REPORT - AFRS Batch to HIPAA Data Length Problems

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
AFRS-batch-trans	ACCOUNT-TYPE	1	820	020	BPR14	Account Number Qualifier	ID3	S
	ACCOUNT-TYPE	1	835	020	BPR14	Account Number Qualifier	ID3	S
	DFI-ACCOUNT-NUMBER	17	820	020	BPR15	Receiver Bank Account Number	AN35	S
	DFI-ACCOUNT-NUMBER	17	835	020	BPR15	Receiver or Provider Account Number	AN35	S
	DFI-ROUTING-NUMBER	9	820	020	BPR13	Receiving Depository Financial Institution (DFI) Identifier	AN12	S
	DFI-ROUTING-NUMBER	9	835	020	BPR13	Receiver or Provider Bank ID Number	AN12	S
	INV-NO	12	820	150	RMR02	Contract, Invoice, Account, Group, or Policy Number	AN30	R
	ORG	3	820	150	N 104	Premium Payer Identifier	AN80	S
	ORG	3	835	080	N 104	Payer Identifier	AN80	S
	TAXPAYER-ID-NO	11	820	070	N 104	Receiver Identifier	AN80	S
	TAXPAYER-ID-NO	11	835	140	N 104	Payee Identification Code	AN80	R
	TRANS-AMT	13	820	150	RMR04	Detail Premium Payment Amount	R18	R
	TRANS-AMT	13	835	020	BPR02	Total Actual Provider Payment Amount	R18	R
	TRANS-AMT	13	835	005	TS309	Total Provider Payment Amount	R18	S
	TRANS-AMT	13	835	010	CLP04	Claim Payment Amount	R18	R
	VENDOR-ADDR-1	32	820	090	N 301	Receiver Address Line	AN55	R
	VENDOR-ADDR-1	32	835	160	N 301	Payee Address Line	AN55	R
	VENDOR-ADDR-2	32	820	090	N 302	Receiver Address Line	AN55	S
	VENDOR-ADDR-3	32	820	090	N 302	Receiver Address Line	AN55	S
	VENDOR-ADDR-3	32	835	160	N 302	Payee Address Line	AN55	S

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AFRS-batch-trans	VENDOR-CITY		19	820	100	N 401	Information Receiver City Name	AN30	R
	VENDOR-CITY		19	835	170	N 401	Payee City Name	AN30	R
	VENDOR-NAME		32	820	070	N 102	Information Receiver Last or Organization Name	AN60	S
	VENDOR-NAME		32	835	140	N 102	Payee Name	AN60	S
	VENDOR-NO		10	820	070	N 104	Receiver Identifier	AN80	S
	VENDOR-NO		10	835	140	N 104	Payee Identification Code	AN80	R
	VENDOR-SUFFIX		2	820	070	N 104	Receiver Identifier	AN80	S
	VENDOR-ZIP		9	820	100	N 403	Information Receiver Postal Zone or ZIP Code	ID15	R
	VENDOR-ZIP		9	835	170	N 403	Payee Postal Zone or ZIP Code	ID15	R
	WARRANT-ISSUE-DATE		5	820	020	BPR16	Check Issue or EFT Effective Date	DT8	R
	WARRANT-ISSUE-DATE		5	835	020	BPR16	Check Issue or EFT Effective Date	DT8	R
	WARRANT-NUMBER		7	820	035	TRN02	Check or EFT Trace Number	AN30	R
	WARRANT-NUMBER		7	835	040	TRN02	Check or EFT Trace Number	AN30	R

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Notes:

If translating HIPAA to legacy, the legacy fields may need to be longer because the HIPAA regulations say that we must not truncate data.

If translating legacy to HIPAA, most HIPAA field lengths are longer than Legacy field lengths, so there will not be a problem.

Column Heading Legend:

"DT" = Data Type