

		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	N1{P5{AHCCCS{FI{866004791~
Plan Sponsor	AHCCCS	
Qualifier	F1	
Sponsor ID	866004791	
1000B Payer		
Entity Identifier:	IN	N1{IN{PERFECT HEALTH PLAN{FI{681234567~
Insurer Name:	Perfect Health Plan	
Qualifier:	F1	
Insurer Identification Code:	681234567	
2000 Member Level Detail		
INS01 Insured Indicator:	Y	INS{Y{18{021{28{A{C{AC~ REF{0F{C22222222~ REF{3H{C14725836~ REF{17{H00000001~ DTP{356{D8{20091201~
INS02 Relationship Code	18	
INS03 Maintenance Type	021 (Addition)	
INS04 Maintenance Reason	28 (Initial Enrollment)	
INS05 Benefit Status	A	
INS06 Medicare Plan Code	C (Medicare)	
INS08 Employment Status	AC	
<i>INS11 Date/Time Qualifier</i>	<i>D8</i>	
<i>INS12 Date of Death</i>		
REF01 Subscriber Number Qual	0F (Subscriber Number)	
REF02 AHCCCS ID	C22222222	
<i>REF01 Case Number Qualifier</i>	<i>3H</i>	
<i>REF02 Case ID</i>	<i>C14725836</i>	
<i>REF01 ID Qualifier Qual</i>	<i>Q4</i>	
<i>REF02 Primary AHCCCS ID</i>		
<i>REF01 ID Qualifier</i>	<i>17</i>	
<i>REF02 Voucher Number</i>	<i>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</i>	<i>356 (Eligibility Begin)</i>	
<i>DTP02 Date Time Period</i>	<i>D8</i>	
<i>DTP03 Status Information Eff dt</i>	<i>20091201</i>	

2100A Member Name		
NM101	Entity Identifier	IL
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
LUI04	Language Cd 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>
<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
HD03	Ins Line Cd	HMO
DTP01	Date/TimeQualifier	348 (Benefits Begin)
DTP02	Date/Time Format	D8
DTP03	Coverage Period	20091128 (Enrol From Dt)
REF01	Ref ID Qualifier	CE (Class of Contract)
REF02	Ins'd Group/Policy #	A (Contract Type)

2700 Additional Reporting Categories		
LS01	Loop Identifier Code	2700
LX01	Assigned Number	1
N101	Entity Identifier Code	75 (Participant)
N102	Name	ACTION CODE
REF01	Reference Id Qual	ZZ (Mutually Defined)
REF02	Reference Identification	FC (Freedom of Choice)
LX01	Assigned Number	2
N101	Entity Identifier Code	75 (Participant)
N102	Name	RATE CODE
REF01	Reference Id Qual	ZZ (Mutually Defined)
REF02	Reference Identification	1007 (Rate Code)
LX01	Assigned Number	3
N101	Entity Identifier Code	75 (Participant)
N102	Name	PRIOR PLAN
REF01	Reference Id Qual	ZZ (Mutually Defined)
REF02	Reference Identification	456458ANY HP (Enrolled plan within last 90 days)
<i>LX01</i>	<i>Assigned Number</i>	<i>4</i>
<i>N101</i>	<i>Entity Identifier Code</i>	<i>75 (Participant)</i>
<i>N102</i>	<i>Name</i>	<i>COPAY LEVEL</i>
<i>REF01</i>	<i>Reference Id Qual</i>	<i>ZZ (Mutually Defined)</i>
<i>REF02</i>	<i>Reference Identification</i>	<i>40 (Copayment Level)</i>
<i>DTP01</i>	<i>Date/Time Qualifier</i>	<i>007 (Effective)</i>
<i>DTP02</i>	<i>Date/Time Format</i>	<i>D8 (CCYYMMDD)</i>
<i>DTP03</i>	<i>Co-Pay Effective Dt</i>	<i>20091201</i>
LE01	Loop Identified Code	2700

LS{2700~
LX{1~
N1{75{ACTION CODE~
REF{ZZ{FC~
LX{2~
N1{75{RATE CODE~
REF{ZZ{1007~
LX{3~
N1{75{PRIOR PLAN~
REF{ZZ{456458ANY HP~
LX{4~
N1{75{COPAY LEVEL~
REF{ZZ{40~
DTP{007{D8{20091201~
LE{2700~

2000 Member Level Detail			**COB ONLY**
INS01	Insured Indicator:	Y	INS{Y{18{001{AI{A{E{AC~ REF{0F{C22222222~ DTP{303{D8{20091128~
INS02	Relationship Code	18	
INS03	Maintenance Type	001 (Change)	
INS04	Maintenance Reason	AI (No reason given)	
INS05	Benefit Status	A	
INS06	Medicare Plan Code	E (No Medicare)	
INS08	Employment Status	AC	
REF01	Subscriber Number Qual	0F (Subscriber Number)	
REF02	AHCCCS ID	C22222222	
DTP01	Date/Time Qualifier	303 (Effective Date)	
DTP02	Date Time Period	D8	
DTP03	Status Information Eff Dt	20091128	
2100A Member Name			
NM101	Entity Identifier	IL	NM1{IL{1{BUSH{JOAN{W~
NM102	Entity Qualifier	1	
NM103	Last Name	BUSH	
NM104	First Name	JOAN	
NM105	Middle Name	W	
2300 Health Coverage			
HD01	Maintenance Type Code	001	HD{001{{MM~ DTP{348{D8{20090101~
HD03	Ins Line Cd	MM	
DTP01	Date/TimeQualifier	348 (Benefits Begin)	
DTP02	Date/Time Format	D8	
DTP03	Coverage Period	20090101 (Enrol From Dt)	
2320 Coordination of Benefits			
COB01	Payer Respons. Code	U	COB{U{12338465456{5~ REF{6P{G121~ REF{6O{01~ DTP{344{D8{20090601~
COB02	Reference Identificaiton	M12338465456 (Medical+Policy number)	
COB03	Coordination Benefits Cd	5 (Unknown)	
REF01	Reference ID Qualifier	6P (Group Number)	
REF02	Reference Identification	G121	
REF01	Reference ID Qualifier	6O (Account Suffix code)	
REF02	Reference Identification	01 (Sequence number)	
DTP01	Date/Time Qualifier	344	
DTP02	Date Time Format	D8	
DTP03	Coverage Period	20090601 (COB Begin)	

2330 Coordination of Benefits Related Entity		
NM101 Entity Identifier	IN	NM1{IN{2{12456SOME COB TPL~ N3{801 E JEFFERSON~ N4{PHOENIX{AZ{85034~ PER{CN{{TE{6025559111~
NM102 Entity Qualifier	2	
NM103 Organization Name	12456SOME COB TPL	
N301 Address Information	801 E Jefferson	
<i>N302 Address Information</i>		
N401 City Name	Phoenix	
N402 State	AZ	
N403 Zip Code	85034	
PER01 Contact Function Code	CN (General Contact)	
PER03 Communications Qualifier	TE	
PER04 Communications Number	6025559111	
2320 Coordination of Benefits		
COB01 Payer Respons. Code	U	COB{U{777551212A{5~ REF{60{02~ DTP{344{D8{20090801~
COB02 Reference Identificaiton	777551212A (Medicare Claim ID)	
COB03 Coordination Benefits Cd	5 (Unknown)	
REF01 Reference ID Qualifier	60 (Account Suffix code)	
REF02 Reference Identification	02 (Sequence number)	
DTP01 Date/Time Qualifier	344	
DTP02 Date Time Format	D8	
DTP03 Coverage Period	20090801 (Medicare Pt A Begin)	
2330 Coordination of Benefits Related Entity		
NM101 Entity Identifier	IN	NM1{IN{2{00050MEDICARE PART A~ N3{NO ADDRESS KNOWN~ N4{NO CITY{AZ{85034~
NM102 Entity Qualifier	2	
NM103 Organization Name	00050MEDICARE PART A	
N301 Address Information	No Address Known	
<i>N302 Address Information</i>		
N401 City Name	No City	
N402 State	AZ	
N403 Zip Code	85034	

2320 Coordination of Benefits			
COB01	Payer Respons. Code	U	COB{U{777551212A{5~ REF{60{03~ DTP{344{D8{20090801~
COB02	Reference Identificaiton	777551212A (Medicare Claim ID)	
COB03	Coordination Benefits Cd	5 (Unknown)	
REF01	Reference ID Qualifier	60 (Account Suffix code)	
REF02	Reference Identification	03 (Sequence number)	
DTP01	Date/Time Qualifier	344	
DTP02	Date Time Format	D8	
DTP03	Coverage Period	20090801 (Medicare Pt B Begin)	
2330 Coordination of Benefits Related Entity			
NM101	Entity Identifier	IN	NM1{IN{2{00051MEDICARE PART B~ N3{NO ADDRESS KNOWN~ N4{NO CITY{AZ{85034~
NM102	Entity Qualifier	2	
NM103	Organization Name	00051MEDICARE PART B	
N301	Address Information	No Address Known	
<i>N302</i>	<i>Address Information</i>		
N401	City Name	No City	
N402	State	AZ	
N403	Zip Code	85034	