REPORT - AFRS to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
A19	ACCOUNTING_APPROVAL_DATE	AN	820	020	BPR16	Check Issue or
	ACCOUNTING_APPROVAL_DATE	AN	835	020	BPR16	Check Issue or
	ACCOUNTING_APPROVAL_FOR_PAYMENT	AN				
	AGENCY_APPROVAL	AN				
	AGENCY_APPROVAL_DATE	AN				
	AGENCY_LOCATION_CODE	AN				
	AGENCY_NAME	AN				
	AGENCY_NO	AN				
	AGENCY_PR_NO	AN	820	050	REF02	Premium Rece
	AGENCY_PR_NO	AN	820	150	RMR02	Contract, Invoic Number
	AMOUNT	AN				
	APPN_INDEX	AN				
	CITY_MOS	AN				
	COUNTY_BUDGET_UNIT	AN				
	CURRENT_DOC_NO	AN				
	DOC_DATE	AN				
	FEDERAL_ID_NO	AN	820	070	N 104	Receiver Identi
	FEDERAL_ID_NO	AN	835	140	N 104	Payee Identific
	FUND	AN				
	INVOICE_NUMBER	AN	820	150	RMR02	Insurance Rem
	INVOICE_TOTAL	AN	820	150	RMR04	Detail Premium
	INVOICE_TOTAL	AN	820	150	RMR05	Billed Premium
	INVOICE_TOTAL	AN	835	010	CLP03	Total Claim Ch
	INVOICE_TOTAL	AN	835	010	CLP04	Claim Payment
	ITEM_AGENCY_USE_IND	AN				

me	DT	Req
r EFT Effective Date	DT8	R
r EFT Effective Date	DT8	R
iver Reference Identifier	AN30	R
ce, Account, Group, or Policy	AN30	R
fier	AN80	S
ation Code	AN80	R
nittance Reference Number	AN30	R
n Payment Amount	R18	R
n Amount	R18	S
harge Amount	R18	R
t Amount	R18	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
A19	ITEM_AMOUNT	AN	820	150	RMR04	Detail Premium
	ITEM_AMOUNT	AN	835	070	SVC02	Line Item Char
	ITEM_DATE	AN	835	080	DTM02	Service Date
	ITEM_DESCRIPTION	AN	835	070	SVC01	Procedure Cod
	ITEM_QUANITY	AN	835	070	SVC05	Units of Servic
	ITEM_UNIT	AN				
	ITEM_UNIT_PRICE	AN				
	ORG_INDEX	AN				
	PMT_DUE_DATE	AN				
	PREPARED_BY	AN				
	PREPARING_DATE	AN				
	PREPARING_PERSON_TELEPHONE NUMBER	AN				
	PROGRAM_INDEX	AN				
	PROJ	AN				
	PROJECT	AN				
	RECEIVED_BY	AN				
	RECEIVED_DATE	AN				
	REF_DOC_NO	AN				
	REF_DOC_SUF	AN				
	SOCIAL_SECURITY_NO	AN				
	SUB_OBJ	AN				
	SUB_PROJ	AN				
	SUB_SUB_OBJECT	AN				
	TRANS_CODE	AN				
	UBI_NUMBER	AN				
	USE_TAX	AN				
	VENDOR_CERTIFICATE_DATE	AN				
	VENDOR_CERTIFICATE_PERSON_NAME	AN				

me	DT	Req
n Payment Amount	R18	R
ge Amount	R18	R
	DT8	R
le Description	AN80	S
e Paid Count	R15	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na
A19	VENDOR_CERTIFICATE_PERSON_TITLE	AN				
	VENDOR_MESSAGE	AN				
	VENDOR_NAME	AN	820	070	N 102	Information Re
	VENDOR_NAME	AN	835	140	N 102	Payee Name
	VENDOR_NUMBER	AN	835	180	REF02	Additional Paye
	WARRANT_NUMBER	AN	820	035	TRN02	Check or EFT
	WARRANT_NUMBER	AN	835	040	TRN02	Check or EFT
	WARRANT_TOTAL	AN				
	WORKCLASS_ALLOC	AN				

me	DT	Req
ceiver Last or Organization Name	AN60	S
	AN60	S
ee Identifier	AN30	R
Trace Number	AN30	R
Trace Number	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Na

Column Heading Legend:

"DT" = Data Type