**Physical Health PTL Layout**

YYMMDD.ACC.PTL

| **FIELD NAME** | **TYPE** | **SIZE** | **DESCRIPTION** |
| --- | --- | --- | --- |
| PROCESS DATE | X | 8 | YEARMMDD |
| CHOICE INDICATOR | X | 1 | J=JOINING  L=LEAVING |
| NEW PH PLAN ID | X | 6 |  |
| NEW PH PLAN NAME | X | 26 |  |
| NEW COUNTY OF SERVICE | X | 2 |  |
| NEW RATE CODE | X | 4 |  |
| PREVIOUS PH PLAN ID | X | 6 |  |
| PREVIOUS PH PLAN NAME | X | 26 |  |
| PREVIOUS COUNTY OF SERV. | X | 2 |  |
| PREVIOUS RATE CODE | X | 4 |  |
| RECIPIENT AHCCCS ID | X | 9 |  |
| RECIPIENT LAST NAME | X | 20 |  |
| RECIPIENT FIRST NAME | X | 10 |  |
| RECIPIENT MIDDLE INITIAL | X | 1 |  |
| RCP. STREET ADDRESS LINE1 | X | 25 |  |
| RCP. STREET ADDRESS LINE2 | X | 25 |  |
| CITY | X | 20 |  |
| STATE | X | 2 |  |
| ZIP CODE | X | 5 |  |
| DATE OF BIRTH | X | 8 |  |
| NEW RECORD INDICATOR | X | 1 | N=NEW |
| FILLER | X | 25 |  |

**Behavioral Health PTL Layout**

YYMMDD.BH.PTL

| **FIELD NAME** | **TYPE** | **SIZE** | **DESCRIPTION** |
| --- | --- | --- | --- |
| PROCESS DATE | X | 8 | YEARMMDD |
| CHOICE INDICATOR | X | 1 | J=JOINING  L=LEAVING |
| NEW BH PLAN ID | X | 6 |  |
| NEW BH PLAN NAME | X | 26 |  |
| NEW COUNTY OF SERVICE | X | 2 |  |
| NEW RATE CODE | X | 4 |  |
| PREVIOUS BH PLAN ID | X | 6 |  |
| PREVIOUS BH PLAN NAME | X | 26 |  |
| PREVIOUS COUNTY OF SERV. | X | 2 |  |
| PREVIOUS RATE CODE | X | 4 |  |
| RECIPIENT AHCCCS ID | X | 9 |  |
| RECIPIENT LAST NAME | X | 20 |  |
| RECIPIENT FIRST NAME | X | 10 |  |
| RECIPIENT MIDDLE INITIAL | X | 1 |  |
| RCP. STREET ADDRESS LINE1 | X | 25 |  |
| RCP. STREET ADDRESS LINE2 | X | 25 |  |
| CITY | X | 20 |  |
| STATE | X | 2 |  |
| ZIP CODE | X | 5 |  |
| DATE OF BIRTH | X | 8 |  |
| NEW RECORD INDICATOR | X | 1 | N=NEW |
| FILLER | X | 25 |  |

**CRS PTL Layout**

YYMMDD.CRS.PTL

| **FIELD NAME** | **TYPE** | **SIZE** | **DESCRIPTION** |
| --- | --- | --- | --- |
| PROCESS DATE | X | 8 | YEARMMDD |
| CHOICE INDICATOR | X | 1 | J=JOINING  L=LEAVING |
| NEW CRS PLAN ID | X | 6 |  |
| NEW CRS PLAN NAME | X | 26 |  |
| NEW COUNTY OF SERVICE | X | 2 |  |
| NEW RATE CODE | X | 4 |  |
| PREVIOUS CRS PLAN ID | X | 6 |  |
| PREVIOUS CRS PLAN NAME | X | 26 |  |
| PREVIOUS COUNTY OF SERV. | X | 2 |  |
| PREVIOUS RATE CODE | X | 4 |  |
| RECIPIENT AHCCCS ID | X | 9 |  |
| RECIPIENT LAST NAME | X | 20 |  |
| RECIPIENT FIRST NAME | X | 10 |  |
| RECIPIENT MIDDLE INITIAL | X | 1 |  |
| RCP. STREET ADDRESS LINE1 | X | 25 |  |
| RCP. STREET ADDRESS LINE2 | X | 25 |  |
| CITY | X | 20 |  |
| STATE | X | 2 |  |
| ZIP CODE | X | 5 |  |
| DATE OF BIRTH | X | 8 |  |
| NEW RECORD INDICATOR | X | 1 | N=NEW |
| FILLER | X | 25 |  |