

Field Number	Type	Format	Max. Length	Description	Part A (Mock Data)	Part B (Mock Data)
MAC Jurisdiction	CHAR		5	MAC Jurisdiction the provider belongs to	J15A	J11B
MAC workload Number	CHAR		5	5 digit HIGLAS Workload Number	00332	00880
HIGLAS AP Refund Invoice Number	CHAR		50	HIGLAS Accounts Payables(AP) Invoice Number created to refund the incorrect recoupment portion of the IUR Over Payment Transaction	REFIURCR8514-292	REFIURCR8250-145
HIGLAS AP Refund Invoice Amount	NUMBER	Two digits are decimal Example: 12050.75	20	Incorrect recoupment amount of the IUR Over Payment Transaction that is being refunded to impacted providers	364.84	364.84
HIGLAS AP Refund Supplier PTAN (Oscar) Num	CHAR	Example: 900134678	12	PTAN (Oscar) Number on the HIGLAS AP Provider Number (Supplier) on the refund invoice	1234567	1199
AP Refund Supplier Number	CHAR	HIGLAS Workload-Oscar-NPI Example:00380-900134678-1234567890	30	HIGLAS Accounts Payable Provider (Supplier) Number on the refund invoice.	00332-1234567-1122334455	00880-1199-1234567899
AP Refund Supplier Name	CHAR		240	HIGLAS AP Provider Number (Supplier) on the refund invoice	00332-1234567-1122334455-ABC PROVIDERS	00880-1199-1234567899-CAHILL SHARON S
Supplier Address Line 1	CHAR		240	HIGLAS AP Provider (Supplier) Address Line 1	900 E PICKET AVENUE	900 E PICKET AVENUE
Supplier Address Line 2	CHAR		240	HIGLAS AP Provider (Supplier) Address Line 2	SUITE 110	SUITE 110
Supplier City	CHAR		60	HIGLAS AP Provider (Supplier) Address City	JACKSON	SPARTANBURG
Zip Code	CHAR		20	HIGLAS AP Provider (Supplier) Address Zip	492012458	293032244
State Code	CHAR		10	HIGLAS AP Provider (Supplier) Address State	MI	SC
Country	CHAR		25	HIGLAS AP Provider (Supplier) Address Country	US	US
UncompressedDCN	CHAR	FISS only field	20	FISS Only field: Uncompressed Document Control Number	684813176737500XX	
Compressed DCN	CHAR	FISS only field	20	Compressed Document Control Number	684813176737500	
ICN	CHAR	MCS only	20	Claim Internal Control Number		684813176737500
Over Payment (AR) Customer Number	CHAR	HIGLAS Workload-Oscar-NPI Example:00380-900134678-1234567890	30	HIGLAS Customer Number of the IUR Over Payment Transaction	00332-1234567-1122334455	00880-1199-1234567899
Over Payment (AR) Customer Name	CHAR		240	HIGLAS Customer Name of the IUR Over Payment Transaction	00332-1234567-1122334455-ABC PROVIDERS	00880-1199-1234567899-CAHILL SHARON S
Over Payment (AR) HICN	CHAR		50	Health Insurance Claim Number(HICN) of the Beneficiary on the IUR Over Payment Transaction	111707442A	111707442A
Patient Name	CHAR		240	HIGLAS Beneficiary Name on the IUR Over Payment Transaction	KEVIN RUDD	KEVIN RUDD
Date of Service From	DATE	DD-MON-YYYY	11	Date of Service From	09-MAR-2012	09-MAR-2012
Date of Service To	DATE	DD-MON-YYYY	11	Date of Service To	09-MAR-2012	09-MAR-2012
Over Payment (AR) NPI	NUMBER		10	National Provider Identifier of the provider on the Over Payment Transaction Number	1122334455	1234567899
AR Transaction Number	CHAR		20	HIGLAS IUR Over Payment Transaction Number	684813176737500	684813176737500
AR Transaction Date	DATE	DD-MON-YYYY	11	HIGLAS IUR Over Payment Transaction Date	11-JUL-2013	11-JUL-2013
HIGLAS AR Invoice Type (Interest/Principal)	CHAR		15	Type of HIGLAS AR Transaction (Principal / Interest)	INV	INV
HIGLAS Check Number	NUMBER		15	HIGLAS AP Check Number created to refund the incorrect recoupment portion of the IUR Over Payment Transaction	2500121199	2500121199
HIGLAS Check Amount	NUMBER		15	HIGLAS AP Check Amount created to refund the incorrect recoupment portion of the IUR Over Payment Transaction	1064.84	364.84
HIGLAS Check Status	CHAR		25	HIGLAS AP Check Status for the refund invoice	RECONCILED	RECONCILED
Shared System Check Number	NUMBER		15	Shared System Check Number for the corresponding HIGLAS AP refund Check	885326781	885326781
Refund Invoice on Hold	CHAR	Yes or No	3	Yes or No Flag to indicate a hold on the AP refund invoice	No	No