

AHCCCS Technical Interface Guidelines (TIG)

Health Plan Interface- Monthly Third Party Liability (TPL) Verified Data File Layout

Note: this file contains both Commercial TPL and Medicare coverage information

(per data view 2-5-16)

410 byte Flat File

FIELD NAME	TYPE	SIZE	FROM	THRU	DESCRIPTION
HEADER RECORD					
Header Info	X	6	1	6	"TPLHDR"
Processing Date	X	8	7	14	(CCYYMMDD)
Filler	X	300	15	314	
HP-ID	X	6	315	320	Health Plan ID #
Filler	X	90	321	410	
DETAIL RECORD					
SEQ-NO	UZ	2	1	2	Commercial =TPL sequence number. Medicare 50= Part A; 51=Part B; 52= RX
PROCESS-DATE	X	6	3	8	YYMMDD
AHCCCS- ID	X	9	9	17	Member's AHCCCS ID
LAST-NAME	X	20	18	37	Member's Last Name
FIRST-NAME	X	10	38	47	Member's First Name
SEX	X	1	48	48	Member's Gender
DAT-OF-BIRTH	X	8	49	56	Member's date of birth
POLICY- ID	X	20	57	76	Policy ID # or Medicare Claim #
INS-TYPE	X	1	77	77	Commercial Insurance Type Codes: M=Medical; P= Pharmacy; D=Dental; S=Supplemental Medicare. Medicare Insurance type codes: Z= Medicare part A or B; X= Medicare RX or Advantage Managed care plan
BEG-DAT	X	8	78	85	Policy Begin Date
END-DAT	X	8	86	93	Policy End Date
CAR-NAME	X	30	94	123	Carrier Name or Description of Medicare Coverage
CAR-PHONE	X	10	124	133	*Carrier Phone Number
CAR-STR-1	X	23	134	156	*Carrier Address)
CAR-STR-2	X	23	157	179	*Carrier Address
CAR-CITY	X	18	180	197	*Carrier Address City
CAR-ST	X	2	198	199	*Carrier Address State
CAR-ZIP	X	9	200	208	*Carrier Address Zip Code
INSURED-NAME	X	31	209	239	*Insured Name
INSURED- REL-PAT	X	1	240	240	*AHCCCS member's relationship to the insured: A=Absent parent; C=Child; H=Holder; S=Spouse; O=Other
INS-EMPR	X	30	241	270	*Insured employer

INS-GRP-NUM	X	20	271	290	*Insured Group Number
DAT-REC-ADDED	X	8	291	298	*Date record was added
LAST-MOD-DAT	X	8	299	306	*Date record was last changed
DATE-VERIFIED	X	8	307	314	*Date record was verified
HP-ID	X	6	315	320	HP ID number
FILLER	X	5	321	325	(To be used for future expansion of the Master Carrier ID)
CAR-ID	X	5	326	330	Commercial coverage- Master Carrier ID number from the Master Carrier reference table RF563; Medicare Part A=50 Part B=51; Medicare Advantage Managed Care Plan or RX Part plan ID#
IRR	X	80	331	410	Field not used for Verified records
TRAILER RECORD					
Trailer Info	X	6	1	6	"TPLFTR"
Processing Date	X	8	7	14	(CCYYMMDD)
Record Count	X	6	15	20	Total Number of records(including H &T); leading zeros right justified
Filler	X	294	21	314	
HP-ID	X	6	315	320	Health Plan ID #
Filler	X	90	321	410	

NOTE: Supplemental Medicare policies are considered commercial

* denotes fields not used for Medicare Records