

CTX FLAT FILE PAYMENT ORDER FOR LONG TERM CARE INSURANCE

File Header Record					
Field No.	Field Length	Field Type	Field Position	Description	Notes
1	4	Alpha/ Numeric	1 - 4	Record ID	"DHDR"
2	16	Alpha/ Numeric	5 - 20	Blanks	
3	4	Alpha/ Numeric	21 - 24	Agency Name	ex:OPM2
4	6	Alpha/ Numeric	25 - 30	VENMIS	
5	5	Numeric	31 - 35	Creation Date	YYDDD
6	5	Alpha/ Numeric	36 - 40	Blanks	
7	20	Alpha/ Numeric	41 - 60	Agency Name	(Optional)
8	12	Alpha/ Numeric	61 - 72	Agency Telephone Number	(Optional)
9	6	Alpha/ Numeric	73 - 78	VENMIS	
10	11	Alpha/ Numeric	79 - 89	Schedule Number	Mandatory
11	8	Numeric	90 - 97	Settlement Date	Mandatory YY YYMMDD or YYYYMMDD
12	63	Alpha/ Numeric	98 - 160	Blanks	

Payment Record						
Field No.	Field Length	Field Type	Field Position	Description	Notes	FN
1	1	Alpha/ Numeric	1	Record ID	"A"	
2	9	Numeric	2 - 10	Payee ID (TIN Number)	Taxpayer Identification Number	
3	10	Numeric	11 - 20	Total Payment Amount	No Decimal	1
4	1	Alpha/ Numeric	21	Line Code	"V" "M"	2
5	8	Numeric	22 - 29	Agency Location Code (ALC)		
6	23	Alpha/ Numeric	30 - 52	Payee Name	Long Term Care Partners	
7	1	Alpha/ Numeric	53	Account Type	"C" or "S"	
8	8	Numeric	54 - 61	Receiving RTN		
9	1	Numeric	62	Check Digit		
10	17	Alpha/ Numeric	63 - 79	Receiving Account Number		
11	80	Alpha/ Numeric	80 - 159	Blanks		
12	1	Alpha/ Numeric	160	Eligible For Offset Code	Y or N	3

1. Total amount must equal the sum of all associated Remittance Records. (Field 4 of Remittance Records.)

- 2. Payments which are the result of an allotment or deduction from a salary or benefit payment should be coded with "M".**
- 3. Payments which are the result of an allotment or deduction from a salary or benefit payment should be coded with an "N".**

Remittance Record						
The number of remittance records is equal to the number of items/documents you are paying.						
Field No.	Field Length	Field Type	Field Position	Description	Notes	FN
1	3	Alpha/ Numeric	1 - 3	Record ID	"RM D "	
2	2	Alpha/ Numeric	4 - 5	Document Reference Type	SY	1
3	30	Alpha/ Numeric	6 - 35	Document Number	SSN	
4	10	Numeric	36 - 45	Actual Amount Paid	No Decimal	2
5	10	Numeric	46 - 55	Original Document Amount	Not Used	
6	10	Numeric	56 - 65	Discount Amount Taken	Not Used	
7	2	Alpha/ Numeric	66 - 67	Additional Info Type	2U	3
8	10	Alpha/ Numeric	68 - 77	Additional Info Number	SSN	4
9	80	Alpha/ Numeric	78 - 157	Informational Note	Employee Name	5
10	3	Alpha/ Numeric	158 - 160	Blanks		

1. Document Reference Types:

SY - Employee's Social Security Number (no dashes)

2. Sum of all Remittance amounts must equal total dollar amount in the Payment Record, field 3.

3. Additional Info Types:

2U- Payer Identification (SSN can be repeated in Field 8 or Field can be left blank) (No dashes)

4. Additional Info Number: Optional

5. Informational Note: Employee Name should be in the following format:

First Middle Last (No periods or commas)

File Trailer Record						
Field No.	Field Length	Field Type	Field Position	Description	Notes	FN
1	4	Alpha/ Numeric	1 - 4	Record ID	"DEOR"	
2	6	Alpha/ Numeric	5 - 10	Blanks		
3	10	Numeric	11 - 20	(File Total) Record Count	(Should Match Items Certified)	1
4	10	Alpha/ Numeric	21 - 30	Blanks		
5	12	Numeric	31 - 42	(File Total) Total Amount	(Should Match Dollars Certified) No Decimals	2
6	1	Alpha/ Numeric	43	Blank		

		Numeric				
7	12	Numeric	44 - 55	(Tape Total) Cumulative Record Count	Optional (Total Items)	
8	1	Alpha/ Numeric	56	Blank	Optional	
9	14	Numeric	57 - 70	(Tape Total) Cumulative Amount	Optional (Total Dollars)	
10	90	Alpha/ Numeric	71 - 160	Blanks		

1. Must match number of Payment ("A") Records in file.
2. Must match sum of all total dollar amounts in Field 3 of Payment ("A") Records in file.