



**PROVIDER AFFILIATION
TRANSMISSION USER
MANUAL**

EFFECTIVE: JANUARY 1, 2017



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OVERVIEW

AHCCCS has contracts and agreements with Managed Care Organizations and other entities (hereafter referred to as Contractors) to deliver medically necessary services to AHCCCS eligible recipients. The AHCCCS Division of Health Care Management (DHCM) is charged with the responsibility of monitoring the provider networks of Contractors to assure that they are adequate and that they meet the minimum contractual requirements. The Provider Affiliation Transmission (PAT) is an integral part of this monitoring process. Every quarter the Contractors are required to submit information about each individual provider within their network as specified in Contract. Each Contractor is responsible for submitting true and valid information. AHCCCS will regularly conduct verification procedures to monitor the accuracy of the data submitted by the Contractor.

The Contractor must use the specifications found in the following pages. Although certain fields are not edited prior to acceptance of the PAT, these fields may be reviewed by the DHCM Operations Unit. If the PAT is not submitted timely, accurately and complete, the Contractor may be required to make corrections immediately.

If there are any questions regarding the PAT or its submission, they should be directed to the DHCM Operations Unit, Executive Staff Assistant.

DEFINITIONS OF TERMS

*(Terms with asterisk (**)) are included on the File Detail - A1)*

AHCCCS	Arizona Health Care Cost Containment System
**BC INDICATOR	Indicates whether or not a provider is board certified
**BC INDICATOR - ABMS	Indicates whether or not provider types 08(MD) and 31(DO) are certified by the American Board of Medical Specialties (ABMS)
**BC DATE - ABMS	Date of most recent ABMS board certification (required if BC Indicator – ABMS field is populated)
**BC EXPIRATION DATE- ABMS	Date of ABMS board certification expiration (required if BC Indicator– ABMS & BC Date– ABMS fields are populated)
**BH INDICATOR	Indicates whether or not the provider performs behavioral health services
**BH/PCP	Indicates if the PCP treats ADHD, Anxiety or Depression
**CATEGORY OF SERVICE	Classifies a service that a provider can perform (required for the following provider types: 23, 24, 25, 27, 37, 38, 39, 40, 44, 46, 70 and is optional for all other provider types)
**CITY	The city where the provider performs services equals service city
CONDITIONAL	Whether a field is required to be populated on the transmission depends upon the value of another field
**CONTRACT CODE	Defines the contractor’s contracted relationship with the provider and the type of financial arrangements the contractor has with the provider
CONTRACTOR	An Acute Care or Arizona Long Term Care System health plan, or other AHCCCS contractor
**CONTRACTOR ID	An AHCCCS assigned number identifying the contractor on the AHCCCS contractor database
CONTRACTOR ID 999999 INVALID ON T0 HEADER RECORD	The Header Contractor ID is not numeric
CONTRACTOR ID 999999 ON T0 HEADER RECORD NOT ON FILE	The Header Contractor ID is not on the AHCCCS Contractor Database

**COUNTY CODE	An AHCCCS assigned code that identifies that the service location is in a specific county in Arizona, the service location is outside of Arizona, or that services are performed on a statewide basis
**CR INDICATOR	Indicates whether or not the provider has completed a residency
CREATE DATE INVALID	T0 Header Record Creation Date is not a valid date
CREATE DATE MISMATCH	The date in the file name does not match the Create Date in the T0 Header Record
CREATION DATE	The date that the provider affiliation transmission file is transmitted to AHCCCS
**DENTAL INDICATOR	Indicates whether or not the dental provider provides services other than routine and preventive care
**EPSDT INDICATOR	Indicates whether or not the provider provides services through primary prevention, early intervention, diagnosis and medically necessary treatment of physical and behavioral health problems for all enrolled AHCCCS members less than twenty one years of age.
**FACILITY NAME	The name of the facility (provider) such as a hospital, lab, home health agency, surgery center, dialysis clinic etc.. (not required if first and last name fields are populated)
**GROUP PRACTICE NAME	An organization through which more than one provider contracts under the same contract OPTIONAL
HEALTH PLAN MISMATCH	The Header Record Contractor ID is blank or not found in AHCCCS Contractor Database
*LANGUAGE SPOKEN CODE - PROVIDER	A code associated with a specific language, other than English, used by the provider
**LANGUAGE SPOKEN CODE - PROVIDER STAFF	A code associated with a specific language, other than English, used by the provider's staff
**LICENSE NUMBER	The number of a specific license issued to the provider by a specific licensing board to practice or to operate in Arizona (required for the following provider types, 08, 07, 18, 19, 31)
**MEMBER CAPACITY	The maximum number of members accepted by the provider
**MEMBER COUNT	The total number of members currently assigned to the provider

**NAME FIRST	The name of an individual provider (not required if facility name field is populated)
**LAST	(required- if first name is populated)
MULTIPLE T0 HEADERS ON FILE	More than one T0 Header Record in PAT File
NATIONAL PROVIDER IDENTIFIER (NPI)	A unique standard identification number assigned to the provider by CMS
NO T0 HEADER RECORD	T0 Header Record Missing from PAT File
NO T9 TRAILER RECORD	T9 Trailer Record Missing from PAT File
**OB INDICATOR	Indicates whether or not the provider provides obstetric services
**OB/PCP	Indicates whether or not the PCP is willing to be responsible for the management/obstetrics of a member's health care through term
**PO INDICATOR	Indicates whether or not the provider's panel is open to new members
PAT	Abbreviation for provider affiliation transmission.
PAY FOR PERFORMANCE	Physician Incentive Plans that base compensation (in whole or in part) on the use or cost of services furnished to Medicaid recipients in order to improve statistical measures or outcomes
PCP	Is defined as a 08-MD, 31-DO, 19-NP, 18-PA: and is responsible for the management of a member's health care
**PCP INDICATOR	Indicates whether or not the provider is available as a primary care provider to the general membership
**PHONE NUMBER	Contracted provider service location phone number (10 digits)
**PROVIDER AFFILIATION	The relationship between a provider and a facility
PROVIDER TYPE CODE	An AHCCCS assigned code that identifies services that may be rendered by the provider. For example, 07 (Dentist), 08 (Physician, Allopath), 10 (Podiatrist), 19 (Registered Nurse Practitioner), and 31 (Physician, Osteopath)
RECORD COUNT MISMATCH	Records submitted do not match actual records read
RECORD TYPE	An AHCCCS assigned field that identifies a specific record on the file

**SERVICE PROVIDER REGISTRATION ID	An AHCCCS assigned number identifying the provider on the AHCCCS provider database
**SEDATION	Indicates whether a dental facility/provider can provide sedation for children with complex medical or behavioral conditions
**SERVICES MOBILITY	Indicates whether a facility/provider can provide services to individuals with mobility limitations
**SERVICES INTELLECTUAL DISABILITY	Indicates whether a facility/provider can provide services to individuals who have difficulty communicating or cooperating such as those with autism or intellectual disability
**SPECIALTY CODE	AHCCCS assigned codes that are subsets of the Provider Type Codes.
**SERVICES SPECIAL NEEDS	Indicates whether a facility/provider can provide services to individuals who have chronic physical, developmental, behavioral or emotional conditions
**STREET ADDRESS	The physical street address where the provider performs services. <i>PO Boxes must not be used.</i> If a street address does not exist, you may use a physical description/location as long as it would serve to direct members to where care is provided. Providers who are Hospitalists should use the hospital address as their service street address. This field is for physical service location only. Information regarding practice names or the names of ancillary providers must not be entered into this field
TOTAL RECORD COUNT	The total number of records submitted in the provider affiliation transmission.
VPN	Virtual Private Network
**ZIP CODE	The ZIP code where the provider performs services

RULES AND ASSUMPTIONS

EFFECTIVE DATE: This manual is effective for transmissions submitted on or after April 1, 2014.

- ◆ Each contractor is required to submit a minimum of four Provider Affiliation Transmissions per contract year, at least one per quarter. The transmissions must be submitted on or before the 15th of the first month in each quarter.

FIRST SUBMISSION DUE ON OR BEFORE	LATE & RE-SUBMISSION DUE ON OR BEFORE	FOR QUARTER
10/15	10/20	10/01 - 12/31
01/15	01/20	01/01 - 03/31
04/15	04/20	04/01 - 06/30
07/15	07/20	07/01 - 09/30

Please note: If the 15th or the 20th of the month falls on an AHCCCS non-business day (e.g. Saturday, Sunday, holiday), the transmission will be due on the next AHCCCS routine business day.

- ◆ Before an approved PAT is loaded to the AHCCCS PAT database, all existing PAT records for the current contractor are deleted from the database. Therefore, **each PAT must represent the contractor’s entire provider network.**
- ◆ Because the contractor’s entire network is replaced by each transmission, a transmission that has an error rate of more than five percent (5.0%) will not be accepted for processing.
- ◆ An Outside Server Directory has been created for each contractor. Each contractor will be able to add or read files only under its own directory.
- ◆ Contractors will use the following production Outside Server Directory to load data:
<https://sftp.statemedicaid.us/AZ/AAA/PROD/IN/PAMMDDYY.TXT>
 ‘AAA’ is the health plan acronym, ‘MMDDYY’ is the transmission date and XXXXXX is the AHCCCS assigned Health Plan ID.

THE FOLLOWING CONDITIONS MUST BE ADHERED TO OR THE PAT WILL BE REJECTED BY AHCCCS:

- The file must be submitted to the AHCCCS Outside Server Directory.
- The record length must be 400 bytes.
- A single file header (T0) record is required.
- At least one file detail (A1) record is required.
- A single file trailer (T9) record is required.
- The Contractor ID on the file header record must be a registered AHCCCS Contractor.

- The Creation Date on the file header record must be a valid date (MMDDYY). The Creation Date must be the date the file is transmitted to AHCCCS.
- The Total Record Count on the file trailer record must be formatted as a numeric with a value of greater than zero.
- ◆ Service Provider Registration ID is required and must be a valid registered AHCCCS provider. Each AHCCCS assigned Service Provider Registration ID number is compared to the AHCCCS Provider Registration file to assure that it belongs to a registered provider. If it does not, that Registration ID will appear on each of the load exception reports. This report will be given to each contractor so errors can be corrected.
- ◆ National Provider Identifier is required for all provider types listed in table ‘Provider Types Requiring NPI’ on pages 30-31. Note however that AHCCCS Provider Registration may make exceptions to the rule for specific providers. When edits are conducted against the transmitted file, each provider record will be checked for exceptions to the requirement. One A2 record must be transmitted for each active NPI for a provider. Edits will be performed in the following order.

Only one error will be counted if any of the following occur:

- 1) The provider is required to have an NPI, and no NPI is submitted.
- 2) The NPI field is populated but is not numeric regardless of the date.
- 3) The NPI is numeric but is an invalid NPI.
- 4) If a valid NPI is submitted and it is active on a different provider in AHCCCS then an error will be counted. Otherwise the NPI will be added to AHCCCS for that provider.

Category of Service (COS) is required for provider types 23, 24, 25, 27, 37, 38, 39, 40, 44, 46, and 70, see COS table on pages 32-33. One A2 record must be transmitted for each COS for a provider.

The following protocols also apply and must be in upper case, including the file name.

- ◆ Member Count and Capacity are required when the PCP indicator is set to ‘Y’. Member count and capacity must be formatted as numeric. Capacity must have a value greater than zero for PCP providers. Member Count must accurately represent the number of members assigned to that PCP. Member Count and Capacity must be reported at the site level.
- ◆ A single Service Provider Registration ID with multiple service sites within the same unique ZIP and county code requires a separate detail (A1) record for each service site.
- ◆ Service Street Address – 1 is required but is not edited prior to acceptance of the transmission (*except under the prior condition, i.e., multiple service sites*). Providers who are Hospitalists should use the hospital address as their service street address. Punctuation and/or other symbols must not be entered into this field. To provide a uniform method to abbreviate an address, use the street abbreviations found on page 17, and the directional abbreviations and secondary unit abbreviations found on page 17-18 of this document. **Information regarding practice names or the names of ancillary providers must not be entered into this field.**
- ◆ Provider Affiliation Codes are required and must be valid as defined by the provider affiliation code table found on page 18 of this document.
- ◆ County Codes must be valid as defined by the County Code table found on page 19 of this document. The County Code should represent the county in Arizona where the provider performs services or should indicate that the provider performs services either out-of-state or on a statewide basis.
- ◆ Contract Codes are required and must be valid as defined by the Contract Code table found on page 19 of this document. If the contractor uses a provider frequently, but does not have a signed contract with the provider, that provider should be reported using the ‘00’ code indicating “No Contract.”
- ◆ Language Spoken Codes - Provider is optional unless the provider speaks a language other than English. Field entries must be valid as defined by the Language Spoken Code table found on pages 20-21 of this document (*maximum of two language codes are permitted*).
- ◆ Language Spoken Codes – Provider Staff is optional unless staff speak a language other than English. Field entries must be valid as defined by the Language Spoken Code table found on pages 20-21 of this document (*maximum of two language codes are permitted*).
- ◆ Specialty Code 999-Other, should ONLY be used if the provider’s specialty is not listed in the table beginning on page 22.

- ◆ Specialty Codes must be valid by provider type and as defined by the Specialty Code table found on pages 22-26 of this document (*a maximum of three Specialty Codes are permitted*).
- ◆ Category of Service Codes are required for home and community based in home service providers (HCBS) and must be valid as defined by the Category of Service table found on pages 32-33 of this document.
- ◆ The Transmission Validation Report (sample on page 34) provides information about the status of the submitted PAT. If all conditions are met, the transmission passes and is accepted for loading to the PAT database. If the transmission fails any of the required conditions, the transmission is rejected and returned to the contractor for correction and re-submission.
- ◆ The Load Exceptions by Provider Report (sample on page 35) provides a list of all exception errors that occurred during the PAT database load process, sorted by Provider Registration ID. The report is designed to aid the contractor in error correction. All exception errors must be corrected prior to the next submission. This report will appear in the contractor's "out" directory in filename EPMMDDYY.TXT.
<https://sftp.statemedicaid.us/AZ/AAA/PROD/OUT/EPMMDDYY.TXT>
'AAA' is the health plan acronym and 'MMDDYY' is the transmission date.
- ◆ The Load Exceptions by Field Report (sample on page 35) provides the same list of exception errors reported on the 'by Provider' Exception Report, but is sorted by the field in error. The report is designed to aid the contractor in error correction. All exception errors must be corrected prior to the next submission. This report will appear in the contractor's "out" directory in filename EFMMDDYY.TXT.
<https://sftp.statemedicaid.us/AZ/AAA/PROD/OUT/EFMMDDYY.TXT>
'AAA' is the health plan acronym and 'MMDDYY' is the transmission date.
- ◆ The Load Detail Report (sample on page 36) provides a complete listing of all PAT data loaded to the PAT database, sorted by Provider Registration ID. The sort sequence for this report is contractor name/ county name/ city name/ provider type name/ provider specialty name/ provider last name alphabetically. This report will appear in the contractor's "out" directory in filename LDMMDDYY.TXT.
<https://sftp.statemedicaid.us/AZ/AAA/PROD/OUT/LDMMDDYY.TXT>
'AAA' is the health plan acronym and 'MMDDYY' is the transmission date.
- ◆ The Provider Affiliation Duplicate Report (sample on page 37) provides a list of providers who were reported more than once within the same zip code. This report is designed to aid the contractor in identifying and removing duplicate listings of providers.
- ◆ The Load Summary Report (sample on page 37) provides summarized information about the PAT load process including the total number of records read and the total number of records with exception errors.

- ◆ The Summary Totals Report (sample on page 38) provides summarized information about the providers listed on the PAT. The sort sequence for this report is contractor name/ county name/ city name/ provider type name/ provider specialty name. The report will provide the overall total for each provider type/ provider specialty. From the overall total, the report provides the total number of PCPs, PCPs who provide EPSDT services, PCPs who provide OB services, the total number of OB providers and the total number of BH providers. This report will appear in the contractor's "out" directory in filename STMMDDYY.TXT.

<https://sftp.statemedicaid.us/AZ/AAA/PROD/OUT/STMMDDYY.TXT>

'AAA' is the health plan acronym and 'MMDDYY' is the transmission date.

- ◆ Reports are downloaded to the contractor's Outside Server Directory on the day that processing completes. An email is sent notifying the contractor of the result (sample on page 39). The email will confirm whether the transmission passed or failed, error % and will indicate if any other errors were encountered that should be corrected before the PAT is resubmitted.

- ◆ The results will be loaded to the contractor's out directory:

<https://sftp.statemedicaid.us/AZ/AAA/PROD/OUT/RTMMDDYY.TXT>

'AAA' is the health plan acronym 'MMDDYY' is the transmission date and 'RT' is the report type.

Report Types (RT):

LD = Load Detail

ST = Summary Totals

EP = Exceptions by Provider

EF = Exceptions by Field

- ◆ All new AHCCCS contractors must submit a test PAT to AHCCCS prior to the first production file submission. The test PAT must conform to all requirements as outlined in this document. The test PAT should be received by AHCCCS at least two weeks prior to the submission of the production transmission. To submit a test PAT, contractors will use the following test Outside Server Directory to load data:

<https://sftp.statemedicaid.us/AZ/AAA/TEST/IN/PAMMDDYY-XXXXXX.TXT>

'AAA' is the health plan acronym, 'MMDDYY' is the transmission date and XXXXXX is the AHCCCS assigned Health Plan ID.

FILE SPECIFICATIONS
FILE HEADER – T0 – ONE PER FILE

DATA NAME	PIC	POS		EDITING PERFORMED
CONTRACTOR ID	X(6)	01	06	Must be an AHCCCS registered and active Contractor
FILLER	X(6)	07	12	NONE
CREATION DATE	X(6)	13	18	Valid date in 'MMDDYY' format and equal the date data is transmitted to AHCCCS.
FILLER	X(12)	19	30	NONE
PRODUCE LOAD DETAIL REPORT	X(1)	31	31	'Y' or 'N'
FILLER	X(367)	32	398	NONE
RECORD TYPE	X(2)	399	400	"T0"

FILE TRAILER – T9 – ONE PER FILE

DATA NAME	PIC	POS		EDITING PERFORMED
TOTAL RECORD COUNT	9(9) *	01	09	A valid numeric count that is equal to the total number of records on the file (T0+A1+A2+T9)
FILLER	X(389)	10	398	NONE
RECORD TYPE	X(2)	399	400	'T9'

FILE DETAIL – A1 – ONE PER PROVIDER

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
SERVICE PROVIDER REGISTRATION ID	X(6)	1	6	Required	An active AHCCCS registered provider
SERVICE STREET 1	X(25)	7	31	Required	NONE
SERVICE STREET 2	X(25)	32	56	Required	NONE
SERVICE CITY	X(20)	57	76	Required	NONE
SERVICE ZIP	X(9)	77	85	Required	NONE (5 or 9 digit number)
COUNTY CODE	X(2)	86	87	Required	See list of valid codes in this document
PCP INDICATOR	X(1)	88	88	Required	'Y' or 'N'
OB INDICATOR	X(1)	89	89	Required	'Y' or 'N'
OB/PCP INDICATOR	X(1)	90	90	Required	'Y' or 'N'
BH INDICATOR	X(1)	91	91	Required	'Y' or 'N'
BH/PCP INDICATOR	X(1)	92	92	Optional	'Y' or 'N'
DENTAL INDICATOR	X(1)	93	93	Required	'Y' or 'N'
EPSDT INDICATOR	X(1)	94	94	Required	'Y' or 'N'
PO INDICATOR	X(1)	95	95	Required	'Y' or 'N' or 'U'
BC INDICATOR	X(1)	96	96	Required	'Y' or 'N'
CR INDICATOR	X(1)	97	97	Optional	'Y' or 'N'
MEMBER COUNT	9(6) *	98	103	Conditional	A valid numeric greater than or equal to zero
MEMBER CAPACITY	9(6) *	104	109	Conditional	A valid numeric greater than zero
CONTRACT CODE	X(2)	110	111	Required	See list of valid codes in this document
LANGUAGE CODE – PROVIDER 1	X(2)	112	113	Optional	See list of valid codes in this document
LANGUAGE CODE – PROVIDER 2	X(2)	114	115	Optional	See list of valid codes in this document
LANGUAGE CODE – PROVIDER STAFF 1	X(2)	116	117	Optional	See list of valid codes in this document
LANGUAGE CODE – PROVIDER STAFF 2	X(2)	118	119	Optional	See list of valid codes in this document
SPECIALTY CODE 1	X(3)	120	122	Conditional	See list of valid codes in this document
SPECIALTY CODE 2	X(3)	123	125	Conditional	See list of valid codes in this document
SPECIALTY CODE 3	X(3)	126	128	Conditional	See list of valid codes in this document
FIRST NAME	X(30)	129	158	Conditional	See definition
MIDDLE NAME	X(20)	159	178	Optional	NONE
LAST NAME	X(30)	179	208	Conditional	See definition
PHONE NUMBER	X(10)	209	218	Required	NONE (10 digit number)
PROVIDER TYPE	X(2)	219	220	Required	See list of valid codes in this document

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
PROVIDER AFFILIATION	X(4)	221	224	Required	See list of valid codes in this document
GROUP PRACTICE NAME	X(35)	225	259	Optional	See definition No edit will be performed at this time.
FACILITY NAME	X(35)	260	294	Conditional	See definition
SERVICES INTELLECTUAL DISABILITY	X(1)	295	295	Required	'Y' OR 'N' or 'U'
LICENSE NUMBER	X(20)	296	315	Required	See definition
SPECIAL NEEDS	X(1)	316	316	Required	'Y' OR 'N' or 'U'

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
SERVICE MOBILITY	X(1)	317	317	Required	'Y' OR 'N' OR 'U'
SEDATION	X(1)	318	318	Required	'Y' OR 'N' OR 'U'
BC INDICATOR – ABMS	X(1)	319	319	Required	(See definition) 'Y' OR 'N'
BC DATE – ABMS	X(8)	320	327	Conditional	(See definition) Valid date in 'YYYYMMDD' format
BC EXPIRATION DATE – ABMS	X(8)	328	335	Conditional	(See definition) Valid date in 'YYYYMMDD' format
RESERVED FOR FUTURE USE	X(63)	336	398	N/A	NONE
RECORD TYPE	X(2)	399	400	Required	'A1'

FILE DETAIL – A2 – ZERO TO MANY PER PROVIDER
(REQUIRED IF PROVIDER TYPE REQUIRES AN NPI OR A CATEGORY OF SERVICE (COS))

DATA NAME	PIC	POS		DEMAND	EDITING PERFORMED
SERVICE PROVIDER REGISTRATION ID	X(6)	1	6	Required	An active AHCCCSA registered provider
NATIONAL PROVIDER IDENTIFIER	X(10)	7	16	Conditional	See list of provider types required
CATEGORY OF SERVICE	X(2)	17	18	Conditional	See list of category of service codes
RESERVED FOR FUTURE USE	X(380)	19	398	N/A	NONE
RECORD TYPE	X(2)	399	400	Required	'A2'

STREET ABBREVIATIONS

PRIMARY NAME	POSTAL SERVICE STANDARD ABBREVIATION
AVENUE	AVE
BOULEVARD	BLVD
CENTER	CTR
CIRCLE	CIR
COURT	CT
DRIVE	DR
EXPRESSWAY	EXPY
FREEWAY	FWY
HIGHWAY	HWY
JUNCTION	JCT
LANE	LN
PARKWAY	PKWY
PLACE	PL
ROAD	RD
ROADWAY	RDWY
ROUTE	RT
SQUARE	SQ
STATION	STA
STREET	ST
TERRACE	TER
TRAIL	TRL

DIRECTIONAL ABBREVIATIONS

DESCRIPTION	APPROVED ABBREVIATION
EAST	E
NORTH	N
NORTHEAST	NE
NORTHWEST	NW
SOUTH	S
SOUTHEAST	SE
SOUTHWEST	SW
WEST	W

SECONDARY UNIT ABBREVIATIONS

DESCRIPTION	APPROVED ABBREVIATION
ADMINISTRATION	ADMN
ANNEX	ANX
APARTMENT	APT
BRANCH	BR
BUILDING	BLDG
COMPANY	CO
CONVALESCENT	CONVAL
DEPARTMENT	DEPT
DIVISION	DIV
FLOOR	FL
HOSPICE	HSPC
HOSPITAL	HOSP
LABORATORY	LAB
LOBBY	LBBY
OFFICE	OFC
ROOM	RM
SPACE	SPC
SUITE	STE
TRAILER	TRLR

PROVIDER AFFILIATION CODES

CD	DESCRIPTION
PP	PRIVATE PRACTICE
CHC	COMMUNITY HEALTH CENTER
FQHC	FEDERALLY – QUALIFIED HEALTH CENTER
HD	HEALTH DEPARTMENT
OTH	OTHER

COUNTY CODES

CD	DESCRIPTION
01	APACHE
03	COCHISE
05	COCONINO
07	GILA
09	GRAHAM
11	GREENLEE
13	MARICOPA
15	MOHAVE
17	NAVAJO
19	PIMA
21	PINAL
23	SANTA CRUZ
25	YAVAPAI
27	YUMA
29	LA PAZ
31	OUT OF STATE
99	STATEWIDE

CONTRACT CODES

CD	DESCRIPTION
00	NO CONTRACT
01	SALARY
02	SALARY WITH WITHHOLD
03	SALARY WITH BONUS
04	FEE-FOR-SERVICE
05	FEE-FOR-SERVICE WITH WITHHOLD
06	FEE-FOR-SERVICE WITH BONUS
07	CAPITATED
08	CAPITATED WITH WITHHOLD
09	CAPITATED WITH BONUS
10	CAPITATION FEE-FOR-SERVICE MIX
11	PAY FOR PERFORMANCE
99	OTHER

LANGUAGE SPOKEN CODES

CD	DESCRIPTION	AREA OF ORIGIN
01	SPANISH	
02	ALBANIAN	
03	AMERICAN SIGN LANGUAGE	
04	APACHE	
05	ARABIC	
06	ARMENIAN	
07	BOSNIAN	
08	CHINESE	
09	CROATIAN	
10	CZECH	
11	DANISH	
12	DUTCH	
13	EDO	NIGERIA
14	FINNISH	
15	FRENCH	
16	GERMAN	
17	GREEK	
18	GUJARATI	INDIA
19	HEBREW	
20	HINDI, INDIAN, EAST INDIAN	
21	HOPI	
22	IRANIAN, PERSIAN, FARSI	
23	ITALIAN	
24	JAPANESE	
25	KANNADA	INDIA
26	KOREAN	
27	MARATHI	AFGHANISTAN, BANGLADESH, INDIA, IRAN, NEPAL, PAKISTAN, AND SRI LANKA
28	NAVAJO	
29	NIGERIAN	
30	NORWEGIAN	
31	IGBO	NIGERIA
32	POLISH	
33	PORTUGUESE	
34	PUNJABI	PAKISTAN
35	ROMANIAN	
36	RUSSIAN	
37	SERBIAN	

LANGUAGE SPOKEN CODES (CONTINUED)

CD	DESCRIPTION	AREA OF ORIGIN
38	SINGHALESE	SRI LANKA
39	SWEDISH	
40	TAGALOG (FILIPINO)	
41	TAIWANESE	
42	TAMIL	INDIA
43	THAI, SIAMESE	
44	TOHONO O'ODHAM	
45	UKRAINIAN	
46	URDU, PAKISTANI	
47	VIETNAMESE	
48	YAQUI	
49	YORUBA	WESTERN AFRICA
50	AMHARIC	
51	CANTONESE	
52	HAITIAN/CREOLE	
53	ENGLISH	
54	SOMALI	
55	HMONG	
56	HUNGARIAN	
57	KHMER	
58	NATIVE AMERICAN	
59	YIDDISH	
60	LAOTIAN	
61	MANDARIN	
62	MON-KHMER	
99	OTHER	

SPECIALTY CODES

CD	DESCRIPTION
010	ALLERGIST/IMMUNOLOGIST
011	ALLERGIST
012	IMMUNOLOGIST
015	OPTICIAN
020	ANESTHESIOLOGIST
030	SURGERY-COLON/RECTAL
040	DERMATOLOGIST
050	FAMILY PRACTICE
055	GENERAL PRACTICE
060	INTERNAL MEDICINE
062	CARDIOVASCULAR MEDICINE
063	ENDOCRINOLOGIST
064	GASTROENTEROLOGIST
065	HEMATOLOGIST
066	INFECTIOUS DISEASES
067	NEPHROLOGIST
068	PULMONARY DISEASES
069	RHEUMATOLOGIST
070	SURGERY-NEUROLOGY
071	MSW SOCIAL WORKER
074	HISTOPATHOLOGY
075	NEUROLOGIST
076	PEDIATRIC NEUROLOGIST
077	HOMEOPATHIC
080	NUCLEAR MEDICINE
081	NUCLEAR PHYSICS
082	GERONTOLOGIST
083	PSYCHOLOGIST
084	RN FAMILY NURSE PRACTITIONER
085	RN SCHOOL NURSE PRACTITIONER
086	RN PEDIATRIC NURSE ASSOCIATE
087	RN PEDIATRIC NURSE PRACTITIONER
088	RN GERIATRIC NURSE PRACTITIONER
089	OBSTETRICIAN AND GYNECOLOGIST
090	GYNECOLOGIST
091	OBSTETRICIAN
092	MATERNAL AND FETAL MEDICINE
093	REPRODUCTIVE ENDOCRINOLOGIST
094	RN MIDWIFE

SPECIALTY CODES (CONTINUED)

CD	DESCRIPTION
095	WOMEN'S HC/OB-GYN NP
096	NEONATAL NURSE PRACTITIONER
097	RN ADULT NURSE PRACTITIONER
098	PSYCH/MENTAL HEALTH NURSE PRACTITIONER
099	NEURODEVELOPMENTAL DISABILITIES
100	OPHTHALMOLOGIST
101	TRANSPLANT HEPATOLOGY
110	SURGERY-ORTHOPEDIC
120	OTOLARYNGOLOGIST
122	LARYNGOLOGIST
124	OTOLOGIST
125	RHINOLOGIST
131	BLOOD BANKING
135	ANATOMICAL/CLINICAL PATHOLOGY
141	NEUROPATHOLOGY
143	DERMATOPATHOLOGY
150	PEDIATRICIAN
151	PEDIATRIC CARDIOLOGIST
152	PEDIATRIC HEMATOLOGIST
153	SURGERY-PEDIATRIC
154	PEDIATRIC NEPHROLOGIST
155	PEDIATRIC NEONATAL/PERINATAL
156	PEDIATRIC ENDOCRINOLOGIST
157	PEDIATRIC ALLERGIST
158	RADIOLOGY PEDIATRIC
159	PEDIATRIC PULMONARY
160	PHYSICAL MEDICINE/REHABILITATION
161	OSTEOPATHIC MANIPULATIVE THERAPY
165	THERAPIST-SPEECH
166	THERAPIST-OCCUPATIONAL
167	THERAPIST-PHYSICAL
170	SURGERY-PLASTIC
171	SURGERY-PLASTIC, OTOLARYNGOLOGICAL FACIAL
175	ACUPUNCTURIST
176	ADOLESCENT MEDICINE
180	ADMINISTRATIVE MEDICINE
181	SURGERY-OBSTETRICAL

SPECIALTY CODES (CONTINUED)

CD	DESCRIPTION
182	PREVENTIVE MEDICINE
183	OCCUPATIONAL MEDICINE
184	PUBLIC HEALTH
187	NUTRITIONIST
188	PHARMACOLOGIST
189	PSYCHOSOMATIC MEDICINE
191	PEDIATRIC-PSYCHIATRIST
192	PSYCHIATRIST
195	PSYCHIATRIST AND NEUROLOGIST
200	RADIOLOGY
201	RADIOLOGY - DIAGNOSTIC
205	RADIOLOGY - THERAPEUTIC
210	SURGERY
211	SURGERY - ABDOMINAL
212	SURGERY - CARDIOVASCULAR
213	SURGERY - HAND
214	SURGERY - HEAD AND NECK
215	SURGERY - MAXILLOFACIAL
216	SURGERY - TRAUMA
217	SURGERY - UROLOGICAL
218	SURGERY - VASCULAR
219	SURGERY - GYNECOLOGICAL
220	SURGERY - THORACIC
230	UROLOGIST
241	ONCOLOGIST
250	EMERGENCY MEDICINE
251	CRITICAL CARE MEDICINE
400	MICROBIOLOGY
410	BACTERIOLOGY
430	SEROLOGY
431	SYPHILIS
437	OTHER SEROLOGY
440	VIROLOGY
441	SURGERY-OPHTHALMOLOGICAL
450	MYCOLOGY
460	PARASITOLOGY
464	BLOOD GROUPING/RH TYPING
470	PREGNANCY TESTING
484	SURGERY-PODIATRIST
490	IMMUNOHEMATOLOGY
500	RF TITERS
503	PHYSIOLOGICAL TESTING

SPECIALTY CODES (CONTINUED)

CD	DESCRIPTION
504	EKG SERVICES
524	URINALYSIS
530	PATHOLOGY
532	ORAL PATHOLOGY
540	EXFOLIATIVE CYTOLOGY
550	RADIOBIOASSAY
574	HISTOCOMPATIBILITY
585	OTHER CLINICAL CHEMISTRY
600	OPTOMETRIST
620	HOSPICE AND PALLIATIVE
622	PEDIATRIC EMERGENCY MEDICINE
650	PODIATRIST
714	EYE (LOW VISION SPECIALIST)
798	PHYSICIAN ASSISTANT
799	NO SPECIALTY REQUIRED
800	DENTIST-GENERAL
801	DENTIST –ORTHODONTIST
802	DENTIST -ENDODONTIST
803	DENTIST – ORAL PATHOLOGIST
804	DENTIST –PEDIATRIC
805	DENTIST –PROSTHODONTIST
806	DENTIST –PERIODONTIST
807	DENTIST – PUBLIC HEALTH
808	DENTIST –ORAL SURGEON
809	DENTIST ANESTHESIOLOGIST
880	PEDIATRIC- BEHAVIORAL/DEVELOPMENTAL
900	PROCEDURES-ANY CERTIFIED LAB
901	EMERGENCY ROOM PHYSICIANS
913	DIALYSIS
925	AUDIOLOGIST
927	CARDIOLOGIST
935	OTORHINOLARYNGOLOGIST (ENT)
943	PEDIATRIC ORTHOPEDIST
950	ORTHOPEDIST
951	ADDICTION MEDICINE
952	ANATOMIC PATHOLOGY
953	BRONCHESOPHAGOLOGY
954	CHEMICAL DEPENDENCY
955	CHEMICAL PATHOLOGY
956	DIABETES
957	DIAGNOSTIC LABORATORY IMMUNOLOGY

SPECIALTY CODES (CONTINUED)

CD	DESCRIPTION
958	GYNECOLOGICAL ONCOLOGY
959	IMMUNOPATHOLOGY
961	NEOPLASTIC DISEASES
962	NUCLEAR RADIOLOGY
963	PEDIATRIC HEMATOLOGY-ONCOLOGY
964	PAIN CONTROL
965	PSYCHOANALYSIS
967	PATHOLOGY RADIOISOTOPIC
968	RADIOLOGY ONCOLOGY
969	MEDICAL TOXICOLOGY
970	HEMATOLOGY & ONCOLOGY
972	OSTEOPATHIC MANIPULATIVE MEDICINE
973	PROCTOLOGY
974	REHABILITATION MEDICINE
975	ROENTGENOLOGY (DIAGNOSTIC)
976	SCLEROTHERAPY
977	SURGERY-ORAL AND MAXILLOFACIAL
978	ACUTE CARE NURSE PRACTITIONER
999	OTHER

PROVIDER TYPES

CD	DESCRIPTION
A2	LEVEL III BEHAVIORAL HEALTH RESIDENTIAL
A3	COMMUNITY SERVICE AGENCY
A4	LICENSED INDEPENDENT SUBSTANCE ABUSE COUNSELOR (LISAC)
A5	THERAPEUTIC FOSTER CARE PROVIDER
A6	RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY
A7	RESPITE
B1	RESIDENTIAL TREATMENT CENTER-SECURE (17+BEDS) (IMD)
B2	RESIDENTIAL TREATMENT CENTER-NON-SECURE (1-16 BEDS)
B3	RESIDENTIAL TREATMENT CENTER-NON-SECURE (17+BEDS) (IMD)
B5	SUBACUTE FACILITY (1-16 BEDS)
B6	SUBACUTE FACILITY (17+BEDS) (IMD)
B7	CRISIS SERVICES PROVIDER
B8	BEHAVIORAL HEALTH RESIDENTIAL FACILITY
C4	SPECIALTY PER DIEM HOSPITAL
DG	DOC GENERAL PROVIDER
DN	DOC NON-PAY PROVIDER
E1	INDEPENDENT TESTING FACILITATES
F1	FISCAL INTERMEDIARIES
H2	ONE TIME ONLY OUT OF STATE
IC	INTEGRATED CLINICS
I1	IMMUNIZATION CLINICS
SA	SPEECH LANGUAGE PATHOLOGY
02	HOSPITAL
03	PHARMACY
04	LABORATORY
05	CLINIC
06	EMERGENCY TRANSPORTATION
07	DENTIST
08	MD-PHYSICIAN
09	CERTIFIED NURSE-MIDWIFE
10	PODIATRIST
11	PSYCHOLOGIST
12	CERTIFIED REGISTERED NURSE ANESTHETIST

PROVIDER TYPES (CONTINUED)

CD	DESCRIPTION
13	OCCUPATIONAL THERAPIST
14	PHYSICAL THERAPIST
15	SPEECH/HEARING THERAPIST
16	CHIROPRACTOR
17	NATUROPATH
18	PHYSICIAN ASSISTANT
19	REGISTERED NURSE PRACTITIONER
20	RESPIRATORY THERAPIST
21	MASSAGE THERAPIST
22	NURSING HOME
23	HOME HEALTH AGENCY
25	GROUP HOME (DEVELOPMENTAL)
27	ADULT DAY HEALTH
28	NON-EMERGENCY TRANSPORTATION PROVIDERS
29	COMMUNITY/RURAL HEALTH CENTER
30	DME SUPPLIER
31	DO-PHYSICIAN OSTEOPATH
32	MEDIAL FOODS
33	REHABILITATION CENTER
35	HOSPICE
36	ASSISTED LIVING HOME (FORMERLY ACH)
37	HOMEMAKER
38	DEVELOPMENTALLY DISABLED DAY CARE
39	HABILITATION PROVIDER
40	ATTENDANT CARE
41	DIALYSIS CLINIC
43	AMBULATORY SURGICAL CENTER
44	ENVIRONMENTAL (LTC)
46	NURSE (PRIVATE-RN/LPN)
47	REGISTERED DIETICIAN
48	NUTRITIONIST
49	ASSISTED LIVING CENTER
50	ADULT FOSTER CARE
53	SUPERVISORY CARE HOME
54	DENTAL HYGIENIST
55	HOTELS
56	BOARDING HOMES

PROVIDER TYPES (CONTINUED)

CD	DESCRIPTION
57	RESIDENTIAL TREATMENT FACILITY
58	STATE SCHOOL FOR THE DEAF AND BLIND
59	DENTAL LAB
60	BLOOD BANK
61	EYE BANK
62	AUDIOLOGIST
63	DRUG AND ALCOHOL REHAB
64	DETOX CENTER
66	ORGAN BANK
67	PERFUSIONIST
68	HOMEOPATHIC
69	OPTOMETRIST
70	HOME DELIVERED MEALS
71	PSYCHIATRIC HOSPITAL
72	REGIONAL ADMINISTRATIVE ENTITY
73	OUT-OF-STATE ENC OR 1 TIME FFS PROV
74	ALTERNATIVE RESIDENTIAL FACILITY
77	MENTAL HEALTH OUTPATIENT CLINIC
78	MENTAL HEALTH RESIDENTIAL TREATMENT CENTER
79	VISION CENTER
81	EPD HCBS
82	SURGICAL FIRST ASSISTANT
83	FREE-STANDING BIRTHING CENTER
84	LICENSED MIDWIFE
85	LICENSED CLINICAL SOCIAL WORKER (LCSW)
86	LICENSED MARRIAGE & FAMILY THERAPIST (LMFT)
87	LICENSED PROFESSIONAL COUNSELOR (LPC)
90	QMB ONLY PROVIDER
91	QMB ONLY RECIPIENT
92	SCHOOL BASED BUS TRANSPORTATION
93	SCHOOL BASED ATTENDANT CARE
94	SCHOOL BASED NURSE (RN/LPN)
95	NON-MEDICARE CERTIFIED HOME HEALTH AGENCY
97	AIR TRANSPORTATION
98	CASE MANAGER
99	EVS/NON-SERVICE PROVIDER

PROVIDER TYPES REQUIRING NPI

CD	DESCRIPTION
A2	LEVEL III BEHAVIORAL HEALTH RESIDENTIAL
A3	COMMUNITY SERVICE AGENCY
A4	LICENSED INDEPENDENT SUBSTANCE ABUSE COUNSELOR (LISAC)
A5	THERAPEUTIC FOSTER CARE PROVIDER
A6	RURAL SUBSTANCE ABUSE TRANSITIONAL AGENCY
B1	RESIDENTIAL TREATMENT CENTER-SECURE (17+BEDS) (IMD)
B2	RESIDENTIAL TREATMENT CENTER-NON-SECURE (1-16 BEDS)
B3	RESIDENTIAL TREATMENT CENTER-NON-SECURE (17+BEDS) (IMD)
B5	SUBACUTE FACILITY (1-16 BEDS)
B6	SUBACUTE FACILITY (17+BEDS) (IMD)
B7	CRISIS SERVICES PROVIDER
DG	DOC GENERAL PROVIDER
DJ	DEPARTMENT OF JUVENILE CORRECTIONS
DN	DOC NON-PAY PROVIDER
E1	INDEPENDENT TESTING FACILITIES
IC	INTEGRATED CLINICS
I1	IMMUNIZATION CLINICS
SA	SPEECH LANGUAGE PATHOLOGY
02	HOSPITAL
03	PHARMACY
04	LABORATORY
05	CLINIC
06	EMERGENCY TRANSPORTATION
07	DENTIST
08	MD-PHYSICIAN
09	CERTIFIED NURSE-MIDWIFE
10	PODIATRIST
11	PSYCHOLOGIST
12	CERTIFIED REGISTERED NURSE ANESTHETIST
13	OCCUPATIONAL THERAPIST
14	PHYSICAL THERAPIST
15	SPEECH/HEARING THERAPIST
16	CHIROPRACTOR
17	NATUROPATH

PROVIDER TYPES REQUIRING NPI (CONTINUED)

CD	DESCRIPTION
18	PHYSICIAN ASSISTANT
19	REGISTERED NURSE PRACTITIONER
20	RESPIRATORY THERAPIST
22	NURSING HOME
23	HOME HEALTH AGENCY
29	COMMUNITY/RURAL HEALTH CENTER
30	DME SUPPLIER
31	DO-PHYSICIAN OSTEOPATH
33	REHABILITATION CENTER
35	HOSPICE
41	DIALYSIS CLINIC
43	AMBULATORY SURGICAL CENTER
46	NURSE (PRIVATE-RN/LPN)
54	DENTAL HYGIENIST
59	DENTAL LAB
62	AUDIOLOGIST
63	DRUG AND ALCOHOL REHAB
64	DETOX CENTER
67	PERFUSIONIST
68	HOMEOPATHIC
69	OPTOMETRIST
71	PSYCHIATRIC HOSPITAL
74	ALTERNATIVE RESIDENTIAL FACILITY
77	MENTAL HEALTH OUTPATIENT CLINIC
78	MENTAL HEALTH RESIDENTIAL TREATMENT CENTER
79	VISION CENTER
82	SURGICAL FIRST ASSISTANT
83	FREE-STANDING BIRTHING CENTER
84	LICENSED MIDWIFE
85	LICENSED CLINICAL SOCIAL WORKER (LCSW)
86	LICENSED MARRIAGE & FAMILY THERAPIST (LMFT)
87	LICENSED PROFESSIONAL COUNSELOR (LPC)
94	SCHOOL BASED NURSE (RN/LPN)
97	AIR TRANSPORTATION

CATEGORY OF SERVICE CODES

CD	DESCRIPTION
PM	PERFORMANCE MEASURE
01	MEDICINE
02	SURGERY
03	RESPIRATORY THERAPY
05	OCCUPATIONAL THERAPY
06	PHYSICAL THERAPY
07	SPEECH/HEARING THERAPY
08	EPSDT
09	PHARMACY
10	INPATIENT HOSPITAL (RM & BD AND ANCILLARY)
11	DENTAL
12	PATHOLOGY AND LABORATORY
13	RADIOLOGY
14	EMERGENCY TRANSPORTATION
15	DME AND APPLIANCES
16	OUT-PATIENT FACILITY FEES
17	ICF
18	SNF
19	ICF/MR
20	HOSPICE INPATIENT CARE
21	HOSPICE HOME CARE
22	HOME DELIVERED MEALS
23	HOMEMAKER SERVICES
24	ADULT DAY HEALTH SERVICES
25	PERSONAL EMERGENCY RESPONSE SYSTEM
26	RESPIRE CARE SERVICES
27	HIS OUT-PATIENT SERVICES
28	ATTENDANT CARE
29	HOME HEALTH AID SERVICE
30	HOME HEALTH NURSE SERVICE
31	NON-EMERGENCY TRANSPORTATION
32	HABILITATION
33	E-ARCH
34	NON-MEDICAL TRANSPORTATION
35	ADULT FOSTER CARE
36	ASSISTED LIVING
37	CHIROPRACTIC SERVICES
38	CRISIS SHELTER
39	PERSONAL CARE SERVICES

CATEGORY OF SERVICE CODES (CONTINUED)

CD	DESCRIPTION
40	MEDICAL SUPPLIES
41	OUTREACH
42	DD PROGRAMS (DD DAY CARE PROGRAMS)
43	SPECIALIZED SERVICES
44	HOME AND COMMUNITY BASED SERVICES (OTHER)
45	REHABILITATION
46	ENVIRONMENTAL
47	MENTAL HEALTH SERVICES
48	LICENSED MIDWIFE
49	SPECIALIZED MEDICAL EQUIPMENT
98	CASE MANAGER

SAMPLE REPORTS

REPORT ID: HP07Q082		ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM				PAGE: 1	
PROGRAM #: HP07L082		PROVIDER AFFILIATION TRANSMISSION REPORT				RUN: 07/15/06	
		TRANSMISSION TRANSMITTAL VALIDATION REPORT				TIME: 17:11	
	<u>TRANSMITTAL</u>	<u>TRANSMISSION HEADER</u>	<u>TRANSMISSION DETAIL</u>	<u>TRANSMISSIONTRAILER</u>	<u>ACTUAL</u>	<u>PASS/ FAIL</u>	
FOUND:	YES	YES (1)	YES (2204)	YES (1)	-	PASS	
RECORD COUNT:	2206		-	2206	2206	PASS	
HEALTH PLAN:	100100	100100	-	-	-	PASS	
FILE NAME:	PA071506.TXT		-	-	-	PASS	
FILE CREATION DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
PERIOD START DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
PERIOD END DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
TRANSMISSION ERROR PERCENT:	0.47%						
PROCESSING RUN COMPLETE				-- TRANSMISSION LOAD ACCEPTED			
TRANSMISSION HAS BEEN ACCEPTED							

REPORT ID: HP07Q082		ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM				PAGE: 1	
PROGRAM #: HP07L082		PROVIDER AFFILIATION TRANSMISSION REPORT				RUN: 07/15/06	
		TRANSMISSION TRANSMITTAL VALIDATION REPORT				TIME: 17:11	
	<u>TRANSMITTAL</u>	<u>TRANSMISSION HEADER</u>	<u>TRANSMISSION DETAIL</u>	<u>TRANSMISSIONTRAILER</u>	<u>ACTUAL</u>	<u>PASS/ FAIL</u>	
FOUND:	YES	YES (1)	YES (644)	YES	-	PASS	
RECORD COUNT:	2206	-	-	646	646	FAIL	
HEALTH PLAN:	100100	100100	-	-	-	PASS	
FILE NAME:	PA071506.TXT		-	-	-	PASS	
FILE CREATION DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
PERIOD START DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
PERIOD END DATE:	07/15/2006	07/15/2006	-	-	-	PASS	
TRANSMISSION ERROR PERCENT:	20.47%						
				-- TRANSMISSION NOT PROCESSED			
TRANSMISSION HAS BEEN REJECTED							

SAMPLE REPORTS (CONTINUED)

REPORT ID: HP07Q86A ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PAGE: 1
 PROGRAM #: HP07L086 PROVIDER AFFILIATION TRANSMISSION REPORT RUN: 07/15/06
 LOAD EXCEPTIONS BY PROVIDER
 PLAN NAME:

<u>PR ID</u>	<u>REC NO</u>	<u>FIELD</u>	<u>FIELD VALUE</u>	<u>ERROR</u>
000000	12	SERVICE PROVIDER ID	000000	NOT REGISTERED WITH AHCCCS
123456	123	OB INDICATOR	X	MUST BE 'Y' OR 'N'
123456	123	PCP INDICATOR	X	MUST BE 'Y' OR 'N'
123456	123	COUNTY CODE	XX	SEE PAT USER MANUAL FOR VALID CODE
123678	134	BC INDICATOR	1	MUST BE 'Y' OR 'N'
156364	1256	SERVICE PROVIDER ID	156364	NOT REGISTERED WITH AHCCCS
156364	1256	OB INDICATOR	Z	MUST BE 'Y' OR 'N'
167485	4506	COUNTY CODE	SS	SEE PATUSER MANUAL FOR VALID CODE
167485	4506	CONTRACT CODE	SS	SEE PAT USER MANUAL FOR VALID CODE

REPORT ID: HP07Q86B ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM PAGE: 1
 PROGRAM #: HP07L086 PROVIDER AFFILIATION TRANSMISSION REPORT RUN: 07/15/06
 LOAD EXCEPTIONS BY FIELD
 PLAN NAME:

<u>PR ID</u>	<u>REC NO</u>	<u>FELD</u>	<u>FIELD VALUE</u>	<u>ERROR</u>
000000	000012	SERVICE PROVIDER ID	000000	NOT REGISTERED WITH AHCCCS
156364	001256	SERVICE PROVIDER ID	156364	NOT REGISTERED WITH AHCCCS
123678	000134	BC INDICATOR	1	MUST BE 'Y' OR 'N'
123456	000123	OB INDICATOR	X	MUST BE 'Y' OR 'N'
156364	001256	OB INDICATOR	Z	MUST BE 'Y' OR 'N'
123456	000123	PCP INDICATOR	X	MUST BE 'Y' OR 'N'
123456	000123	COUNTY CODE	XX	SEE PAT USER MANUAL FOR VALID CODE
167485	004506	COUNTY CODE	SS	SEE PAT USER MANUAL FOR VALID CODE
167485	004506	CONTRACT CODE	SS	SEE PAT USER MANUAL FOR VALID CODE

SAMPLE REPORTS (CONTINUED) – LOAD DETAIL

REPORT ID: HP07Q099	ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM			PAGE: 1
PROGRAM #: HP07L099	PROVIDER AFFILIATION TRANSMISSION REPORT			RUN: 07/15/06
	PLAN NAME:			
PR-ID:	101001	101002	101003	101004
NPI:	1992789200	1316903412	1609895333	1780690610
	1244387755			1544997711
	1887544321			
NAME:	LENKAITIS, D.	KALLENBACH, T.	ATCHISON, J.	MUDRY, T.
ADDRESS 1:	1234 E MAIN ST	4056 N 17TH ST	333 W ROCKY RD	160 N AVONDALE
ADDRESS 2:				STE 16B
CITY:	PHOENIX	PHOENIX	PHOENIX	PHOENIX
ZIP:	85040	85046	85041	85048
COUNTY:	MARICOPA	MARICOPA	MARICOPA	MARICOPA
PROVIDER TYPE:	MD-PHYSICIAN	MD-PHYSICIAN	MD-PHYSICIAN	MD-PHYSICIAN
MEMBER COUNT:	000345	000115	000345	000022
MEMBER CAPACITY:	000460	000200	000460	000080
BOARD CERTIFIED?:	YES	NO	YES	YES
COMPLETED RESIDENCY?:	YES	NO	YES	YES
EPSDT?:	YES	YES	YES	YES
OBSTETRICS?:	NO	NO	NO	NO
OBSTETRICS PCP?:	NO	NO	NO	NO
PCP?:	YES	NO	YES	YES
OPEN TO NEW MEMBERS?:	YES	NO	NO	YES
BEHAVIORAL HEALTH?:	NO	NO	NO	NO
BEHAVIORAL HEALTH PCP?:	NO	NO	NO	NO
CONTRACT TYPE:	SALARY	FEE FOR SERVICE	CAPITATED	NO CONTRACT
LANGUAGE - PRV(1) :	SPANISH	SPANISH		SPANISH
LANGUAGE - PRV(2) :	FRENCH			FRENCH
LANGUAGE - PRV STAFF(1) :	SPANISH		SPANISH	SPANISH
LANGUAGE - PRV STAFF(2) :	BOSNIAN	NAVAJO		
SPECIALTY (1) :	FAMILY PRACTICE	PEDIATRICIAN	OBSTETRICIAN AND GYN	
SPECIALTY (2) :	PEDIATRIC NEUROLOGIST			MATERNAL AND
SPECIALTY (3) :				

SAMPLE REPORTS (CONTINUED)

 REPORT ID: HP07Q089
 PROGRAM #: HP07L089

 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 PROVIDER AFFILIATION DUPLICATE REPORT

 PAGE: 1
 RUN: 07/15/06

HEALTH PLAN:

<u>PROVIDER NUMBER</u>	<u>PROVIDER NAME</u>	<u>ZIP CODE</u>	<u>COUNTY</u>
194720	MILLER/WILLIAM A.	85938	APACHE
362450	MEMON/ABDUL-QADIR	85938	APACHE

TOTAL NUMBER OF DUPLICATE PROVIDERS: 2

 REPORT ID: HP0786QD
 PROGRAM #: HP07L086

 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 PROVIDER AFFILIATION TRANSMISSION REPORT
 LOAD SUMMARY

 PAGE: 1
 RUN: 07/15/06

HEALTH PLAN:

FILENAME:	PA071506.TXT
CREATION DATE:	07/15/2006
PERIOD START DATE:	07/01/2006
PERIOD END DATE:	09/30/2006
DATE LOGGED:	07/15/2006
RECORDS READ:	2602
RECORDS WITH ERRORS:	6
TOTAL EXCEPTION ERRORS:	11



PROVIDER AFFILIATION TRANSMISSION USER MANUAL

SAMPLE REPORTS (CONTINUED)

REPORT ID: HP07Q99A		ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM						PAGE: 1	
PROGRAM #: HP07L099		HEALTH PLANS PROVIDER AFFILIATION						RUN: 04/15/09	
		SUMMARY TOTALS FOR							
		OVERALL	PCP	PCP EPSDT	PCP OB	OB	OB PCP	BH	BH PCP
COCONINO	FLAGSTAFF	DENTIST	DENTIST-GENERAL	2	0	0	0	0	0
				5	0	0	0	0	0
		DO-PHYSICIAN	OSTEOPATH	NONE	1	0	0	0	0
			ORTHOPEDIST	3	0	0	0	0	0
		HOSPITAL	NONE	1	0	0	0	0	0
		MD-PHYSICIAN	DERMATOLOGIST	5	0	0	0	0	0
			FAMILY PRACTICE	2	1	0	0	0	0
			NEPHROLOGIST	1	0	0	0	0	0
			NEUROLOGIST	1	0	0	0	0	0
			ONCOLOGIST	1	0	0	0	0	0
			OPHTHALMOLOGIST	2	0	0	0	0	0
			ORTHOPEDIST	14	0	0	0	0	0
			PHYSICAL MEDICINE/REHAB	1	0	0	0	0	0
			SURGERY	1	0	0	0	0	0
			SURGERY-ORTHOPEDIC	1	0	0	0	0	0
		PHYSICAL THERAPIST	THERAPIST-PHYSICAL	1	0	0	0	0	0
		PHYSICIANS ASSISTANT	PHYSICIAN ASSISTANT	10	0	0	0	0	0
		PODIATRIST	SURGERY-PODIATRIST	1	0	0	0	0	0
		REGISTERED NURSE PRACTI	RN FAMILY NURSE PRACTIT	2	0	0	0	0	0
	WILLIAMS	DENTIST	DENTIST-GENERAL	2	0	0	0	0	0
	PCP COUNT FOR COCONINO COUNTY:			1					
GILA	PAYSON	MD-PHYSICIAN	OPHTHALMOLOGIST	1	0	0	0	0	0
	PCP COUNT FOR GILA COUNTY:			0					
GRAHAM	THATCHER	NON-EMERGENCY TRANSPORT	NONE	1	0	0	0	0	0
	PCP COUNT FOR GRAHAM COUNTY:			0					
MARICOPA	AVONDALE	DENTIST	DENTIST-GENERAL	1	0	0	0	0	0
		MD-PHYSICIAN	OPHTHALMOLOGIST	8	0	0	0	0	0
	PCP COUNT FOR MARICOPA COUNTY:			2					
	CAVE CREEK	DME SUPPLIER	NONE	1	0	0	0	0	0
	CHANDLER	DENTIST	DENTIST-GENERAL	5	0	0	0	0	0
		MD-PHYSICIAN	FAMILY PRACTICE	1	1	0	0	0	0
			OPHTHALMOLOGIST	2	0	0	0	0	0



NOTIFICATION EMAIL

From: DHCMOPS@AZAHCCCS.GOV [<mailto:DHCMOPS@AZAHCCCS.GOV>]
Sent: Friday, August 01, 2008 3:05 AM
To:
Cc: DHCM OPS
Subject: PAT LOAD RESULTS

WE RECEIVED THE SUBMISSION OF YOUR HEALTH PLAN'S QUARTERLY PROVIDER AFFILIATION TRANSMISSION (PAT). THIS RESULTED IN A 2.15% ERROR RATE FOR ALL RECORDS READ. A TRANSMISSION THAT HAS AN ERROR RATE OF MORE THAN 5.0% WILL NOT BE ACCEPTED FOR PROCESSING.

ALTHOUGH YOUR ERROR PERCENT WAS ACCEPTABLE YOUR TRANSMISSION WAS REJECTED FOR THE FOLLOWING REASON:

RECORD COUNT ON T9 TRAILER RECORD DOES NOT MATCH RECORDS READ.

AFTER THE ERRORS IDENTIFIED IN THE LOAD EXCEPTIONS REPORTS HAVE BEEN CORRECTED, YOU MUST RESUBMIT YOUR PAT FILE BY THE 20TH OF **XXXX**. AS A REMINDER, THE CREATION DATE MUST BE THE DATE THAT THE PAT FILE IS TRANSMITTED TO AHCCCS.

THE SUMMARY TOTALS REPORT AND THE LOAD EXCEPTIONS BY PROVIDER AND BY FIELD REPORTS ARE NOW AVAILABLE ON THE AHCCCS SERVER.