REPORT - CCDB to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Assigned Disability Code	Client ID	int						
	Disability Code	smallint	834	010	INS10	Handicap Indicator	ID1	S
	Disability Code	smallint	834	200	DSB01	Disability Type Code	ID1	R
	Qualifying Disability Ind	char						
	Retardation Level Code	char	834	200	DSB01	Disability Type Code	ID1	R
Available_Services	Program_Code_AS	varchar(5)						
	Provider_Id_AS	char(7)						
	Unavailable_Ind_AS	smallint						
Client	At_State_Psychiatric_Hosp_Ind	char						
	Birth_Date	datetime	278Resp	250	DMG02	Subscriber Birth Date	AN35	R
	Birth_Date	datetime	834	080	DMG02	Member Birth Date	AN35	R
	Birth_Date	datetime	837P	032	DMG02	Subscriber Birth Date	AN35	R
	Case_Manager_Id	smallint						
	Case_Number	char(13)	834	024	REF02	Subscriber Supplemental Identifier	AN30	R
	Client_ID_C	int	834	020	REF02	Subscriber Identifier	AN30	R
	Comm_Safety_Participant_Ind	char						
	County_At_Eligibility_Id	smallint						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Client	DD_Client_With_Child_Ind	char						
	DDD_Unit_ID_C	char(1)						
	Eligibility_Date	datetime	834	029	DTP03	Status Information Effective Date	AN35	R
	Eligibility_Type_Code	char						
	First_Name	varchar(30)	278Resp	170	NM104	Subscriber First Name	AN25	S
	First_Name	varchar(30)	834	030	NM104	Subscriber First Name	AN25	R
	Gender	char	278Resp	250	DMG03	Subscriber Gender Code	ID1	S
	Gender	char	834	080	DMG03	Gender Code	ID1	R
	Gender	char	837P	032	DMG03	Subscriber Gender Code	ID1	R
	Hispanic_Code	char(3)	834	080	DMG05	Race or Ethnicity Code	ID1	S
	ICAP_Client_Ind	smallint						
	Last_Name	varchar(30)	278Resp	170	NM103	Subscriber Last Name	AN35	S
	Last_Name	varchar(30)	834	030	NM103	Subscriber Last Name	AN35	R
	Location_Type_At_Elig_Code	smallint						
	Middle_Name	varchar(30)	278Resp	170	NM105	Subscriber Middle Name	AN25	S
	Middle_Name	varchar(30)	834	030	NM105	Subscriber Middle Name	AN25	S
	Next_Review_Date	datetime						
	Previous_Ethnic_Code	char						
	Primary_Ethnic_Code	char(3)	834	080	DMG05	Race or Ethnicity Code	ID1	S
	Primary_Language_Code	smallint	834	150	LUI02	Language Code	AN80	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Client	Secondary_Ethnic_Code	char(3)						
	Social_Security_Number	char(9)	278Resp	180	REF02	Subscriber Supplemental Identifier	AN30	R
	Social_Security_Number	char(9)	834	030	NM109	Subscriber Identifier	AN80	S
	Status_Code	char(2)						
	Title	varchar(10)						
	Title_XIX_Certification_Ind	char						
	UpDate_Date	datetime						
	User_Id	varchar(20)						
Client History	Client ID	int						
	DDD Unit ID	char(1)						
	Discharge Reason Note	varchar(40)						
	Staff Id	smallint						
	Status Begin Date	datetime	834	010	INS12	Insured Individual Death Date	AN35	S
	Status Code	char(2)						
	Status End Date	datetime						
	Status Review Date	datetime						
	UpDate Date	datetime						
	User Id	varchar(20)						
Client_Location	Address_Line_1_CL	varchar(40)	834	050	N 301	Subscriber Address Line	AN55	R
	Address_Line_2_CL	varchar(40)	834	050	N 302	Subscriber Address Line	AN55	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Client_Location	Assigned_RHC_PAT_Id	char(2)						
	Assigned_RHC_Room_Id	varchar(10)						
	City_CL	varchar(40)	834	060	N 401	Subscriber City Name	AN30	R
	Client_ID_CL	int						
	County_Id_CL	smallint	834	060	N 406	Location Identification Code	AN30	S
	DDD_Unit_ID_CL	char(1)						
	Departed_Date	datetime						
	Length_of_Stay_Number_CL	int						
	Location_Note_Text	varchar(200)						
	Location_Type_Code	smallint						
	Mailing_Addr_Line_1	varchar(40)	834	050	N 301	Subscriber Address Line	AN55	R
	Mailing_Addr_Line_2	varchar(40)	834	050	N 302	Subscriber Address Line	AN55	S
	Mailing_City	varchar(30)	834	060	N 401	Subscriber City Name	AN30	R
	Mailing_State_Abbvr_Id	char(2)	834	060	N 402	Subscriber State Code	ID2	R
	Mailing_Zip_Code	varchar(9)	834	060	N 403	Subscriber Postal Zone or ZIP Code	ID15	R
	Phone_Number_CL	varchar(10)	834	040	PER04	Communication Number	AN80	R
	Placed_Date	datetime						
	Provider_Id_CL	char(7)						
	Residence_Name	varchar(60)						
	Respite_Placement_Flag	char						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Client_Location	SSPS_Provider_Id_CL	varchar(7)						
	State_Abbvr_Id_CL	char(2)	834	060	N 402	Subscriber State Code	ID2	R
	UpDate_Date	datetime						
	User_Id	varchar(20)						
	Zip_Code_CL	varchar(9)	834	060	N 403	Subscriber Postal Zone or ZIP Code	ID15	R
Client_Program_Activity	Address_Line_1_CPA	varchar(40)						
	Address_Line_2_CPA	varchar(40)						
	Anticipated_Graduation_Year	smallint(4)						
	City_CPA	varchar(40)						
	Client_ID_CPA	int	278Resp	170	NM109	Subscriber Primary Identifier	AN80	R
	Client_ID_CPA	int	278Resp	020	TRN02	Service Trace Number	AN30	R
	Client_ID_CPA	int	837P	180	REF02	Prior Authorization or Referral Number	AN30	R
	County_Id_CPA	smallint						
	DDD_Unit_ID_CPA	char(1)						
	Fund_Source_Id_CPA	varchar(5)						
	Length_of_Stay_Number_CPA	int						
	Phone_Number_CPA	varchar(10)						
	Program_Activity_Note	varchar(200)						
	Program_Code_CPA	varchar(5)	278Resp	020	TRN02	Service Trace Number	AN30	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Client_Program_Activity	Program_Code_CPA	varchar(5)	278Resp	080	HI 01	Procedure Code	AN30	R
	Program_Code_CPA	varchar(5)	837P	180	REF02	Prior Authorization or Referral Number	AN30	R
	Project_Id_CPA	int						
	Provider_Id_CPA	char(7)						
	Provider_Name_CPA	varchar(60)						
	School_District_Id	varchar(10)						
	Service_Begin_Date_CPA	datetime	278Resp	020	TRN02	Service Trace Number	AN30	R
	Service_Begin_Date_CPA	datetime	278Resp	070	DTP03	Proposed or Actual Service Date	AN35	R
	Service_Begin_Date_CPA	datetime	834	270	DTP03	Coverage Period	AN35	R
	Service_Begin_Date_CPA	datetime	837P	180	REF02	Prior Authorization or Referral Number	AN30	R
	Service_End_Date_CPA	datetime	278Resp	070	DTP03	Proposed or Actual Service Date	AN35	R
	Service_End_Date_CPA	datetime	834	270	DTP03	Coverage Period	AN35	R
	SSPS_Provider_Id_CPA	varchar(7)						
	State_Abbvr_Id_CPA	char(2)						
	UpDate_Date	datetime						
	User_Id	varchar(20)						
	Zip_Code_CPA	varchar(9)						
County	County Id	smallint						
	County Name	varchar(20)	837P	015	NM103	Billing Provider Last or Organizational Name	AN35	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
County	County Name	varchar(20)	837P	015	NM103	Pay-to Provider Last or Organizational Name	AN35	R
	DDD Unit Id	char						
County_Program_Project	Projected End Date	Datetime(8)						
Program Code	Begin Date	datetime						
	End Date	datetime						
	Program Code	varchar(5)						
	Program Name	varchar(100)						
	Program Type Code	smallint						
	User Supplied Provider Ind	smallint						
Provided_Service_Event	Center_Units_Received_Number	numeric(8,3)	837P	370	SV104	Service Unit Count	R15	R
	Client_Age_in_Months_Number	smallint(2)						
	Client_ID	int(6)	837P	015	NM109	Subscriber Primary Identifier	AN80	S
	Client_ID	int(6)	837P	130	CLM01	Patient Account Number	AN38	R
	Comm_Hours_2_to_4_Staff_Number	numeric(8,3)						
	Comm_Hours_Independent_Number	numeric(8,3)						
	Comm_Hours_One_Staff_Number	numeric(8,3)						
	Comm_Hours_With_Friend_Number	numeric(8,3)						
	County_Id	smallint(2)	837P	020	NM109	Submitter Identifier	AN80	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Provided_Service_Event	County_Id	smallint(2)	837P	015	NM109	Billing Provider Identifier	AN80	R
	County_Id	smallint(2)	837P	015	NM109	Pay-to Provider Identifier	AN80	R
	County_Program_Job_Code	char(2)						
	DDD_Unit_ID	char(1)						
	Fund_Source_Id	varchar(5)						
	Home_Units_Received_Number	numeric(8,3)	837P	370	SV104	Service Unit Count	R15	R
	Hours_on_Site_Number	numeric(8,3)						
	Hours_Worked_Quantity	numeric(8,3)						
	Input_Error_Code	smallint(2)						
	Job_Hired_Date	Datetime(8)						
	Job_Termination_Code	char(1)						
	Job_Termination_Date	Datetime(8)						
	Month_Earnings_Amount	decimal(8,3)						
	Month_Gross_Wage_Amount	numeric(8,3)						
	Other_Units_Received_Number	numeric(8,3)	837P	370	SV104	Service Unit Count	R15	R
	Paid_Hours_Number	numeric(8,3)						
	Pri_Termination_Reason_Code	char(1)						
	Program_Code	varchar(5)	837P	130	CLM01	Patient Account Number	AN38	R
	Program_Code	varchar(5)	837P	370	SV101	Procedure Code	AN48	R

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Provided_Service_Event	Project_Id	int(4)						
	Provider_Id	char(7)	837P	130	CLM01	Patient Account Number	AN38	R
	Provider_Id	char(7)	837P	250	NM109	Rendering Provider Identifier	AN80	R
	Provider_Id	char(7)	837P	500	NM109	Rendering Provider Identifier	AN80	R
	Rate_Per_Center_Unit_Amt	numeric(8,3)	837P	370	SV102	Line Item Charge Amount	R18	R
	Rate_Per_Home_Unit_Amt	numeric(8,3)	837P	370	SV102	Line Item Charge Amount	R18	R
	Rate_Per_Other_Unit_Amt	numeric(8,3)	837P	370	SV102	Line Item Charge Amount	R18	R
	Rate_Per_Unit_Amount	numeric(8,3)	837P	370	SV102	Line Item Charge Amount	R18	R
	Service_Begin_Date	Datetime(8)						
	Service_Date_Year_Month	char(6)	837P	130	CLM01	Patient Account Number	AN38	R
	Service_Date_Year_Month	char(6)	837P	455	DTP03	Service Date	AN35	R
	Service_Days_Community_Number	numeric(8,3)						
	Service_Days_Total_Number	numeric(8,3)						
	Service_End_Date	Datetime(8)						
	Service_Hours_Number	numeric(8,3)						
	Service_Unit_Type_Code	char(2)	837P	370	SV103	Unit or Basis for Measurement Code	ID2	R
	Service_Units_Received_Number	numeric(8,3)	837P	370	SV104	Service Unit Count	R15	R
Provider_Address	Address_Line_1_PA	varchar(40)	834	050	N 301	Subscriber Address Line	AN55	R
	Address_Line_2_PA	varchar(40)	834	050	N 302	Subscriber Address Line	AN55	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Provider_Address	Address_Type_Code	int						
	City_PA	varchar(40)	834	060	N 401	Subscriber City Name	AN30	R
	Fax_Phone_Number	varchar(10)						
	Phone_Number_PA	varchar(10)						
	Provider_Id_PA	char(7)						
	State_Abbvr_Id_PA	char(2)	834	060	N 402	Subscriber State Code	ID2	R
	UpDate_Date	datetime						
	User_Id	varchar(20)						
	Zip_Code_PA	varchar(9)	834	060	N 403	Subscriber Postal Zone or ZIP Code	ID15	R
Service_Provider	County_Id_SP	smallint	834	060	N 406	Location Identification Code	AN30	S
	DDD_Unit_ID_SP	char(1)						
	End_Date	datetime						
	Ethnic_Code	char(3)						
	Hispanic_Code	char(3)						
	Institution_Ind	smallint						
	Location_Type_Code	smallint	837P	130	CLM05	Facility Type Code	AN2	R
	Location_Type_Code	smallint	837P	370	SV105	Place of Service Code	AN2	S
	Provider_Gender	char						
	Provider_Id_SP	char(7)						
	Provider_Name_SP	varchar(60)	278Resp	170	NM103	Service Provider Last or Organization Name	AN35	S

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Service_Provider	Provider_Note	varchar(200)						
	Provider_Type_Code_SP	smallint						
	Social_Security_Number	char(9)						
	SSPS_Number	varchar(7)	278Resp	020	TRN02	Service Trace Number	AN30	R
	Start_Date	datetime						
	Unavailable_Ind_SP	smallint						
	UpDate_Date	datetime						
	User_Id	varchar(20)						
Significant Other	Address Line 1	varchar(40)						
	Address Line 2	varchar(40)						
	Category Code	smallint						
	City	varchar(40)						
	Mail Contact Code	char(2)						
	Mailing Address Line 1	varchar(40)						
	Mailing Address Line 2	varchar(40)						
	Mailing City	varchar(25)						
	Mailing State Id	char(2)						
	Mailing Zip	varchar(9)						
	Name	varchar(60)						
	Notes	varchar(200)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
Significant Other	Phone Number	varchar(10)						
	Significant Other Id	int						
	State Abbvr Id	char(2)						
	UpDate Date	datetime						
	User Id	varchar(20)						
	Zip Code	varchar(9)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req

Column Heading Legend:

"DT" = Data Type