

- Retroactive TPL Recovery Input

**File Layout**

**Input Record Layout (Health Plan to AHCCCS) – Header**

Field Name		Description
REC-TYP	X(01)	Record Type – ‘H’ (Header)
HP-ID	X(06)	Health Plan ID
SUBMIT-DATE	X(08)	File Submission Date (CCYYMMDD)

**Input Record Layout (Health Plan to AHCCCS) – Detail**

Field Name		Description
REC-TYP	X(01)	Record Type – ‘D’ (Detail)
HP-ID	X(06)	Health Plan ID
CRN	X(15)	AHCCCS CRN – For HCFAs, Dental and Pharmacy, send the 15 character CRN which includes the 3 character line number – EC-NUM X(12), Line-Num X(03) – For UB (form type B), send the 12 EC-NUM plus the line number = ‘000’
FORM-TYPE	X(01)	A, B, C, D - Encounter form type
TPL-AMT	9(9)V99	<i>Same as Remit Amount - Amount Recovered from TPL</i>  If Paid encounter then must be >0.00  New TPL Amount value – must be greater than or equal to zero. (Example: 00000016238 = \$162.38)
HP-PAID-AMT	9(9)V99	<i>Same as MCO Paid Amount - Amount MCO paid to the Provider</i>

Field Name		Description
		<p>If Paid encounter then must be &gt;0.00</p> <p>New HP Paid Amount value – must be greater than or equal to zero. (Example: 00000016238 = \$162.38)</p>
MCO Bill amount	9(9)V99	<p>Amount billed to MCO from Provider</p> <p>Required – must be &gt; 0.00</p>
Original Bill date	X(08)	<p>Date the claim was originally billed to the TPL</p> <p>Required</p> <p>CCYYMMDD</p>
Re-Bill date	X(08)	<p>Most recent date the claim was billed to the TPL</p> <p>Required</p> <p>CCYYMMDD</p>
Recovery Date	X(08)	<p>Date the claim was paid or denied by TPL</p> <p>Required (valid date) if Paid, Denied, or Closed Recovery</p> <p>Blank if Open Recovery</p> <p>CCYYMMDD</p>
Check Number	X(20)	<p>Check number</p> <p>Required if Paid recovery</p>
Carrier ID	X(5)	<p>Name of TPL that was billed</p> <p>Required</p>
Other Insurance Carrier Name	X(30)	<p>Name of TPL that was billed</p> <p>Required</p>
TPL Recovery status	X(01)	<p>Disposition of claims: P=Paid – recovery made D=Denied - by TPL – no recovery</p>

Field Name		Description
		C=Closed - with no recovery O=Open – Bill sent to Third Party
TPL Denial Reason	X(80)	The reason the claim was denied  Required if Denied Recovery

### **Input Record Layout (Health Plan to AHCCCS) – Trailer**

Field Name		Description
REC-TYP	X(01)	Record Type – ‘T’ (Trailer)
HP-ID	X(06)	Health Plan ID
REC-CNT	9(9)	Total record count in file including Header and Trailer record (Example: 000075369)