

INPUT TO EFT CLAIM SYSTEM FROM AGENCY

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

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

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 100																															
AN(05)					AN(05)					AN(04)				AN(05)				AN(81)																															

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 100	Input <input checked="" type="checkbox"/>
Alpha/Numeric	AN	Standard <input checked="" type="checkbox"/>	Fixed-F		Output <input type="checkbox"/>
Numeric	N	Non-Standard <input type="checkbox"/>	Variable-V		
Packed	P	No Labels <input type="checkbox"/>	Undefined-U		

INPUT TO EFT CLAIM SYSTEM FROM AGENCY

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

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

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 100																																
		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(67)																													

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 100</u>	Input <input checked="" type="checkbox"/>
Alpha/Numeric AN	Standard <input checked="" type="checkbox"/>	Fixed-F <input type="checkbox"/>		Output <input type="checkbox"/>
Numeric N	Non-Standard <input type="checkbox"/>	Variable-V <input checked="" type="checkbox"/>	CCD Indicator = 'C' or blank	
Packed P	No Labels <input type="checkbox"/>	Undefined-U <input type="checkbox"/>	HIPAA Indicator = 'H' or blank	

INPUT TO EFT CLAIM SYSTEM FROM AGENCY

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

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

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. '00'	Det Amt Ind	Payment Amount S9(09)V99 comp-3	Filler	Payee Name																																			
		TRLR	Detail	Header	First 5	Last 4																																											
		0	1	0	AN(05)	AN(04)	AN(10)								AN(06), N(06), or P(06)	N(02)	N	P(06)	AN(04)	AN(30)																													

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
Payee Name (cont.)										Filler					Address Line 1																																		
										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:	LABELS:	RECORD FORMAT:	RECORD LENGTH <u>Max 7992</u>	Input <input checked="" type="checkbox"/>
Alpha/Numeric AN	Standard <input checked="" type="checkbox"/>	Fixed-F <input type="checkbox"/>		Output <input type="checkbox"/>
Numeric N	Non-Standard <input type="checkbox"/>	Variable-V <input checked="" type="checkbox"/>		
Packed P	No Labels <input type="checkbox"/>	Undefined-U <input type="checkbox"/>		

INPUT TO EFT CLAIM SYSTEM FROM AGENCY

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

FILE NAME EFT CLAIM FILE RECORD NAME Detail Payment Record (EBCDIC) 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
RPT Code '0'	SCO Internal Use Only																	EFT Banking Information																	RA Print Suppress	Filler													
	Trans Code '22' or '32'	Transit Routing Code										DFI Account Number																																					
AN	AN(16)																	AN(02)	N(09)										AN(17)																AN	AN(04)			

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
TRN02 Reference ID (Used Only For HIPAA)																																																	
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
TRN03 Company ID (Used Only For HIPAA)										Audit Information through 7992																																							
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:	Alpha/Numeric AN	LABELS:	Standard <input checked="" type="checkbox"/>	RECORD FORMAT:	RECORD LENGTH <u>Max 7992</u>	Input <input checked="" type="checkbox"/>
	Numeric N		Non-Standard <input type="checkbox"/>			Output <input type="checkbox"/>
	Packed P		No Labels <input type="checkbox"/>			
				Print Suppress 'Y' = DO NOT print RA Statements All other values = Print RA Statements		

INPUT TO EFT CLAIM SYSTEM FROM AGENCY

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

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

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. '00'	Det Amt Ind '2'	Payment Amount S9(09)V99 comp-3	Filler	Payee Name																																				
		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(06), or P(06)	N(02)	N	P(06)	AN(04)	AN(30)																																				

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
Payee Name (cont.)								Filler		Address Line 1																																							
								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:	LABELS:	RECORD FORMAT:	RECORD LENGTH <u>Max 7992</u>	Input <input checked="" type="checkbox"/>
Alpha/Numeric AN	Standard <input checked="" type="checkbox"/>	Fixed-F <input type="checkbox"/>		Output <input type="checkbox"/>
Numeric N	Non-Standard <input type="checkbox"/>	Variable-V <input checked="" type="checkbox"/>		
Packed P	No Labels <input type="checkbox"/>	Undefined-U <input type="checkbox"/>		

INPUT TO EFT CLAIM SYSTEM FROM AGENCY

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

FILE NAME EFT CLAIM FILE RECORD NAME Secondary Payee Record (EBCDIC) 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
Filler																																																	
AN(110)																																																	

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.)																																																	

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
Filler (cont.)										SP Audit Information through 7992																																							
										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 7992</u>	Input <input checked="" type="checkbox"/>
Alpha/Numeric	AN	Standard <input checked="" type="checkbox"/>	Fixed-F <input type="checkbox"/>	Output <input type="checkbox"/>
Numeric	N	Non-Standard <input type="checkbox"/>	Variable-V <input checked="" type="checkbox"/>	
Packed	P	No Labels <input type="checkbox"/>	Undefined-U <input type="checkbox"/>	

INPUT TO EFT CLAIM SYSTEM FROM AGENCY

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

FILE NAME EFT CLAIM FILE RECORD NAME Detail RA Statement Record (EBCDIC)

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	Detail RA Amount S9(09)V99 comp-3				Filler		RA Print Statement Information														
		TRLR	Detail	First 5					Last 4																				Detail RA Amount S9(09)V99 comp-3				Filler		RA Print Statement Information														
		'05'	0	1	0	AN(05)					AN(04)								AN(10)						AN(06), N(06), or P(06)				N(02)	N	P(06)				AN(04)		AN(62)												

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
RA Print Statement Information (cont.) - UPPER CASE CHARACTERS ONLY																																																	

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 7992																																										
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 <u>Max 7992</u>	Input <input checked="" type="checkbox"/>
Alpha/Numeric AN	Standard <input checked="" type="checkbox"/>	Fixed-F <input type="checkbox"/>		Output <input type="checkbox"/>
Numeric N	Non-Standard <input type="checkbox"/>	Variable-V <input checked="" type="checkbox"/>		
Packed P	No Labels <input type="checkbox"/>	Undefined-U <input type="checkbox"/>		

INPUT TO EFT CLAIM SYSTEM FROM AGENCY

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

FILE NAME EFT CLAIM FILE

RECORD NAME Detail RA Stmt Record - Audit Non Print Record (EBCDIC)

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	Claim Number	RCD Type		Zip Code													Payee Identification	Agency Optional ID or Sequence Number	Line No.	Det Amt Ind	Detail RA Amount S9(09)V99 comp-3	Filler	RA Audit Information through 7992																										
		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(06), or P(06)			N(02)	N	P(06)			AN(04)		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 7992</u>	Input <input checked="" type="checkbox"/>
Alpha/Numeric AN	Standard <input checked="" type="checkbox"/>	Fixed-F <input type="checkbox"/>		Output <input type="checkbox"/>
Numeric N	Non-Standard <input type="checkbox"/>	Variable-V <input checked="" type="checkbox"/>	Line No '98' + Det Amt Ind '1' = Unlimited non-print RA records with audit data	
Packed P	No Labels <input type="checkbox"/>	Undefined-U <input type="checkbox"/>		

INPUT TO EFT CLAIM SYSTEM FROM AGENCY

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

FILE NAME EFT CLAIM FILE RECORD NAME Claim Total Record (EBCDIC)

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			Filler																		Total Claim Detail Payment Record Count '000000000'						Total Claim RA Statement Record Count '00000000000'						SCO Internal Use Only		Total Claim Detail Pymt Amt												
		TRLR	Detail	Header																																													
N(02)	N(02)	N	N	N	AN(18)																		N(09)						N(11)						N(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 Claim Detail Payment Amount (cont.) '000000000000'										Filler through 100																																							
N(12)										AN(40)																																							

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
 Numeric N
 Packed P

LABELS:
 Standard
 Non-Standard
 No Labels

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

RECORD LENGTH Max 100

Input
 Output

INPUT TO EFT CLAIM SYSTEM FROM AGENCY

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

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

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
File 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		Total File Detail Pymt Amt															
AN(05)					AN(02)		N(13)										N(05)					N(09)					N(11)					N(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.) '000000000000'										Filler through 100																																							
N(12)										AN(40)																																							

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
 Numeric N
 Packed P

LABELS:
 Standard
 Non-Standard
 No Labels

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

RECORD LENGTH Max 100

Input
 Output