# Attachment B

# HCTC TAA, ATAA/RTAA Daily Record File HCTC Inbound State Header Data Format (Header Data Elements)

TICT C IIIVVUIIU State Fleauer Data Format (Fleauer Data Elements)							
Field Name	Length	Position	Data Type	Required	HIPAA Compliant	Notes	
State	2	1-2	Alpha	Y	Y	Official state abbreviation	
Message ID	6	3-8	Numeric	Y		Unique record Identifier	
File Creation Date	8	9-16	Date	Y	Y	Date record was created	
File Date	8	17-24	Date	Y	Y	Date the file was created for	
Version Control No	4	25-28	Numeric	Y		File Version	
State Contact Name	60	29-88	Alpha	Y	Y	Person who created the file	
State Contact Phone No	10	89-98	Numeric	Y		Contact phone number	
File Source	2	99-100	Alpha	Y		01 - TAA; 02 – ATAA/RTAA; 03 - PBGC	
Total Record Count	12	101-112	Numeric	Y	Y	Right justified blank filled	
HCTC Inbound State Candidate Data Format (HCTC Detail Data Elements)							
State	2	1-2	Alpha	Y	Y	Official state abbreviation	
Message ID	6	3-8	Numeric	Y		Unique record identifier	
Social Security Number	9	9-17	Numeric	Y	Y	Do not include dashes	
First Name	25	18-42	Alpha	Y	Y		
Middle Name	25	43-67	Alpha		Y		
Last Name	35	68-102	Alpha	Y	Y		

Suffix	10	103-112	Alpha/Numeric		Y	
Date of Birth	8	113-120	Date		Y	Data format: MMDDYYYY
Street Address Line 1	55	121-175	Alpha/Numeric	Y	Y	
Street Address Line 2	55	176-230	Alpha/Numeric		Y	
Street Address Line 3	55	231-285	Alpha/Numeric		Y	
City	30	286-315	Alpha	Y	Y	
State	2	316-317	Alpha	Y	Y	
Zip Code	15	318-332	Numeric	Y	Y	
Eligibility Month/Year	6	333-338	Date	Y		Data format: MMYYYY
Eligibility Adjustment Code	2	339-340	Numeric			Values (00, 10, 20, 21, 22, 23, 24 and 99)

Specifics about the file	
File frequency	Daily
Code Set	ASCII
File Format	Fixed field length
File make-up	TAA/ATAA/RTAA/PBGC participants who are either new to the program or people who it has been determined are still eligible for the benefits
Number of files per day per state	1 or more
Maximum number of records per file	No known limit
Number of states per file	1
Line Terminators	<cr><lf></lf></cr>
End of Body Indicator	<etx></etx>
End of File Indicator	<eot></eot>

ASCII DEC Values	Character	Dec	Hex	Oct
	CR	D(13)	D	015
	LF	D(10)	A	012
	ETX	D(3)	3	003
	ЕОТ	D(4)	4	004

DEFINITIONS						
<b>HCTC Inbound State H</b>	HCTC Inbound State Header Data Format (HCTC Header Data Elements)					
State:	State Abbreviation (e.g., Maryland (MD)					
File Creation Date:	Actual date that the file was created on system (System Date). The date that the file was created in MMDDYYYY format.					
File Date:	Actual time that the file was created (System Time). The date that the data within the file reflects in MMDDYYYY format.					
Version Control No:	Current version is 0001. Used to determined which file format was used to create the file					
State Contact Name:	Provide the name of the person responsible for sending the files and is able to respond to questions.					
State Contact Phone No:	Provide the phone number of the state contact person					

File Source:		01	TAA Eligible Participant				
	Enter File Source Code:	02	ATAA/RTAA Eligible Participant				
		03	For PBGC Eligible Participant				
Total Record Count:	Total number of individual records in the body of the file. (If a person is in the file multiple times, each record would add to the recount count). Right justify, zero fill.						
<b>HCTC Inbound State Ca</b>	HCTC Inbound State Candidate Data Format (HCTC Detail Data Elements)						
State	State Postal Code of SWA sending	State Postal Code of SWA sending data					
Message ID	Unique record identifier. Sequential counter that begins with a one (1) and continues until its reaches 999999.						
<b>Social Security Number:</b>	The individual's assigned social security number						
First Name:	The individual's first name						
Middle Name:	The individual's middle name						
Last Name:	The individual's last name						
Suffix:	Individual suffix (e.g., Jr. IV, Sr.)						
Date of Birth:	The individual's date of birth. Format us MMDDYYYY.						
Street Address Line 1:	First line of the individual's mailing address						
Street Address Line 2:	Second address of the individual's mailing address (only if needed)						
Street Address Line 3:	Third line of the individual's mailing address (only if needed)						
City:	Individual's mailing address city						
State:	State Abbreviation (e.g., Maryland (MD)						
Zip Code:	Postal zip code - left justify, space fill. (The 15 characters is a HIPAA standard that is used to handle non USA based postal code.						
Eligibility Month/Year:	The current month and year that the individual is qualified as either a TAA or ATAA/RTAA recipient.						

	Format is MMYYYY.				
Eligibility Adjustment					
Code:		Enter Code:			
Default Value:	00 Eligible Individual		Eligible Individual		
Eligibility Adjustment	10		Backdated Determination of Eligibility		
Code:	. 20		Lost Eligibility due to an Amended Eligibility Determination		
		21	Lost Eligibility due to an Administrative or Employer Error		
	22		Lost Eligibility due to Claimant Error Without Willful Intent		
		23	Lost Eligibility due to Claimant Error with Willful Intent		
	24		Lost Eligibility due to an Appeals Reversal		
	99		Participant is a Lump-Sum Payment Recipient (PBGC Code Only)		
	Explanation of Eligibility Adjustment Code				
Default Value: C	Code 00 will be used to report an individual that is meeting the TAA or ATAA/RTAA recipient criteria for the HCTC for the first time within a month. (Note: Multiple transactions for different periods of eligibility may occur within the same daily transmission.)				
Eligibility Adjustment	Note: If an individual is determined not to be TAA or ATAA/RTAA eligible for a portion of a more (ex., loses eligibility for one week) but is deemed eligible for one day or more for that month, that individual is considered a TAA or ATAA/RTAA eligible recipient for HCTC for the entire month. Therefore, codes 20-24 should be used only when removing an individual's eligibility status for an entire month.				
	10		Backdated Determination of Eligibility		

Code 10 will be used to report eligibility periods which precede earlier months than previously reported with a code 00 for TAA or ATAA/RTAA recipients. These transactions will result from the states' appeals and/or review procedures, wage reconsideration, administrative error, or any other procedures that establish eligibility subsequent to an initial eligibility.

#### 20

# Lost Eligibility due to an Amended Eligibility Determination

Code 20 will be used to report changes in a TAA or ATAA/RTAA recipient's eligibility when a related TRA/applicable UI entitlement is amended, making the individual ineligible for HCTC for the previously reported month in its entirety. (Note: Code 20 will only be used when it is determined that one of the specific codes listed below can not be determined. This code is permitted when a state's database does not retain sufficient information to permit specific causes to be identified.)

#### 21

### Lost Eligibility due to an Administrative or Employer Error

Code 21 will be used to report changes in a TAA or ATAA/RTAA recipient's eligibility when a related TRA/applicable UI entitlement is amended, making the individual ineligible for HCTC for the previously reported month in its entirety, and the basis for the change resulted from agency error and/or erroneous information furnished by the employer. Examples of causes for these transactions are incorrect separation information or incorrect wages furnished by the employer or from data entry errors by the agency.

## 22

# Lost Eligibility due to Claimant Error Without Willful Intent

Code 22 will be used to reverse an individual's entitlement as a TAA or ATAA/RTAA recipient for a month reported earlier when the amended eligibility is due to an action on the part of the eligible individual, and such action is deemed without willful intent by the individual to misrepresent facts pertinent to her/his eligibility. Examples of the individual's actions are not reporting earnings correctly, failure to meet the state's able and available laws and/or the work search requirements of the law. 'Without willful intent' will be determined in accordance with applicable state law.

#### 23

# **Lost Eligibility due to Claimant Error with Willful Intent**

Code 23 will be used to reverse an individual's entitlement as a TAA or ATAA/RTAA recipient for a month reported earlier when the amended eligibility is due to an action on the part of the eligible individual, and such action is deemed willful intent on the part of the individual to misrepresent facts pertinent to her/his eligibility. Examples of the individual's actions are not reporting earnings correctly, failure to meet the state's able and available laws and/or the work search requirements of the law. 'Willful intent' will be determined in accordance with applicable state law.

#### 24

## Lost Eligibility due to an Appeals Reversal

Code 24 will be used when an individual is determined not to be an eligible TAA or ATAA/RTAA recipient as a result of an appeals reversal of the initial determination of TAA or ATAA/RTAA eligibility.

