

INPUT TO EFT CONVERSION PROGRAM

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME EFT CLAIM FILE RECORD NAME File Header Record (ASCII)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Record ID '00HDR'					Filler					Agency ID				System Identification 'EFTTC'				Filler through 8006																															
AN(05)					AN(05)					AN(04)				AN(05)				AN																															

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150

151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

MODE:	LABELS:	RECORD FORMAT:	RECORD LENGTH	MAX 8006	Input <input checked="" type="checkbox"/>
Alpha/Numeric	AN	Standard <input checked="" type="checkbox"/>	Fixed-F <input checked="" type="checkbox"/>		Output <input type="checkbox"/>
Numeric	N	Non-Standard <input type="checkbox"/>	Variable-V <input type="checkbox"/>		
		No Labels <input type="checkbox"/>	Undefined-U <input type="checkbox"/>		

INPUT TO EFT CONVERSION PROGRAM

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME EFT CLAIM FILE RECORD NAME Claim Header Record (ASCII)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Record Code	Claim Number	RCD Type			Filler	Claim Schedule Number						Filler	Claim Identification										CCD Indicator	HIPAA Indicator	Filler through 8006																								
		TRLR	Detail	Header																																													
'05'		0	0	1																																													
N(02)	N(02)	N	N	N	AN(03)			AN(08)						AN(02)	AN(10)										AN	AN	AN																						

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150

151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

MODE:	LABELS:	RECORD FORMAT:	RECORD LENGTH <u>MAX 8006</u>	Input <input checked="" type="checkbox"/>
Alpha/Numeric AN	Standard <input checked="" type="checkbox"/>	Fixed-F <input checked="" type="checkbox"/>		Output <input type="checkbox"/>
Numeric N	Non-Standard <input type="checkbox"/>	Variable-V <input type="checkbox"/>	Non-HIPAA: CCD Indicator = 'P' / HIPAA Indicator = blank	
	No Labels <input type="checkbox"/>	Undefined-U <input type="checkbox"/>	HIPAA: CCD Indicator = 'C' / HIPAA Indicator = 'H'	

INPUT TO EFT CONVERSION PROGRAM

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME EFT CLAIM FILE RECORD NAME Detail Payment Record (ASCII)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Record Code '05'	Claim Number	RCD Type			Zip Code				Payee Identification	Agency Optional ID or Sequence Number	Line No. '00'	Det Amt Inc '1'	SCO Internal Use Only '00'	Payment Amount '00000000.00'	Filler																																		
		TRLR	Detail	Header	First - 5	Last - 4																																											
N(02)	N(02)	N	N	N	AN(05)				AN(04)	AN(10)			AN(06)	N(02)	N	AN(02)	AN(11)				AN(04)																												

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Filler (cont.)	Payee Name														Filler					Address Line 1																													
	AN(30)														AN(05)					AN(30)																													

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
Address Line 1 (cont.)																	Address Line 2																Address Line 3																
AN(30)																	AN(30)																AN(30)																

151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
Address Line 3 (cont.)																												Address Line 4																					
AN(30)																																																	

MODE: Alpha/Numeric AN Numeric N	LABELS: Standard <input checked="" type="checkbox"/> Non-Standard <input type="checkbox"/> No Labels <input type="checkbox"/>	RECORD FORMAT: Fixed-F <input checked="" type="checkbox"/> Variable-V <input type="checkbox"/> Undefined-U <input type="checkbox"/>	RECORD LENGTH <u>MAX 8006</u> Input <input checked="" type="checkbox"/> Output <input type="checkbox"/>
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INPUT TO EFT CONVERSION PROGRAM

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME EFT CLAIM FILE RECORD NAME Detail Payment Record (ASCII) Cont.

201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250
Address Line 4 (cont.)							RPT Code '0'	SCO Internal Use Only																EFT Banking Information																									
																								Trans Code '22' or '32'	Transit Routing Code							DFI Account Number																	
							AN	AN(16)																AN(02)	N(09)							AN(17)																	

251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300
DFI Account Number (Cont.)	RA Print Suppress	Filler					TRN02 Reference ID (Only used for HIPAA payments)																																										
	AN	AN(04)					AN(50)																																										

301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350
TRN02 Reference ID (cont.)							TRN03 Company ID (Only used for HIPAA payments)										Audit Information through 8006																																
							AN(10)										AN																																

351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400

MODE:	LABELS:	RECORD FORMAT:	RECORD LENGTH <u>MAX 8006</u>	Input <input checked="" type="checkbox"/>
Alpha/Numeric AN	Standard <input checked="" type="checkbox"/>	Fixed-F <input checked="" type="checkbox"/>		Output <input type="checkbox"/>
Numeric N	Non-Standard <input type="checkbox"/>	Variable-V <input type="checkbox"/>		
	No Labels <input type="checkbox"/>	Undefined-U <input type="checkbox"/>		

RA Print Suppress
 'Y' = Statements are NOT printed
 All other values = Print Statements

INPUT TO EFT CONVERSION PROGRAM

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME EFT CLAIM FILE RECORD NAME Secondary Payee Record (ASCII)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Record Code '05'	Claim Number	RCD Type		Zip Code				Payee Identification	Agency Optional ID or Sequence Number	Line No. '00'	Det Amt Ind '2'	SCO Internal Use Only '00'	Payment Amount '00000000.00'	Filler																																			
		TRLR	Detail	Header	First - 5	Last - 4																																											
		0	1	0	AN(05)	AN(04)	AN(10)								AN(06)	N(02)	N	AN(02)	AN(11)	AN(04)																													

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Filler (cont.)	Payee Name										Filler					Address Line 1																																	
	AN(30)										AN(05)					AN(30)																																	

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
Address Line 1 (cont.)										Address Line 2															Address Line 3																								
										AN(30)															AN(30)																								

151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200
Address Line 3 (cont.)															Address Line 4																																		
															AN(30)																																		

MODE:
 Alpha/Numeric AN
 Numeric N

LABELS:
 Standard
 Non-Standard
 No Labels

RECORD FORMAT:
 Fixed-F
 Variable-V
 Undefined-U

RECORD LENGTH MAX 8006

Input
 Output

INPUT TO EFT CONVERSION PROGRAM

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME EFT CLAIM FILE RECORD NAME Secondary Payee Record (ASCII) Cont.

201	202	203	204	205	206	207	208	209	210	211	212	213	214	215	216	217	218	219	220	221	222	223	224	225	226	227	228	229	230	231	232	233	234	235	236	237	238	239	240	241	242	243	244	245	246	247	248	249	250
Address 4 (cont.)							Filler																																										
							AN(50)																																										

251	252	253	254	255	256	257	258	259	260	261	262	263	264	265	266	267	268	269	270	271	272	273	274	275	276	277	278	279	280	281	282	283	284	285	286	287	288	289	290	291	292	293	294	295	296	297	298	299	300
Filler (cont.)							SP Audit Information through 8006																																										
							AN																																										

301	302	303	304	305	306	307	308	309	310	311	312	313	314	315	316	317	318	319	320	321	322	323	324	325	326	327	328	329	330	331	332	333	334	335	336	337	338	339	340	341	342	343	344	345	346	347	348	349	350

351	352	353	354	355	356	357	358	359	360	361	362	363	364	365	366	367	368	369	370	371	372	373	374	375	376	377	378	379	380	381	382	383	384	385	386	387	388	389	390	391	392	393	394	395	396	397	398	399	400

MODE:		LABELS:		RECORD FORMAT:		RECORD LENGTH	<u>MAX 8006</u>	Input	<input checked="" type="checkbox"/>
Alpha/Numeric	AN	Standard	<input checked="" type="checkbox"/>	Fixed-F	<input checked="" type="checkbox"/>			Output	<input type="checkbox"/>
Numeric	N	Non-Standard	<input type="checkbox"/>	Variable-V	<input type="checkbox"/>				
		No Labels	<input type="checkbox"/>	Undefined-U	<input type="checkbox"/>				

INPUT TO EFT CONVERSION PROGRAM

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME EFT CLAIM FILE RECORD NAME Detail Statement Record - Print Record (ASCII)

Statement = Remittance Advice (RA) Statement (Line-No. = 01 ~ 42)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50		
Record Code	Claim Number	RCD Type			Zip Code				Payee Identification	Agency Optional ID or Sequence Number	Line No.	Det Amt Ind	SCO Internal Use Only '00'	Detail Statement Amount '00000000.00'	Filler																																				
		TRLR	Detail	Header	First - 5	Last - 4																																													
'05'		0	1	0																																															
N(02)	N(02)	N	N	N	AN(05)				AN(04)	AN(10)				AN(06)				N(02)	N	AN(02)	AN(11)				AN(04)																										

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Filler (cont.)	RA Print Statement Information -- UPPER CASE CHARACTERS ONLY																																																
	AN(62)																																																

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150
RA Print Statement Information (cont.)														RA Statement Audit Information through 8006																																			
AN																																																	

151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

MODE:	LABELS:	RECORD FORMAT:	RECORD LENGTH	MAX 8006	Input <input checked="" type="checkbox"/>
Alpha/Numeric	AN	Standard <input checked="" type="checkbox"/>	Fixed-F <input checked="" type="checkbox"/>		Output <input type="checkbox"/>
Numeric	N	Non-Standard <input type="checkbox"/>	Variable-V <input type="checkbox"/>		
		No Labels <input type="checkbox"/>	Undefined-U <input type="checkbox"/>		

INPUT TO EFT CONVERSION PROGRAM

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME EFT CLAIM FILE RECORD NAME Detail Statement Record - Non-Print Record (ASCII)

Statement = Remittance Advice (RA) Statement (Line-No. = 98)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Record Code '05'	Claim Number	RCD Type			Zip Code				Payee Identification	Agency Optional ID or Sequence Number	Line No. '98'	Det Amt Ind SCO Internal Use Only '00'	Detail RA Amount '00000000.00'	Filler																																			
		TRLR 0	Detail 1	Header 0	First - 5		Last - 4																																										
N(02)	N(02)	N	N	N	AN(05)				AN(04)		AN(10)				AN(06)		N(02)	N	AN(02)		AN(11)				AN(04)																								

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100
Filler (cont.)	RA Audit Information through 8006																																																
	AN																																																

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150

151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

MODE:		LABELS:		RECORD FORMAT:		RECORD LENGTH	<u>MAX 8006</u>	Input	<input checked="" type="checkbox"/>
Alpha/Numeric	AN	Standard	<input checked="" type="checkbox"/>	Fixed-F	<input checked="" type="checkbox"/>	Line No '98' + Det Amt Ind '1' = Unlimited non-print RA records with audit data		Output	<input type="checkbox"/>
Numeric	N	Non-Standard	<input type="checkbox"/>	Variable-V	<input type="checkbox"/>				
		No Labels	<input type="checkbox"/>	Undefined-U	<input type="checkbox"/>				

INPUT TO EFT CONVERSION PROGRAM

PROGRAM ORIGINATING FORMAT (NUMBER, FILE CODE, AND NAME)

FILE NAME EFT CLAIM FILE RECORD NAME File Total Record (ASCII)

1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50
Record ID '99EOF'					Filler		File Total Record Count '0000000000000'										File Total Claim Count '00000'					Total File Detail Payment Record Count '000000000'					Total File RA Statement Record Count '00000000000'					SCO Internal Use Only '000'		Total File Detail Pymt Amt															
AN(05)					AN(02)		N(13)										N(05)					N(09)					N(11)					AN(03)																	

51	52	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72	73	74	75	76	77	78	79	80	81	82	83	84	85	86	87	88	89	90	91	92	93	94	95	96	97	98	99	100																																																			
Total File Detail Payment Amount (cont.) '0000000000.00'													Filler through 8006																																																																																							
AN (13)													AN																																																																																							

101	102	103	104	105	106	107	108	109	110	111	112	113	114	115	116	117	118	119	120	121	122	123	124	125	126	127	128	129	130	131	132	133	134	135	136	137	138	139	140	141	142	143	144	145	146	147	148	149	150

151	152	153	154	155	156	157	158	159	160	161	162	163	164	165	166	167	168	169	170	171	172	173	174	175	176	177	178	179	180	181	182	183	184	185	186	187	188	189	190	191	192	193	194	195	196	197	198	199	200

MODE:	Alpha/Numeric	AN	LABELS:	Standard	<input checked="" type="checkbox"/>	RECORD FORMAT:	Fixed-F	<input checked="" type="checkbox"/>	RECORD LENGTH	MAX 8006	Input	<input checked="" type="checkbox"/>
	Numeric	N		Non-Standard	<input type="checkbox"/>		Variable-V	<input type="checkbox"/>			Output	<input type="checkbox"/>
				No Labels	<input type="checkbox"/>		Undefined-U	<input type="checkbox"/>				