

**DATA ELEMENT DESCRIPTION ASCII EFT
INPUT RECORD FORMAT – ELECTRONIC CLAIMS
(ALL RECORDS ARE FIXED LENGTH)**

<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
1. <u>File Header Record</u>				
<u>Field Name</u>				
* Record-ID	1	5	AN	Value '00HDR'
Filler	6	5	AN	Blank fill
* Agency-ID	11	4	AN	4 digit-left justified: Zero fill uniform agency code. Source: Uniform Codes Manual, Department of Finance.
System-Identification	15	5	AN	Value 'EFTTC'
Filler	20	Through 8006	AN	Blank fill
2. <u>Claim Header Record</u>				
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	A Value from '01' to '99', claims within a file are in ascending consecutive order. There is one claim number per claim schedule submitted.
<u>Record-Type</u>				
* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '0'
* Header-Code	7	1	N	Value '1'
Filler	8	3	AN	Blank fill
* Claim-Sch-No	11	8	AN	Number assigned by department's accounting office matching hard copy claim certification submitted by agency; left justified.
Filler	19	2	AN	Blank fill
* Claim-ID	21	10	AN	Provided by SCO-Audits prior to Agency submission of test file(s).

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* CCD-Indicator	31	1	AN	Non-HIPAA = 'P' HIPAA = 'C'
* HIPAA-Indicator	32	1	AN	Non-HIPAA = blank fill HIPAA = 'H'
Filler	33	Through 8006	AN	Blank fill

3. Detail Payment Record

Field Name

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record.

Record-Type

* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code First-5	8	5	AN	Payee zip code; left justified; must not be blank; must contain zip code or zero fill. If 5 digit zip, left justified and leave remaining 4 digits blank. Zero fill all 9 bytes if zip is not available or foreign country.
* Zip-Code Last-4	13	4	AN	
* Payee-ID	17	10	AN	Agency assigned ID number. Do not use SSN, left justified.
Agency-Optional-ID or Sequence-Number.	27	6	AN, N	Agency use
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '1'
SCO-Internal-Use	36	2	AN	Value '00', SCO Internal Use Only

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
* Payment-Amt	38	11	AN	Payment amount with decimal point. Must be \$0 or greater, but not more than \$99,999,999.99. Right justified, zero fill, no commas, or \$.
Filler	49	4	AN	Agency use or blank fill
* Payee-Name	53	30	AN	Payments made in favor of payee. (Bankfile only captures 22 bytes of name)
Filler	83	5	AN	Blank fill
Address-Line 1	88	30	AN	If statement is to be mailed to the payee the address must be populated. If 'care of' information is reserved for line 1 and left blank, then line 2 must not be blank.
Address-Line 2	118	30	AN	See Address Line 1
Address-Line 3	148	30	AN	Do not include zip code here, unless foreign country.
Address-Line 4	178	30	AN	Do not include zip code here, unless foreign country.
* Reportable-Code	208	1	AN	Value '0', must not be blank.
SCO-Internal-Use	209	16	AN	Blank fill, SCO Internal Use Only
<u>EFT Banking Information</u>				
* Trans-Code	225	2	AN	Credit Transactions 22 – checking or 32 - savings
* Transit-Routing-Code	227	9	N	9 digit bank code includes check digit.
* DFI-Account-No	236	17	AN	Payee bank account number.
* RA-Print-Suppress-Ind	253	1	AN	If RA Print Suppression Indicator = Y (yes), RA Statements will <u>not</u> be printed. All other values, RA Statements will be printed.
<u>Non-HIPAA</u>				
Filler	254	4	AN	Blank fill

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SCO-Internal-Use	258	60	AN	Blank fill, SCO Internal Use Only
Audit-Info	318	Through 8006	AN	Variable as described by SCO-Audits
<u>HIPAA</u>				
Filler	254	4	AN	Blank fill
* TRN02-Reference-ID	258	50	AN	Agency use, unique number associated with payment.
* TRN03-Company-ID	308	10	AN	Agency FEIN number
Audit-Info	318	Through 8006	AN	Variable as described by SCO-Audits

4. Secondary Payee (SP) Record

Purpose: To satisfy Government Code section 26903 or to notify other parties of payments (not tax reporting); required when payee is a local government agency.

Field Name

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record.

Record-Type

* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code First-5	8	5	AN	Payee zip code; left justified; must not be blank. Zip code or zero fill. Include zip code in address field for secondary payee address (County Auditor).
* Zip-Code Last-4	13	4	AN	
* Payee-ID	17	10	AN	Agency assigned ID number. Do not use SSN, left justified.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
Agency-Optional-ID or Sequence-Number	27	6	AN, N	Agency use. If used the ID/Seq-No in the Detail Payment Record and the supporting Remittance Advice lines must match the specific payment and audit information.
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '2' for this record
* SCO-Internal-Use	36	2	AN	Value '00', SCO Internal Use Only
* Payment-Amt	38	11	AN	Payment amount with decimal point. Must be \$0 or greater, but not more than \$99,999,999.99. Right justified, zero fill, no commas, or \$.
Filler	49	4	AN	Agency use or blank fill
* Payee-Name	53	30	AN	Party to be notified (Auditor Controller).
Filler	83	5	AN	Blank fill
Address-Line 1	88	30	AN	Address of party to be notified by remittance advice. If 'care of' information is reserved for line 1 and left blank, then line 2 must not be blank.
Address-Line 2	118	30	AN	See Address Line 1
Address-Line 3	148	30	AN	<u>MUST</u> include zip code of party to be notified.
Address-Line 4	178	30	AN	
Filler	208	50	AN	Blank fill
SP-Audit-Info	258	Through 8006	AN	Variable as described by SCO-Audits.
5. <u>Detail Remittance Advice (RA) Statement Record (Print Record – Lines 01 to 42)</u>				One record per printed statement line. Maximum 42 lines of 62 characters of printed information.
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'

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* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record.
<u>Record-Type</u>				
* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code First-5	8	5	AN	Payee zip code; left justified; must not be blank; must contain zip code or zero fill. If 5 digit zip, left justified and leave remaining 4 digits blank. Zero fill all 9 bytes if zip is not available or foreign country.
* Zip-Code Last-4	13	4	AN	
* Payee-ID	17	10	AN	Agency assigned ID number. Do not use SSN, left justified.
Agency-Optional-ID or Sequence-Number	27	6	AN, N	Agency use. If used the ID/Seq-No in the Detail Payment Record and the supporting Remittance Advice lines must match the specific payment and audit information.
* Line-No	33	2	N	RA line number; valid values are line '01' to '42'. '01' is the first line to be machine printed. Must be ascending. Skipped lines are not printed.
* Det-Amt-Ind	35	1	N	'0' = Detail RA Amount not reconciled to the payment amount. '1' = Detail RA Amount reconciled to the payment amount.
* SCO-Internal-Use	36	2	AN	Value '00', SCO Internal Use Only
* Detail-Statement-Amount	38	11	AN	'0' = Det-Amt-Ind reconciliation OFF. '1' = Det-Amt-Ind reconciliation ON. RA payment information (total or subtotal) is required. RA amount can be a positive or negative. Right justified, zero fill, no commas or \$.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
Filler	49	4	AN	Agency use or blank fill
RA-Print-Statement-Info	53	62	AN	Agency use. First two lines of print information must include agency name and contact information: address, URL, website, and/or telephone number for inquiry purposes regardless of the coding in the RA-Print Suppress-Ind. Remaining lines describe the payment. Print info is "free form" formatted by agency. Must be in <u>UPPERCASE</u> .
RA-Statement-Audit-Info	115	Through 8006	AN	Variable as described by SCO-Audits

6. Detail Remittance Advice (RA) Statement Record (Non-Print Record – 98 Lines) One record per statement line.

Field Name

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with the Claim-No of Claim Header Record.

Record-Type

* Trlr-Code	5	1	N	Value '0'
* Detail-Code	6	1	N	Value '1'
* Header-Code	7	1	N	Value '0'
* Zip-Code First 5	8	5	AN	Payee zip code; left justified; must not be blank; must contain zip code or zero fill. If 5 digit zip, left justified and leave remaining 4 digits blank. Zero fill all 9 bytes if zip is not available or foreign country.
* Zip-Code Last 4	13	4	AN	
* Payee-ID	17	10	AN	Agency assigned ID number. Do not use SSN, left justified.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
Agency-Optional-ID or Sequence-Number	27	6	AN, N	Agency use. If used the ID/Seq-No in the Detail Payment Record and the supporting Remittance Advice lines must match the specific payment and audit information.
* Line-No	33	2	N	Non-printed RA lines '98' audit lines. Unlimited number of lines are allowed. Value is '98'
* Det-Amt-Ind	35	1	N	'0' = Detail RA Amount not reconciled to the payment amount. '1' = Detail RA Amount reconciled to the payment amount.
* SCO-Internal-Use	36	2	AN	Value '00', SCO Internal Use Only
* Detail-RA-Amt.	38	11	AN	'0' = Det-Amt-Ind reconciliation OFF. '1' = Det-Amt-Ind reconciliation ON. RA payment information (total or subtotal) is required. RA amount can be a positive or negative. Right justified, zero fill, no commas or \$.
Filler	49	4	AN	Agency use or blank fill
RA-Audit-Info	53	Through 8006	AN	Additional data used to support the payment information.

7. Claim Total Record

Field Name

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	Value associated with the Claim-No of Claim Header Record.

Record-Type

* Trlr-Code	5	1	N	Value '1'
* Detail-Code	6	1	N	Value '0'
* Header-Code	7	1	N	Value '0'

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
Filler	8	18	AN	Blank fill
* Total-Claim-Detail-Payment-Record-Cnt	26	9	N	Total number of all Detail Payment Records for claim with Record-Type = '010', Line-No = '00', Det-Amt-Ind = '1'. Must agree with number of payments on claim schedule.
* Total-Claim-RA-Statement-Record-Cnt	35	11	N	Total number of all RA Statement Records for claim with Record-Type = '010', Line-No = '01' through '42' and '98'.
* SCO-Internal-Use	46	3	AN	Value '000', SCO Internal Use Only
* Total-Claim-Detail-Payment-Amount	49	13	AN	Total dollar amount of all Detail Payment Records for claim with Record Type = '010', Line-No = '00', Det-Amt-Ind = '1'. Byte 59 must be hardcoded with a decimal. Must agree with total on claim schedule and not exceed \$9,999,999,999.99. Zero fill.
Filler	62	Through 8006	AN	Blank fill

8. File Total Record

Field Name

* Record-ID	1	5	AN	Value '99EOF'
Filler	6	2	AN	Blank fill

Record-Type

* File-Total-Rec-Count	8	13	N	Total number of all records <u>except</u> file total record.
* File-Total-Claim-Count	21	5	N	Total number of all claim header records with Record Type = '001'.
* Total-File-Detail-Payment-Record-Cnt	26	9	N	Total number of all Detail Payment Records with Record-Type = '010', Line-No = '00', Det-Amt-Ind = '1'. Must agree with number of payments on claim schedule

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
* Total-File-RA-Statement-Record-Cnt	35	11	N	Total number of all RA Statement Records with Record-Type = '010', Line-No = '01' through '42' and '98'.
SCO-Internal-Use	46	3	AN	Value '000', SCO Internal Use Only
* Total-File-Detail-Payment-Amount	49	13	AN	Total dollar amount of all Detail Payment Records for claim with Record-Type = '010', Line-No = '00', Det-Amt-Ind = '1'. Byte 59 must be hardcoded with a decimal. Must agree with total on claim schedule and not exceed \$9,999,999,999.99. Zero fill.
Filler	62	Through 8006	AN	Blank fill

Maximum record length of all records is 8006.
In fixed block format all records are the same length.

Legend

N = Numeric Field (must be right justified)
AN = Alpha Numeric (must be left justified)
* = Required field

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