

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

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
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**1. File Header Record**

**Field Name**

* 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 100	AN	Blank fill

**2. Claim Header Record**

**Field Name**

* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	Value from '01' to '99', claims within a file are in ascending consecutive order. There is one claim number per claim schedule submitted.

**Record-Type**

* 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

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
* Claim-ID	21	10	AN	Provided by SCO-Audits prior to Agency submission of test file(s).
* CCD-Indicator	31	1	AN	Non-HIPAA = 'P' HIPAA = 'C'
* HIPAA-Indicator	32	1	AN	Non-HIPAA = blank fill HIPAA = 'H'
Filler	33	Through 100	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, or P	Agency use.
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '1'

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
* Payment-Amt.	36	6	P	Payment amount numeric. Must be greater than \$0, but not more than \$99,999,999.99 S9(9)v99 comp 3. Exception-Prenotes must be \$0.
Filler	42	4	AN	Agency use or blank fill
* Payee-Name	46	30	AN	Payments made in favor of payee (Bankfile only captures 22 bytes of name)
Filler	76	5	AN	Blank fill
Address-Line 1	81	30	AN	If statements are to be mailed to the payee, than either address line 1 or 2 must not be blank.
Address-Line 2	111	30	AN	See Address Line 1
Address-Line 3	141	30	AN	Do not include zip code here, unless foreign country.
Address-Line 4	171	30	AN	Do not include zip code here, unless foreign country.
* Reportable-Code	201	1	AN	Value '0', must not be blank.
SCO-Internal-Use	202	16	AN	Blank fill, SCO Internal Use Only
<b><u>EFT-Banking Information</u></b>				
* Trans-Code	218	2	AN	Credits (22 - checking, 32 - savings) Debits (27 - checking, 37 - savings) Prenotes (23 - checking, 33 - savings)
* Transit-Routing-Code	220	9	N	9 digit bank code includes check digit.
* DFI-Account-No	229	17	AN	
* RA-Print-Suppress-Ind	246	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
<b><u>Non-HIPAA</u></b>				
Filler	247	4	AN	Blank fill

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
SCO-Internal-Use	251	60	AN	Blank fill, SCO Internal Use Only
Audit-Info	311	Through 7992	AN	Variable as described by SCO-Audits
<b><u>HIPAA</u></b>				
Filler	247	4	AN	Blank fill
* TRN02-Reference-ID	251	50	AN	Agency use, unique number associated with payment
* TRN03-Company-ID	301	10	AN	Agency FEIN number
Audit-Info	311	Through 7992	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, or P	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
* Detail-Payment-Amt	36	6	P	Payment amount numeric. Must be greater than \$0, but not more than \$99,999,999.99 S9(9)v99 comp 3. Exception-prenotes must be \$0.
Filler	42	4	AN	Agency use or blank fill
* Payee-Name	46	30	AN	Party to be notified (Auditor Controller).
Filler	76	5	AN	Blank fill
Address-Line 1	81	30	AN	Address of party to be notified, either line 1 or line 2 must not be blank.
Address-Line 2	111	30	AN	See Address Line 1
Address-Line 3	141	30	AN	<u>MUST</u> include zip code of party to be notified.
Address-Line 4	171	30	AN	
Filler	201	110	AN	Blank fill
SP-Audit-Info	311	Through 7992	AN	Variable as described by SCO-Audits.

**5. Detail Remittance Advice (RA) Statement Record (Print Record – Lines 01 to 42)**

One record per printed statement line. Maximum 42 lines of 62 characters of printed information.

**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.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
<b><u>Record-Type</u></b>				
* 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, or P	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' = No Detail RA Amount present; '1' = Detail RA Amount present therefore adds and compares to warrant amount.
* Detail-RA-Amt.	36	6	P	'0' = Det-Amt-Ind is OFF - zero fill. '1' = Det-Amt-Ind is ON - RA shows payment information (total or subtotal) is required.
Filler	42	4	AN	Agency use or blank fill

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
RA-Print-Statement-Info	46	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	108	Through 7992	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.
Agency-Optional-ID or Sequence-Number	27	6	AN, N or P	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.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
* Line-No	33	2	N	Non-printed RA lines = '98' Must follow, at a minimum, Line-No '01' & '02' (these lines contain agency contact information), or at a maximum include Line-No '01' thru '42'.
* Det-Amt-Ind	35	1	N	'0' = No RA detail amount present; '1' = Detail RA amount present therefore adds and compares to warrant amount.
* Detail-RA-Amt.	36	6	P	'0' = Det-Amt-Ind is OFF - zero fill. '1' = Det-Amt-Ind is ON - RA shows payment information (total or subtotal) is required. Right justified, zero fill, no commas or \$.
Filler	42	4	AN	Agency use or blank fill.
RA-Audit-Info	46	Through 7992	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	That 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'
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' S9(9). 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-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' S9(11).
* SCO-Internal-Use	46	3	N	Blank fill, SCO Internal Use Only
* Total-Claim-Detail-Payment-Amount	49	12	N	Total dollar amount of all Detail Payment Records for claim with Record Type = '010', Line-No = '00', Det-Amt-Ind = '1' S9(12)v99. Must agree with total on claim schedule and not exceed \$9,999,999,999.99.
Filler	61	Through 100	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 S9(13).
* File-Total-Claim-Count	21	5	N	Total number of all claim header records with Record Type = '001' S9(5).
* 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' S9(9). Must agree with number of payments on claim schedule
* 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' S9(11).
* SCO-Internal-Use	46	3	N	Blank fill, SCO Internal Use Only
* Total-File-Detail-Payment-Amount	49	12	N	Total dollar amount of all Detail Payment Records for claim with Record-Type = '010', Line-No = '00', Det-Amt-Ind = '1' S9(12)v99. Must agree with total on claim schedule and not exceed \$9,999,999,999.99.

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<u>Record Name</u>	<u>Start</u>	<u>Length</u>	<u>Type</u>	<u>Description/Values</u>
Filler	61	Through 100	AN	Blank fill

Minimum length of all header and trailer records are 100.

Minimum length of Detail Payment Record and Secondary Payee records are 310.

Minimum length of Detail Remittance Advice record is 107.

Maximum length is 7992.

Legend

N = Numeric Field (must be right justified)

AN = Alpha Numeric (must be left justified)

P = Packed Decimal (Signed 'C' for debits/positive amounts and 'D' for credits/negative amounts)

\* = Required field