



## Interface Functional Specification



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# Business Information System Project

## Electronic/Paper Claim Schedules to SCO



# Interface Functional Specification

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## Interface Functional Specification

### 1 General Information

<b>Title: (40 Character MAX)</b>	Electronic Claim Schedule for TPA Medical Claims to SCO
<b>Short description:</b>	Generate Electronic Claim Schedule for TPA Medical Claims. The file should be sent to SCO daily basis
<b>Process Definition Document (PDD) Legend # / Item #</b>	
<b>BIS Project Phase</b>	<input checked="" type="checkbox"/> Phase 1C <input type="checkbox"/> Phase 1B <input type="checkbox"/> Phase 2
<b>Business Team:</b>	BIS TPA Implementation
<b>Priority:</b>	<input checked="" type="checkbox"/> High/mandatory <input type="checkbox"/> Medium/recommended <input type="checkbox"/> Low/optional
<b>Module /Submodule Information</b>	Module: AP                      Submodule:
<b>Complexity:</b>	<input checked="" type="checkbox"/> High <input type="checkbox"/> Medium <input type="checkbox"/> Low
<b>Is there an alternative in the standard system?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>Description of alternative:</b>	
<b>Reasons why alternative is not acceptable:</b>	<input type="checkbox"/> Performance problems <input type="checkbox"/> Complexity <input type="checkbox"/> Other (Specify) :
<b>SAP Transaction code:</b>	ZFGL_R_WARRANT_CLAIM
<b>Interface Type</b>	<input checked="" type="checkbox"/> Batch ( <i>one-way transfer of accumulated data</i> ) <input type="checkbox"/> Near Real-Time ( <i>one-way message-based transfer of data</i> ) <input type="checkbox"/> Real Time ( <i>Immediate transfer of small data set</i> ) <input type="checkbox"/> Excel Upload ( <i>manually invoked from SAP session</i> ) <input type="checkbox"/> Other (Specify) :
<b>Interface Frequency</b>	<input type="checkbox"/> Hourly <input checked="" type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> On-demand <input type="checkbox"/> Other (Specify) :
<b>Type of Records Sent</b>	<input type="checkbox"/> Full record load ( <i>sends all records every time interface is executed</i> ) <input checked="" type="checkbox"/> Delta full records ( <i>Only sends records that have changed since previous execution</i> ) <input type="checkbox"/> Other (Specify) :
<b>Volume Estimate (per interface frequency)</b>	Average Volume: 1000 claims per day (25,000 per month) Peak Volume: 2000 - 2500
<b>Source System:</b>	BIS SAP to SCO via SAP XI
<b>Target System:</b>	SCO
<b>Direction</b>	Inbound to SAP: Outbound from SAP: Yes



# Interface Functional Specification

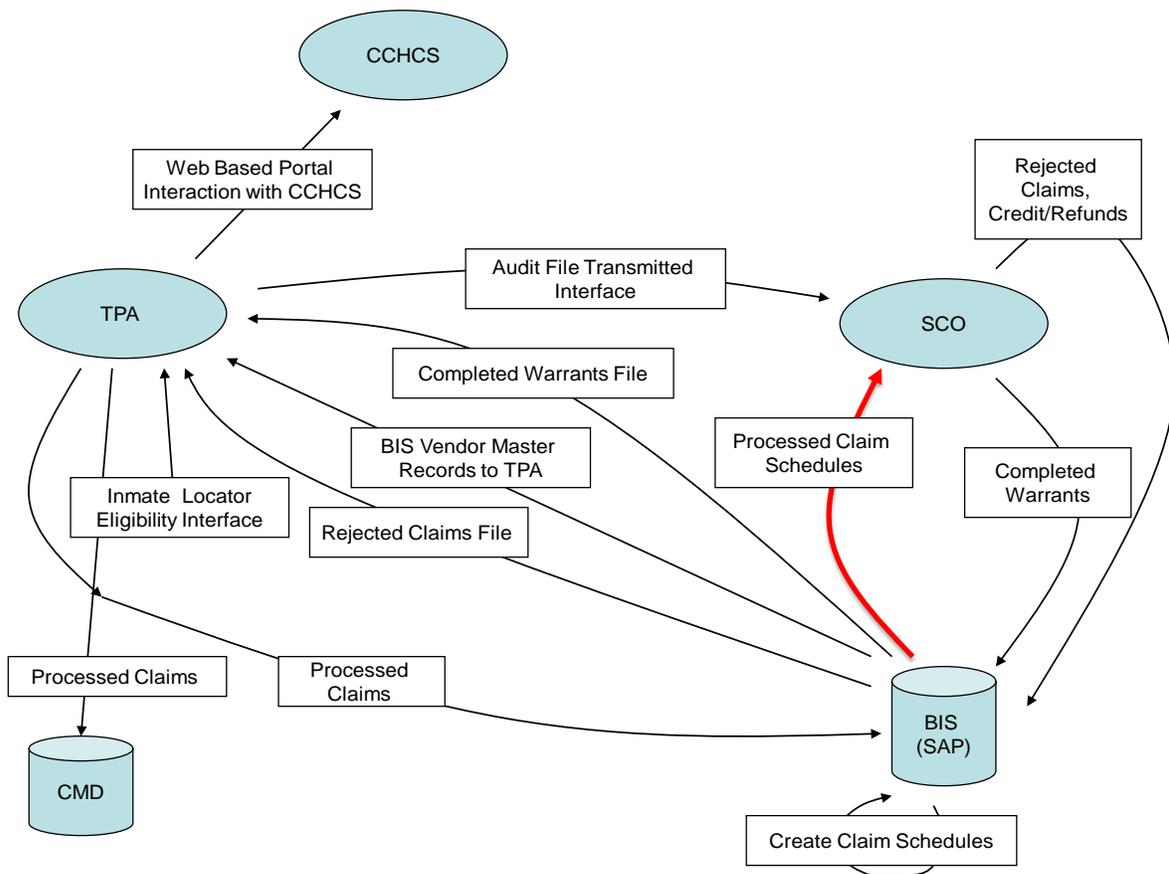
## 2 Business Needs & Requirements

Third Party Administrator (TPA) processes the California Prison Health Care Services (CCHCS) medical claims and provides the processed claims into CDCR Business Information System (BIS)/SAP as vendor invoices. Once the TPA medical claims are processed in BIS, the SAP payment run (F110S) will be executed as scheduled job. Once the payment run is completed, a schedule program will run and populate the TPA claims into the claim table.

TPA medical claims in BIS is generated in the electronic claim schedule layout and interface the file to SCO for the warrant payment. Electronic claim schedule file must be generated based on the fiscal year, Fund and Functional Area (Program/Element).

Once the electronic claim schedule files are generated, a program generates the paper STD218ET form per each electronic claim schedule to support the electronic claim schedule submission.

**CCHCS TPA Medical Invoice Process Diagram**





## Interface Functional Specification

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### TPA Interface Descriptions:

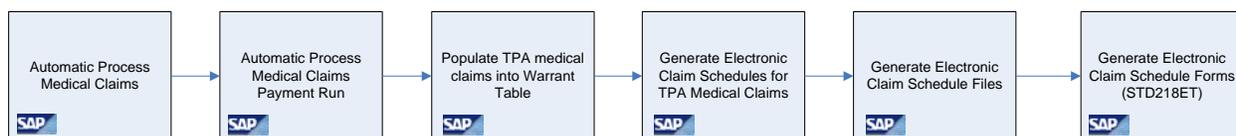
- **Inmate Locator Eligibility Interface**  
Interface with CDCR Inmate Locator for automated claim eligibility determinations.
- **Processed Claims Interface**  
Interface with CDCR Accounting for transmission of adjudicated claims to be processed for payment.
- **Audit File Interface**  
TPA interfaces with California State Controller's Office (SCO) transmitting specific claim file information for SCO pre-payment auditing purposes.
- **BIS Vendor Master Records to TPA**  
File transmission of CDCR's medical vendor demographic information from the Accounting office.
- **Claim Schedule Creation**  
Accounting office generates the electronic claim schedules and paper Std218 for claims received by TPA to be transmitted to SCO for payment.
- **Rejected Claims File**  
Submitted claims which are rejected by the Accounting office are transmitted to TPA for research, correction and resubmission.
- **Processed Claim Schedules**  
Processed Claim Schedules transmitted in paper with "wet signatures" to SCO for processing.
- **SCO Completed Warrants Transmission**  
SCO transmits paid claim information with Warrant/payment information to CDCR Accounting.
- **Accounting Completed Warrants Transmission**  
Accounting transmits Warrant/payment information to TPA.
- **Web Based Portal Interaction with CCHCS**  
Web based portals with CDCR for claim reviews, credit/refund requests, and suspended claims.
- **Rejected Claims, Credit/Refunds**  
SCO communicates to CDCR's Accounting rejected claim batches, questions and/or corrections needed.
- **Completed/Processed Claims Data Transfer**  
TPA transmits finalized processed claims information to CCHCS.



## Interface Functional Specification

### 3 Starting Condition / Dependencies

TPA medical claims are processed into BIS SAP. Automatic payment run job will be executed based on the scheduled time. Based on the completion of payment run for the TPA medical claims, a batch program will be executed to populate the TPA medical claims into BIS Warrant table. Then a program will generate Medical Claim Schedules for TPA claims. Once the Medical Claim Schedules are generated, the electronic claim schedule files and STD218ET forms will be generated to provide to SCO for warrant payments.



### 4 Assumptions

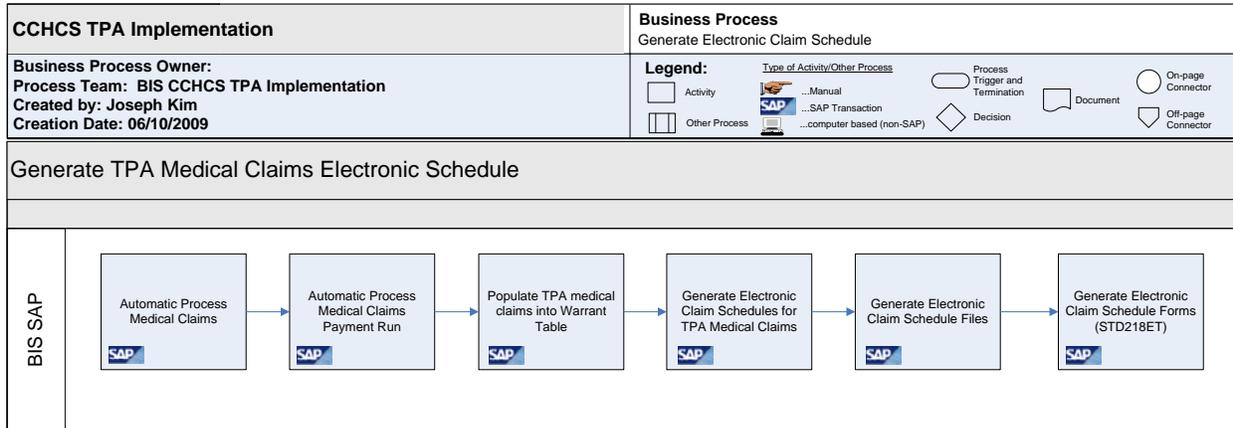
- Electronic Claims schedule files will be generated based on Fiscal Year, Fund & Functional Area (Program/Element)
- There will be **no limitation on number of records** in an electronic claim schedule file.
- Will utilize the file naming convention based on the SCO requirements
- Maximum remittance information will be 42 claims per each warrant payment. But only 35 claims with the remittance date will be populated in the file (7 lines of contact and header record, 35 claim records) – **Please see Appendix B for the detail**
- BIS will retain the file for the specific period so that BIS can resend the files if any transmission error occurs.
- No Secondary Payee Record section required in the electronic claims schedule files
- BIS will use the current SCO crosswalk table to populate the appropriation information.
- SCO will provide the proper naming convention of electronic claims schedule files and audit files.



## Interface Functional Specification

### 5 Process Flow Diagram

The process flow diagram represents, at a high level, how the process will be performed after Go-Live. A description of the process is included below the process flow.



TPA will process the medical vendor invoices and generate the processed claims file daily. The file will be interfaced via SAP XI to BIS system to process as the vendor invoice. After the completion of medical claim processing, the automatic payment run job will be executed to clear the TPA medical claims and update the details into BIS warrant table. Once TPA medical claims in the warrant table, TPA medical claims schedule is generated automatically and the electronic claims files and STD218ET form will be generated for the vendor warrant payment.

CDCR Accounting will validate the electronic claims file details and will provide the signed STD218ET to SCO for the warrant payment.

### 6 Detailed Processing Logic & Business Rules

The electronic claim schedule files will be generated based on the Fiscal Year, Fund and Functional Area (Program/Element).

Due to the limitation of remittance advice detail lines (42 lines per warrant payment), the program should be able to generate the 7 line of contact information and default header record and 35 lines of remittance details **(See Appendix B for the detail)**

Electronic Claims Schedule file generation program should separate the warrant payment record in the electronic claim schedule files if a vendor had more than 35 claims and assigns new claim schedule line number (SCO Sequence Number).

### SCO Electronic Claim Schedule File Layout

Format: ASCII Fixed



## Interface Functional Specification

### File Header Record

SCO Field Name	Start	Length	Type	Description/Value	BIS Field
Record ID	1	5	AN	Default = '00HDR'	
Filler	6	5	AN	Blank Fill	
Agency ID	11	4	AN	Default 5225	
Filler	15	8006	AN	Blank Fill	

### Claim Header Record

SCO Field Name	Start	Length	Type	Description/Value	BIS Field
Record-Code	1	2	N	Default = '05'	
Claim-No	3	2	N	Default = "01"	
Trlr-Code	5	1	N	Default = '0'	
Detail-Code	6	1	N	Default = '0'	
Header-Code	7	1	N	Default = '1'	
Filler	8	3	AN	Blank Fill	
Claim-Sch-No.	11	8	AN	BIS Claim Schedule Number start with "M"	ZFT_WARRANT-SCHEDULE_NUM
Filler	19	2	AN	Blank Fill	
Claim-ID	21	10	AN	SCO will provide the Claim ID #	
Filler	31	8006	AN	Blank Fill	

### Detail Warrant Record

SCO Field Name	Start	Length	Type	Description/Value	BIS Field
Record-Code	1	2	N	Default = '05'	
Claim-No	3	2	N	Default = "01"	
Trlr-Code	5	1	N	Default = '0'	
Detail-Code	6	1	N	Default = '1'	
Header-Code	7	1	N	Default = '0'	
Zip-Code	8	9	AN	Payee Zip Code	LFA1-PSTLZ or LFA1-P.O. Box Postal Code
Payee-ID	17	10	AN	BIS Vendor Number	LFA1-LIFNR
Seq-No.	27	5	AN,N	Sequence Number for each warrant record	
Bank Code (*optional)	32	1	AN	Blank Fill	
Line-No	33	2	N	Default = '00'	
Det-Amt-Ind	35	1	N	Default = '1'	
SCO Internal Use	36	2	AN	Default = '00'	
Warrant-Amt	38	11	AN	Right Justify, Zero filled, decimal point (i.e. \$50.15 = 00000050.15)	ZFT_WARRANT-AMOUNT
Filler	49	4	AN	Blank Fill	
Payee-Name	53	30	AN	BIS Vendor Name (Name 1)	LFA1-NAME1
Filler	83	5	AN	Blank Fill	



## Interface Functional Specification

Address-Line 1	88	30	AN	DBA Info Name 2 (Name 2) if exist. Otherwise Blank Fill	LFA1-NAME2
Address-Line 2	118	30	AN	C/O Info Name 3 if exist. Otherwise Blank Fill	LFA1-NAME3
Address-Line 3	148	30	AN	Vendor Street Address	LFA1-STRAS or LFA1-PSTL2
Address-Line 4	178	30	AN	Vendor City and State only (no Zip Code)	LFA1-ORT01, LFA1-PSTLZ
Reportable Code	208	1	AN	Default = '0'	
SCO Internal Use	209	23	AN	Blank Fill	
Filler	232	33	AN	Blank Fill	
WR-Audit-Info	265	8006	AN	TBD - Finalize with TPA audit file	

### Detail Remittance Advice (RA) Statement Record

SCO Field Name	Start	Length	Type	Description/Value	BIS Field
Record-Code	1	2	N	Default = '05'	
Claim-No	3	2	N	Default = "01"	
Trlr-Code	5	1	N	Default = '0'	
Detail-Code	6	1	N	Default = '1'	
Header-Code	7	1	N	Default = '0'	
Zip-Code	8	9	AN	Payee Zip Code	LFA1-PSTLZ or LFA1-P.O. Box Postal Code
Payee-ID	17	10	AN	BIS Vendor Number	LFA1-LIFNR
Seq-No.	27	5	AN,N	Sequence Number for each warrant record	
Bank Code (*optional)	32	1	AN	Blank Fill	
Line-No	33	2	N	Remittance Advice Line # (01 to 42 max)	
Det-Amt-Ind	35	1	N	<b>Line-No 1 to 7 (RA Header)</b> - Default to "0" - No RA amount <b>Line-No 8 to 42 (RA Detail)</b> - Default to "1" - Detail RA amount.	
SCO Internal Use	36	2	AN	Default = "00"	
Detail-RA-Amt	38	11	AN	<b>Line-No 1 to 7 (RA Header)</b> - Default to "00000000.00" <b>Line-No 8 to 42 (RA Detail)</b> - Vendor Invoice (Claim) amount	ZFT_WARRANT-AMOUNT
Filler	49	4	AN	Blank Fill	
RA-Print-Info	53	62	AN	Upper Case (See RA Layout worksheet) Line-No 1 to 7 (RA Header) Line-No 8 to 42 (RA Detail)	See RA Layout Worksheet for detail



## Interface Functional Specification

RA-Audit-Info	115	8006	AN	<b>Line-No 1 to 7 (RA Header)</b> - Blank Fill <b>Line-No 8 to 42 (RA Detail)</b> - TPA Claim #
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\* No RA line #2 and #5 to make blank line in RA header section.

### Claim Total Record

SCO Field Name	Start	Length	Type	Description/Value	BIS Field
Record-Code	1	2	N	Default = '05'	
Claim-No	3	2	N	Default = "01"	
Trlr-Code	5	1	N	Default = '1'	
Detail-Code	6	1	N	Default = '0'	
Header-Code	7	1	N	Default = '0'	
Filler	8	18	AN	Blank Fill	
Warr-Rec-Count	26	9	N	Total Warrant Detail Records (Should be same number as the last warrant record sequence number)	
RA-Rec-Count	35	11	N	Total Remittance Advice line # in the claim record (including header lines)	
Total-Warr-Amt	46	16	AN	Total Warrant Detail Record Amounts	
Filler	62	8006	AN	Blank Fill	

### File Total Record

SCO Field Name	Start	Length	Type	Description/Value	BIS Field
Record-ID	1	5	AN	Default = '99EOF'	
Filler	6	2	AN	Blank Fill	
Total-Rec-Count	8	13	N	Total Number lines of all records except file total record line	
Claim-Count	21	5	N	Default = "00001" (one claim per file)	
Warr-Rec-Count	26	9	N	Total Warrant Detail Records (Should be same number as the last warrant record sequence number)	
RA-Rec-Count	35	11	N	Total Remittance Advice line # in the claim record (including header lines)	
Total-Warr-Amt	46	16	AN	Total Warrant Detail Record Amounts	
Filler	62	8006	AN	Blank Fill	



## Interface Functional Specification

### 7 File/Process Specifications

**File Type:** ASCII Fixed

**SCO File Specification:** Please refer to Appendix A with two attached documents

**File Transmission Location:** TBD

**Email Notification:** After completion of processing claims, system will send the email notification to the specific email account with the status information. The detail email contents will be finalized during the development phase.

### 8 Security / Authorization Requirements

Create a new transaction code and assign to BIS Production Support unit if we need to generate the electronic claim schedule manually.

### 9 Testing Scenarios

**Normal Functionality - test cases that ensure the conversion requirement, as it should.**

ID	Description
1	Vendor warrant payment with less than 35 claims
2	Vendor warrant payment with more than 35 claims
3	Multiple Functional Areas Invoices
4	Multiple Fiscal year invoices
<b>Exception - special logic or exceptions</b>	
1	Resend files
2	

### 10 Error Handling, Monitoring, Reconciliation

The error handling, monitoring, reconciliation section identifies a step by step list of instructions to mitigate errors encountered during the development of enhancement in SAP.

1. System will generate the email notification to CDCR Accounting after completion of electronic claim schedule file generation.
2. CDCR Accounting is responsible to monitor and reconcile the all electronic claims schedule files and total amounts with STD218ET forms.
3. If SCO did not receive the files, BIS should be able to resend the files to SCO.



## Interface Functional Specification

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### **11 External System Considerations**

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SCO (State Controller's Office) system to process the electronic claims schedule files

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### **12 Data Retention Requirements**

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Daily electronic claims schedule files should be stored in the BIS system for 7 days (minimum).

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### **13 Interface Trigger / Scheduling Requirements**

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Automatic scheduled job will generate the electronic claim schedule files and send those file to SCO secure location via SAP XI (once a day on certain time (Specific interface program kickoff time will be determined and implemented during the testing phase)

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### **14 Expected Performance and Service Level Agreement Requirements**

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SCO should be able to accept the CDCR Electronic claims schedule files daily basis.







# Interface Functional Specification

**INPUT TO WARRANT CONVERSION PROGRAM**

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

FILE NAME WARRANT CLAIM FILE      RECORD NAME Detail Warrant Record (ASCII File)

Date      Originator      Reviewer

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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 No.	RCD Type		Zip Code												Payee Identification										Agency Optional ID or Seq. No.					Bank Code	Line No.	Detail Amt. Ind	SCO Internal Use Only	Warrant Amount										Filler				
05	0	1	0	AN(09)												AN(10)										AN(05)					AN	N	N	N	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	Payee Name															Filler					Address I																												
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 I Cont.										Address II																				Address III																			
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 III Cont.															Address IV																																		
AN(30)															AN(30)																																		

**MODE:** Alpha/Numeric  A/N      Numeric  N

**LABELS:** Standard       Non-Standard       No Labels

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

RECORD LENGTH 8006      Input       Output



# Interface Functional Specification

**INPUT TO WARRANT CONVERSION PROGRAM**

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

	Date	Originator	Reviewer
FILE NAME <u>WARRANT CLAIM FILE</u>	_____	_____	_____
RECORD NAME <u>Detail Warrant Record (ASCII File) Cont.</u>	_____	_____	_____

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 IV Cont.							RPT. Code 0	SCO Internal Use Only															Filler																										
							AN	AN(23)															AN(33)																										

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.)										Audit Information																																							
										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
Audit Information (Cont.)																																																	

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
Audit Information (Cont.) through 8006																																																	

<b>MODE:</b> Alpha/Numeric <input type="checkbox"/> A/N Numeric <input type="checkbox"/> N	<b>LABELS:</b> Standard <input checked="" type="checkbox"/> X Non-Standard <input type="checkbox"/> No Labels <input type="checkbox"/>	<b>RECORD FORMAT:</b> Fixed-F <input checked="" type="checkbox"/> X Variable-V <input type="checkbox"/> Undefined-U <input type="checkbox"/>	RECORD LENGTH <u>8006</u>	Input <input checked="" type="checkbox"/> X Output <input type="checkbox"/>
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# Interface Functional Specification

## INPUT TO WARRANT CONVERSION PROGRAM

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

Date	Originator	Reviewer
_____	_____	_____
_____	_____	_____
_____	_____	_____

FILE NAME WARRANT CLAIM FILE RECORD NAME Secondary Payee Record (ASCII File)

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 No.	RCD Type		Zip Code												Payee Identification										Agency Optional ID or Seq. No.					Bank Code	Line No.		Detail Amt. Ind.		SCO Internal Use Only		Warrant Amount										Filler	
05		0	1	0	AN(09)												AN(10)										AN(05)					AN	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		Payee Name																									Filler					Address I																	
		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 I Cont.										Address II																				Address III																			
										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 III Cont.															Address IV																																		
															AN(30)																																		

**MODE:**  
 Alpha/Numeric  A/N  
 Numeric  N

**LABELS:**  
 Standard    
 Non-Standard   
 No Labels

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

RECORD LENGTH 8006

Input    
 Output



# Interface Functional Specification

INPUT TO WARRANT CONVERSION PROGRAM		Date	Originator	Reviewer																																																																																																																								
PROGRAM ORIGINATING FORMAT ( NUMBER, FILE CODE, AND NAME)		_____	_____	_____																																																																																																																								
_____		_____	_____	_____																																																																																																																								
FILE NAME	WARRANT CLAIM FILE _____	RECORD NAME	Secondary Payee Record (ASCII File) Cont. _____																																																																																																																									
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# Interface Functional Specification

## INPUT TO WARRANT CONVERSION PROGRAM

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

Date \_\_\_\_\_  
 Originator \_\_\_\_\_  
 Reviewer \_\_\_\_\_

FILE NAME WARRANT CLAIM FILE RECORD NAME Detail Remittance Advice Stmt Record

(ASCII File)

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 No.	RCD Type		TRLR	Detail	Header	Zip Code					Payee Identification					Agency Optional ID or Seq. No.					Bank Code	Line No.	Debit Amt. Int.	SCO Internal Use Only	Detail Amount					Filler																		
05		0	1	0	AN(09)					AN(10)					AN(05)					AN	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																																																		
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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																																																		
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**MODE:**  
 Alpha/Numeric  A/N  
 Numeric  N

**LABELS:**  
 Standard  X  
 Non-Standard   
 No Labels

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

**RECORD LENGTH** 8006 Input  X  
 Output





