Texas Unified Nutrition Programs System (TX-UNPS) Project

CACFP Day Care Home Site Claims
Point of Sale (POS) File Specifications

Final V1.3 November 11, 2011

State of Texas
Department of Agriculture
Food and Nutrition Division



Submitted by:



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Document Revision History

Version	Status	Date	Change Description	Updated By
V.01	Draft	06/23/2011	Initial draft submitted to TX-UNPS Project Management Team for review	Richard Roeckner
V.01	Draft	06/24/2011	Review and comments from TDA	Ed Kelly
V.02	Draft	06/30/2011	Responses to TDA questions	Richard Roeckner
V1.0	FINAL	07/01/2011	Finalized	Richard Roeckner
V1.1	FINAL	08/03/2011	Changed vendor number and administrative costs to NOT be required.	Richard Roeckner
V1.2	FINAL	11/04/2011	Clarified use of provider ID versus alternate provier ID.	Richard Roeckner
V1.3	FINAL	11/07/2011	Added upload rules that are enforced	Richard Roeckner

Point of Sale (POS) Interface

The Child and Adult Care Food Program (CACFP) DCH site claim data may be either manually entered into TX-UNPS via the CACFP Claims module or imported via a file in a designated, pre-defined file format. Since some Contracting Entities maintain meal administrative systems that automatically capture point of sale (POS) data for meals served and generate reimbursement claims by site, TX-UNPS provides the ability for authorized users to import a POS file in a defined file format. Once the file is imported into TX-UNPS, claim validation and error checking will function in the same manner as if the site data was manually entered into TX-UNPS and the user had selected the Save button.

This option is available only for the Child and Adult Care Food Program (CACFP), which includes the following:

Family Day Care Homes (DCH)

1.1 Interface Characteristics

The following table identifies the characteristics of this interface:

Table 1: POS Systems – Interface Characteristics

Category	Characteristic
Purpose of Interface(s)	To upload a Contracting Entity's CACFP DCH site-level (provider-level) claim data
Type of Interface(s)	Batch
Initial Frequency Setting	On-demand initiated by Contracting Entity user
Interface Direction	Import into TX-UNPS
Import Method	Via YYYY-YYYY CACFP Claim Site List screen within the TX-UNPS CACFP Claims module (see Section 2)
Acceptable File Formats	ASCII Fixed Width per specification in this document
TDA Contact	TX-UNPS Help Desk

1.2 Constraints

The import process relies on the creation of an interface file that is a fixed width ASCII text file and contains site-level claim reporting information from a Contracting Entity's point of sale (POS) system. The file must be formatted according to the layout specified in the TX-UNPS CACFP DCH POS File Layout specifications. Contracting Entities will need to develop a method of creating this file, which may require working with their POS vendor or internal information technology department.

Publication Date: 07/01/2011

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CONSULTING GROUP

Any questions regarding the process or defined file format should be directed to the following TDA contact:

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1.3 Process Overview

Creating the TX-UNPS CACFP DCH Claims POS File

When a Contracting Entity is ready to import site claim data into TX-UNPS for a specific month, they will initially execute an external process from their POS system to create the "import" file. This file can be saved on the Contracting Entity's local computer hard drive, network directory, or in any location desired by the user. The name of the file is not relevant to TX-UNPS, therefore the Contracting Entity can choose their own naming standard for the file. It is recommended that the Contracting Entity includes the claim month (e.g., May2011) in the file name.

Importing the CACFP Claims POS File into TX-UNPS

Once the file is created, the user will log into TX-UNPS to execute the import process. The interface process is initiated by a user with the appropriate TX-UNPS security to load the file. The intent is for the Contracting Entity user to conduct the upload process; however, any authorized user, including TDA staff, can upload a file given the proper TX-UNPS security rights and access to the CACFP DCH Claims POS file.

To upload the file into TX-UNPS, the Contracting Entity will click on a button on the TX-UNPS CACFP Claim Site List screen (see Section 2). TX-UNPS will present the user with a "File Open" dialog box and the user will navigate to and select the "import" file from the location where the user saved the file. After selecting the file, the user will click on an "upload" link. TX-UNPS will import the file and save the data. Uploaded files will be validated to ensure that Contracting Entities can only upload data for their sites.

Data Validation

After the file has been imported, TX-UNPS will display a results screen so the user understands which, if any, records needs to be corrected. If there are errors in the data, the user can either correct them manually in TX-UNPS or correct the errors in the POS system and re-upload the corrected file. The file can be uploaded as many times as the Contracting Entity would like; however, TX-UNPS will overlay any existing data with new data. Repetitive uploads will always overlay existing data until the claim is paid. After the claim for the month being uploaded is paid, subsequent uploads for the same month will result in the creation of a revised claim.

1.4 File Layout

Appendix A defines the file format for the TX-UNPS CACFP DCH Claims POS file. Please note the following:

- N = Numeric
 Example: Numeric data that is represented with two digits and no decimal places will be shown in this document as N(2,0).
- C = Character
 Example: Character data that fills a field that is 64 spaces wide will be shown in this document as C(64).

Text fields should be left justified within the field. Numeric fields can either be left or right justified, using spaces to fill any remaining characters within the field.

Accessing CACFP Site Claim POS Option within TX-UNPS

The following screens identify the steps required to upload CACFP DCH site claims data.

Step 1: Access the CACFP Claims Sub-module

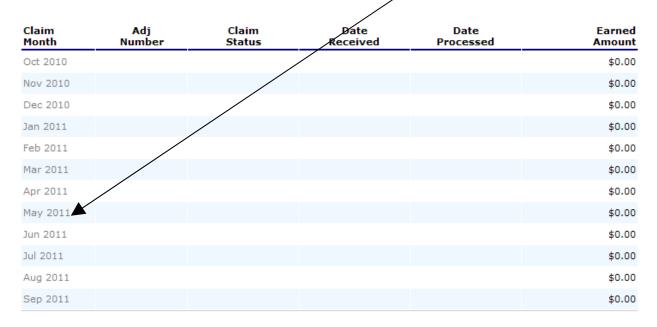
Once an authorized user has logged into the CACFP module, access to the claims component for CACFP Claims is via "Claims" on the Menu Bar.



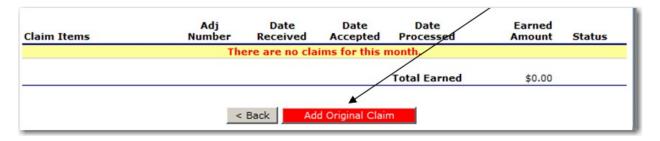
Step 2: Select "Claim Entry - DCH"



Step 3: On the CACFP Claim Year Summary screen, select Claim Month for the file to be uploaded



Step 4: On the CACFP Claim Month Details screen, select the "Add Original Claim" button



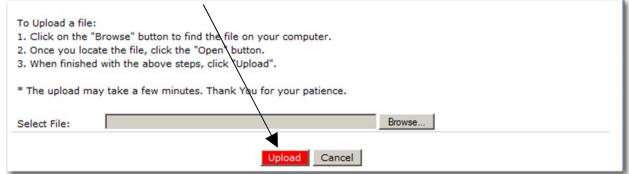
Step 5a: Select the "Upload Claim Data" button



Step 5b: Select the POS claim file to be uploaded (use the Browse button to locate the file)



Step 5c: Select the "Upload" button



Appendix A

TX-UNPS CACFP DCH Point of Sale (POS) File Format Specifications

CACFP DCH Claim Upload File Format

Field Seg.	Position From	Position To	Description	Field Size	Field Type	Required Fields	Notes
1	1	3	Upload Form ID	3	N(3,0)	Y	Value = 625 for every record
	_				(-,-,		625 = DCH Claim Upload
2	4	9	Serial Number	6	N(6,0)	Y	Sequential Record Number (1, 2, 3, etc.)
3	10	17	Process Date	8	N(8,0)	N	MMDDYYYY - Date the Sponsor processed the data. This is
					. , ,		for informational purposes only for the sponsor and is not
							used by the claim in TX-UNPS.
4	18	23	Vendor Number	6	C(6)	N	Leave Blank
5	24	87	CE Name	64	C(64)	Y	Name of CE
6	88	92	CE ID Number	5	C(5)	Y	Unique TX-UNPS system generated sponsor number
							Do not include dashes; zero fill from left e.g. 01234
7	93	94	Claim Month	2	N(2,0)	Y	Enter the month the claim is being submitted for:
							Calendar month number (01, 02, 11, 12)
8	95	98	Claim Year	4	N(4,0)	Y	Enter the year the claim is being submitted for:
							YYYY of the calendar year (i.e. 2008)
9	99	130	Provider First Name	32	C(32)	Y	First Name of Provider
10	131	162	Provider Last Name	32	C(32)	Y	Last Name of Provider
11	163	178	License Number	16	C(16)	N	Current License Number of the provider
12	179	190	Provider ID	12	N(12)	Y	Unique TX-UNPS system generated provider ID. This field
							plus the CE ID is used as the unique provider record locator
							when importing the data. (Note: if a unique value cannot be
					-4		found, the record will not be uploaded.)
13	191	206	Alternate Provider ID	16	C(16)	N	Leave Blank.
14	207	213	Number of Homes Participating Tier I	7	N(7,0)	N	Leave Blank
15	214	220	Number of Homes Participating Tier II High	7	N(7,0)	N	Leave Blank
16	221	227	Number of Homes Participating Tier II Low	7	N(7,0)	N	Leave Blank
17	228	234	Number of Homes Participating Tier II Mix	7	N(7,0)	N	Leave Blank
18	235	241	Number of Days Meals Served Tier I	7	N(7,0)	N	If not claiming Tier I, leave blank
19	242	248	Number of Days Meals Served Tier II High	7	N(7,0)	N	If not claiming Tier II High, leave blank
20	249	255	Number of Days Meals Served Tier II Low	7	N(7,0)	N	If not claiming Tier II Low, leave blank
21	256	262	Number of Days Meals Served Tier II Mix	7	N(7,0)	N	Leave Blank
22	263	269	Average Daily Attendance Tier I	7	N(7,0)	N	If not claiming Tier I, leave blank
23	270	276	Average Daily Attendance Tier II High	7	N(7,0)	N	If not claiming Tier II High, leave blank
24	277	283	Average Daily Attendance Tier II Low	7	N(7,0)	N	If not claiming Tier II Low, leave blank
25	284	290	Average Daily Attendance Tier II Mix	7	N(7,0)	N	Leave Blank



Field Seg.	Position From	Position To	Description	Field Size	Field Type	Required Fields	Notes
26	291	297	Breakfast Tier I Meals Served	7	N(7,0)	N	If not claiming Tier I, leave blank
27	298	304	Breakfast Tier II High Meals Served	7	N(7,0)	N	If not claiming Tier II High, leave blank
28	305	311	Breakfast Tier II Low Meals Served	7	N(7,0)	N	If not claiming Tier II Low, leave blank
29	312	318	AM Snack Tier I Meals Served	7	N(7,0)	N	If not claiming Tier I, leave blank
30	319	325	AM Snack Tier II High Meals Served	7	N(7,0)	N	If not claiming Tier II High, leave blank
31	326	332	AM Snack Tier II Low Meals Served	7	N(7,0)	N	If not claiming Tier II Low, leave blank
32	333	339	Lunch Tier I Meals Served	7	N(7,0)	N	If not claiming Tier I, leave blank
33	340	346	Lunch Tier II High Meals Served	7	N(7,0)	N	If not claiming Tier II High, leave blank
34	347	353	Lunch Tier II Low Meals Served	7	N(7,0)	N	If not claiming Tier II Low, leave blank
35	354	360	PM Snack Tier I Meals Served	7	N(7,0)	N	If not claiming Tier I, leave blank
36	361	367	PM Snack Tier II High Meals Served	7	N(7,0)	N	If not claiming Tier II High, leave blank
37	368	374	PM Snack Tier II Low Meals Served	7	N(7,0)	N	If not claiming Tier II Low, leave blank
38	375	381	Supper Tier I Meals Served	7	N(7,0)	N	If not claiming Tier I, leave blank
39	382	388	Supper Tier II High Meals Served	7	N(7,0)	N	If not claiming Tier II High, leave blank
40	389	395	Supper Tier II Low Meals Served	7	N(7,0)	N	If not claiming Tier II Low, leave blank
41	396	402	Evening Snack Tier I Meals Served	7	N(7,0)	N	If not claiming Tier I, leave blank
42	403	409	Evening Snack Tier II High Meals Served	7	N(7,0)	N	If not claiming Tier II High, leave blank
43	410	416	Evening Snack Tier II Low Meals Served	7	N(7,0)	N	If not claiming Tier II Low, leave blank
44	417	428	Total Administrative Costs	12	N(10,2)	N	This should be left blank.



The following upload rules will be enforced:

16500	Upload Form ID must be 625. Value entered: ***
16501	Process Date field must be entered and must be numeric. Value entered: ***
16503	Sponsor Name field must be entered. Value entered: ***
16505	CE ID field must be entered. Value entered: ***
16510	CE ID field must be entered and must be numeric. Value entered: ***
16515	Claim Month field must be entered and must be numeric. Value entered: ***
16516	Claim Month field is not a valid month. Value entered: ***
16517	Claim Year field must be entered and must be numeric. Value entered: ***
16518	Claim Year field is not a valid year. Value entered: ***
16519	Provider First and Last Name fields must be entered. Value entered: ***
16520	Provider ID field must be entered. Value entered: ***
16521	Provider ID field must be numeric. Value entered: ***
16550	Number of Days Meals Served Tier I must be numeric. Value entered: ***
16551	Number of Homes Participating Tier I must be numeric. Value entered: ***
16554	Average Daily Attendance Tier I must be numeric. Value entered: ***



16560	Number of Days Meals Served Tier II High must be numeric. Value entered: ***
16561	Number of Homes Participating Tier II High must be numeric. Value entered: ***
16564	Average Daily Attendance Tier II High must be numeric. Value entered: ***
16570	Number of Days Meals Served Tier II Low must be numeric. Value entered: ***
16571	Number of Homes Participating Tier II Low must be numeric. Value entered: ***
16574	Average Daily Attendance Tier II Low must be numeric. Value entered: ***
16600	Breakfast Tier I must be numeric. Value entered: ***
16602	Breakfast Tier II High must be numeric. Value entered: ***
16604	Breakfast Tier II low must be numeric. Value entered: ***
16610	AM Snack Tier I must be numeric. Value entered: ***
16612	AM Snack Tier II High must be numeric. Value entered: ***
16614	AM Snack Tier II low must be numeric. Value entered: ***
16620	Lunch Tier I must be numeric. Value entered: ***
16622	Lunch Tier II High must be numeric. Value entered: ***
16624	Lunch Tier II low must be numeric. Value entered: ***
16630	PM Snack Tier I must be numeric. Value entered: ***
16632	PM Snack Tier II High must be numeric. Value entered: ***



16634	PM Snack Tier II low must be numeric. Value entered: ***
16640	Supper Tier I must be numeric. Value entered: ***
16642	Supper Tier II High must be numeric. Value entered: ***
16644	Supper Tier II low must be numeric. Value entered: ***
16650	Evening Snack Tier I must be numeric. Value entered: ***
16652	Evening Snack Tier II High must be numeric. Value entered: ***
16654	Evening Snack Tier II low must be numeric. Value entered: ***
20000	The CE ID entered is incorrect for the current sponsor. Value entered: ***
20001	The claim month and date entered is incorrect for the current claim date. Value entered: ***
20002	Provider ID could not be found. Value entered: ***
20003	Provider ID matches more than one Provider. Provider cannot be identified. Value entered: ***
20004	The Provider uploaded does not have an approved Provider Application in effect for this claim date. Provider ID: ***

