# File Elements - CSV

## File Elements – CSV Additional IPA Schema

Callout

Currently the Home Care payments statements consists of 9 schemas with this document to highlight the additional elements required for the new schema to accommodate the IPA project.

**Current Schema’s**

1. Transmission trailer
2. CAD – Claim Advice Details
3. CRD – Care Recipient Details repeats
4. CPP – Care Recipient Payment details - current
5. CPA – Care Recipient Payment Adjustment details repeats
6. CPS – Payment summary
7. PCC – Notes - Provider comments
8. Transmission trailer

**Additional Schema:**

1. CRP – Care Recipient itemised payments (IPA) components.
2. **Transmission trailer**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Field Name** | | **Use** | **Field Length** | **Mandatory/Optional** | **Type** | **Possible Values or Format** |
| Transmission Trailer  Record Mandatory/Option - Optional | | | | | | |
|  | Record Type |  | 3 | Mandatory | Alpha | HDR (to signify that this is the header record) |
|  | Date |  | 8 | Mandatory | Date | DDMMYYYY |
|  | Transmission ID |  | 8 | Mandatory | Alphanumeric | Increment by 1 for each transmission. The Transmission id is to be unique.  CCTNNNNN for community transmission |

Table 10 File elements CSV - Transmission trailer

1. **CAD – Claim Advice Details**

| **Field Name** | | **Use** | **Field Length** | **Mandatory/Optional** | **Type** | **Possible Values or Format** |
| --- | --- | --- | --- | --- | --- | --- |
| CACP Claim Advice Details  Record Mandatory/Option - Optional | | | | | | |
|  | Record Type | C P | 3 | Mandatory | Alpha | **CAD** (to signify that this is the Claim Advice record) |
|  | Aged Care Approved Provider Name | CP | 100 | Mandatory | Alphanumeric |  |
|  | Aged Care Provider Number | C P | 5 | Mandatory | Numeric | NNNNN |
|  | Aged Care Service Name | CP | 100 | Mandatory | Alphanumeric |  |
|  | Aged Care Service Number | C P | 6 | Mandatory | Alphanumeric | NANNNN |
|  | Claim Month | P | 6 | Mandatory | Alphanumeric | MM/YYYY  This is the month relating to the claim being paid |
|  | Services Australia’s ABN | C P | 11 | Mandatory | Numeric |  |
|  | Provider’s ABN | C P | 11 | Mandatory | Numeric |  |

Table 11 File elements CSV - Provider details

1. **CRD – Care Recipient Details repeats**

| **Field Name** | | **Use** | **Field Length** | **Mandatory/Optional** | **Type** | **Possible Values or Format** |
| --- | --- | --- | --- | --- | --- | --- |
| **Care Recipient Details repeats**  **Record Mandatory/Option - Optional** | | | | | | |
|  | Record Type | C P | 3 | Mandatory | Alpha | **CRD** (to signify that this is the care recipient details) |
|  | Care Recipient ID | C P | 15 | Optional | Alphanumeric | This is the ID that appears on the claim form. If the residents name changes the ID will change. |
|  | Care Recipient Number | C P | 7 | Optional | Numeric | Unique and never changes. |
|  | Care Recipient Surname | C P | 23 | Optional | Alpha | Free text.  First character must be in range A – Z  May contain alpha, hyphen, apostrophe or blanks. |
|  | Care Recipient First Name | C P | 15 | Optional | Alpha | Free text.  First character must be in range A – Z  May contain alpha, hyphen, apostrophe or blanks. |
|  | Commencement Date – Start date | C P | 8 | Optional | Numeric | DDMMYYYY |
|  | - | - | - | - | - | - |
|  | Cessation Date – Departure date | C P | 8 | Optional | Numeric | DDMMYYYY |
|  | L1 Leave Days Left | C P | 2 | Optional | Numeric | Respite leave days remaining |
|  | L3 Leave Days Left | C P | 2 | Optional | Numeric | Social leave days remaining |
|  | L4 Leave Days Left | C P | 2 | Optional | Numeric | Transition care leave days remaining |
|  | Home Care Account Balance | P | 12 | Mandatory | Numeric | The Home Care Account Balance is the sum of the ‘previous home care account’ and any retrospective original and adjusted amounts to previous HCA balances. |

1. **CPP – Care Recipient Payment details – current**

| **Field Name** | | **Use** | **Field Length** | **Mandatory/Optional** | **Type** | **Possible Values or Format** |
| --- | --- | --- | --- | --- | --- | --- |
| **Care Recipient Payment Details repeats**  Record Mandatory/Option - Optional | | | | | | |
|  | Record Type | P | 3 | Mandatory | Alpha | **CPP** (to signify that this is the care recipient payment details) |
|  | Care Recipient Number | P | 7 | Mandatory | Numeric | Unique and never changes. |
|  | Paid Care Days | P | 2 | Optional | Numeric |  |
|  | Alternative Care Leave Days | P | 2 | Optional | Numeric | Respite leave |
|  | Hospital Leave Days | P | 2 | Optional | Numeric | Hospital leave |
|  | Other Leave Days | P | 2 | Optional | Numeric | Social leave |
|  | Transition Care Leave Days | P | 2 | Optional | Numeric | Transition care leave |
|  | - | - | - | - | - | - |
|  | Subsidy Rate | P | 5 | Mandatory | $$$$.cc | Rate per day |
|  | Payment Type | P | 10 | Mandatory | Alpha | CA - Commonwealth unspent amount  CC - Basic Subsidy  C1- Basic Level 1  C2- Basic Level 2  C3- Basic Level 3  C4- Basic Level 4  DS - Dementia Supplement  DP – Departure Refund  ES - Enteral Supplement  HI - BDF Hardship  HJ - CSR Hardship  IR – Reduction  IT - Income Tested Refund (Qtly/Ad hoc + Departure Refund)  OS - Oxygen Supplement  QR – Qtly/Ad hoc  VC – Viability Supplement  VS - Veterans Supplement |
|  | Total Benefits | P | 7 | Mandatory | $$$$.cc | Subtotal |

1. **CPA – Care Recipient Payment Adjustment details repeats**

| **Field Name** | | **Use** | **Field Length** | **Mandatory/Optional** | **Type** | **Possible Values or Format** |
| --- | --- | --- | --- | --- | --- | --- |
| **Care Recipient Payment Adjustment Details repeats**  Record Mandatory/Option - Optional | | | | | | |
|  | Record Type | P | 3 | Mandatory | Alpha | **CPA** (to signify that this is the care recipient payment adjustment details) |
|  | Care Recipient Number | P | 7 | Mandatory | Alphanumeric | Unique and never changes. |
|  | Care Recipient Surname | P | 23 | Optional | Alpha | Free text.  First character must be in range A – Z  May contain alpha, hyphen, apostrophe or blanks. |
|  | Care Recipient First Name | P | 15 | Optional | Alpha | Free text.  First character must be in range A – Z  May contain alpha, hyphen, apostrophe or blanks. |
|  | Claim Month | P | 6 | Mandatory | Alphabetic | MMYYYY |
|  | Entitlement Month | P | 6 | Mandatory | Alphabetic | MMYYYY |
|  | Payment Type | P | 10 | Optional | Alpha | Previous Payment Type  CA - Commonwealth unspent amount  CC - Basic Subsidy  C1- Basic Level 1  C2- Basic Level 2  C3- Basic Level 3  C4- Basic Level 4  DS - Dementia Supplement  DP – Departure Refund  ES - Enteral Supplement  HI - BDF Hardship  HJ - CSR Hardship  IR – Reduction  IT - Income Tested Refund (Qtly/Ad hoc + Departure Refund)  OS - Oxygen Supplement  QR – Qtly/Ad hoc  VC – Viability Supplement  VS - Veterans Supplement |
|  | Previous Paid Care Days | P | 2 | Optional | Numeric | Previous Paid Care Days |
|  | Previous Alternative Care Leave Days | P | 2 | Optional | Numeric | Previous Respite leave |
|  | Previous Hospital Leave Days | P | 2 | Optional | Numeric | Previous Hospital leave |
|  | Previous Other Leave Days | P | 2 | Optional | Numeric | Previous Social leave |
|  | Previous Transition Care Leave Days | P | 2 | Optional | Numeric | Previous Transition leave |
|  | Previous reduced leave Days | P | 2 | Optional | Numeric | Previous Reduced Leave days |
|  | Due Days | P | 2 | Optional | Numeric | Due Days – Always zero ’0’ |
|  | Previous Daily Rate | P | 5 | Optional | $$$$.cc | Previous Rate per day |
|  | Previous Total | P | 7 | Optional | $$$$.cc | Amount for previous subsidy/ supplement |
|  | - | - | - | - | - | - |
|  | Current Paid Care Days | P | 2 | Optional | Numeric | Adjusted Paid care days |
|  | Current Alternative Care Leave Days | P | 2 | Optional | Numeric | Adjusted Respite leave days |
|  | Current Hospital Leave Days | P | 2 | Optional | Numeric | Adjusted Hospital leave days |
|  | Current Other Leave Days | P | 2 | Optional | Numeric | Adjusted Social leave days |
|  | Current Transition Care Leave Days | P | 2 | Optional | Numeric | Adjusted Transition leave days |
|  | Current reduced leave Days | P | 2 | Optional | Numeric | Adjusted Reduced Leave days |
|  | Due Days | P | 2 | Optional | Numeric | Due Days – Always zero ‘0’ |
|  | Current Daily Rate | P | 5 | Mandatory | $$.cc | Adjusted Rate per day |
|  | Current Total Benefits | P | 7 | Mandatory | $$$$.cc | Adjusted amount for subsidy/ supplement |

1. **CPS – Payment summary**

| **Field Name** | | | **Use** | | **Field Length** | | **Mandatory/Optional** | | **Type** | | **Possible Values or Format** | |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Payment Summary**  Record Mandatory/Option - Mandatory | | | | | | | | | | | | |
|  | Record Type | P | | 3 | | Mandatory | | Alpha | | **CPS** (to signify that this is the CACP payment summary details) | |
|  | Entitlement Period | P | | 6 | | Mandatory | | Alpha | | MMYYYY | |
|  | Subsidy Entitlement Amount | P | | 10 | | Mandatory | | $$$$.cc | | Current Basic subsidy total for current claim month | |
|  | Viability Entitlement Amount | P | | 10 | | Mandatory | | $$$$.cc | | Current Viability supplement amount for current claim month | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 1 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 1 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 1 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 1 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 1 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 1 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 2 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 2 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 2 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 2 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 2 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 2 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 3 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 3 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 3 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 3 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 3 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 3 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 4 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 4 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 4 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 4 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 4 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 4 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 5 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 5 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 5 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 5 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 5 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 5 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 6 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 6 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 6 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 6 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 6 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 6 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 7 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 7 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 7 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 7 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 7 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 7 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 8 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 8 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 8 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 8 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 8 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 8 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 9 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 9 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 9 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 9 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 9 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 9 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 10 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 10 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 10 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 10 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 10 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 10 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 11 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 11 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 11 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 11 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 11 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 11 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 12 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 12 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 12 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 12 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 12 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 12 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 13 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 13 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 13 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 13 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 13 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 13 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 14 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 14 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 14 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 14 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 14 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 14 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 15 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 15 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 15 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 15 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 15 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 15 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Basic Subsidy | |
|  | Entitlement Adjustment Period 16 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 16 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 16 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Payment Type | P | | 10 | | Mandatory | | Alpha | | Viability Supplement | |
|  | Entitlement Adjustment Period 16 | P | | 6 | | Optional | | Alpha | | MMYYYY | |
|  | Entitlement Adjustment Amount 16 | P | | 10 | | Optional | | $$$$.cc | |  | |
|  | Adjustment Sign 16 | P | | 1 | | Conditional | | Alpha | | If there is an adjustment amount the sign must be + or - | |
|  | Ad hoc Amount Recovered – | P | | 10 | | Mandatory | | $$$$.cc | | Ad hoc payment | |
|  | Back Payment/Recoveries – | P | | 10 | | Mandatory | | $$$$.cc | | SUBTOTAL adjustments for previous periods | |
|  | Other Adjustments – | P | | 10 | | Mandatory | | $$$$.cc | | Manual adjustments | |
|  | Total payment due | P | | 10 | | Mandatory | | $$$$.cc | | Payment or held over amount  If the value is positive a payment is made to the service.  If the payment is negative, the amount is held over. | |
|  | Outstanding Adjustments Carried Forward | P | | 10 | | Mandatory | | $$$$.cc | | Outstanding balance from <Month> <Year> | |
|  | Total Alternative Care Leave Days | P | | 4 | | Mandatory | | Numeric | | Total Respite leave days taken | |
|  | Total Hospital Leave Days | P | | 4 | | Mandatory | | Numeric | | Total Hospital leave days taken | |
|  | Total Other Leave Days | P | | 4 | | Mandatory | | Numeric | | Total Social leave days taken | |
|  | Total Transition Care Leave Days | P | | 4 | | Mandatory | | Numeric | | Total Transition leave days taken | |
|  | Dementia Supplement | P | | 10 | | Mandatory | | $$$$.cc | | Current Dementia supplement total for current claim month | |
|  | Veterans Supplement | P | | 10 | | Mandatory | | $$$$.cc | | Current Veterans supplement total for current claim month | |
|  | ~~-~~ | ~~-~~ | | ~~-~~ | | ~~-~~ | | ~~-~~ | | - | |
|  | Oxygen Supplement | P | | 10 | | Mandatory | | $$$$.cc | | Current Oxygen Supplement total for current claim month | |
|  | Enteral Supplement | P | | 10 | | Mandatory | | $$$$.cc | | Current Enteral feeding supplement total for current claim month | |
|  | BDF hardship supplement current | P | | 10 | | Mandatory | | $$$$.cc | | Current BDF hardship supplement total for current claim month | |
|  | Income tested subsidy reduction current | P | | 10 | | Mandatory | | $$$$.cc | | Current Income tested subsidy reduction total for current claim month | |
|  | Income tested refund – (Quarterly refund + Departure refund) | P | | 10 | | Mandatory | | $$$$.cc | | Current Income tested subsidy review refund total for current claim month.  This is Quarterly refund + Departure refund combined | |
|  | Commonwealth unspent amount current | P | | 10 | | Mandatory | | $$$$.cc | | Current Commonwealth unspent funds total for the current claim month | |
|  | CSR hardship supplement current | P | | 10 | | Mandatory | | $$$$.cc | | Current CSR Hardship supplement total for the current claim month | |

Table 15 File elements CSV - Payment summary details

1. **PCC – Notes - Provider comments**

| **Field Name** | | **Use** | **Field Length** | **Mandatory/Optional** | **Type** | **Possible Values or Format** |
| --- | --- | --- | --- | --- | --- | --- |
| **Provider Comments – Repeats**  Record Mandatory/Option - Optional | | | | | | |
|  | Record Type | P | 3 | Mandatory | Alpha | **PCC** (to signify that this is the Provider Comments details) |
|  | Provider comments line number | P | 2 | Optional | Numeric | Provider comments line number |
|  | Provider Comments | P | 60 | Optional | Alphanumeric | Provider Comments  This section contains the following note types:   * Global * Service |

Table 16 File elements CSV - Provider notes

1. **Transmission trailer**

| **Field Name** | | **Use** | **Field Length** | **Mandatory/Optional** | **Type** | **Possible Values or Format** |
| --- | --- | --- | --- | --- | --- | --- |
| **Transmission Trailer**  Record Mandatory/Option - Optional | | | | | | |
|  | Record Type |  | 3 | Mandatory | Alpha | **TLR** |
|  | Count of Claim Advice Details (CAD) Records |  | 6 | Mandatory | Numeric |  |
|  | Count of Care Recipient Details (CRD) Records |  | 6 | Mandatory | Numeric |  |
|  | Count of Care Recipient Payment Details (CPP) Records |  | 6 | Mandatory | Numeric |  |
|  | Count of Care Recipient Payment Adjustment Details (CPA) Records |  | 6 | Mandatory | Numeric |  |
|  | Count of Payment Summary Details (CPS) Records |  | 6 | Mandatory | Numeric |  |
|  | Count of Provider Comments Details (PCC) Records |  | 6 | Mandatory | Numeric |  |

Table 17 File elements CSV - Transmission trailer

1. **CRP – Care recipient Itemised Payments (IPA Components)**

| **Field Name** | | **Use** | **Field Length** | **Mandatory/Optional** | **Type** | **Possible Values or Format** |
| --- | --- | --- | --- | --- | --- | --- |
| **IPA Care Recipient Payment Details repeats**  Record Mandatory/Option - Optional | | | | | | |
|  | Record Type | P | 3 | Mandatory | Alpha | **CRP** (to signify that this is the IPA components of the care recipient payment details) |
|  | Care Recipient Number | P | 7 | Mandatory | Numeric | Unique and never changes. |
|  | Care Recipient Surname | P | 23 | Optional | Alpha | Free text.  First character must be in range A – Z  May contain alpha, hyphen, apostrophe or blanks. |
|  | Care Recipient First Name | P | 23 | Optional | Alpha | Free text.  First character must be in range A – Z  May contain alpha, hyphen, apostrophe or blanks. |
|  | Entitlement Type | P | 10 | Mandatory | Alpha | Value =   * **Current** - this value is displayed when the relevant month is being claimed (i.e. the current claim month) * **Refund**- this value is displayed when there is a relevant refund for the CR and is used in the payment determination calculation. * **Original** - this value is displayed when the original value for previous months are updated. If there is no retrospective entitlement item for a previous payment statement this entitlement item should not appear. * **Adjustment** - this value is displayed when there is a new or updated value for the previous months. If there is no retrospective entitlement item for a previous payment statement this entitlement item should not appear. |
|  | Adjustment for Claim Month | P | 6 | Conditional | Alphanumeric | Value = MM/YYYY  This is the month relating to the adjusted claim  Mandatory if Entitlement Type = Original or Adjustment |
|  | Claim Entitlement | P | 12 | Mandatory | $,$$$,$$$.cc | * **Current** **Entitlement** - the entitlement value is the CR’s current month entitlement. * **Original Entitlement** - this entitlement value is displayed when there is a retro adjustment for a previous month that affects the original value of the entitlement for the adjusted month/s. If there is no retrospective entitlement item for a previous payment statement this entitlement item should not appear. * **Adjustment** – this value is displayed when there is a new or updated entitlement value for the previous month/s triggered by a retrospective adjustment. If there is no retrospective entitlement item for a previous payment statement this entitlement item should not appear. |
|  | Previous Home Care Account Balance | P | 12 | Mandatory | $,$$$,$$$.cc | * **Current** **HCA** - the HCA value is the CR’s carry forward home care account balance or residual entitlement amount from previous month. * **Original HCA** - the HCA value is displayed when there is a retro adjustment for a previous month that affects the original value of the HCA balance for the adjusted month/s. If there is no retrospective adjusted HCA item for a previous payment statement this HCA should not appear. * **Adjustment** **HCA** – this value is displayed when there is a new or updated HCA balance for the previous month/s triggered by a retrospective adjustment. If there is no retrospective entitlement item for a previous payment statement this HCA item should not appear. |
|  | Maximum Contribution | P | 12 | Mandatory | $,$$$,$$$.cc | * **Current** **Maximum Contribution** - the M/C value is the CR’s maximum entitlement value for the current claim month and is a totalled value of the claim entitlement and previous HCA balance. * **Original Maximum Contribution** - the M/C value is displayed when there is a retro adjustment for a previous month that affects the original value of the M/C for the adjusted month/s. If there is no retrospective adjustment for a previous payment statement this M/C should not appear. * **Adjustment** **Maximum Contribution** – this value is displayed when there is a new or updated M/C balance for the previous month/s triggered by a retrospective adjustment. If there is no retrospective adjustment for a previous payment statement this M/C item should not appear. |
|  | Invoice Amount | P | 12 | Mandatory | $,$$$,$$$.cc | * **Current** **Invoice Amount** - the invoice value is the CR’s invoiced claims for the current claim month. * **Original Invoice Amount** - the invoice value is displayed when there is a retro adjustment for a previous month that affects the original value of the invoice amount for the adjusted month/s. If there is no retrospective adjustment for a previous payment statement this invoice amount should not appear. * **Adjustment** **Invoice Amount** – this value is displayed when there is a new or updated invoice amount for the previous month/s triggered by a retrospective adjustment. If there is no retrospective adjustment for a previous payment statement this invoice amount item should not appear. |
|  | CWUA Unspent Amount | P | 12 | Mandatory | $,$$$,$$$.cc | * **Current** **CWUA Unspent**- the CWUA unspent value is the CR’s opted in CWUA value for the current claim month or the amount declared in an ‘CWUA on departure event’. * **Original CWUA Unspent**- the CWUA unspent value is displayed when there is a retro adjustment for a previous month that affects the original value of the CWUA unspent amount for the adjusted month/s. If there is no retrospective adjustment for a previous payment statement this CWUA unspent amount should not appear. * **Adjustment** **CWUA Unspent**– this CWUA unspent value is displayed when there is a new or updated CWUA unspent amount for the previous month/s triggered by a retrospective adjustment. If there is no retrospective adjustment for a previous payment statement this CWUA unspent amount item should not appear. |
|  | ITF Reduction Amount | P | 12 | Mandatory | $,$$$,$$$.cc | * **Current** **ITF** - the ITF value is the CR’s fee’s applied to the subsidy being paid out for the current claim month. * **Original ITF** - the ITF value is displayed when there is a retro adjustment for a previous month that affects the original value of the ITF amount for the adjusted month/s. If there is no retrospective adjustment for a previous payment statement this ITF amount should not appear. * **Adjustment** **ITF** – this ITF value is displayed when there is a new or updated ITF amount for the previous month/s triggered by a retrospective adjustment. If there is no retrospective adjustment for a previous payment statement this ITF amount item should not appear. |
|  | Shortfall Amount | P | 12 | Mandatory | $,$$$,$$$.cc | * **Current** **Shortfall** - the Shortfall amount is the total of the CR’s ‘invoice amount’ – ‘CWUA Unspent’ – ‘ITF Reduction’ for the current claim month. * **Original Shortfall** - the Shortfall value is displayed when there is a retro adjustment for a previous month that affects the original value of the shortfall amount for the adjusted month/s which flows on from adjustments to invoice amount, CWUA unspent and ITF reduction amounts. If there is no retrospective adjustment for a previous payment statement this amount should not appear. * **Adjustment** **Shortfall** – this Shortfall value is displayed when there is a new or updated shortfall amount for the previous month/s triggered by a retrospective adjustment. If there is no retrospective adjustment for a previous payment statement this shortfall amount item should not appear. |
|  | Payment Determination | P | 12 | Mandatory | $,$$$,$$$.cc | * **Current** **Payment Determination** - the payment determination amount is the lesser amount of the ‘Shortfall’ and ‘Maximum Contribution’ for the current claim month and will be the amount used in the calculation to pay to the service. * **Original Payment Determination** - the payment determination value is displayed when there is a retro adjustment for a previous month that affects the original value for the adjusted month/s. If there is no retrospective adjustment for a previous payment statement this amount should not appear. * **Adjustment** **Payment Determination** – this payment determination value is displayed when there is a new or updated amount for the previous month/s triggered by a retrospective adjustment. If there is no retrospective adjustment for a previous payment statement this amount item should not appear. |
|  | Change to Home Care Account | P | 12 | Mandatory | $,$$$,$$$.cc | * **Current** **Change to Home Care Account** - the change to home care account is the lesser amount of the ‘payment determination’ and ‘Maximum Contribution’ for the current claim month. * **Original Change to Home Care Account** - the change to home care account is displayed when there is a retro adjustment for a previous month that affects the original value for the adjusted month/s. If there is no retrospective adjustment for a previous payment statement this amount should not appear. * **Adjustment** **Home care account**– this change to home care account is displayed when there is a new or updated amount for the previous month/s triggered by a retrospective adjustment. If there is no retrospective adjustment for a previous payment statement this amount item should not appear. |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |

**Total columns removed:**

* The ‘total amount due’ and ‘total home care account’ fields have been removed from the csv export – this decision was made to minimise the risk of misinterpreting the data as the ‘total columns’ would have duplicated for each CR’s that would appear in multiple line items.

Total amount due = sum of payment determinations

Home care account balance = previous home care account + changes to home care account