

Chapter Five

Data Files and Adjudication Results

I. Introduction

This chapter contains a description and examples of encounter files and reports generated by AHCCCSA for Contractors. The files contain information pertaining to provider, reference and encounter data that assist Contractors with accurate encounter submissions. The reports summarize results of the adjudication edit and audit process. Reports are presented in two groupings: status and pended encounters. **Contractors have 90 days to retrieve files and reports before they are removed from the FTP server.**

II. Provider Files

On a weekly basis AHCCCSA produces two provider files: Provider Profile and Provider File. These files are shown as Exhibits 5A-5B and are available for download from the AHCCCS FTP server. For each provider, the following information is included:

- Demographic data/National Provider Identifier
- Provider status
- Categories of service
- Service rates
- Licenses/certifications
- Specialties
- Medicare coverage
- Restrictions
- Service/billing addresses

III. Reference Files

At the beginning and middle of the month AHCCCSA produces seven reference files: Reference Files 1, 2, 3, 4, 5, 6 and 7. These files, shown as Exhibits 5C-5I, are available to contractors via download from the AHCCCS FTP server.

These files contain information such as:

- All active HCPCS and descriptions
- Age, sex and frequency restrictions
- Modifiers and coverage indicators
- ASC Group and OPFS data
- Fee-for-service fee schedule amounts
- Co-pay data

Reference files 05 and 06 both contain the maximum allowed charge and modifier records that are also found in the Reference 01 and 02 files. The maximum allowed charge and modifier records in the: Reference 01 and 02 files are the AHCCCS FFS and CMDP Capped Fee Schedule; Reference 05 file is the Long Term Care MCO Capped Fee Schedule; and Reference 06 file is the Acute Care MCO Capped Fee Schedule.

CAPPED FEE SCHEDULES	FILE - RECORD
AHCCCS FFS and CMDP	REFER01 – H2 and REFER02 – M3
ALTCS MCOs	REFER05 – M1/M2
ACUTE MCOs	REFER06 – M1/M2

IV. Reference Tables

AHCCCSA produces the following reference tables, which are available from the AHCCCS FTP server. The record layouts are provided in tables 5J-5M.

- Service Type & License Certification Indicator Values
Provides provider service type and certification values.
- Field Information (ECFLD.TXT)
Provides internal field information for each form type.
- Error-to-Field Relationship (ECERRFLD.TXT)
Provides error to internal field relationship information by error code.
- Error Information (ECERR.TXT)
Lists all current encounter error codes and descriptions.

V. Encounter Status File and Reports

There is a supplement file and two reports, which provide information about the encounter records that were adjudicated, i.e., finalized, by AHCCCSA during encounter processing and reported back to contractors on the Status File. The supplemental file and reports are shown as Exhibits 5N-5P.

VI. Pended Encounter Files and Reports

There are two files and eight reports, which provide results for encounter records that were failed by AHCCCSA due to the adjudication edit and audit checks. These reports and files are shown in Exhibits 5Q – 5Z. Encounter failures are reported to contractors on the Pended Encounter File (discussed in Chapter 4) or in the 277U Files.

Exhibit 5A

Provider Profile Record Layout

\ftp\shareinfo\provider\prod\out\profile.zip

Provider Profile Layout

Header (T0)

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Filler	X(58)	21	78	
Record Type	X(02)	79	80	"T0"

Provider Type Profile (P1) (PR090)

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider Type	X(02)	01	02	
Category of Service	X(02)	03	04	
Mand/Opt	X(01)	05	05	M Mandatory O Optional
Category Description	X(30)	06	35	
Service From	X(11)	36	46	
Service To	X(11)	47	57	
Service Type	X(01)	58	58	B Bill Type H HCPCS P Pharmacy Item R Revenue Code S ICD9 Proc. Code T Therapeutic Class D Diagnosis Code X Unspecified
Begin Date	X(08)	59	66	CCYYMMDD
End Date	X(08)	67	74	CCYYMMDD
Filler	X(30)	75	78	
Record Type	X(02)	79	80	P1

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Provider Type COS to Licensing Agency (P2) (RF607)

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider Type	X(02)	01	02	
Category of Service	X(02)	03	04	
Mand/Opt	X(01)	05	05	M Mandatory O Optional
Agency ID	X(03)	06	08	
Agency Name or Description	X(40)	09	48	
Federal State Indicator	X(01)	49	49	F Federal S State
Licensing/Certification Indicator	X(01)	50	50	L Licensing C Certification
State	X(02)	51	52	
Agency Mand/Opt Indicator	X(01)	53	53	M Mandatory O Optional
Begin Date	X(08)	54	61	CCYYMMDD
End Date	X(08)	62	69	CCYYMMDD
Filler	X(09)	70	78	
Record Type	X(02)	79	80	P2

Provider Type Rate Schedule (P3) (RF618)

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider Type	X(02)	01	02	
Rate Schedule	X(03)	03	05	
Payment Type	X(01)	06	06	P Percent A Amount
Amount	X(11)	07	17	
Service Type	X(01)	18	18	B Bill Type H HCPCS P Pharmacy Item R Revenue Code S ICD9 Proc. Code T Therapeutic Class D Diagnosis Code X Unspecified
Service From Code	X(11)	19	29	
Service To Code	X(11)	30	40	
Procedure Modifier	X(02)	41	42	
Place of Service	X(02)	43	44	
Begin Date	X(08)	45	52	CCYYMMDD
End Date	X(08)	53	60	CCYYMMDD
Filler	X(18)	61	78	
Record Type	X(02)	79	80	P3

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Category of Service Code (P4) (RF603)

Data Name	Picture	Actual Positions		Remarks
		From	To	
Category of Service	X(02)	01	02	
Category of Service Description	X(40)	03	42	
Begin Date	X(08)	43	50	CCYYMMDD
End Date	X(08)	51	58	CCYYMMDD
Filler	X(20)	59	78	
Record Type	X(02)	79	80	P4

Provider Type Code (P5) (RF612)

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider Type	X(02)	01	02	
Provider Type Description	X(40)	03	42	
Begin Date	X(08)	43	50	CCYYMMDD
End Date	X(08)	51	58	CCYYMMDD
Filler	X(20)	59	78	
Record Type	X(02)	79	80	P5

Provider Type Code (P6) (RF639)

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider Type	X(02)	01	02	
Provider Type Description	X(40)	03	42	
State Code	X(01)	04	04	A Arizona B Both (Arizona and Hawaii)
Form Type Description	X 40)	05	44	
Begin Date	X(08)	45	52	CCYYMMDD
End Date	X(08)	53	60	CCYYMMDD
Filler	X(18)	61	78	
Record Type	X(02)	79	80	P5

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Trailer (T9)

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Filler	X(70)	21	78	
Record Type	X(02)	79	80	"T9"

Exhibit 5B

Provider File Record Layout

ftp\shareinfo\provider\prod\out\provider.zip

Provider File Record Layout

Header (T0)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Filler	X(58)	21	78	
Record Type	X(02)	79	80	"T0"

Demographic (P1) (PR010)

One Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Provider Name	X(25)	07	31	
Provider Type	X(02)	32	33	
NPI Indicator	X(01)	34	34	Y or N
Filler	X(44)	35	78	
Record Type	X(02)	79	80	P1

Provider Enrollment Status(P2) (PR070)

One to Many Per Provider

Data Name	Picture	Actual Positions		Remarks	Sort Sequence
		From	To		
Provider ID	X(06)	01	06		1
Provider Status Type	X(01)	07	07	A = Active P = Pended T = Terminated S = Suspended D = Denied	
Provider Status	X(02)	08	09		
Begin Date	X(08)	10	17	CCYYMMDD	2
End Date	X(08)	18	25	CCYYMMDD	
Replacement Provider ID	X(06)	26	31		
Filler	X(47)	32	78		
Record Type	X(02)	79	80	P2	

Provider File Record Layout

Category of Service (P3) (PR035)

Zero to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Category of Service	X(02)	07	08	
Begin Date	X(08)	09	16	CCYYMMDD
End Date	X(08)	17	24	CCYYMMDD
Filler	X(54)	25	78	
Record Type	X(02)	79	80	P3

Payment Rate (P4) (PR050)

Zero to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Service Type	X(01)	07	07	
Service From	X(11)	08	18	
Service To	X(11)	19	29	
County	X(02)	30	31	
CRN Date	X(08)	32	39	CCYYMMDD
Begin Date	X(08)	40	47	CCYYMMDD
End Date	X(08)	48	55	CCYYMMDD
Rate Schedule	X(03)	56	58	
Payment Type Values	X(01)	59	59	A = Amount; Payment format is 9(7)V99 or P = Percent; Payment format is 9V9999
Amount	N(07)v(04)	60	70	
Place of Service	X(02)	71	72	
Procedure Modifier	X(02)	73	74	
Filler	X(04)	75	78	
Record Type	X(02)	79	80	P4

License (P5) (PR020)

Zero to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Agency	X(03)	07	09	
License ID	X(15)	10	24	
License Cert Ind	X(02)	25	26	
Begin Date	X(08)	27	34	CCYYMMDD
End Date	X(08)	35	42	CCYYMMDD
Filler	X(36)	47	78	
Record Type	X(02)	79	80	P5

Provider File Record Layout

Specialty (P6) (PR030)

Zero to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Specialty	X(03)	07	09	
Begin Date	X(08)	10	17	CCYYMMDD
End Date	X(08)	18	25	CCYYMMDD
Filler	X(53)	26	78	
Record Type	X(02)	79	80	P6

Specialty (P7) (PR060)

Zero to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Medicare Coverage	X(01)	07	07	A – Medicare A B – Medicare B
Medicare ID	X(10)	08	17	
Carrier Code	X(05)	18	22	
Intermediary Code	X(05)	23	27	
Begin Date	X(08)	28	35	CCYYMMDD
End Date	X(08)	36	43	CCYYMMDD
Filler	X(35)	44	78	
Record Type	X(02)	79	80	P7

Exception (P8) (PR055)

**Zero to Many Group Identifiers Per Provider
One to Many Services per Group Identifier**

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Service Type	X(01)	07	07	
Service From	X(11)	08	18	
Service To	X(11)	19	29	
Begin Date	X(08)	30	37	CCYYMMDD
End Date	X(08)	38	45	CCYYMMDD
Exception Type	X(02)	46	47	01 – Provider Prohibited 02 – Medical Review Required 03 – PA Required 04 – Allowed Service
Agency ID	X(03)	48	50	
Group Type	X(05)	51	55	
Group Identifier	X(04)	56	59	
Procedure Modifier	X(02)	60	61	
Place of Service	X(02)	62	63	
Filler	X(28)	64	78	
Record Type	X(02)	79	80	P8

Provider File Record Layout

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Billing Associations (P9) (PR045)

Zero to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Group ID	X(06)	07	12	
Begin Date	X(08)	13	20	CCYYMMDD
End Date	X(08)	21	28	CCYYMMDD
Filler	X(50)	29	78	
Record Type	X(02)	79	80	P9

**Addressses (PR015) A group of R1, R2, R3
R1**

One to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Address Type	X(01)	07	07	C –Correspondence P – Pay To S - Service
Location Code	X(02)	08	09	
Street Line 1	X(25)	10	34	
Street Line 2	X(25)	35	59	
Begin Date	X(08)	60	67	CCYYMMDD
End Date	X(08)	68	75	CCYYMMDD
Claims-Brand	X(02)	76	77	01 – HIS 02 – Tribal 638
Filler	X(01)	78	78	
Record Type	X(02)	79	80	R1

Provider File Record Layout

**Addresses (PR015) A group of R1, R2, R3
R2**

One to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Address Type	X(01)	07	07	C – Correspondence P – Pay To S - Service
Location Code	X(02)	08	09	
Pay-To Location Code	X(02)	10	11	
City	X(25)	12	36	
County	X(02)	37	38	
State	X(02)	39	40	
Zip Code	X(09)	41	49	
Country Code	X(02)	50	51	01 – USA 02 – Mexico 03 – Canada 99 – Other
Business Phone	X(10)	52	61	
Emergency Phone	X(10)	62	71	
Filler	X(07)	72	78	
Record Type	X(02)	79	80	R2

**Addresses (PR015) A group of R1, R2, R3
R3**

One to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Address Type	X(01)	07	07	C – Correspondence P – Pay To S - Service
Location Code	X(02)	08	09	
Tax ID	X(20)	10	29	
Attention To	X(25)	30	54	
Filler	X(24)	55	78	
Record Type	X(02)	79	80	R3

Alternate ID (NPI) (R4) (PR082)

Zero to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Alternate ID	X(15)	07	21	
Type	X(02)	22	23	
Begin Date	X(08)	24	31	CCYYMMDD
End Date	X(08)	32	39	CCYYMMDD
Filler	X(39)	40	78	
Record Type	X(02)	79	80	R4

Provider File Record Layout

Alternate ID (R4) (PR082)

Zero to Many Per Provider

Data Name	Picture	Actual Positions		Remarks
		From	To	
Provider ID	X(06)	01	06	
Provider Alt ID	X(15)	07	21	
Alt ID Type	X(02)	22	23	NP=NPI
Begin Date	X(08)	24	31	CCYYMMDD
End Date	X(08)	32	39	CCYYMMDD or '99999999'
Filler	X(39)	40	78	
Record Type	X(02)	79	80	R1

Trailer (T9)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Total Records	N(10)	21	30	
Total Providers	N(06)	31	36	
Filler	X(42)	37	78	
Record Type	X(02)	79	80	"T9"

Exhibit 5C

Reference File 01 Record Layout Refer01.zip

\ftp\shareinfo\reference\prod\out\refer01.zip

Reference File 01 Layout

Header (T0)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Filler	X(58)	21	78	
Record Type	X(02)	79	80	"T0"

Demographic (H1) (RF113)

One Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
Description	X(65)	06	70	
Minimum Age Limitations	X(03)	71	73	
Minimum Age Type	X(01)	74	74	Y=Year or M=Month
Maximum Age Limitations	X(03)	75	77	
Maximum Age Type	X(01)	78	78	Y=Year or M=Month
Record Type	X(02)	79	80	H1

FFS and CMDP Max Allowed Charge (H2) (RF112)

One to Many Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
County	X(02)	06	07	
Begin Date	X(08)	08	15	CCYYMMDD
End Date	X(08)	16	23	CCYYMMDD
MAC	N(9)V99	24	34	
CRN Date	X(08)	35	42	CCYYMMDD
Place of Service	X(02)	43	44	
Filler	X(34)	45	78	
Record Type	X(02)	79	80	H2

Reference File 01 Layout

AHCCCS Coverage (H3) (RF123)

One to Many Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
Coverage Code	X(02)	06	07	
Replacement Proc Code	X(05)	08	12	
Begin Date	X(08)	13	20	CCYYMMDD
End Date	X(08)	21	28	CCYYMMDD
Filler	X(50)	29	78	
Record Type	X(02)	79	80	H3

AHCCCS Medical Category of Service (H4) (RF769)

One to Many per Category of Service

Data Name	Picture	Actual Positions		Remarks
		From	To	
Category of Service	X(02)	01	02	
Category of Type	X(01)	03	03	
Category of Service From	X(11)	04	14	
Category of Service To	X(11)	15	25	
Begin Date	X(08)	26	33	CCYYMMDD
End Date	X(08)	34	41	CCYYMMDD
Filler	X(37)	42	78	
Record Type	X(02)	79	80	H4

AHCCCS Revenue Codes to Bill Types (H5) (RF774)

One to Many per Revenue Code Range

Data Name	Picture	Actual Positions		Remarks
		From	To	
Revenue Code From	X(04)	01	04	
Revenue Code To	X(04)	05	08	
Bill Type From	X(03)	09	11	
Bill Type To	X(03)	12	14	
Error Code	X(04)	15	18	
Revenue 4th Digit Indicator	X(01)	19	19	
Coverage Indicator	X(01)	20	20	
Units Indicator	X(01)	21	21	
PA Code	X(01)	22	22	
Medical Review Indicator	X(01)	23	23	
MAN Price Indicator	X(01)	24	24	
Proc Indicator	X(01)	25	25	
Begin Date	X(08)	26	33	CCYYMMDD
End Date	X(08)	34	41	CCYYMMDD
Filler	X(37)	42	78	
Record Type	X(02)	79	80	H5

Reference File 01 Layout

AHCCCS Revenue Codes to Procedure Code (H6) (RF773) One to Many per Revenue Code Range

Data Name	Picture	Actual Positions		Remarks
		From	To	
Revenue Code From	X(04)	01	04	
Revenue Code To	X(04)	05	08	
Procedure Code From	X(05)	09	13	
Procedure Code To	X(05)	14	18	
Begin Date	X(08)	19	26	CCYYMMDD
End Date	X(08)	27	34	CCYYMMDD
Filler	X(44)	35	78	
Record Type	X(02)	79	80	H6

Status Code B (H7) (RFC25)

One Per Code

Data Name	Picture	Actual Positions		Remarks
		From	To	
CPT-HCPCS Code	X(05)	01	05	
CPT-HCPCS Description	X(40)	06	45	
Begin Date	X(08)	46	53	CCYYMMDD
End Date	X(08)	54	61	CCYYMMDD
Filler	X(17)	62	78	
Record Type	X(02)	79	80	H7

Benefit Package Limits (H8) (RFC31)

One to One Benefit Limit Type

Data Name	Picture	Actual Positions		Remarks
		From	To	
Benefit Limit Type	X(02)	01	02	
Benefit Limit Description	X(24)	03	26	
Contract Year	X(04)	27	30	
Contract Limit	X(04)	31	34	
Begin Date	X(08)	35	42	CCYYMMDD
End Date	X(08)	43	50	CCYYMMDD
Claim Receipt Date	X(08)	51	58	CCYYMMDD
Filler	X(20)	59	78	
Record Type	X(02)	79	80	H8

Benefit Package Limit Exception (H9) (RFC32)

One Code Per Contract Year

Data Name	Picture	Actual Positions		Remarks
		From	To	
Exception Criteria Code	X(03)	01	03	
Description	X(23)	04	26	
Limit Type	X(02)	27	28	
Contract Year	X(04)	29	32	
Begin Date	X(08)	33	40	CCYYMMDD
End Date	X(08)	41	48	CCYYMMDD
Filler	X(30)	49	78	
Record Type	X(02)	79	80	H9

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Multiple Surgery (N1) (RF724)

One Code Per Date Range

Data Name	Picture	Actual Positions		Remarks
		From	To	
Service Type	X(01)	01	01	
Entity Type	X(03)	02	04	
Service Code Billable From	X(11)	05	15	
Service Code Billable To	X(11)	16	26	
Entity Indicator	X(01)	27	27	
Begin Date	X(08)	28	35	CCYYMMDD
End Date	X(08)	36	43	CCYYMMDD
Filler	X(35)	44	78	
Record Type	X(02)	79	80	N1

Trailer (T9)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Total Records	N(10)	21	30	
Total Procedures	N(06)	31	36	
Filler	X(42)	37	78	
Record Type	X(02)	79	80	"T9"

Exhibit 5D

Reference File 02 Record Layout Refer02.zip

\\ftp\shareinfo\reference\prod\out\refer02.zip

Reference File 02 Layout

Header (T0)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Filler	X(58)	21	78	
Record Type	X(02)	79	80	"T0"

Procedure (M2) (RF113)

One Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
Description	X(13)	06	18	
Start Date	X(08)	19	26	
End Date	X(08)	27	34	
Maximum Units	X(06)	35	40	
Frequency Value	X(03)	41	43	
Frequency Code	X(01)	44	44	
Anesthesia Maximum	X(04)	45	48	Anesthesia Unit Maximum
Anesthesia Value	N(3.1)	49	52	Anesthesia Base Units
Maximum Allowable Charge (MAC)	N(9.2)	53	63	
Follow Up Period	X(03)	64	66	
Sex	X(01)	67	67	
Minimum Age	N(03)	68	70	
Minimum Age Qualifier	X(01)	71	71	Y=Years, M=Months, D=Days
Maximum Age	N(03)	72	74	
Maximum Age Qualifier	X(01)	75	75	Y=Years, M=Months, D=Days
Medicare Coverage Indicator	X(01)	76	76	Y=Covered by Medicare
Filler	X(02)	77	78	
Record Type	X(02)	79	80	M2

Reference File 02 Layout

FFS and CMDP Modifier (M3) (RF122)

One to Many Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
Procedure Modifier	X(02)	06	07	
Payment Type	X(01)	08	08	A=Amount, P=Percentage
Amount	N(7.4)	09	19	Amount or percentage allowed of MAC
Begin DOS	X(08)	20	27	
End DOS	X(08)	28	35	
Claim Receipt	X(08)	36	43	
Place of Service	X(02)	44	45	
Filler	X(33)	46	78	
Record Type	X(02)	79	80	M3

NDC with Family Planning = 'Y' (M4)

One Per NDC

Data Name	Picture	Actual Positions		Remarks
		From	To	
National Drug Code	X(11)	01	11	
Family Planning	X(01)	12	12	"Y"
Filler	X(66)	13	78	
Record Type	X(02)	79	80	M4

ICD9 with Family Planning = 'Y' (M5)

One Per ICD9

Data Name	Picture	Actual Positions		Remarks
		From	To	
ICD9 Code	X(07)	01	07	
ICD9 Code Type	X(01)	08	08	"D" ICD9 Diagnosis Code "P" ICD9 Procedure Code
Family Planning	X(01)	09	09	"Y"
Filler	X(69)	10	78	
Record Type	X(02)	79	80	M5

Trailer (T9)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Total Records	N(10)	21	30	
Total Procedures	N(06)	31	36	
Filler	X(42)	37	78	
Record Type	X(02)	79	80	"T9"

Exhibit 5E

Reference File 03 Record Layout Refer03.zip

\\ftp\shareinfo\reference\prod\out\refer03.zip

Reference File 03 Layout

Header (T0)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X (12)	01	12	
Date Created	X (08)	13	20	CCYYMMDD
Filler	X (58)	21	78	
Record Type	X (02)	79	80	"T0"

OPFS Indicators (N1) (RF127)

One Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X (05)	01	05	
Effective Begin Date	X (08)	06	13	CCYYMMDD
Effective End Date	X (08)	14	21	CCYYMMDD
Medicare Coverage Indicator	X (01)	22	22	Y=Yes, N=No
Third Party Liability Indicator	X (01)	23	23	Y=Yes, N=No
Confidential Services Indicator	X (01)	24	24	Y=Yes, N=No
Family Planning Indicator	X (01)	25	25	Y=Yes, N=No
Sterilization Indicator	X (01)	26	26	Y=Yes, N=No
Abortion Indicator	X (01)	27	27	Y=Yes, N=No
EPSDT Indicator	X (01)	28	28	Y=Yes, N=No
Procedure Daily Maximum	X (06)	29	34	
Gender	X (01)	35	35	M=Male, F=Female or blank
Minimum Age Group				
Minimum Age Duration	X (03)	36	38	'000' – '999'
Minimum Age Type	X (01)	39	39	Y=Years, M=Months, D=Days
Maximum Age Group				
Maximum Age Duration	X (03)	40	42	'000' – '999'
Maximum Age Type	X (01)	43	43	Y=Years, M=Months, D=Days
1 st Limit	X (03)	44	46	'000' – '999' or blank
1 st Frequency Group				
1 st Frequency Value	X (03)	47	49	'000' – '999' or blank
1 st Frequency Code	X (01)	50	50	C=Contract Year, D=Day, L-Lifetime M=Month, W=Week, Y=Year or blank
2 nd Limit	X (03)	51	53	'000' – '999' or blank
2 nd Frequency Group				
2 nd Frequency Value	X (03)	54	56	'000' – '999' or blank
2 nd Frequency Code	X (01)	57	57	C=Contract Year, D=Day, L-Lifetime M=Month, W=Week, Y=Year or blank
Filler	X (21)	58	78	
Record Type	X (02)	79	80	N1

Reference File 03 Layout

OPFS Price (N2) (RF126)

One to Many Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
County	X (02)	06	07	
Effective Begin Date	X (08)	08	15	CCYYMMDD
Effective End Date	X (08)	16	23	CCYYMMDD
OPFS Price	N(9)V99	24	34	
Receipt Date	X (08)	35	42	CCYYMMDD
Filler	X (36)	43	78	
Record Type	X (02)	79	80	N2

OPFS Bundled Driver (N3) (RF797)

One Per Procedure Code Range

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code From	X (05)	01	05	
Procedure Code To	X (05)	06	10	
Effective Begin Date	X (08)	11	18	CCYYMMDD
Effective End Date	X (08)	19	26	CCYYMMDD
Filler	X (52)	27	78	
Record Type	X (02)	79	80	N3

OPFS Bundled Revenue Codes (N4) (RF796)

One Per Revenue Code

Data Name	Picture	Actual Positions		Remarks
		From	To	
Revenue Code	X (04)	01	04	
Revenue Description	X (40)	05	44	
Effective Begin Date	X (08)	45	52	CCYYMMDD
Effective End Date	X (08)	53	60	CCYYMMDD
Filler	X (19)	61	78	
Record Type	X (02)	79	80	N4

CCI Codes (N5) (RF128)

One to Many Per Procedure Code

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Primary	X (05)	01	05	Code in Column 1
Procedure Component	X (05)	06	10	Code in Column 2
Procedure Modifier Indicator	X (01)	11	11	
Source Code	X (03)	12	14	MDC (Medicaid) MCR (Medicare) or AHC (AHCCCS specific)
Edit Type	X (03)	15	17	VEN (Ventilator Management) DIS (Discharge Management) PRA (Practitioner/ASC NCCI Edits) OPH (Outpatient Hospital NCCI Edits)
Effective Begin Date	X (08)	18	25	CCYYMMDD
Effective End Date	X (08)	26	33	CCYYMMDD
Filler	X (44)	34	78	
Record Type	X (02)	79	80	N5

Reference File 03 Layout

Multiple Surgery Exemption Table (N6) (RF789)

One Per Procedure Code

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X (05)	01	05	
Source Indicator	X (01)	06	06	'A' =AHCCCS; 'M'=Medicare
Effective Begin Date	X (08)	07	14	CCYYMMDD
Effective End Date	X (08)	15	22	CCYYMMDD
Filler	X (56)	23	78	
Record Type	X (02)	79	80	N6

Limit Override Modifiers (N7) (RF723)

One Per Modifier

Data Name	Picture	Actual Positions		Remarks
		From	To	
Modifier	X (02)	01	02	
Action Code	X (02)	03	04	
Effective Begin Date	X (08)	05	12	CCYYMMDD
Effective End Date	X (08)	13	20	CCYYMMDD
Filler	X (58)	21	78	
Record Type	X (02)	79	80	N7

Override Modifier Action Codes (N8) (RF725)

One Per Action Code

Data Name	Picture	Actual Positions		Remarks
		From	To	
Action Code	X (02)	01	02	
Effective Begin Date	X (08)	03	10	CCYYMMDD
Effective End Date	X (08)	11	18	CCYYMMDD
Code Description	X (40)	19	58	
Filler	X (20)	59	78	
Record Type	X (02)	79	80	N8

Valid OPFS Procedure Modifiers (N9) (RF121)

One to Many Per Procedure Code

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X (05)	01	05	
Procedure Modifier	X (02)	06	07	
Payment Type	X (01)	08	08	'P'=Percent 'A'=Amount
Amount	N(7.4)	09	19	
Effective Begin Date	X (08)	20	27	CCYYMMDD
Effective End Date	X (08)	28	35	CCYYMMDD
Claim Receipt Date	X (08)	36	43	CCYYMMDD
Filler	X (35)	44	78	
Record Type	X (02)	79	80	N9

Reference File 03 Layout

Limit Override Procedures (P1) (RF739)

One Per Procedure Range

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure From	X (05)	01	05	
Procedure To	X (05)	06	10	
Action Code	X (02)	11	12	
Effective Begin Date	X (08)	13	20	CCYYMMDD
Effective End Date	X (08)	21	28	CCYYMMDD
Filler	X (58)	29	78	
Record Type	X (02)	79	80	P1

MUE Units of Service (P2) (RF129)

One Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X (05)	01	05	
Maximum Units	X (06)	06	11	
Publication Indicator	X (01)	12	12	0 = Not published -confidential - do not share - for CMS and CMS contractors only (currently no MUEs have an indicator = 0) 1 = Published - OK to share 9 = Not Applicable
Source Code	X (03)	13	15	MDC (Medicaid) MCR (Medicare) or AHC (AHCCCS specific)
MUE Type	X (03)	16	18	PRA (Practitioner/ MUE Edits) OPH (Outpatient Hospital MUE Edits) DME (Durable Medical Equipment MUE Edits)
Effective Begin Date	X (08)	19	26	CCYYMMDD
Effective End Date	X (08)	27	34	CCYYMMDD
Filler	X (44)	35	78	
Record Type	X (02)	79	80	P2

NCCI Associated Modifiers (P3) (RF131)

One Per Modifier

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Modifier	X (02)	01	02	
Effective Begin Date	X (08)	03	10	CCYYMMDD
Effective End Date	X (08)	11	18	CCYYMMDD
Filler	X (60)	19	78	
Record Type	X (02)	79	80	P3

Reference File 03 Layout

Procedure OPFS Price RCF (P4) (RF133)

One To Many Per Procedure Code

Data Name	Picture	Actual Positions		Remarks
		From	To	
CPT/HCPCS Code	X(05)	01	05	
County Code	X(02)	06	07	
Claim Receipt Date	X(08)	08	15	CCYYMMDD
OPFS Amount	9(9)V2	16	26	
Begin Date	X(08)	27	34	CCYYMMDD
End Date	X(08)	35	42	CCYYMMDD
Filler	X(36)	43	78	
Record Type	X(02)	79	80	P4

OPFS Bundled Rate Driver Codes OBS (P5) (RFC97)

One To Many Per Procedure Range

Data Name	Picture	Actual Positions		Remarks
		From	To	
CPT/HCPCS Code From	X(05)	01	05	
CPT/HCPCS Code To	X(05)	06	10	
Begin Date	X(08)	11	18	CCYYMMDD
End Date	X(08)	19	26	CCYYMMDD
Filler	X(52)	27	78	
Record Type	X(02)	79	80	P5

Trailer (T9)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X (12)	01	12	
Date Created	X (08)	13	20	CCYYMMDD
Total Records	N(10)	21	30	
Filler	X (48)	31	78	
Record Type	X (02)	79	80	T9

Exhibit 5F

Reference File 04
Record Layout
Refer04.zip

\\ftp\shareinfo\reference\prod\out\refer04.zip

Reference File 04 Layout

Header (T0)		One Per File		
Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Creation Date	X(08)	13	20	CCYYMMDD
Filler	X(58)	21	78	
Record Type	X(02)	79	80	T0

Medicaid Covered Part B Therapeutic Classes (TA) (RF350)		One Class		
Data Name	Picture	Actual Positions		Remarks
		From	To	
Therapeutic Class Code	X(06)	01	06	
Therapeutic Class Description	X(40)	07	46	
Begin Date	X(08)	47	54	CCYYMMDD
End Date	X(08)	55	62	CCYYMMDD
Filler	X(16)	63	78	
Record Type	X(02)	79	80	TA

Link Multiple Service Types (T2) (RF771)		One to Many		
Data Name	Picture	Actual Positions		Remarks
		From	To	
Code Type	X(02)	01	02	
Service Type From	X(01)	03	03	H=HCPCS, R=Revenue, D=Diagnosis
Service From Start	X(11)	04	14	
Service From End	X(11)	15	25	
Service Type To	X(1)	26	26	H=HCPCS, R=Revenue, D=Diagnosis
Service To Start	X(11)	27	37	
Service To End	X(11)	38	48	
Begin Date	X(08)	49	58	CCYYMMDD
End Date	X(08)	57	64	CCYYMMDD
Filler	X(12)	65	78	
Record Type	X(02)	79	80	T2

**Encounter Manual
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VFC Procedure Codes (T3) (RF729)

One to Many

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(02)	01	05	
Indicator	X(01)	06	06	A = Administration Code, T = Toxoid Code
Maximum Administration Fee	N(7.4)	07	17	
Begin Date	X(08)	18	25	CCYYMMDD
End Date	X(08)	26	33	CCYYMMDD
Filler	X(45)	34	78	
Record Type	X(02)	79	80	T3

Medicare Primary Payer Error Bypass (T4) (RF799)

One Error

Data Name	Picture	Actual Positions		Remarks
		From	To	
Error Message Code	X(04)	01	04	
Error Message Text	X(40)	05	44	
Begin Date	X(08)	45	52	CCYYMMDD
End Date	X(08)	53	60	CCYYMMDD
Filler	X(18)	61	78	
Record Type	X(02)	79	80	T4

Medicaid Covered Therapeutic Classes (T5) (RF347)

One Class

Data Name	Picture	Actual Positions		Remarks
		From	To	
Therapeutic Class Code	X(06)	01	06	
Therapeutic Class Description	X(40)	07	46	
Begin Date	X(08)	47	54	CCYYMMDD
End Date	X(08)	55	62	CCYYMMDD
Filler	X(16)	63	78	
Record Type	X(02)	79	80	T5

ASC Rate Schedule (T6) (RFC23)

One Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Status Code	X(01)	01	01	A = Active
Procedure Code	X(05)	02	06	
County Code	X(02)	07	08	99
ASC Fee Schedule	N(9)V99	09	19	
Begin Date	X(08)	20	27	CCYYMMDD
End Date	X(08)	28	35	CCYYMMDD
ASC Group ID	X(05)	36	40	
Filler	X(38)	41	78	
Record Type	X(02)	79	80	T6

**Encounter Manual
AHCCCS Administration**

Dental Procedure (T7) (RF103)

One to Many

Data Name	Picture	Actual Positions		Remarks
		From	To	
Dental Procedure Code	X(05)	01	05	
Tooth Number Required	X(01)	06	06	
Tooth Quadrant Required	X(01)	07	07	
Tooth Surface Required	X(01)	08	08	
Max Teeth per Quadrant	X(01)	09	09	
Max Surface per Tooth	X(01)	10	10	
Begin Date	X(08)	11	18	CCYYMMDD
End Date	X(08)	19	26	CCYYMMDD
Filler	X(52)	27	78	
Record Type	X(02)	79	80	T7

Procedure Place of Service (T8) (RF115)

One to Many

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
Place of Service	X(02)	06	07	
Begin Date	X(08)	08	15	CCYYMMDD
End Date	X(08)	16	23	CCYYMMDD
Place of Service Description	X(40)	24	63	
Filler	X(15)	64	78	
Record Type	X(02)	79	80	T8

Trailer (T9)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Creation Date	X(08)	13	20	CCYYMMDD
Total Records	X(10)	21	30	
Total Groups	X(10)	31	40	
Filler	X(38)	41	78	
Record Type	X(02)	79	80	T9

Exhibit 5G

Reference File 05 Record Layout Refer05.zip

\\ftp\shareinfo\reference\prod\out\refer05.zip

Reference File 05 Layout

80 Column Format

Header (T0)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	YEARMMDD
Filler	X(58)	21	78	
Record Type	X(02)	79	80	T0

LTC MCO Max Allowed Charge (M1) (RF142)

One to Many Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
County	X(02)	06	07	
Begin Date	X(08)	08	15	CCYYMMDD
End Date	X(08)	16	23	CCYYMMDD
MAC	9(9)V99	24	34	
CRN Date	X(08)	35	42	CCYYMMDD
Place of Service	X(02)	43	44	
Filler	X(34)	45	78	
Record Type	X(02)	79	80	M1

LTC MCO Modifier (M2) (RF132)

One to Many Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
Procedure Modifier	X(02)	06	07	
Payment Type	X(01)	08	08	A=Amount, P=Percentage
Amount	N(7.4)	09	19	Amount or percentage allowed of MAC
Begin Date	X(08)	20	27	CCYYMMDD
End Date	X(08)	28	35	CCYYMMDD
Claim Receipt	X(08)	36	43	CCYYMMDD
Place of Service	X(02)	44	45	
Filler	X(33)	46	78	
Record Type	X(02)	79	80	M2

Trailer (T9)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Total Records	9(10)	21	30	
Filler	X(45)	31	78	
Record Type	X(02)	79	80	T9

Exhibit 5H

Reference File 06 Record Layout Refer06.zip

\\ftp\shareinfo\reference\prod\out\refer06.zip

Reference File 06 Layout

80 Column Format

Header (T0)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Filler	X(58)	21	78	
Record Type	X(02)	79	80	T0

Acute MCO Max Allowed Charge (M1) (RF142)

One to Many Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
County	X(02)	06	07	
Begin Date	X(08)	08	15	CCYYMMDD
End Date	X(08)	16	23	CCYYMMDD
MAC	9(9)V99	24	34	
CRN Date	X(08)	35	42	CCYYMMDD
Place of Service	X(02)	43	44	
Filler	X(34)	45	78	
Record Type	X(02)	79	80	M1

Acute MCO Modifier (M2) (RF132)

One to Many Per Procedure

Data Name	Picture	Actual Positions		Remarks
		From	To	
Procedure Code	X(05)	01	05	
Procedure Modifier	X(02)	06	07	
Payment Type	X(01)	08	08	A=Amount, P=Percentage
Amount	N(7.4)	09	19	Amount or percentage allowed of MAC
Begin Date	X(08)	20	27	CCYYMMDD
End Date	X(08)	28	35	CCYYMMDD
Claim Receipt	X(08)	36	43	CCYYMMDD
Place of Service	X(02)	44	45	
Filler	X(33)	46	78	
Record Type	X(02)	79	80	M2

Trailer (T9)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Total Records	9(10)	21	30	
Filler	X(45)	31	78	
Record Type	X(02)	79	80	T9

Exhibit 5I

Reference File 07 Record Layout Refer07.zip

\\ftp\shareinfo\reference\prod\out\refer07.zip

Reference File 07 Layout

120 Column Format

Header (T0)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Filler	X(58)	21	118	
Record Type	X(02)	119	120	T0

Co-Pay to Service (M1) (RF7A7)

Data Name	Picture	Actual Positions		Remarks
		From	To	
Co-Pay Level	X(02)	01	02	
Form Type	X(01)	03	03	
Service Type	X(01)	04	04	
Service Code From	X(11)	05	15	
Service Code To	X(11)	16	26	
Begin Date	X(08)	27	34	CCYYMMDD
End Date	X(08)	35	42	CCYYMMDD
Related Service Type (1)	X(01)	43	43	
Related Service Code From (1)	X(11)	44	54	
Related Service Code To (1)	X(11)	55	65	
Related Service Type (2)	X(01)	66	66	
Related Service Code From (2)	X(11)	67	77	
Related Service Code To (2)	X(11)	78	88	
Place of Service	X(02)	89	90	
Provider Type	X(02)	91	92	
Admit Type	X(01)	93	93	
Member Age From	X(03)	94	96	
Member Age To	X(03)	97	99	
Co-Pay Amount From	N(5)V99	100	104	
Filler	X(14)	105	118	
Record Type	X(02)	119	120	M1

Trailer (T9)

One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Filler	X(12)	01	12	
Date Created	X(08)	13	20	CCYYMMDD
Total Records	N(10)	21	30	
Filler	X(88)	31	118	
Record Type	X(02)	119	120	T9

Exhibit 5J

**Service Type
&
License Certification
Indicator Values**

Service Type Values

(RF018)

Service-Type Values:		
B	=	Bill Type
P	=	Pharmacy Items
R	=	Revenue Code
H	=	HCPCS Procedure
D	=	Diagnosis Code
S	=	ICD 9 Procedure
T	=	Therapeutic Class

License Certification Indicator Values

(RF655)

License Certification Indicator Values		
L	=	License
C	=	Certification
C1	=	CLIA Registration
C2	=	CLIA Regular Certification
C3	=	CLIA Certification Accreditation
C4	=	CLIA Waiver
C5	=	CLIA Microscopy

Exhibit 5K

Field Information (ECFLD.TXT)

[ftp://shareinfo/reference/prod/out/ecfld.txt](ftp://shareinfo.reference.prod/out/ecfld.txt)

ECFLD.TXT Record Layout

Data Name	Picture	Actual Positions		Remarks
		From	To	
Form Type	X(01)	01	01	
Internal Field Number	X(03)	02	04	
Internal Field Name	X(15)	05	19	
Internal Table Name	X(15)	20	34	
Internal Field Length	N(03)	35	37	
Form Field Name	X(15)	38	54	
Date Record Added	X(08)	53	60	
Last Modified Date	X(08)	61	68	
Last Modified Time	X(08)	69	76	
Last Modified User	X(03)	77	79	
Field Type	X(01)	80	80	

Exhibit 5L

Error-to-Field Relationship (ECERRFLD.TXT)

<ftp://shareinfo/reference/prod/out/ecerrfld.txt>

ECERRFLD.TXT Record Layout

Data Name	Picture	Actual Positions		Remarks
		From	To	
Error Code	X(04)	01	04	
Internal Field Number	X(03)	05	07	
Begin Date	X(08)	08	15	
End Date	X(08)	16	23	
Encounter CCL Indicator	X(01)	24	24	
Claim CCL Indicator	X(01)	25	25	
Form Type	X(01)	26	26	
Date Record Added	X(08)	27	34	
Last Modified Date	X(08)	35	42	
Last Modified Time	X(08)	43	50	
Last Modified User	X(03)	51	53	

Exhibit 5M

Error Information (ECERR.TXT)

[ftp://shareinfo/referenceprod/lout/ecerr.txt](ftp://shareinfo.referenceprod.lout.ecerr.txt)

ECERR.TXT Record Layout

Data Name	Picture	Actual Positions		Remarks
		From	To	
Error Number	X(04)	1	4	
Error Description	X(70)	5	74	

**Exhibit 5N
Supplemental Status File
Record Layout**

T0 Record

Record One Per File

Data Name	Picture	Actual Positions		Remarks
		From	To	
Contractor ID	X(06)	01	06	Health Plan ID
Transmission Submitter Number (TSN)	X(03)	07	09	
Process Date	X(08)	10	17	CCYYMMDD
File Type Code	X(02)	18	19	
Filler	X(122)	20	141	
REC-TYP	X(02)	142	143	"T0"

**Supplemental Status File
Record Layout**

C1 Record

One Per Encounter

Data Name	Picture	Actual Positions		Remarks
		From	To	
CRN	X(14)	1	14	
RI-NBR	X(10)	15	24	
FILL-1	X(14)	25	38	
CRN-STATUS	X(02)	39	40	
FORM-TYP	X(01)	41	41	
ALT-ID	X(17)	42	58	
PRI-DIAG-CD	X(06)	59	64	
COS	X(02)	65	66	
FILL-3	X(17)	67	83	
HP-PAID-AMT	X(12)	84	95	
APPR-AMT	X(12)	96	107	
DEN-REAS	X(04)	108	111	
HP-CRN	X(30)	112	141	
REC-TYP	X(02)	142	143	"C1"

Supplemental Status File

Record Layout

T9 Record

One Per File

Data Name	Picture	Actual Positions From To		Remarks
FILL-1	X(09)	1	9	
TSN	X(03)	10	12	
FILL-2	X(06)	13	18	
YEAR	X(02)	19	20	YY
JUL-DTE	X(03)	21	23	DDD
FILE-TYP-CD	X(02)	24	25	
C1-REC-CNT	X(08)	26	33	
FILL-3	X(108)	34	141	
REC-TYP	X(02)	142	143	"T9"

Revision
October 2011

Exhibit 50

Report ID: EC9AM128
Program: EC971128-001

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
ADJUDICATED ENCOUNTERS REPORT (OVERALL)
AS OF 08/24/12

PAGE: 1
RUN: 08/24/12
15:50

HEALTH PLAN/PROGRAM CONT ID : 224466
HEALTH PLAN/PROGRAM CONT NAME : XYZ CARE SYSTEMS

SUBTOTAL BY HEALTH PLAN/PROGRAM CONT ID:

TOTAL APPROVED	106	TOTAL ADJUDICATED VERSUS:	
1500	55	TOTAL APPROVED	% 55.50
FACL	51	TOTAL DENIED	% 13.09
FORM C	0	TOTAL PENDED	% 31.41
FORM D	0		
TOTAL DENIED	25		
1500	22		
FACL	3		
FORM C	0		
FORM D	0		
TOTAL PENDED	60		
1500	51		
FACL	9		
FORM C	0		
FORM D	0		
TOTAL PROCESS	191		

Exhibit 5P

Report ID: EC97X130
 Program: EC97C130

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 ADJUDICATED ENCOUNTERS REPORT

PAGE: 1
 RUN: 08/24/12
 15:50

TSN	TRANSMISSION SUBMITTER DESCRIPTION	HP ID	HEALTH PLAN DESCRIPTION
089	XYZ CARE SYSTEMS	224466	XYZ CARE SYSTEM

DATASET NAME : \$ACS.EC129. FILET50.G0021V
 RECORD COUNT : 360
 VOLSER1 : 702850
 VOLSER2 :
 VOLSER3 :
 VOLSER4 :
 VOLSER5 :
 TOTAL REELS : 1

ENCOUNTER TOTALS

HP ID	TOTAL ADJUDICATED APPROVED	TOTAL ADJUDICATED VOID	TOTAL ADJUDICATED DENIED	TOTAL IN PROCES S	TOTAL OTHER STATUS	GRAND TOTAL
224466	101	0	23	55	0	179
TOTAL	101	0	23	55	0	179

Exhibit 5Q

Report ID: EC9AD949
 Program: EC91L949

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 EC CCL SUMMARY BY ERROR CODE
 AS OF 08/24/12

PAGE: 1
 RUN: 08/24/12
 15:50

TRANSMISSION 089
 SUBMITTER ID: 224466

HP ID	ERROR CODE	-----FORM B-----		-----FORM A-----		-----FORM C-----		TOTAL
		NEW ENTRIES	ADJUSTMENTS	NEW ENTRIES	ADJUSTMENTS	NEW ENTRIES	ADJUSTMENTS	
224466	D035	1						1
	D045	1						1
	H490	2						2
	H790	6						6
	V002	2						2
	V160	176						176
	Z260	6						6
	Z560	1						1
	Z630	285						285
	Z640	7						7
TOTAL		527						487

Report ID: EC91D949
Program: EC91L949

Exhibit 5R
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
EDIT FAILURES BY HEALTH PLAN
AS OF 08/24/12

PAGE: 1
RUN: 08/24/12
15:50

TRANSMISSION 089
SUBMITTER ID: 224466

HP ID	ERROR CODE	ERROR MESSAGES	TOTAL
224466	D035	RECIPIENT AGE EXCEEDS PRIMARY DX ALLOWABLE MAX AGE	1
	D045	RECIPIENT SEX INVALID FOR PRIMARY DIAGNOSIS	1
	H490	FROM DATE OF SERVICE IS PRIOR TO ADMIT DATE	2
	H790	PATIENT STATUS IS NOT ON FILE	6
	V002	DISCHARGE DAY NOT COVERED	2
	V160	ACCOMMODATION DAYS NOT VALID FOR DATE OF SERVICE SPAN	176
	Z260	RECIPIENT NOT ON FILE AND NO ALTERNATE ID FOUND	6
	Z560	INPATIENT CLAIM OVERLAPS DATE OF SERVICE ON LTC CLAIM	1
	Z630	NEAR DUPLICATE FOUND - FROM - THROUGH DATES OVERLAP	285
	Z640	NEAR DUPLICATE FOUND - PROVIDER NOT MATCHED, DATES OVERLAP	7
TOTAL			487

Exhibit 5S
 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
 DUPLICATE CRN BY ERROR CODE
 AS OF 08/24/12
 (ENCOUNTERS)

PAGE: 1
 RUN: 08/24/12
 15:50

TRANSMISSION : 089
 SUBMITTER ID
 HEALTH PLAN ID : 224466

TOP LINE: IN-PROCESS DATA / BOT LINE: HISTORICAL DATA

ERROR CODE	ERROR MESSAGES	CRN	INVOICE	PATIENT ACCOUNT NO.	HP ID
Z720	EXACT DUPLICATE FOUND	08342701571700 08063700671800	000123 000456	0805512345 0731234567	
Z720	EXACT DUPLICATE FOUND	08156700761900 07157701562800	000789 000987	0805552345 0712345678	
Z720	EXACT DUPLICATE FOUND	08173700262200 08091700348100	000321 000654	0805553467 0706618578	
Z720	EXACT DUPLICATE FOUND ERROR-INVALID HISTORICAL HP ID-ERROR	08289700289100 08083700367400	100323 200456	0805896784 0701234567	066666

Exhibit 5T
ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
PENDE ENCOUNTERS SUMMARIZED AGING REPORT
(SORTED BY HEALTH PLAN, FORM TYPE, PEND TYPE)

Report ID: EC9CM187
 Program: EC97L187

PAGE: 1
 RUN: 08/24/12
 15:50

HEALTH PLAN ID : 224466

FORM TYPE	0-30 DAYS	31-60 DAYS	61-90 DAYS	91-120 DAYS	121-150 DAYS	151-180 DAYS	181-240 DAYS	241-360 DAYS	OVER 360	TOTAL PENDS	0-120 DAYS	OVER 120
A	230	55	0	20	10	0	55	0	4	376	307	69
C	2	5	0	40	0	0	5	0	0	52	47	5
D	0	0	0	0	0	0	0	0	0	0	0	0
I	10	0	0	60	40	0	0	0	0	110	70	40
L	0	20	0	80	0	0	15	0	0	115	100	15
O	12	15	0	100	0	0	0	0	2	129	127	2
O	150	350	0	250	0	0	0	0	0	750	750	0
HEALTH PLAN TOTALS	404	445	0	550	50	0	75	0	6	1532	1401	131

Exhibit 5U

Report ID: EC9EMI87 ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
Program: EC97L187 PENDED ENCOUNTER DETAILED AGING REPORT
(SORTED BY HEALTH PLAN, TRANSMISSION SUBMITTER NUMBER, AGING CATEGORY, ERROR CODE AND PROVIDER ID)

PAGE: 1
RUN: 08/24/12
15:50

HEALTH PLAN ID : 224466
 : 089

TSN
AGING CATEGORY : OVER 180 DAYS

<u>ERROR CODE</u>	<u>MESSAGE PROVIDER ID AND NAME</u>	<u>PROCESS DATE PATIENT ACCOUNT NO</u>	<u>SERVICE DATES</u>	<u>CRN PROC-HCPCS-NDC</u>	<u>FORM TYPE</u>	<u>DAYS PENDED</u>
H470	DATE OF SERVICE IS PRIOR TO DATE OF DEATH 260153-SUESS/DOCTOR	06/28/08 0896452138	11/04/08 11/04/08	08336712345678	A	184
R350	DATE OF DEATH PRIOR TO DOS 020117-RICHARD KIMBLE CENTER	05/07/08 0874561234	09/27/07 09/27/07	08123701367901	I	235

Exhibit 5V

Report ID: EC9FMI87
Program: EC97L187

ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM
PENDED ENCOUNTERS SUMMARIZED ERROR REPORT
(SORTED BY HEALTH PLAN, AND ERROR COUNT IN DESCENDING ORDER)

PAGE: 1
RUN: 08/24/12
15:50

HEALTH PLAN ID : 224466

ERROR CODE	ERROR MESSAGE	FORM TYPE	ERROR COUNT
S445	PROCEDURE MODIFIER INVALID FOR PROCEDURE ON DATE OF SERVICE	A	178
R350	DATE OF DEATH PRIOR TO DOS	O	21
Total			199

Encounter Manual
AHCCCS Administration

Report ID:		EC91R901		Exhibit 5W ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM								PAGE:		1	
Program:		EC91L901		SHOW ACTION TAKEN - DETAIL								RUN:		08/24/12	
														15:50	
HEALTH PLAN ID : 224466															
Req	Don	Error Code	Action Description	Int Fld #	Ext Fld Description	Old Value	New Value	CRN	Patient Account Number	Health Plan Claim Number	Begin Date	End Date	Form Type	Provider ID	AHCCCS ID
A	A	9017	Error Overridden	010	AHCCCS ID	A00000000		09065046531000	2009027801617011	2009027801617011	10/08/2009	10/08/2009		1234567890	A99999999
A	A	9017	Error Overridden	034	Condition CD 1			09065046531000	2009027801617011	2009027801617011	10/08/2009	10/08/2009		1234567890	A99999999
A	A	9017	Error Overridden	035	Condition CD 1			09065046531000	2009027801617011	2009027801617011	10/08/2009	10/08/2009		1234567890	A99999999
A	A	9017	Error Overridden	036	Condition CD 1			09065046531000	2009027801617011	2009027801617011	10/08/2009	10/08/2009		1234567890	A99999999
A	A	9017	Error Overridden	037	Condition CD 1			09065046531000	2009027801617011	2009027801617011	10/08/2009	10/08/2009		1234567890	A99999999
A	A	9017	Error Overridden	038	Condition CD 1			09065046531000	2009027801617011	2009027801617011	10/08/2009	10/08/2009		1234567890	A99999999
A	A	9017	Error Overridden	159	Svc Begin Date	20081008		09065046531000	2009027801617011	2009027801617011	10/08/2009	10/08/2009		1234567890	A99999999

Report ID:	EC91R901	Exhibit 5W ARIZONA HEALTH CARE COST CONTAINMENT SYSTEM			PAGE:	1
Program:	EC91L901	SHOW ACTION TAKEN - SUMMARY			RUN:	08/24/12
					15:50	
File Name is: AZPEND2244660891120509.001 zip						
TSN: 089						
HEALTH PLAN ID : 224466						
Actions Requested		Request Count	As % of All CCL's	Request Processed	Request Rejected	
CCL Changed		549	27.12	544	5	
No Action		1265	62.50	1265	0	
Overridden		210	10.37	201	9	
Deleted		0	.00	0	0	
Invalid Action Code		0	.00	0	0	
Totals		2024	100.00	2011	14	

Error Code	Actions Taken	Action Count	As % of All CCL's
9001	Enc Header Deleted	0	.00
9002	Enc Detail Deleted	0	.00
9003	CCL Change Processed	544	26.87
9004	No action taken	1265	62.50
9005	Header not on file	0	.00
9006	Alpha not on file	0	.00
9007	Detail not on file	0	.00
9008	Detail ALPH not on file	0	.00
9009	Enc Not in CCL LOC	14	.69

**Exhibit 5X
Detail Show Action Taken File
Record Layout
(PNMMDDYY.TSN.ZIP.YYMMDD.ACTNTKN.ZIP)**

Data Name	Picture	Actual Positions From To		Remarks
Health Plan Identifier	X(06)	001	006	Health Plan ID
Transmission Submitter Number	X(02)	007	008	
Action Request	X(01)	009	009	
Action Done	X(01)	010	010	
Error Code	X(04)	011	014	
Error Description	X(20)	015	034	
Field Number	X(03)	035	037	
Field Description	X(15)	038	052	
Old Value	X(17)	053	069	
New Value	X(17)	070	086	
Control Reference Number	X(14)	087	100	AHCCCS CRN
Patient Account Number	X(20)	101	120	Provider Patient Account Number
Plan Claim Reference Number	X(20)	121	140	Plan Claim Reference Number
Begin Date of Service	X(08)	141	148	CCYYMMDD
End Date of Service	X(08)	149	156	CCYYMMDD
Form Type	X(01)	157	157	
Service Provider Identifier	X(06)	158	163	
AHCCCS Member Identifier	X(09)	164	172	
Filler	X(10)	173	182	

**Exhibit 5Y
Pended Encounter Aging File
Record Layout (DETLAGINMMDDYY.ZIP)**

Data Name	Picture	Actual Positions		Remarks
		From	To	
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(10)	065	074	
Service Provider Name	X(25)	075	099	
Provider Type	X(02)	100	101	
Beginning Date of Service	X(08)	102	109	CCYYMMDD
Ending Date of Service	X(08)	110	117	CCYYMMDD
Status Effective Date	X(08)	118	125	CCYYMMDD
HCPCS Procedure Code	X(05)	126	130	
HCPCS Procedure Modifier	X(02)	131	132	
Days Pended	X(04)	133	136	
Error Code 01	X(04)	137	140	
Error Code 02	X(04)	141	144	
Error Code 03	X(04)	145	148	
Error Code 04	X(04)	149	152	
Error Code 05	X(04)	153	156	
Error Code 06	X(04)	157	160	
Error Code 07	X(04)	161	164	
Error Code 08	X(04)	165	168	
Error Code 09	X(04)	169	172	
Error Code 10	X(04)	173	176	
Error Code 11	X(04)	177	180	
Error Code 12	X(04)	181	184	
Error Code 13	X(04)	185	188	
Error Code 14	X(04)	189	192	
Error Code 15	X(04)	193	196	

**Exhibit 5Z
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	CCYYMMDD
Ending Date of Service	X(08)	145	152	CCYYMMDD
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	CCYYMMDD
Duplicate Ending Date of Service	X(08)	241	248	CCYYMMDD
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	