REPORT - AFRS Batch to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-batch-hdr	BATCH-AGENCY							
	BATCH-AMOUNT							
	BATCH-COUNT							
	BATCH-DAY							
	BATCH-DUE-DATE							
	BATCH-MO							
	BATCH-NO							
	BATCH-SEQ-NO							
	BATCH-SUB-AGENCY							
	BATCH-TYPE							
	BATCH-YR							
	BIENNIUM							
	DATA-TYPE							
	DUP-RECORD-IND							
	FILLER							
	FISCAL-MONTH							
AFRS-batch-trans	ACCOUNT-TYPE		820	020	BPR14	Account Number Qualifier	ID3	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-batch-trans	ACCOUNT-TYPE		835	020	BPR14	Account Number Qualifier	ID3	S
	ALLOCATION-CODE							
	APPN-INDEX							
	BATCH-AGENCY							
	BATCH-DAY							
	BATCH-MO							
	BATCH-NO							
	BATCH-SEQ-NO							
	BATCH-SUB-AGENCY							
	BATCH-TYPE							
	BATCH-YR							
	BIENNIUM							
	BILLING-FUND							
	BUDGET-UNIT							
	CITIES-AND-TOWNS							
	COUNTIES							
	CUR-COD-NO							
	CUR-DOC-NO-SUFFIX							
	DATA-TYPE							
	DFI-ACCOUNT-NUMBER		820	020	BPR15	Receiver Bank Account Number	AN35	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-batch-trans	DFI-ACCOUNT-NUMBER		835	020	BPR15	Receiver or Provider Account Number	AN35	S
	DFI-ROUTING-NUMBER		820	020	BPR13	Receiving Depository Financial Institution (DFI) Identifier	AN12	S
	DFI-ROUTING-NUMBER		835	020	BPR13	Receiver or Provider Bank ID Number	AN12	S
	DOC-DATE							
	DUE-DATE							
	DUP-RECORD-IND							
	FILLER							
	FILLER1							
	FILLER2							
	FILLER3							
	FM							
	FUND							
	FUND-CTL-ORD							
	FUND-DETAIL							
	GL-ACCT-NO							
	INDEX							
	INV-NO		820	150	RMR02	Contract, Invoice, Account, Group, or Policy Number	AN30	R
	IRS-BOX							
	MAINT-LOGONID							

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-batch-trans	MAJOR-GROUP							
	MAJOR-SOURCE							
	MASTER-INDEX							
	MASTER-INDEX-EXP-IND							
	MASTER-PCT-NO							
	MINORITY-IND							
	MODIFIER							
	MOS-MM							
	MOS-YY							
	OMWBE-AGENCY-FLG							
	OMWBE-CLASS							
	OMWBE-CONTRACT-NO							
	OMWBE-PAYMNT-FLAG							
	ONLINE-RECORD-SW							
	OPS-POST-FM							
	ORDER-NO							
	ORDER-NO-SUF							
	ORG		820	150	N 104	Premium Payer Identifier	AN80	S
	ORG		835	080	N 104	Payer Identifier	AN80	S
	ORIGINAL-TRANS-CODE							

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-batch-trans	ORIGIN-CODE							
	PAY-PROCESS-TYPE							
	PROG-INDEX							
	PROJ-NO							
	PROJ-PHASE							
	PROMPT-PAY-DATE							
	REF-DOC-NO							
	REF-DOC-NO-SUFFIX							
	REVERSE							
	SMALL-BIZ-IND							
	SUB-OBJECT							
	SUB-ORG							
	SUB-PROJ							
	SUBSID-ACCT-NO-A							
	SUBSID-ACCT-NO-B							
	SUB-SOURCE							
	SUB-SUB-OBJECT							
	TAPS-ORIGIN							
	TAPS-PACKET-NUMBER							
	TAPS-STATUS							

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-batch-trans	TAXPAYER-ID-NO		820	070	N 104	Receiver Identifier	AN80	S
	TAXPAYER-ID-NO		835	140	N 104	Payee Identification Code	AN80	R
	TAX-TYPE							
	TRANS-AMT		820	150	RMR04	Detail Premium Payment Amount	R18	R
	TRANS-AMT		835	020	BPR02	Total Actual Provider Payment Amount	R18	R
	TRANS-AMT		835	005	TS309	Total Provider Payment Amount	R18	S
	TRANS-AMT		835	010	CLP04	Claim Payment Amount	R18	R
	TRANS-CODE							
	UBI							
	UBI-SUFFIX							
	USE-TAX							
	US-FOREIGN							
	VENDOR-ADDR-1		820	090	N 301	Receiver Address Line	AN55	R
	VENDOR-ADDR-1		835	160	N 301	Payee Address Line	AN55	R
	VENDOR-ADDR-2		820	090	N 302	Receiver Address Line	AN55	S
	VENDOR-ADDR-3		820	090	N 302	Receiver Address Line	AN55	S
	VENDOR-ADDR-3		835	160	N 302	Payee Address Line	AN55	S
	VENDOR-CITY		820	100	N 401	Information Receiver City Name	AN30	R
	VENDOR-CITY		835	170	N 401	Payee City Name	AN30	R
	VENDOR-NAME		820	070	N 102	Information Receiver Last or Organization Name	AN60	S

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AFRS-batch-trans	VENDOR-NAME		835	140	N 102	Payee Name	AN60	S
	VENDOR-NO		820	070	N 104	Receiver Identifier	AN80	S
	VENDOR-NO		835	140	N 104	Payee Identification Code	AN80	R
	VENDOR-SOURCE							
	VENDOR-STATE		820	100	N 402	Information Receiver State Code	ID2	R
	VENDOR-STATE		835	170	N 402	Payee State Code	ID2	R
	VENDOR-SUFFIX		820	070	N 104	Receiver Identifier	AN80	S
	VENDOR-TRAILER							
	VENDOR-TYPE							
	VENDOR-ZIP		820	100	N 403	Information Receiver Postal Zone or ZIP Code	ID15	R
	VENDOR-ZIP		835	170	N 403	Payee Postal Zone or ZIP Code	ID15	R
	WARRANT-ISSUE-DATE		820	020	BPR16	Check Issue or EFT Effective Date	DT8	R
	WARRANT-ISSUE-DATE		835	020	BPR16	Check Issue or EFT Effective Date	DT8	R
	WARRANT-NUMBER		820	035	TRN02	Check or EFT Trace Number	AN30	R
	WARRANT-NUMBER		835	040	TRN02	Check or EFT Trace Number	AN30	R
	WARR-BATCH-NO							
	WARR-BATCH-RM							
	WARR-BATCH-TYPE							
	WORKCLASS							

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Column Heading Legend:

"DT" = Data Type