Exhibit 5S

Pended Encounter Aging File Record Layout

Data Name	Picture	Actual Positions From	To	Remarks
Contractor Identifier	X(06)	001	006	Health Plan ID
Transmission Submitter Number	X(02)	007	008	
Aging Category	X(01)	009	009	
Form Type	X(01)	010	010	
Control Reference Number	X(14)	011	024	AHCCCS CRN
Plan Claim Reference Number	X(20)	025	044	Plan Claim Reference Number
Patient Account Number	X(20)	045	064	Provider Patient Account Number
Service Provider Identifier	X(06)	065	070	
Service Provider Name	X(25)	071	095	
Provider Type	X(02)	096	097	
Beginning Date of Service	X(08)	098	105	“YYYYMMDD”
Ending Date of Service	X(08)	106	113	“YYYYMMDD”
Status Effective Date	X(08)	114	121	“YYYYMMDD”
HCPCS Procedure Code	X(05)	122	126	
HCPCS Procedure Modifier	X(02)	127	128	
Days Pended	X(04)	129	132	
Error Code 01	X(04)	133	136	
Error Code 02	X(04)	137	140	
Error Code 03	X(04)	141	144	
Error Code 04	X(04)	145	148	
Error Code 05	X(04)	149	152	
Error Code 06	X(04)	153	156	
Error Code 07	X(04)	157	160	
Error Code 08	X(04)	161	174	
Error Code 09	X(04)	165	168	
Error Code 10	X(04)	169	172	
Error Code 11	X(04)	173	176	
Error Code 12	X(04)	177	180	
Error Code 13	X(04)	181	184	
Error Code 14	X(04)	185	188	
Error Code 15	X(04)	189	192	