REPORT - SSPS to HIPAA

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-Enrollment-AuthMain	Affirmative_Action_Code	char(1)						
	Authorization_number	char(7)	834	020	REF02	Subscriber Identifier	AN30	R
	Authorization_Suffix	char(2)	834	020	REF02	Subscriber Identifier	AN30	R
	Authortization_Date	datetime	834	029	DTP03	Status Information Effective Date	AN35	R
	Batch_Number	char(6)						
	Case_Number	char(10)						
	Change_Effective_Date	datetime						
	Data_Entry_Date	datetime						
	Date_Service_Requested	datetime						
	Eligibility_Code	char(2)						
	Eligibility_date	datetime						
	Eligibility_End_Date	datetime						
	Fatal_Error_Flag	char(1)						
	Form_Signature	char(1)						
	Goal_Code	char(1)						
	Item_21	char(3)						
	Medical_Care_Flag	char(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-Enrollment-AuthMain	Medical_Extract_Date	datetime						
	Minor_Error_Flag	char(1)						
	OASI_Withholding	char(1)						
	P_R_birth_date	datetime	834	080	DMG02	Member Birth Date	AN35	R
	P_R_birth_date_char	char(8)						
	P_R_Name	char(6)	834	030	NM103	Subscriber Last Name	AN35	R
	P_R_Name	char(6)	834	030	NM104	Subscriber First Name	AN25	R
	P_R_Name	char(6)	834	030	NM105	Subscriber Middle Name	AN25	S
	Payee_number	char(6)						
	Process_Date	datetime						
	Provider_number	char(6)	278Resp	170	NM109	Service Provider Identifier	AN80	S
	Provider_Public_Private_code	char(1)						
	Referral_Source	char(2)						
	Region	char(1)						
	Reporting_Unit	char(3)						
	Service_Occurences	tinyint						
	Social_Security_Number	char(9)	834	030	NM109	Subscriber Identifier	AN80	S
	Termination_Flag	char(1)						
	Worker_ID	char(6)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-Enrollment-AuthSvc	Active_Service_Flag	char(1)						
	Affirmative_Action_Code	char(1)						
	Authorization_number	char(7)						
	Authorization_Suffix	char(2)						
	Authorized_Amount	money						
	Current_Month_Actual_Units	decimal(7,2)						
	Current_Month_Payment_Amount	money						
	Current_Payment_Amount	money						
	Current_Quarter_Actual_Units	decimal(7,2)						
	Current_Quarter_Payment_Amount	money						
	Funding_Source	char(2)						
	Last_Billing_Date	datetime						
	Payment_Process_Date	datetime						
	Payment_Type	char(1)						
	Pic_Code_Tie_Breaker	char(1)						
	Reason_for_Service	char(2)						
	S_R_Birth_Date	datetime						
	S_R_birth_date_char	char(8)						
	S_R_Fatal_Error_Flag	char(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-Enrollment-AuthSvc	S_R_Name	char(24)						
	Service_Begin_Date	datetime	834	270	DTP03	Coverage Period	AN35	R
	SERVICE_CODE	char(5)						
	Service_Days_per_Week	tinyint						
	Service_EndDate	datetime	834	270	DTP03	Coverage Period	AN35	R
	Service_Hours_per_Day	tinyint						
	Service_line_number	smallint						
	Service_Ojectives	char(1)						
	Service_Rate	money						
	Service_Unit	char(3)						
	Special_Program_Areas	char(6)						
	Svc_Original_Begin_Date	datetime						
	Termination_Code	char(2)						
	Total_Service_Payment	money						
	Total_Service_Units	decimal(5,2)						
SSPS-Enrollment-CodeSet	Affirmitive_Action_Code	char(1)						
	Affirmitive_Action_Title	char(50)						
	Eligibility_Code	char(2)						
	Eligibility_Code_Title	varchar(30)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-Enrollment-CodeSet	Goal_Code	char(1)						
	Goal_Title	varchar(40)						
	Termination_Code	char(2)						
	Termination_Code_Title	varchar(150)						
SSPS-Enrollment-ProvMain	Billing_City	char(23)						
	Billing_State	char(2)						
	Billing_Street_Address_1	char(25)						
	Billing_Street_Address_2	char(25)						
	Billing_Zip	char(5)						
	Fiscal_YTD_Cancellations	money						
	Fiscal_YTD_Disbursements	money						
	IRS_Tax_Number	char(9)						
	Provider_Change_date	datetime						
	Provider_CHGPD	char(5)						
	Provider_Number	char(6)	834	320	NM109	Provider Identifier	AN80	S
	Provider_Phone_Area_Code	char(3)	834	370	PER04	Communication Number	AN80	R
	Provider_Phone_Number	char(7)	834	370	PER04	Communication Number	AN80	R
	S_Billing_ADDR_Occt	char(1)						
	S_SSPS_Data_OCCT	char(2)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-Enrollment-ProvMain	S_SSPS_Payee_OCCT	char(2)						
	Social_Security_Number	char(9)						
	SSPS_Provider_County	char(2)						
	SSPS_Provider_Public_Private	char(1)						
	SSPS_Provider_Status_Code	char(1)						
	SSPS_Provider_Type_a	char(2)						
	SSPS_Provider_Type_b	char(2)						
	SSPS_Provider_Type_c	char(2)						
	Vendor_City	char(23)	278Resp	210	N 401	Service Provider City Name	AN30	S
	Vendor_Name	char(25)	278Resp	170	NM103	Service Provider Last or Organization Name	AN35	S
	Vendor_Name	char(25)	278Resp	170	NM104	Service Provider First Name	AN25	S
	Vendor_Name	char(25)	834	320	NM103	Provider Last or Organization Name	AN35	S
	Vendor_Name	char(25)	834	320	NM104	Provider First Name	AN25	S
	Vendor_Name	char(25)	834	320	NM105	Provider Middle Name	AN25	S
	Vendor_State	char(2)	278Resp	210	N 402	Service Provider State or Province Code	ID2	S
	Vendor_State	char(2)	834	360	N 402	Member State Code	ID2	R
	Vendor_Street_Address_1	char(25)	278Resp	200	N 301	Service Provider Address Line	AN55	R
	Vendor_Street_Address_2	char(25)	278Resp	200	N 302	Service Provider Address Line	AN55	S
	Vendor_Type	char(1)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-Enrollment-ProvMain	Vendor_Zip	char(5)	278Resp	210	N 403	Service Provider Postal Zone or ZIP Code	ID15	S
	Vendor_Zip	char(5)	834	360	N 403	Member Postal Zone or Zip Code	ID15	R
SSPS-Enrollment-ProvSvc	Provider_Number	char(6)						
	Provider_Service_Code	char(5)						
	Provider_Service_Rate	money						
	Provider_Service_Unit	char(3)						
SSPS-Enrollment-RptUnit	Action_Date	datetime						
	Action_Type	char(1)						
	Auth_Impl_Date_st	char(7)						
	Auth_Impl_Date_string	char(7)						
	Bill_Impl_date_st	char(5)						
	Bill_Impl_date_string	char(5)						
	CountyCode	char(2)						
	Effective_Date	datetime						
	Medical_Care	char(1)						
	Organization_Index	char(4)						
	PSA	char(2)						
	Region	char(1)						
	Reporting_Unit	char(3)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-Enrollment-RptUnit	Reporting_Unit_Address	char(24)						
	Reporting_Unit_City_State	char(24)						
	Reporting_Unit_Title	char(24)	834	070	N 102	Plan Sponsor Name	AN60	S
	Reporting_Unit_Zip	char(5)						
	Responsibility_Code	char(1)						
	RU_Address	char(24)						
	RU_CityState	char(24)						
	RU_Zip	char(5)						
SSPS-RemittanceAdvice	BGN-VCH	X(07)						
	END-VCH-BASIC	X(05)						
	END-VCH-SUFFIX	X(02)						
	IN-ALLOCATION	X(04)						
	IN-APPROP-INDEX	X(03)						
	IN-AUTH-BASIC	X(07)	835	010	CLP07	Payer Claim Control Number	AN30	S
	IN-BUDGET-UNIT	X(03)						
	IN-CHARGES	S9(09)V99	835	070	SVC02	Line Item Charge Amount	R18	R
	IN-COMMENT-LINE-1-CODE	X(02)						
	IN-COMMENT-LINE-2-CODE	X(02)						
	IN-COMMENT-LINE-3-CODE	X(02)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-RemittanceAdvice	IN-COMMENT-LINE-4-CODE	X(02)						
	IN-FUND	X(03)						
	IN-MASTER-INDEX	X(08)						
	IN-MONTH-OF-SERVICE	X(06)						
	IN-ORG-INDEX	X(04)						
	IN-PAY-AMOUNT	S9(09)V99	835	020	BPR02	Total Actual Provider Payment Amount	R18	R
	IN-PAY-AMOUNT	S9(09)V99	835	010	CLP04	Claim Payment Amount	R18	R
	IN-PAYEE-ADDR-LINE-1	X(25)	835	160	N 301	Payee Address Line	AN55	R
	IN-PAYEE-ADDR-LINE-2	X(25)	835	160	N 302	Payee Address Line	AN55	S
	IN-PAYEE-CITY	X(20)	835	170	N 401	Payee City Name	AN30	R
	IN-PAYEE-FILLER	X(02)						
	IN-PAYEE-NAME	X(25)	835	140	N 102	Payee Name	AN60	S
	IN-PAYEE-NUMBER	X(06)	835	140	N 104	Payee Identification Code	AN80	R
	IN-PAYEE-NUMBER	X(06)	835	010	PLB01	Provider Identifier	AN30	R
	IN-PAYEE-STATE	X(02)	835	170	N 402	Payee State Code	ID2	R
	IN-PAYEE-ZIP-CODE	X(09)	835	170	N 403	Payee Postal Zone or ZIP Code	ID15	R
	IN-PRIMARY-RECIP-SSN	X(09)	835	029	NM109	Patient Identifier	AN80	S
	IN-PROGRAM-INDEX	X(05)						
	IN-PROJECT	X(08)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req
SSPS-RemittanceAdvice	IN-RIN-UNIT-NAME	X(25)						
	IN-SERVICE-CODE	X(05)						
	IN-SERVICE-NAME	X(25)						
	IN-SUB-OBJECT	X(02)						
	IN-SUB-SUB-OBJECT	X(04)						
	IN-SVC-BEGIN-DATE	X(08)	835	050	DTM02	Claim Date	DT8	R
	IN-SVC-END-DATE	X(08)	835	050	DTM02	Claim Date	DT8	R
	IN-SVC-RECIP-BIRTH-DATE	X(08)						
	IN-SVC-RECIP-NAME	X(25)	835	029	NM103	Patient Last Name	AN35	R
	IN-SVC-RECIP-NAME	X(25)	835	029	NM104	Patient First Name	AN25	R
	IN-SVC-RECIP-NAME	X(25)	835	029	NM105	Patient Middle Name	AN25	S
	IN-SYSTEM-ACRONYM	X(04)						
	IN-SYSTEM-DATE	X(08)	835	050	DTM02	Claim Date	DT8	R
	IN-VOUCHER-BASIC	X(05)						
	IN-VOUCHER-SUFFIX	X(02)						

File	Field	DT	Transaction	Pos#	SegID	HIPAA Name	DT	Req

Column Heading Legend:

"DT" = Data Type