



CHRIS Flat File Format Equipment and Supplies Billing Invoice

Organization	Ontario Association of Community Care Access Centres (OACCAC)
Division	CCAC Application Support
Version	4.4
Version Date	19 November 2012
Prepared by	OACCAC

Revision Log			
Version No.	Version Date	Summary of Change	Changed by/Input From
3.5	January 30, 2008	Highlighted all modified changes to make the format compatible with CHRIS.	Nasreen Pirani
3.6	February 5, 2008	Updated the column in record for the following fields: <ul style="list-style-type: none"> • Header • Blank • Vendor org code • Details • Equip/Supply description left justified Added disclaimer	Nasdreen Pirani
3.7	July 9, 2008	Data Field: Equipment/Supply Line item # is defined as a numeric field and therefore cannot accept blanks. This field must be padded with zeros instead of blanks.	Yasmin Jawji
3.8	August 23, 2008	<ul style="list-style-type: none"> • Examples column added • Equipment/Supply Line item # field should be left justified and padded with blanks. 	Miren Chauhan
4.0	November 4, 2008	<ul style="list-style-type: none"> • Field specification clarifications. Identified Deltas from the original PMI Format Flat File 	OACCAC
4.1	April 6, 2009	<ul style="list-style-type: none"> • Vendor Invoice Reference # field in the header is no longer obsolete. Description added. 	OACCAC
4.2	September 23, 2009	<ul style="list-style-type: none"> • Added note that obsolete fields must be populated for file to be processed. 	OACCAC
4.3	October 8, 2009	<ul style="list-style-type: none"> • 'Invoice Date' field has been made Optional because it uses the invoice date from the details lines for processing. • Formatting updates. 	Lucien Justen John Forsyth
4.4	November 19, 2012	<ul style="list-style-type: none"> • Version data field value should be 2.0 to match the purchase order. 	Fiona Williamson

This Layout consist of several line types

Cardinality per Order File

Batch Header	1
Detail	(1,*)

Deltas from Original Equipment and Supplies Billing Invoice

This spec is based off of the original PMI format. Majority of the updates applied to this document were done with the objective of clarifying field definitions and providing clear examples of field usage. Fields that are not obsolete must contain valid values (otherwise the file or line item will reject). Obsolete and optional (under the Mandatory column) fields must be padded with spaces. Vendors should also confirm field positions of all fields as the changes identified below may have resulted in field re-positioning. Specifically, Vendors using the original PMI flat file format will need to account for the following changes:

■ Header

- A new field labeled “*Version*” has been introduced.
- The “*Vendor Identifier*” field has been relabelled to “*Vendor Org Code*”. The CHRIS *Vendor Org Code* must be populated in this field. Field length has increased to 10 characters. Data type has changed from Numeric to Alpha/Numeric

■ Detail

- The “*Vendor Identifier*” field has been relabelled to “*Vendor Contract Code*”. The CHRIS *Vendor Contract Code* must be populated in this field. Data type has changed from Numeric to Alpha/Numeric
- The “*CCAC Client Reference #*” field has been relabelled to “*Billing Reference #*”. The CHRIS *Billing Reference Number* must be populated in this field. Field length has increased from 8 characters to 10 characters.
- The “*Start Date*” field will be populated with spaces if date is not specified.
- The “*End Date*” field will be populated with spaces if date is not specified.
- The “*Purchase Order #*” field length has increased from 8 characters to 12 characters.
- The “*Equipment/supply Line Item #*” field length has increased from 8 characters to 12 characters.

Layout of the Electronic Billing Invoice Batch Header



Fields marked as **Obsolete** or **Optional** (under the **Mandatory** column) must be populated with spaces or other characters for the billing file to be processed correctly.

The last line should not contain a carriage return/line feed.

Equipment and Supplies Header Record										
ID	Data Field	Field Length (Chars)	Data Type	Columns in Record	Field Justification	Pad Width	Comment	Examples	Obsolete	Mandatory M=Mandatory O=Optional
1	Record Type	1	Alpha	1	N/A	N/A	H = Batch Header	H	N	M
2	SAF Type	1	Alpha/Num	2	Left	Spaces	CHRIS ignores this field. Input spaces.		Y	O
3	Version	3	Alpha/Num	3-5	N/A	N/A	Value = 2.0	2.0	N	M
4	Blank	2		6-7			Blank			O
5	Vendor Org Code	10	Alpha/Num	8 - 17	Left	Spaces	The unique Vendor Code assigned by the local CCAC. This number should be confirmed with the vendor upon successful completion of final migration.	24-5003-E	N	M

Equipment and Supplies Header Record																																																							
ID	Data Field	Field Length (Chars)	Data Type	Columns in Record	Field Justification	Pad Width	Comment	Examples	Obsolete	Mandatory M=Mandatory O=Optional																																													
6	CCAC ID	10	Alpha/Num	18 - 27	Left	Spaces	<p>Unique identifier of the CCAC Program in Ontario (First 2 characters of the program #)</p> <table border="1"> <thead> <tr> <th>CCAC Name</th> <th>Short Name</th> <th>CCAC ID</th> </tr> </thead> <tbody> <tr> <td>Erie St. Clair CCAC</td> <td>ESC</td> <td>1</td> </tr> <tr> <td>South West CCAC</td> <td>SW</td> <td>2</td> </tr> <tr> <td>Waterloo Wellington CCAC</td> <td>WW</td> <td>3</td> </tr> <tr> <td>HNHB CCAC</td> <td>HNHB</td> <td>4</td> </tr> <tr> <td>Central West CCAC</td> <td>CW</td> <td>5</td> </tr> <tr> <td>Mississauga Halton CCAC</td> <td>MH</td> <td>6</td> </tr> <tr> <td>Toronto Central CCAC</td> <td>TC</td> <td>7</td> </tr> <tr> <td>Central CCAC</td> <td>CENT</td> <td>8</td> </tr> <tr> <td>Central East CCAC</td> <td>CE</td> <td>9</td> </tr> <tr> <td>South East CCAC</td> <td>SE</td> <td>10</td> </tr> <tr> <td>Champlain CCAC</td> <td>CHAM</td> <td>11</td> </tr> <tr> <td>North Simcoe Muskoka CCAC</td> <td>NSM</td> <td>12</td> </tr> <tr> <td>North East CCAC</td> <td>NE</td> <td>13</td> </tr> <tr> <td>North West CCAC</td> <td>NW</td> <td>14</td> </tr> </tbody> </table>	CCAC Name	Short Name	CCAC ID	Erie St. Clair CCAC	ESC	1	South West CCAC	SW	2	Waterloo Wellington CCAC	WW	3	HNHB CCAC	HNHB	4	Central West CCAC	CW	5	Mississauga Halton CCAC	MH	6	Toronto Central CCAC	TC	7	Central CCAC	CENT	8	Central East CCAC	CE	9	South East CCAC	SE	10	Champlain CCAC	CHAM	11	North Simcoe Muskoka CCAC	NSM	12	North East CCAC	NE	13	North West CCAC	NW	14		N	M
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7	Record Count	10	Num	28 - 37	Right	Zero	<p>Number of line items in the file.</p> <p>Recommendation: number of line items should not exceed 10,000.</p>	0000000250	Y	O																																													
8	Invoice date	8	Num	38 - 45	N/A	N/A	<p>Vendor invoice date</p> <p>Format is: (ddmmyyy).</p>	24062008	N	O																																													
9	Vendor Invoice Reference number	10	Alpha/Num	46 - 55	Left	Spaces	<p>This value is the billing file name. It will be returned in the corresponding Reconciliation Report File.</p>	JA45362700	N	O																																													

Layout of the Electronic Billing Invoice Detail



Fields marked as **Obsolete** or **Optional** (under the **Mandatory** column) must be populated with spaces or other characters for the billing file to be processed correctly.

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Equipment and Supplies Detail Record										
ID	Data Field	Field Length (Chars)	Data Type	Columns in Record	Field Justification	Pad Width	Comment	Examples	Obsolete	Mandatory
1	Record Type	1	Alpha	1	N/A	N/A	S = Service Advice (Invoice Detail)	S	N	M
2	SAF Type	1	Num	2	Left	N/A	Allowed Values: 3 = Equipment 4 = Medical Supplies and Finance Charges	3	N	M
3	Blank	5		3-7	N/A	Spaces	For future use		Y	O
4	Vendor Contract Code	4	Alpha/Num	8 - 11	Left	Spaces	A unique number assigned to each vendor contract by a local CCAC.	5003	N	M
5	Blank	6		12-17		Spaces	For future use		Y	O
6	Vendor Reference	10	Alpha/Num	18 - 27	Left	Spaces	Assigned by Vendor as an identifier for the line item within the billing file	134251	N	O

Equipment and Supplies Detail Record										
ID	Data Field	Field Length (Chars)	Data Type	Columns in Record	Field Justification	Pad Width	Comment	Examples	Obsolete	Mandatory
7	Billing Reference Number	10	Num	28 - 37	Left	Spaces	Assigned by local CCAC as a unique identifier of the client record against which the line item is billed. In legacy systems this field may have been referred to as Home Care Reference. In PMI the CTN was submitted in this field.	10224937	N	M
8	Surname	20	Alpha/Num	38 - 57	Left	Spaces	Client Surname	Johnson	N	M
9	Vendor Item Code	10	Alpha/Num	58 - 67	Left	Spaces	Assigned by CCAC. Identifies the specific item of equipment or medical supply delivered to the client	1600	N	M
10	Item Unit Code	4	Alpha/Num	68 - 71	Left	Spaces	Code for the units in which the supply item has been delivered (e.g., EACH, CASE, BOX, SET, DOZ, GROS). For Equipment Rentals value should be "EACH"	EACH	N	O
11	Blank	2		72-73	N/A	Spaces	For future use		Y	O

Equipment and Supplies Detail Record										
ID	Data Field	Field Length (Chars)	Data Type	Columns in Record	Field Justification	Pad Width	Comment	Examples	Obsolete	Mandatory
12	Quantity	6	Num	74 - 79	Right	Zero	The number of items (or units) being billed for. If SAF Type = 3 (see field 11) value is always „1“ Only whole number should be input. Decimals values are not supported.	000001	N	M
13	Start Date	8	Num	80 - 87	N/A	N/A	Equipment (SAF Type = 3): Start Date of the billing period Supplies (SAF Type = 4): PO Date or delivery date of the item. Format is: (ddmmyyyy).	23112007	N	M
14	End Date	8	Num	88 - 95	N/A	Spaces	This field is mandatory if SAF Type = 3. It is optional if SAF Type = 4 If SAF Type = 3 this date represents the end date of the billed period for Equipment rentals. Format is: (ddmmyyyy). Spaces should be populated in this field if no end date is specified by CCAC	17062008	N	O
15	Purchase Order Number	12	Alpha/Num	96 - 107	Left	Spaces	Purchase Order Number	85910144.1	N	M

Equipment and Supplies Detail Record										
ID	Data Field	Field Length (Chars)	Data Type	Columns in Record	Field Justification	Pad Width	Comment	Examples	Obsolete	Mandatory
16	Line Item Cost	8	Num	108 - 115	Right	Zeros	Cost per line in cents. Decimals are not used. (i.e. \$123.95 = 00012395) Cost per line item = Quantity X Individual Item cost	00012395	N	M
17	PST	8	Num	116 - 123	Right	Zeros	Amount of PST in cents. Decimals not used. (i.e. \$3.95 = 00000395)	00000421	N	O
18	GST	8	Num	124 - 131	Right	Zeros	Amount of GST in cents. Decimals not used. (i.e. \$3.95 = 00000395)	00000517	N	O
19	Equipment/ Supply Line item Number	12	Num	132 - 143	Left	Spaces	Unique equipment/ supply ID #. This is the unique identifier for the line item.	10276767	N	M
20	Equip /Supply Description	30	Alpha/ Num	144 - 173	Left	Spaces	Description of equipment/supply		N	O
21	Rebill	1	Alpha	174	N/A	Spaces	Blank (space) = Original billing R - Rebill of a Billing Invoice that was rejected in the original or previous rebill	R	N	O