATOR

RATE CODE CHANGE

SHARE OF COST CHANGE

COB CHANGE

1ST OF THE MONTH

MONTHLY



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH SIMPLE ADD

2000 loop – Member Level Detail

INS03 – 021 (Add)

INS04 – 02 (Birth), 28 (Initial Enrollment), 41 (Re-enrollment)

REF01 – ZZ changed to Q4 for Primary AHCCCS ID

REF01 – F6 removed (Medicare Claim ID moved to COB)

DTP01 – 303 (process date) removed

2100A loop – Member Name

NM108/9 – SSN removed

AMT – Copay data moved to Additional Reporting

2100C loop – Member Mailing Address

Mailing address will only be provided if different from Residential Address



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

### EXAMPLE WALKTHROUGH SIMPLE ADD

2100G loop – Responsible Person

Will be used for Newborn enrollments to reflect Mom's name, ID, and Case ID

2300 loop – Health Coverage (HMO)

HD04 – removed – all data moved to 2710 Additional Reporting Loop

REF01 – Changed 1L to CE for Contract Type

2320/2330 loop - COB data will appear in a different transaction

2300 loop – BHS (AK), LTC (FAC), Pregnancy or NICU (AG)

Moved to 2710 Reporting Loop

2300 loop – Med D (MDCD)

Moved to 2330 COB Loop



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH SIMPLE ADD

2710 loop – Member Reporting

New Loop for Additional Reporting

Action Code

Rate Code

Prior Plan

Copay Level and Dates

BHS, Provider and Dates

NICU indicator

Pregnancy indicator and EDD

LTC Nursing Home/Case Manager

LTC Transition Indicator



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH ADD with COB

One Transaction for enrollment

See Simple Add

One Transaction for COB

2000 loop – Member Level Detail

INS03 – 001 (Change)

INS04 – AI (No Reason Given)

2100A loop – Member Name

Only name provided

All other demographics on Add



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH ADD with COB

2300 loop – Health Coverage

HD03 – MM (Major Medical)

2320/2330 loop – Coordination of Benefits

COB02 – Added Insurance Type for TPL or Medicare Claim Number

REF02 – If Part D, Drug Plan Name

N102 – Moved to NM1

NM103 – Master Carrier ID and Carrier Name

N3/N4 – Added Carrier Address

If Medicare then will have 'NO ADDRESS KNOWN','NOCITY','AZ','85034'

PER – added Carrier phone number (not used for Medicare)

No other data or loops provided



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH DISENROLLMENT

2000 loop – Member Level Detail

INS03 – 024 (Termination)

INS04 – 03 (Death), 07 (Term of benefits), 14 (Voluntary Withdrawal),  
22 (Plan Change) or AH (Patient Moved)

REF01 – ZZ changed to Q4 for Primary AHCCCS ID

REF01 – Medicare Claim ID removed

2100A loop – Member Name

Only name, DOB & Gender provided

2710 loop – Member Reporting

Action Code provided and New Enrollment Plan (if known)



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH ADDRESS CHANGE

2000 loop – Member Level Detail

INS03 – 001 (Change)

INS04 – 43 (Change of Location)

2100A loop – Member Name

Name provided

Telephone numbers and residential address provided

2100C loop – Member Mailing Address

Mailing address provided only if different from residential address

2710 loop – Member Reporting

Action Code provided



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH COPAY CHANGE

2000 loop – Member Level Detail

INS03 – 001 (Change)

INS04 – 33 (Personnel Data)

2100A loop – Member Name

Name provided

2710 loop – Member Reporting

Action Code provided

Copay Level and effective date provided



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH DEMO CHANGE

2000 loop – Member Level Detail

INS03 – 001 (Change)

INS04 – 25 (Change in Identifying Data Elements)

2100A loop – Member Name

Name, DOB, Gender provided

2100B loop – Incorrect Member Name

Prior value data provided

2710 loop – Member Reporting

Action Code provided



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH MH CHANGE OR TERM

2000 loop – Member Level Detail

INS03 – 001 (Change)

INS04 – 22 (Plan Change)

2100A loop – Member Name

Name provided

2710 loop – Member Reporting

Action Code provided

MH Category, Provider ID, Provider Name

MH Begin and/or End dates



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH PREGNANCY OR NICU

2000 loop – Member Level Detail

INS03 – 001 (Change)

INS04 – AI (No Reason Given)

2100A loop – Member Name

Name provided

2710 loop – Member Reporting

Action Code provided

NICU or

Pregnancy with Expected Delivery Date



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH RATE CODE CHANGE

2000 loop – Member Level Detail

INS03 – 001 (Change)

INS04 – 29 (Benefit Selection)

2100A loop – Member Name

Name, Case ID and Voucher number provider

2710 loop – Member Reporting

Action Code provided

Rate Code and Begin date provided



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH COB CHANGE

2000 loop – Member Level Detail

INS03 – 001 (Change)

INS04 – AI (No Reason Given)

2100A loop – Member Name

Name provided

2300 loop – Health Coverage

HD03 – MM (Major Medical)

COB02 – Insurance Type for TPL or Medicare Claim Number

REF02 – If Part D, Drug Plan Name

NM103 – Master Carrier ID and Carrier Name

N3/N4 –Carrier Address

If Medicare then will have 'NO ADDRESS KNOWN','NOCITY','AZ','85034'

PER – added Carrier phone number (not used for Medicare)



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH DAILY ON THE 1<sup>ST</sup> WITH ACTIVITY

One Transaction for enrollment or change

One Transaction for Additional data effective on the 1<sup>st</sup>

2000 loop – Member Level Detail

INS03 – 001 (Change)

INS04 – AI (No Reason Given)

2710 loop – Member Reporting

AzEIP (Arizona Early Intervention Program) & ID

CRS (Children's Rehabilitative Services) & ID

Medicare HMO Plan ID and Name

TSC (Targeted Support Coordination) & ID



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH MONTHLY

2000 loop – Member Level Detail

INS03 – 030 (Audit or Compare)

INS04 – XN (Notification Only)

REF01 – ZZ changed to Q4 for Primary AHCCCS ID

REF01 – F6 removed (Medicare Claim ID moved to COB)

2100A loop – Member Name

NM108/9 – SSN removed

AMT – Copay data moved to Additional Reporting

2100C loop – Member Mailing Address

Mailing address will only be provided if different from Residential Address



## AHCCCS 5010 Project Consortium Meeting 834 Requirements Walkthrough

# EXAMPLE WALKTHROUGH MONTHLY

2300 loop – Health Coverage (HMO)

HD04 – removed – all data moved to Additional Reporting

REF01 – Changed 1L to CE for Contract Type

COB data will appear in a different transaction

2710 loop – Member Reporting

Rate Code and date

Copay Level and date

MH data and date (if applicable)

NICU or Pregnancy indicator (if applicable)

LTC Nursing Home/Case Manager (if applicable)



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EXAMPLE WALKTHROUGH

# Questions?