

- Detail Show Action Taken File

### File Layout

Data Name	Picture	Actual Positions		Remarks
		From	To	
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(15)	087	101	Increased from 14 to 15
Patient Account Number	X(20)	101	121	Provider Patient Account Number
Plan Claim Reference Number	X(20)	121	141	Plan Claim Reference Number
Begin Date of Service	X(08)	141	149	CCYYMMDD
End Date of Service	X(08)	149	157	CCYYMMDD
Form Type	X(01)	157	158	
Service Provider Identifier	X(10)	158	168	
AHCCCS Member Identifier	X(09)	169	177	
Filler	X(5)	178	182	