

**DATA ELEMENT DESCRIPTION EBCDIC EFT
INPUT RECORD FORMAT – ELECTRONIC CLAIMS
(ALL RECORDS ARE VARIABLE 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 justify: Zero fill uniform agency code. Source : Uniform Codes Manual, Department of Finance.
System Identification	15	5	AN	Value 'EFTTC'
Filler	20	81	AN	
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	
* 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	
* Claim-ID	21	10	AN	Provided by SCO-Audits after approval of payment system.
Filler	31	70	AN	
3. <u>Detail Payment Record</u>				
<u>Field Name</u>				
* 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>
3. <u>Detail Payment Record (continued)</u>				
<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. 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	SSA number or other agency assigned ID number, left justify blank.
Seq-No.	27	5	AN, N, or P	Agency use.
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code can be added to the last character of "seq-no".
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '1'
* Payment-Amt	36	6	P	Payment amount; numeric. Must be greater than \$0 (exception-prenotes must be \$0), but not more than \$99,999,999.99 S9(9)v99 comp 3.
Filler	42	4	AN	For use by agency, or leave blank.
* Payee-Last Name	46	20	AN	Payments made in favor of payee.
* Payee-First Name	66	9	AN	
* Payee-Middle Int.	75	1	AN	
Filler	76	5	AN	Blank-Not used.
Address-Line 1	81	30	AN	
Address-Line 2	111	30	AN	
Address-Line 3	141	30	AN	
Address-Line 4	171	30	AN	
* Reportable Code	201	1	AN	Value '0', must not be blank.
SCO Internal Use	202	16	AN	Leave blank.

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3. Detail Payment Record (continued)

EFT-Information

Trans Code	218	2	AN	Credits (22 - checking, 32 - savings) Debits (27 - checking, 37 - savings) Prenotes (23 - checking, 33 - savings)
Transit Routing Code	220	8	N	9 digit which includes check digit
Check Digit	228	1	N	
DFI Account No.	229	17	AN	
Filler	246	5	AN	
Audit-Info	251	Up to 7741	AN	Variable as described by SCO-Audits

4. Secondary Payee 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 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	SSA number or other agency assigned ID number.
Seq-No.	27	5	AN, N, or P	Agency use.
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code can be added to the last character of "seq-no".
* Line-No	33	2	N	Value '00'
* Det-Amt-Ind	35	1	N	Value '2' for this record

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4. <u>Secondary Payee Record (continued)</u>				
* Payment-Amt	36	6	P	Payment amount numeric. Must be greater than \$0 (exception- prenotes must be \$0) but not more than \$99,999,999.99 S9(9)v99 comp 3.
Filler	42	4	AN	For agency use, or leave blank.
* Payee-Last Name	46	20	AN	Party to be notified (usually county auditor).
* Payee-First Name	66	9	AN	
* Payee-Middle Int.	75	1	AN	
Filler	76	5	AN	
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	
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	50	AN	
SP-Audit-Info	251	Up to 7741	AN	Variable as described by SCO-Audits.
5. <u>Detail Statement Record</u>				One record per printed statement line. Maximum 42 lines of 62 characters of printed info.
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with 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	8	9	AN	Payee zip code
* Payee-ID	17	10	AN	SSA number or other agency assigned ID number
Seq-No.	27	5	AN, N, or P	Agency use

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5. <u>Detail Statement Record (continued)</u>				
Bank Code (*optional)	32	1	AN	Values 'A' through 'Z' optional use for direct bank deposits. Bank code can be added to the last character of "Seq-No".
* Line-No	33	2	N	Statement line number; valid values are line 1 to 42; line number 1 is the first line to be machine printed; must be ascending. Skip lines not printed.
* Det-Amt-Ind	35	1	N	'0' = No statement amount amount present; '1' = detail statement amount present therefore adds and compares to payment amount or '3'=EFT that adds and compares to claim schedule
* Detail Statement Amount	36	6	P	Statement line shows payment information (total or subtotal); required if Det-Amt-Ind = '1'. Zero fill if Det-Amt-Ind is off = '0'
Filler	42	4	AN	For agency use, or leave blank.
Statement-Print-Info	46	62	AN	For agency use to describe payment to payee: must include agency name, address, and telephone number for inquiry purposes. Print info is "free form" formatted by agency. Must be in <u>UPPERCASE</u> .
Statement-Audit-Info	108	Up to 7884	AN	Variable as described by SCO-Audits.
6. <u>Claim Total Record</u>				
<u>Field Name</u>				
* Record-Code	1	2	N	Value '05'
* Claim-No	3	2	N	That value associated with Claim-No of Claim Header Record.
<u>Record-Type</u>				
* 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	

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6. <u>Claim Total Record (continued)</u>				
* Total Claim Credit/Debit Record Amount	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). Should agree with number of payments on claim schedule.
* Total Claim Stmt. Record Count	35	11	N	Total number of all statement records for claim with "Record-Type 010 Line-No-01 Through 42 (statement record)" S9(11).
* SCO Internal Use	46	3	N	Leave Blank, SCO Internal Use Only
* Total Claim Credit 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. Should agree with total on claim schedule. Claim Credit Amount cannot exceed \$9,999,999,999.99.
Filler	61	40	AN	Blank fill.
7. <u>File Total Record</u>				
<u>Field Name</u>				
* Record-ID	1	5	AN	Value '99EOF'
Filler	6	2	AN	
* Total-Rec-Count	8	13	N	Total number of all records <u>except</u> file total record S9(13).
* Claim-Count	21	5	N	Total number of all claim header records with Record Type = 001 S9(5).
* Total File Credit/Debit Record Count	26	9	N	Total number of all detail payment records with Record Type = 010 Line-No = 00 Det-Amt-Ind = 1 S9(9).
* Total File Stmt. Record Count	35	11	N	Total number of all statement records with Record Type = 010 Line-No = 01 to 42 S9(11).
* SCO Internal Use	46	3	N	Leave Blank, SCO Internal Use Only

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7. <u>File Total Record (continued)</u>				
* Total File Credit 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. Should agree with total on claim schedule. File credit amount cannot exceed \$9,999,999,999.99.
Filler	61	40	AN	Blank fill.

Minimum length of all header and trailer records are 100.

Minimum length of detail payment record and secondary payee records are 250.

Minimum length of detail statement record is 107.

Maximum length is 7992.

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