Exhibit 5U

Pended Encounter Duplicate CRN File Record Layout (DUPECRNMMDDYY.ZIP)

Data Name	Picture	Actual Positions From	To	Remarks
Contractor Identifier	X(06)	001	006	Health Plan ID
Transmission Submitter Number	X(02)	007	008	
Error Code	X(04)	009	012	
Error Message	X(70)	013	082	
Control Reference Number	X(14)	083	096	AHCCCS CRN
Patient Account Number	X(20)	097	116	Provider Patient Account Number
Plan Claim Reference Number	X(20)	117	136	Plan Claim Reference Number
Beginning Date of Service	X(08)	137	144	“YEARMMDD”
Ending Date of Service	X(08)	145	152	“YEARMMDD”
Form Type	X(01)	153	153	
Service Provider Identifier	X(10)	154	163	
Member Identifier	X(09)	164	172	AHCCCS Member ID
Duplicate Contractor Identifier	X(06)	173	178	Other Health Plan ID
Duplicate Control Reference Number	X(14)	179	192	Other AHCCCS CRN
Duplicate Patient Account Number	X(20)	193	212	Other Provider Patient Account Number
Duplicate Plan Claim Reference Number	X(20)	213	232	Other Plan Claim Reference Number
Duplicate Beginning Date of Service	X(08)	233	240	“YEARMMDD”
Duplicate Ending Date of Service	X(08)	241	248	“YEARMMDD”
Duplicate Form Type	X(01)	249	249	
Duplicate Service Provider Identifier	X(10)	250	259	
Duplicate Member Identifier	X(09)	260	268	Other AHCCCS Member ID
Reserved	X(20)	269	280	