

		ST{834{0001{005010X220~ BGN{00{1{20091128{0128{2~ REF{38{963852~ DTP{303{D8{20091128~ QTY{TO{1235679~
1000A Sponsor Name		
Entity ID: P5 Plan Sponsor AHCCCS Qualifier F1 Sponsor ID 866004791		N1{P5{AHCCCS{FI{866004791~
1000B Payer		
Entity Identifier: IN Insurer Name: Perfect Health Plan Qualifier: F1 Insurer Identification Code: 681234567		N1{IN{PERFECT HEALTH PLAN{FI{681234567~
2000 Member Level Detail		
INS01 Insured Indicator: Y INS02 Relationship Code 18 INS03 Maintenance Type 021 (Addition) INS04 Maintenance Reason 28 (Initial Enrollment) INS05 Benefit Status A INS06 Medicare Plan Code E (No Medicare) INS08 Employment Status AC <i>INS11 Date/Time Qualifier D8</i> <i>INS12 Date of Death</i> REF01 Subscriber Number Qual 0F (Subscriber Number) REF02 AHCCCS ID C2222222 <i>REF01 Case Number Qualifier 3H</i> <i>REF02 Case ID C14725836</i> <i>REF01 ID Qualifier Qual Q4</i> <i>REF02 Primary AHCCCS ID</i> <i>REF01 ID Qualifier 17</i> <i>REF02 Voucher Number H000000001</i> DTP01 Date/Time Qualifier 356 (Eligibility Begin) DTP02 Date Time Period D8 DTP03 Status Information Eff Dt 20091128 <i>DTP01 Date/Time Qualifer 357 (Eligibility End)</i> <i>DTP02 Date Time Period D8</i> <i>DTP03 Status Information Eff dt</i>		INS{Y{18{021{28{A{E{AC~ REF{0F{C2222222~ REF{3H{C14725836~ REF{17{H00000001~ DTP{356{D8{20091128~

2100A Member Name			
NM101	Entity Identifier	IL	NM1{IL{1{BUSH{JOAN{W~ PER{IP{{HP{6025669087{TE{6025559111~ N3{2 N FIFTH ST{APT 101~ N4{PHOENIX{AZ{85034{{CY{13~ DMG{D8{19760423{F{U{H~ LUI{LE{ENG{{6~
NM102	Entity Qualifier	1	
NM103	Last Name	BUSH	
NM104	First Name	JOAN	
NM105	Middle Name	W	
PER01	Contact Function Code	IP (Insured Party)	
PER03	Comm Number Qual	HP (Home Phone)	
PER04	Residence Ph Num	6025669087	
PER05	Emergency Phone Qual	TE	
PER06	Emergency Phone Num	6025559111	
N301	Member Residence	2 N. FIFTH ST	
N302	Residence Line 2	APT 101	
N401	Member Residence City	PHOENIX	
N402	State	AZ	
N403	ZIP	85034	
N405	Location Qualifier	CY (County/Parish)	
N406	Location ID Code	13 (AHCCCS County Code)	
DMG01	Date Format	D8	
DMG02	Member DOB	19721201	
DMG03	Gender	F	
DMG04	Marital Status	U	
DMG05	Race	H	
LUI01	Lang Code Qual	LE (ISO 639)	
LUI02	Mbr Language Cd	ENG	
LUI06	Use of Language Ind	6 (Written)	
2100C Member Mailing Address			
Only present if different from residential address			
<i>NM101</i>	<i>Entity Identifier Code</i>	<i>31</i>	NM1{31{1~ N3{P.O. BOX 123~ N4{PHOENIX{AZ{85034~
<i>NM102</i>	<i>Entity Type Qualifier</i>	<i>1</i>	
<i>N301</i>	<i>Member Mail Street</i>	<i>P.O. Box 123</i>	
<i>N302</i>	<i>2nd Mbr Mail Street</i>		
<i>N401</i>	<i>Member Mail City,</i>	<i>Phoenix</i>	
<i>N402</i>	<i>State</i>	<i>AZ</i>	
<i>N403</i>	<i>ZIP</i>	<i>85034</i>	
2300 Health Coverage			
HD01	Maintenance Type Code	021	HD{021{{HMO~ DTP{348{D8{20091128~ DTP{349{D8{20091231~ REF{CE{A~
HD03	Ins Line Cd	HMO	
DTP01	Date/TimeQualifier	348 (Benefits Begin)	
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20091128 (Enrol From Dt)	
DTP01	Date/TimeQualifier	349 (Benefits Begin)	
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20091231 (Enroll End Dt)	
REF01	Ref ID Qualifier	CE (Class of Contract)	
REF02	Ins'd Group/Policy #	A (Contract Type)	

Data Elements in Italics indicate "if available"

2700 Additional Reporting Categories			
LS01	Loop Identifier Code	2700	
LX01	Assigned Number	1	
N101	Entity Identifier Code	75 (Participant)	LS{2700~
N102	Name	ACTION CODE	LX{1~
REF01	Reference Id Qual	ZZ (Mutually Defined)	N1{75{ACTION CODE~
REF02	Reference Identification	FC (Freedom of Choice)	REF{ZZ{FC~
LX01	Assigned Number	2	LX{2~
N101	Entity Identifier Code	75 (Participant)	N1{75{RATE CODE~
N102	Name	RATE CODE	REF{ZZ{1007~
REF01	Reference Id Qual	ZZ (Mutually Defined)	LX{3~
REF02	Reference Identification	1007 (Rate Code)	N1{75{PRIOR PLAN~
LX01	Assigned Number	3	REF{ZZ{456458ANY HP~
N101	Entity Identifier Code	75 (Participant)	LX{4~
N102	Name	PRIOR PLAN	N1{75{COPAY LEVEL~
REF01	Reference Id Qual	ZZ (Mutually Defined)	REF{ZZ{40~
REF02	Reference Identification	456458ANY HP (Enrolled plan within last 90 days)	LE{2700~
LX01	Assigned Number	4	
N101	Entity Identifier Code	75 (Participant)	
N102	Name	COPAY LEVEL	
REF01	Reference Id Qual	ZZ (Mutually Defined)	
REF02	Reference Identification	40 (Copayment Level)	
LE01	Loop Identified Code	2700	
			SE{40{0001~