ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM (AHCCCS)

Standard Companion Guide
Transaction Information

Instructions related to Transactions based on ASC X12 Implementation Guides, version 005010

Companion Guide Version Number: 0.2
October 1, 2010
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Transaction Instruction (TI)

1. TI Introduction

1.1 Background

1.1.1 Overview of HIPAA Legislation
The Health Insurance Portability and Accountability Act (HIPAA) of 1996 carries 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

1.1.2 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 a 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).

1.1.3 Compliance according to ASC X12
ASC X12 requirements include specific restrictions that prohibit trading partners from:
- Modifying any defining, explanatory, or clarifying content contained in the implementation guide.
- Modifying any requirement contained in the implementation guide.
1.2 Intended Use
The Transaction Instruction component of this companion guide must be used in conjunction with an associated ASC X12 Implementation Guide. The instructions in this companion guide are not intended to be stand-alone requirements documents. This companion guide conforms to all the requirements of any associated ASC X12 Implementation Guides and is in conformance with ASC X12’s Fair Use and Copyright statements.

2. Included ASC X12 Implementation Guides

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3. Instruction Tables

3.1 834 Benefit Enrollment and Maintenance

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| 2320 | REF02 | Reference Identification INS-GRP-NUM or PART D DRUG PLAN ID NUMBER | Sent in 2300 COB loop only (when HD03=MM)
Not used for Medicare Part A or B |
| 2330 | NM1  | Coordination of Benefits Related Entity | |
| 2330 | NM103| Name Last or Organization Name MASTER CARRIER ID + CARRIER NAME/ MEDICARE PLAN NAME | Sent in 2300 COB loop only (when HD03=MM)
If present, Medicare Part A Carrier ID = 00050,
Medicare Part B Carrier ID = 00051 and
Medicare Part D Carrier ID = 00052. |
| 2750 | REF  | Reporting Category Reference | |
| 2750 | REF02| Reference Identification | Populated with an Action Code |
| 2750 | N1   | Reporting Category | |
| 2750 | N102 | Name Prior Plan New Plan | Populated with literal “Prior Plan” only when last member enrollment was within 90 days and with a different plan.
Populated with literal “New Plan” only when member is enrolled in a different plan the day after the term date. |
| 2750 | REF  | Reporting Category Reference | |
| 2750 | REF02| Reference Identification | Prior Plan uses:
PRIOR PLAN ID (6) + PRIOR PLAN NAME (25)
New Plan uses:
HMO PLAN ID (6) + HMO PLAN NAME (25) |
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| 2300B   | RMR02     | Insurance Remittance Reference Number     | Contract Type X(1) + County X(2) + Rate Code X(4) + Voucher Number X(9) | AHCCCS strings the following fixed-length fields:  
• Contract Type X(1)  
• County X(2)  
• Rate Code X(4)  
• Voucher Number X(9) |
### 4. TI Additional Information

#### 4.1 Business Scenarios

##### 4.1.1 834 Crib Notes

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**2000 MEMBER LEVEL DETAIL (>1)**

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| INS01   | Yes/No Condition or   | R         | ID | 1-1       |             | Y   | Y         | Y             | Y            | Y               | Y               | Y             | Y            | Y          | Y    |                      |         |       |
| INS02   | Individual Relationship| R         | ID | 2-2       |             | 18  | 18        | 18            | 18           | 18              | 18              | 18            | 18           | 18         | 18   |                      |         |       |
| INS03   | Maintenance Type Code | R         | ID | 3-3       |             | 021 | 024       | 001           | 001          | 001             | 001             | 001          | 001         | 001        | 030  | 030                  |         |       |
| INS04   | Maintenance Reason    | S         | ID | 2-3       |             | 02  | Birth     | 03  | Death     | 43  | Change of location | 33  | Personnel Data   | 25  | Plan Change | AI  | No Reason Given   | 29  | Benefit Selection | 33  | Personnel Data | AI  | No Reason Given   |   | XN - Notification Only | XN - Notification Only |
| INS05   | Benefit Status Code   | R         | ID | 1-1       |             | A   | A         | A             | A            | A               | A               | A            | A            | A          | A    |                      |         |       |
| INS06-1 | Medicare Plan Code    | R         | ID | 1-1       |             | MED- | CODE   | MED- | CODE   | MED- | CODE           | MED- | CODE        | MED- | CODE   | MED- | CODE        | MED- | CODE   | MED- | CODE           | MED- | CODE   |
| INS08   | Employment Status     | S         | ID | 2-2       |             | AC  | TE        | AC             | AC           | AC              | AC              | AC           | AC           | AC         | AC   |                      |         |       |
| INS11   | Date Time Period      | S         | ID | 2-3       |             | D8  | D8        |                |              |                |                |              |              |            |      |                      |         |       |</p>
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### Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

#### Element | Identifier Description | Usage Req | ID | Min - Max | AHCCCS Note | ADD | DISENROLL | ADDRESS CHANGE | COPAY CHANGE | DOB NAME SEX CHANGE | MH CHANGE OR TERM | PREGNANCY OR NICU | RATE CODE CHANGE | SOC CHANGE | COB | DAILY ON 1ST OF MONTH | MONTHLY | EMPTY |
N301 | Address Information | R | AN | 1-55 | Needed until Errata approved | RES STR1 | RES STR1 | RES STR1 | RES STR1 | RES STR1 | RES STR1 | RES STR1 | RES STR1 | RES STR1 | RES STR1 | RES STR1 | RES STR1 | RES STR1 | RES STR1 |
N4 | Member Residence City, State, ZIP Code | S | | | | | | | | | | | | | | | | | |
N401 | City Name | R | AN | 2-30 | | | | | | | | | | | | | | | | |
N402 | State or Province Code | S | AN | 2-2 | | | | | | | | | | | | | | | | |
N403 | Postal Code | S | ID | 3-15 | | ZIP | ZIP | ZIP | ZIP | ZIP | ZIP | ZIP | ZIP | ZIP | ZIP | ZIP | ZIP | ZIP | ZIP | ZIP |
N405 | Location Qualifier | S | ID | 1-2 | | CY | CY | CY | CY | CY | CY | CY | CY | CY | CY | CY | CY | CY | CY |
N406 | Location Identifier | S | AN | 1-30 | | CTY CODE | CTY CODE | CTY CODE | CTY CODE | CTY CODE | CTY CODE | CTY CODE | CTY CODE | CTY CODE | CTY CODE | CTY CODE | CTY CODE | CTY CODE | CTY CODE |
DMG | Member Demographics | S | | | | | | | | | | | | | | | | | |
DMG01 | Date Time Period Format Qualifier | R | ID | 2-3 | | D8 | D8 | D8 | D8 | D8 | D8 | D8 | D8 | D8 | D8 | D8 | D8 | D8 | D8 | D8 |
DMG02 | Date Time Period | R | AN | 1-35 | | DOB | DOB | DOB | DOB | DOB | DOB | DOB | DOB | DOB | DOB | DOB | DOB | DOB | DOB | DOB |
DMG03 | Gender Code | R | ID | 1-1 | | GENDER | GENDER | GENDER | GENDER | GENDER | GENDER | GENDER | GENDER | GENDER | GENDER | GENDER | GENDER | GENDER | GENDER | GENDER |
DMG04 | Marital Status Code | S | ID | 1-1 | | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS | MARITAL STATUS |
DMG05-1 | Race or Ethnicity Code | S | ID | 1-1 | | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY | ETHNICITY |
LUI | Member Language | S | | | | | | | | | | | | | | | | | |
LUI01 | Identification Code Qualifier | S | ID | 1-2 | | LE | LE | LE | LE | LE | LE | LE | LE | LE | LE | LE | LE | LE | LE | LE |
LUI02 | Identification Code | S | AN | 2-80 | | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE | LANGUAGE |
LUI04 | Use of Language Indicator | S | ID | 1-2 | | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6 | 6
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**2300 HEALTH COVERAGE( 99 )**

| HD      | Health Coverage | S         |    |            |              |     |           |                |              |                   |                 |                |                |            |     |                        |         |        |
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| HD01    | Maintenance Type Code | R ID      | 3-3 | | 021 |   |   | | | | | | | | | | |
| HD03    | Insurance Line Code  | R ID      | 2-3 | | HMO |   |   | | | | | | | | | | |

**DTP Health Coverage Dates**

| DTP     | Health Coverage Dates | R         |    |            |              |     |           |                |              |                   |                 |                |                |            |     |                        |         |        |
|---------|------------------------|-----------|----|------------|--------------|-----|-----------|----------------|--------------|-------------------|-----------------|----------------|----------------|-----------|-----|                        |         |        |
| DTP01   | Date/Time Qualifier    | R ID      | 3-3 | | 348 349 |   |   | | | | | | | | | | |
| DTP02   | Date Time Period Format Qualifier | R ID | 2-3 | D8 | | | | | | | | | | | | |
| DTP03   | Date Time Period       | R AN      | 1-35 | | Begin Date End Date | | | | | | | | | | | |

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| DTP03  | Date Time Period | R | AN | 1-35 | SOC | SOC |

### AMT Health Coverage Policy

| AMT01  | Amount Qualifier Code | R | ID | 1-3 | C1 | C1 |
| AMT02  | Monetary Amount | R | R | 1-18 | SOC-AMT | SOC-AMT |

### REF Health Coverage Policy Number

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OCTOBER 2010 ● 005010

28
| Element | Identifier Description | Usage Req | ID | Min - Max | AHCCCS Note | DTP | ADD | DISENROLL | ADDRESS CHANGE | COPAY CHANGE | DOB NAME SEX CHANGE | MH CHANGE OR TERM | PREGNANCY OR NICU | RATE CODE CHANGE | SOC change | COB | DAILY ON 1st OF MONTH | MONTHLY | EMPTY |
|---------|------------------------|-----------|----|-----------|-------------|-----|-----|-----------|----------------|--------------|-----------------|------------------|-----------|-------|------------------------|---------|--------|
|         |                        |           |    |           |             |     |     |           |                |              |                 |                  |            |       |                        |         |        |
| N102    | Name                   | R AN      | 1-60 | 1-60      | "Rate Code" |     |     |           |                |              |                 |                  |            |       |                        |         |        |
| REF     | Reporting Category     | S         |     |           |             |     |     |           |                |              |                 |                  |            |       |                        |         |        |
| REF01   | Reference Identification | R ID      | 2-3 | 9V        |             |     |     |           |                |              |                 |                  |            |       |                        |         |        |
| REF02   | Reference Identification | R AN      | 1-50| RATE CODE |             |     |     |           |                |              |                 |                  |            |       |                        |         |        |
| DTP     | Reporting Category     | S         |     |           |             |     |     |           |                |              |                 |                  |            |       |                        |         |        |
| DTP01   | Date/Time Qualifier    | R ID      | 3-3 | 007       |             |     |     |           |                |              |                 |                  |            |       |                        |         |        |
| DTP02   | Date Time Period Format Qualifier | R ID | 2-3 | D8        |             |     |     |           |                |              |                 |                  |            |       |                        |         |        |
| DTP03   | Date Time Period       | R AN      | 1-35| Begin Date|             |     |     |           |                |              |                 |                  |            |       |                        |         |        |

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- **ADD** - Use Prior Plan only when last member enrollment was within 90 days and with a different plan.
- **DISENROLL** - Use New Plan only when member is enrolled in a different plan the day after the term date.

**REF** Reporting Category Reference

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**REF02** Reference Identification

**DTP** Reporting Category Date

**DTP01** Date/Time Qualifier

**DTP02** Date Time Period Format Qualifier
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| Incrementing number                    |              |

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**REF02** Reference Identification | R | AN | 1-50 | |
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**DTP01** Date/Time Qualifier | R | ID | 3-3 | |
**DTP02** Date Time Period Format Qualifier | R | ID | 2-3 | |
**DTP03** Date Time Period | R | AN | 1-35 | |

### 2710 MEMBER REPORTING CATEGORIES ( >1 )

**LX** Member Reporting Categories | S | | | |
**LX01** Assigned Number | R | N0 | 1-6 | Incrementing number |

### 2750 REPORTING CATEGORY ( 1 )

**N1** Reporting Category | S | | | |
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**N102** Name | R | AN | 1-60 | “CRS” |
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**REF01** Reference Identification Qualifier | R | ID | 2-3 | |
**REF02** Reference Identification | R | AN | 1-50 | |

**AHCCCS Note**
- ADD
- DISENROLL
- ADDRESS CHANGE
- COPAY CHANGE
- DOB NAME SEX CHANGE
- MH CHANGE OR TERM
- PREGNANCY OR NICU
- RATE CODE CHANGE
- SOC CHANGE
- COB
- DAILY ON 1ST OF MONTH
- MONTHLY
- EMPTY

**Ref01** Reference Identification Qualifier
- PID

**Ref02** Reference Identification
- AZEIP
- CLIENT ID
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4.1.2 820 Examples

4.1.2.1 Normal 820 Example

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

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ST 820 Header

| ST01   | Transaction Set Identifier Code                     | 820                                                                   |
| ST02   | Transaction Set Control                              | 0000000001                                                            |
| ST03   | Implementation Convention                           | 005010X218                                                            |

BPR Financial Information

| BPR01  | Transaction Handling Code                           | I - Remittance Info Only                                              |
| BPR02  | Total Premium Payment Amount                        | 49.86                                                                 |
| 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                             | 000000000075939                                                       |
| TRN03  | Originating Company Identifier                       | 1866004791                                                            |

REF Premium Receivers

<p>| REF01  | Reference Identification Qualifier                  | 14-Master Account Number                                              |</p>
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4.1.2.2 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

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**1000A PREMIUM RECEIVER’S NAME**

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**1000B PREMIUM PAYER’S NAME**

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**2000A ORGANIZATION SUMMARY**

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### Element Identifier Description Values

#### 2300A ORGANIZATION SUMMARY

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#### 2000B INDIVIDUAL REMITTANCE

**MEMBER #1**

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**2100B INDIVIDUAL NAME**

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### 4.1.2.3 BHS Example

For BHS 820, Move (D Rec) ELG-GROUP+(D Rec) TOTAL-GROUP-CAP from SLN01:

1. Move the ELG-GROUP (or "MANUAL ENTRY") to be concatenated with the Invoice number in 2300/RMR02
2. Move the TOTAL-GROUP-CAP to the 2300/RMR04 to replace the INV-AMT-PAID. The INV-AMT-PAID was equal to the BPR02 value for BHS.

Note:

1. The 2300A/RMR segment may occur more than 1x per 2000A/ENT loop.
2. Sum of all RMR04=BPR02

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### 2000A ORGANIZATION SUMMARY REMITTANCE

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### 2300A ORGANIZATION SUMMARY REMITTANCE DETAIL

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### 2315A MEMBER COUNT

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### 2300A ORGANIZATION SUMMARY REMITTANCE

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### Element Identifier Description Values

#### RMR
- **RMR**: Organization Summary Remittance Detail
- **RMR01**: Reference Identification Qualifier
  - IK – Invoice Number
- **RMR02**: Contract, Invoice, Account, Group, or Policy Number
  - TXXI ADUP00124334 (ELG-GROUP or “MANUAL ENTRY” +VOU-ID-BHS)
- **RMR03**: Payment Action Code
  - Not used
- **RMR04**: Detail Premium Payment Amount
  - 33773.49

#### DTM Coverage Period
- **DTM01**: Date/Time Qualifier
  - 582 - Report Period
- **DTM05**: Date Time Period Format Qualifier
  - RD8
- **DTM06**: Coverage Period
  - 20091101-20091130

#### IT1 2310A SUMMARY LINE ITEM
- **IT1**: IT1 Segment - Summary Line Item
- **IT101**: Line Item Control Number
  - 2

#### SLN 2315A MEMBER COUNT
- **SLN**: SLN Segment - Member Count
- **SLN01**: Line Item Control Number
  - 2
- **SLN03**: Information Only Indicator
  - O – Information Only
- **SLN04**: Head Count
  - Group count
- **SLN05**: Unit or Basis for Measurement Code
  - IE - Person

#### SE Transaction Set Trailer
- **SE01**: Number of Included Segments
- **SE02**: Transaction Set Control Number

### 4.1.2.4 BHS Adjustment Example

For BHS 820, Move (D Rec) ELG-GROUP+(D Rec) TOTAL-GROUP-CAP from SLN01:

1. Move the ELG-GROUP (or "MANUAL ENTRY") to be concatenated with the Invoice number in 2300/RMR02
2. Move the TOTAL-GROUP-CAP to the 2300/RMR04 to replace the INV-AMT-PAID. The INV-AMT-PAID was equal to the BPR02 value for BHS.

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<th>Element</th>
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<td>Address Information</td>
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<tr>
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<td>85034</td>
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1000A PREMIUM RECEIVER’S NAME

1000B PREMIUM PAYER’S NAME
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<thead>
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<th>Element</th>
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<th>Values</th>
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<td>City Name</td>
<td>PHOENIX</td>
</tr>
<tr>
<td>N402</td>
<td>State or Province Code</td>
<td>AZ</td>
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<td>N403</td>
<td>Postal Code</td>
<td>85034</td>
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<table>
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<tr>
<th>2000A ORGANIZATION SUMMARY REMITTANCE</th>
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<tbody>
<tr>
<td>ENT Organization Summary Remittance</td>
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<tr>
<td>ENT01 Assigned Number</td>
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<tr>
<td>ENT02 Entity Identifier Code</td>
</tr>
<tr>
<td>ENT03 Identification Code Qualifier</td>
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<td>ENT04 Identification Code</td>
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<tr>
<td>RMR Organization Summary Remittance Detail</td>
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<tr>
<td>RMR01 Reference Identification Qualifier</td>
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<tr>
<td>RMR02 Contract, Invoice, Account, Group, or Policy Number</td>
</tr>
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<td>RMR03 Payment Action Code</td>
</tr>
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<td>RMR04 Detail Premium Payment Amount</td>
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<td>RMR05 Billed Premium Amount</td>
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<td>IT101 Line Item Control Number</td>
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<tr>
<td>SLN03 Information Only Indicator</td>
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<td>SLN04 Head Count</td>
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<td>SLN05 Unit or Basis for Measurement Code</td>
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<tr>
<td>Element</td>
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<tr>
<td>---------</td>
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<tr>
<td>ADX01</td>
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SE Transaction Set Trailer
SE01 Number of Included Segments
SE02 Transaction Set Control Number

4.1.2.5 CRS Example

<table>
<thead>
<tr>
<th>Element</th>
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<tbody>
<tr>
<td>ISA08</td>
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<td>990123456 (HP TAX ID; 3-character Health Plan acronym removed)</td>
</tr>
<tr>
<td>ISA11</td>
<td>Repetition Separator</td>
<td>^</td>
</tr>
<tr>
<td>ISA12</td>
<td>Interchange Control Version Number</td>
<td>00501</td>
</tr>
<tr>
<td>GS01</td>
<td>Functional Identifier Code</td>
<td>RA</td>
</tr>
<tr>
<td>GS02</td>
<td>Application Sender’s Code</td>
<td>AHCCCS866004791</td>
</tr>
<tr>
<td>GS03</td>
<td>Application Receiver’s Code</td>
<td>010101</td>
</tr>
<tr>
<td>GS04</td>
<td>Functional group creation date</td>
<td>CCYYMMDD</td>
</tr>
<tr>
<td>GS05</td>
<td>Time</td>
<td>02190182</td>
</tr>
<tr>
<td>GS06</td>
<td>Group Control Number</td>
<td>294021901</td>
</tr>
<tr>
<td>GS07</td>
<td>Responsible Agency Code</td>
<td>X</td>
</tr>
<tr>
<td>GS08</td>
<td>Version / Release / Industry Identifier Code; no addenda</td>
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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 | 376190.47 |
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 | 20100210 |

TRN Reassociation Trace Number
TRN01 Trace Type Code | 3 - Financial Reassociation Trace Number |
TRN02 Reference Identification | 000000000000253 |
TRN03 Originating Company Identifier | 1866004791 |

REF Premium Receivers Identification Key
REF01 Reference Identification Qualifier | 14-Master Account Number |
REF02 Premium Receiver Reference Identifier | 999111 |
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<thead>
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<th>Element</th>
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<th>Values</th>
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</thead>
<tbody>
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<td>Coverage Period</td>
<td></td>
</tr>
<tr>
<td>DTM01</td>
<td>Date/Time Qualifier</td>
<td>582 - Report Period</td>
</tr>
<tr>
<td>DTM05</td>
<td>Date Time Period Format Qualifier</td>
<td>RD8</td>
</tr>
<tr>
<td>DTM06</td>
<td>Coverage Period</td>
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1000A PREMIUM RECEIVER’S NAME

<table>
<thead>
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<tr>
<td>N101</td>
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<tr>
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1000B PREMIUM PAYER’S NAME

<table>
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1000B PREMIUM PAYER’S NAME

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</thead>
<tbody>
<tr>
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<tr>
<td>N102</td>
<td>Premium Payer Name</td>
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1000B PREMIUM PAYER’S NAME

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<thead>
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<td>Entity Identifier Code</td>
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ENT Organization Summary Remittance

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<tbody>
<tr>
<td>ENT02</td>
<td>Entity Identifier Code</td>
<td>2L – Corporation</td>
</tr>
<tr>
<td>ENT03</td>
<td>Identification Code Qualifier</td>
<td>FI – Federal TIN</td>
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<td>ENT04</td>
<td>Organization Identification Code</td>
<td>866004791</td>
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2300A Organization Summary Remittance Detail

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<th>RMR</th>
<th>Individual Premium Remittance Detail</th>
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<tbody>
<tr>
<td>RMR01</td>
<td>Reference Identification Qualifier</td>
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<tr>
<td>RMR02</td>
<td>Contract, Invoice, Account, Group, or Policy Number</td>
</tr>
<tr>
<td>RMR04</td>
<td>Detail Premium Payment Amount</td>
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2300A Organization Summary Remittance Detail

<table>
<thead>
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<th>RMR</th>
<th>Individual Premium Remittance Detail</th>
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</thead>
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<td>RMR01</td>
<td>Reference Identification Qualifier</td>
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<tr>
<td>RMR02</td>
<td>Contract, Invoice, Account, Group, or Policy Number</td>
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<td>RMR04</td>
<td>Detail Premium Payment Amount</td>
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<tr>
<td>Element</td>
<td>Identifier Description</td>
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<tr>
<td>---------</td>
<td>------------------------</td>
</tr>
<tr>
<td>RMR01</td>
<td>Reference Identification Qualifier</td>
</tr>
<tr>
<td>RMR02</td>
<td>Contract, Invoice, Account, Group, or Policy Number</td>
</tr>
<tr>
<td>RMR04</td>
<td>Detail Premium Payment Amount</td>
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<tr>
<td>DTM</td>
<td>Individual Coverage Period</td>
</tr>
<tr>
<td>DTM01</td>
<td>Date/Time Qualifier</td>
</tr>
<tr>
<td>DTM05</td>
<td>Date Time Period Format Qualifier</td>
</tr>
<tr>
<td>DTM06</td>
<td>Date Time Period</td>
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<td>Reference Identification Qualifier</td>
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<tr>
<td>RMR02</td>
<td>Contract, Invoice, Account, Group, or Policy Number</td>
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<td>Detail Premium Payment Amount</td>
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<td>Individual Coverage Period</td>
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<td>Date/Time Qualifier</td>
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<td>DTM05</td>
<td>Date Time Period Format Qualifier</td>
</tr>
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<td>Date Time Period</td>
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<tr>
<td>SE</td>
<td>Transaction Set Trailer</td>
</tr>
<tr>
<td>SE01</td>
<td>Number of Included Segments</td>
</tr>
<tr>
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<td>Transaction Set Control Number</td>
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### 4.1.2.6 CRS Manual Payment Example

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<td>990123456 (HP TAX ID; 3-character Health Plan acronym removed)</td>
</tr>
<tr>
<td>ISA11</td>
<td>Repetition Separator</td>
<td>^</td>
</tr>
<tr>
<td>ISA12</td>
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</tr>
<tr>
<td>GS01</td>
<td>Functional Identifier Code</td>
<td>RA</td>
</tr>
<tr>
<td>GS02</td>
<td>Application Sender’s Code</td>
<td>AHCCCS866004791</td>
</tr>
<tr>
<td>GS03</td>
<td>Application Receiver’s Code</td>
<td>010101</td>
</tr>
<tr>
<td>GS04</td>
<td>Functional group creation date</td>
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<td>GS05</td>
<td>Time</td>
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</tr>
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<td>Element</td>
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<td>Date Time Period Format Qualifier</td>
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<td>N302</td>
<td>Address Information</td>
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</tr>
<tr>
<td>N402</td>
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</tr>
<tr>
<td>N403</td>
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<td>85034</td>
</tr>
</tbody>
</table>

1000A PREMIUM RECEIVER’S NAME

1000B PREMIUM PAYER’S NAME

N1 Premium Payer’s Name
### Arizona Health Care Cost Containment System (AHCCCS) Companion Guide

**Element** | **Identifier Description** | **Values**
--- | --- | ---
N101 | Entity Identifier Code | PR
N102 | Premium Payer Name | AHCCCS

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<thead>
<tr>
<th>Element</th>
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<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>N301</td>
<td>Premium Payer Address Line</td>
<td>801 E JEFFERSON ST</td>
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</tbody>
</table>

**N4**

<table>
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<tr>
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</thead>
<tbody>
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<td>N401</td>
<td>City Name</td>
<td>PHOENIX</td>
</tr>
<tr>
<td>N402</td>
<td>State or Province Code</td>
<td>AZ</td>
</tr>
<tr>
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<td>Postal Code</td>
<td>85034</td>
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### ENT Organization Summary

**Remittance**

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<tr>
<th>Element</th>
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<th>Values</th>
</tr>
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<tr>
<td>ENT02</td>
<td>Entity Identifier Code</td>
<td>2L – Corporation</td>
</tr>
<tr>
<td>ENT03</td>
<td>Identification Code Qualifier</td>
<td>FI – Federal TIN</td>
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<tr>
<td>ENT04</td>
<td>Organization Identification Code</td>
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</table>

### 2300A Organization Summary

**Remittance Detail** – 1st occurrence

#### RMR

<table>
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<tr>
<th>Element</th>
<th>Identifier Description</th>
<th>Values</th>
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<tbody>
<tr>
<td>RMR01</td>
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<td>Contract, Invoice, Account, Group, or Policy Number</td>
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</tr>
<tr>
<td>RMR04</td>
<td>Detail Premium Payment Amount</td>
<td>2000 (Invoice Amount Paid; =BPR02)</td>
</tr>
<tr>
<td>RMR05</td>
<td>Billed Premium Amount</td>
<td>3000 (Invoice Amount)</td>
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#### ADX Organization Summary

**Remittance Level Adjustment**

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<th>Values</th>
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</thead>
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</tr>
<tr>
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### SE Transaction Set Trailer

<table>
<thead>
<tr>
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<th>Identifier Description</th>
<th>Values</th>
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</thead>
<tbody>
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### 4.1.2.7 Empty File Example

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4.2 Payer Specific Business Rules and Limitations

4.2.1 834 Enrollment Transaction
The 834 Enrollment Transaction transmits enrollment information from the sponsor of the insurance coverage (AHCCCS) to a health care payer (an AHCCCS Health Plan) on a daily and monthly basis. The daily version of this transaction provides data on initial enrollments, enrollment terminations, and subsequent changes to member-level enrollment data. The monthly version provides a listing of active members that is the basis for the health plan’s monthly capitation pre-payment.

The Daily 834 Enrollment Transaction is used to identify:

- New members for whom the health plan is responsible
- Terminated or deceased members for whom the health plan is no longer responsible
- Demographic changes for each member such as changes in name, address or date of birth
- Other changes for each member such as changes in Rate Code or TPL coverage

The Monthly 834 Enrollment Transaction is used to:

- Reconcile health plan and AHCCCS member files
- Audit updates to health plan data applied from Daily 834 Transactions during the previous month

Member lines on both Daily and Monthly 834 Transactions carry Voucher Numbers when they result in capitation payments or adjustments. Corresponding Voucher Numbers also appear on payment lines in the 820 Capitation Payment Transaction and can be used to link enrollments to member level capitation payments.

4.2.2 820 Capitation Transaction
The 820 Capitation Transaction is a weekly file that provides each AHCCCS health plan with an electronic remittance advice for its capitation payments. AHCCCS makes all capitation payments on a weekly basis with an electronic payment or check to each capitated health plan. The weekly 820 can accumulate and report capitation payments generated during the prior week by Daily Rosters, Monthly Rosters, and ad hoc Mass Adjustment Files. Financial sanctions and other payments to and recoupments from health plans that are not member specific can also be carried on the 820. Partial capitation
payments can be accommodated on the 820 as organization level negative payments.

The AHCCCS Division of Budget and Finance (DBF) control payment data on the 820 through the Oracle Financial System. Finance specifies the Oracle Invoice Numbers (derived from Voucher Numbers generated in PMMIS) to be included in each weekly payment. Although more than one Invoice Number can appear on a Roster, Finance specifies Invoice Numbers in a way that includes full Daily Roster data in each payment. Rosters are not normally split between payments.

Finance makes an exception to the weekly payment inclusiveness rule for Daily or Mass Adjustment Rosters that result in negative payments to a health plan. Because payments cannot be made for negative amounts, these rosters are saved for payment until the next Monthly Pre-Payment Cycle when the payment total is certain to be higher than any negative adjustment.

The 820 Transaction is used to:

- Show monthly capitation pre-payments for each health plan member
- Show pro-rated payments for each health plan member who joined during the previous month
- Show positive or negative adjustments that reflect changes to previous capitation payments
- Show positive or negative Rate Code adjustments based on retroactive capitation rate changes by AHCCCS (mass adjustments)
- Show AHCCCS payments and recoveries that are not member specific, including financial sanctions imposed by AHCCCS due to late encounter submission

For AHCCCS, the concept of retroactive capitation adjustments is different from the adjustments to current payments supported by the 820 Transaction. For this reason, payments and recoupments reported on the 820 are always considered original payments rather than 820 adjustments.
4.3 Frequently Asked Questions
None available at this time.

4.4 Other Resources

4.4.1 AHCCCS Action Code Translation Table

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<thead>
<tr>
<th>Action Type</th>
<th>Action Code</th>
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<tr>
<td>A</td>
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