

**PM Attachment 7.5.2**  
**834 TRANSACTION DATA REQUIREMENTS**

**Data Submitted on an 834 enrollment transaction (add, change and termination):**

- Client ID
- AHCCCS ID
- RBHA ID
- Enrollment Begin Date
- Enrollment End Date
- First Name
- Middle Name
- Last Name
- Home Phone Number (situational)
- Emergency Phone Number(situational)
- Address Line1
- Address Line2
- City
- State
- Zip Code
- AHCCCS County Code
- Date of Birth
- Gender
- Marital Status Code
- Ethnicity Code
- Language Code (situational)
- RBHA Client ID
- Third party insurance
- Mailing Address Line1 (situational)
- Mailing Address Line2 (situational)
- Mailing City (situational)
- Mailing State (situational)
- Mailing Zip Code (situational)
- Responsible Person Last Name (situational)
- Responsible Person First Name (situational)
- Responsible Person Middle Name (situational)
- Responsible Person ID (situational)
- Responsible Person Address Line1 (situational)
- Responsible Person Address Line2 (situational)
- Responsible Person City (situational)
- Responsible Person State (situational)
- Responsible Person Zip Code (situational)

**Data Required to create an 834 termination:**

- Client ID w/ CIS
- Client ID w/ RBHA ID
- Enrollment End Date
- Last Name
- First Name
- Middle Initial
- Date of Birth
- Gender