

Monthly Data Exchange Record Layouts

Monthly Data Exchange Record Layout

Historical and ongoing claims & encounter utilization data exchange

- AHCCCS will manage exchange of encounter and claims data to Contractors in order to eliminate “blind spots” for services provided to a member shared by multiple programs
- In compliance with Federal privacy regulations
- Contractors should use this information to develop short- and long-term strategies to improve care coordination
- Historical – provide up to 3 years of data
- Ongoing – produced monthly beginning August, 2017 – Data for 07/01/2017 – 07/31/2017
- Report Placement and Naming:

Placement: <https://sftp.statemedicaid.us/AZ/Contractor/PROD/OUT>

Name: HPNNNNNN-DEXMTH-YYMMDD.ZIP

NEW RECORD FORMAT – 550 BYTES – EFFECTIVE August, 2024

DEX HEADER RECORD					
Field Name	Type	Size	Start	End	Field Description
REC-ID	X	1	1	1	Record Identifier - 'H'
FILE-DATE	X	8	2	9	File Date – Format YEARMMD
SUBMIT-CONTR-ID	X	6	10	15	Submitting Entity ID
SUBMIT-CONTR-NAME	X	25	16	40	Submitting Entity Name
RCVD-CONTR-ID	X	6	41	46	Receiving Entity ID
RCVD-CONTR-NAME	X	25	47	71	Receiving Entity Name
FILLER	X	479	72	550	BLANK

RECIPIENT RECORD					
Field Name	Type	Size	Start	End	Field Description
REC-ID	X	1	1	1	Record Identifier - 'R'
AHCCCS-ID	X	9	2	10	Recipient AHCCCS ID
LAST-NAME	X	20	11	30	Last Name
FIRST-NAME	X	20	31	50	First Name
MI	X	1	51	51	Middle Initial
CURR-HP-ID	X	6	52	57	Current Health Plan ID
CURR-HP-NAME	X	25	58	82	Current Health Plan Name
CURR-HP-BEG-DATE	X	8	83	90	Current Health Plan Begin Date
CURR-HP-END-DATE	X	8	91	98	Current Health Plan End Date
TSN	X	2	99	100	TSN (Trans-Sub-No)
BHS-CAT	X	1	101	101	BHS Category
FILLER	X	299	102	400	Blank
FILLER	X	150	401	550	Blank

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DEX DETAIL RECORD					
Field Name	Type	Size	Start	End	Field Description
REC-ID	X	1	1	1	Record Identifier - 'D'
RECIPIENT AHCCCS ID	X	9	2	10	Recipient AHCCCS Identifier
REC-IND	X	1	11	11	Record Type – 'C' = Claim, 'E' = Encounter
CLM-NO	X	12	12	23	Claim Number (CRN – Claim Reference Number)
LN-NO	X	3	24	26	Claim Line Number
PRIOR-CRN	X	15	27	41	Prior Claim Reference Number (for replacement and voids only)
FORM TYPE	X	1	42	42	Form Type I - UB Inpatient O - UB Outpatient L - UB Long Term Care A - Professional/1500 D - Dental C - Pharmacy/Form C
BILL-TYPE	X	4	43	46	Bill Type Code – Only applies to Form Type I, O, L
ADJU-STA	X	2	47	48	Adjudication Status when Record Type = 'E' 31 ADJUDICATED/APPROVED 33 ADJUDICATED/REPLACED ORIGINAL 41 ADJUDICATED/DENIED BY AHCCCS 42 ADJUDICATED/WITHDRAWN BY PLAN 43 ADJUDICATED/DENIED BY PLAN Adjudication Status when Record Type = 'C' A ADJUDICATED/APPROVED
ADMIT-DATE	X	8	49	56	Admission Date – Only applies to Form Type 'L' or 'I'
SRV-BEG-DATE	X	8	57	64	Service Begin Date
SRV-END-DATE	X	8	65	72	Service End Date
SRV-UNITS-DAYS	X	15	73	87	Service Units or Days (Not Pharmacy)
PLC-OF-SRV	X	2	88	89	Place of Service
SRV-PRV-AHCCCS-ID	X	6	90	95	Service Provider AHCCCS ID
FILLER	X	20	96	115	Blank – not currently used
SRV-PRV-NPI	X	10	116	125	Service Provider NPI
BILL-PRV-TAX-ID	X	9	126	134	Billing Provider Tax Identifier
COV-DAYS	X	3	135	137	Covered Days – Inpatient or Long Term Care only
ADMIT-DIAG	X	7	138	144	Admission Diagnosis – Inpatient Only
OTH-DIAG1	X	7	145	151	Other Diagnosis – 1: If Applicable
OTH-DIAG2	X	7	152	158	Other Diagnosis – 2: If Applicable
OTH-DIAG3	X	7	159	165	Other Diagnosis – 3: If Applicable
OTH-DIAG4	X	7	166	172	Other Diagnosis – 4: If Applicable

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OTH-DIAG5	X	7	173	179	Other Diagnosis – 5: If Applicable
OTH-DIAG6	X	7	180	186	Other Diagnosis – 6: If Applicable
OTH-DIAG7	X	7	187	193	Other Diagnosis – 7: If Applicable
OTH-DIAG8	X	7	194	200	Other Diagnosis – 8: If Applicable
OTH-DIAG9	X	7	201	207	Other Diagnosis – 9: If Applicable
OTH-DIAG10	X	7	208	214	Other Diagnosis – 10: If Applicable
OTH-DIAG11	X	7	215	221	Other Diagnosis – 11: If Applicable
OTH-DIAG12	X	7	222	228	Other Diagnosis – 12: If Applicable
HCPCS	X	5	229	233	HCPCS/CPT Procedure Code
MOD1	X	2	234	235	Modifier - 1: If Applicable
MOD2	X	2	236	237	Modifier – 2: If Applicable
MOD3	X	2	238	239	Modifier – 3: If Applicable
MOD4	X	2	240	241	Modifier – 4: If Applicable
PRSC-PRV-ID	X	10	242	251	Prescribing Provider ID – Pharmacy Only
NDC-CD	X	11	252	262	National Drug Code – Pharmacy Only
QTY	X	11	263	273	Quantity – Pharmacy Only
DISP-DATE	X	8	274	281	Dispense Date – Pharmacy Only
CLM-HP-ID	X	6	282	287	Claim Health Plan Identifier
CLM-HP-NAME	X	25	288	312	Claim Health Plan Name
CLM-HP-BEG-DATE	X	8	313	320	Claim Health Plan Begin Date
CLM-HP-END-DATE	X	8	321	328	Claim Health Plan End Date
CLM-HP-SRV-CTY	X	2	329	330	Claim Health Plan Service County
ICD-IND	X	1	331	331	ICD Diagnosis Indicator – ‘9’ = ICD9, ‘0’ = ICD10
BILL-AMOUNT	X	11	332	342	Billed Amount
AHCCCS-ALLOW	X	11	343	353	AHCCCS Value for the service
TSN	X	2	354	355	TSN (Trans-Sub-No)
PRI-AHCCCS-ID	X	9	356	364	Prior AHCCCS ID
RECV-HP-ID	X	6	365	370	Receiving Health Plan ID
RECV-COUNTY	X	2	371	372	Receiving County
RECV-FROM-DT	X	8	373	380	Receiving Health Plan Begin Date
RECV-TO-DT	X	8	381	388	Receiving Health Plan End Date
OTH-DIAG13	X	7	389	395	Other Diagnosis – 13; If Applicable
OTH-DIAG14	X	7	396	402	Other Diagnosis – 14; If Applicable
OTH-DIAG15	X	7	403	409	Other Diagnosis – 15; If Applicable
OTH-DIAG16	X	7	410	416	Other Diagnosis – 16; If Applicable
OTH-DIAG17	X	7	417	423	Other Diagnosis – 17; If Applicable
OTH-DIAG18	X	7	424	430	Other Diagnosis – 18; If Applicable
OTH-DIAG19	X	7	431	437	Other Diagnosis – 19; If Applicable

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OTH-DIAG20	X	7	438	444	Other Diagnosis – 20; If Applicable
OTH-DIAG21	X	7	445	451	Other Diagnosis – 21; If Applicable
OTH-DIAG22	X	7	452	458	Other Diagnosis – 22; If Applicable
OTH-DIAG23	X	7	459	465	Other Diagnosis – 23; If Applicable
OTH-DIAG24	X	7	466	472	Other Diagnosis – 24; If Applicable
EMG-SVC-IND	X	1	473	473	Emergency Service Indicator
OTH-CVG-PMT-AMT	X	11	474	484	TPL Paid Amount
MDC-APP-AMT	X	11	485	495	Medicare Approved Amount
MDC-PAID-AMT	X	11	496	506	Medicare Paid Amount
SUPL-DAY	X	3	507	509	Pharmacy Days Supply
CLM-COS	X	2	510	511	Assigned Category of Service
BIL-PR-NPI	X	10	512	521	Billing Provider NPI, blank for Pharmacy records
OCD-GP	X	10	522	531	Area of Oral Decay Group Codes
TOOTH-CODE	X	2	532	533	Dental Tooth Code
SURFACE-GP	X	5	534	538	Surface Group Codes
FILLER	X	12	539	550	BLANK

DEX TRAILER RECORD					
Field Name	Type	Size	Start	End	Field Description
REC-ID	X	1	1	1	'T'
FILE-DATE	X	8	2	9	File Date – Format YEARMMD
TOTAL RECORDS	N	12	10	21	Total records on file
TOTAL HEADER	N	12	22	33	Total Header records on file – REC-ID = 'H'
TOTAL RECIPIENT	N	12	34	45	Total Recipient Records on file – REC-ID = 'R'
TOTAL CLM-ENC	N	12	46	57	Total Detail – Claim & Encounter Records on file – REC-ID = 'D'
TOTAL TRAILER	N	12	58	69	Total Trailer Records on file – REC-ID = 'T'
FILLER	X	480	70	550	BLANK