

# **Targeted Case Management (TCM)**

## **Download Record Layout**

File Format for Downloaded Encounter Record						
Field Name	Start Position	End Position	Length	Type	Format	Notes
Encounter ID	001	007	07	AN		
LGA Code	008	009	02	AN		
Invoice Number	010	020	11	AN		Position 1 – 2: LGA Code Position 3 – 4: Begin SFY Position 5: / Position 6 – 7: End SFY Position 8: – Position 9: Quarter of SFY Position 10: Alpha character Position 11: Alpha character
Case Manager ID	021	029	09	AN		
Client ID	030	038	09	AN		Client Identification Number BIC Number Social Security Number MEDS ID
Filler	039	047	09	AN		Reserved for future use.
Date of Service	048	057	10	AN	MM/DD/CCYY	
Date of Birth	058	067	10	AN	MM/DD/CCYY	
Last Name	068	087	20	AN		
First Name	088	102	15	AN		
Middle Initial	103	103	01	AN		
Program Type Code	104	105	02	AN		06 = Public Health 07 = Outpatient Clinics 09 = Public Guardian 10 = Linkages 11 = Probation 13 = Community
Location	106	111	06	AN		
Newborn Date of Birth	112	121	10	AN	MM/DD/CCYY	
Optional Field 1	122	131	10	AN		
Optional Field 2	132	141	10	AN		
Optional Field 3	142	151	10	AN		
Sub Program	152	155	04	AN		
Encounter Status	156	159	04	AN		CLAM = Claimable CNCL = Canceled DENY = Denied DUPE = Duplicate EXCD = Exceeded EXPD = Expired HOLD = Hold INAC = Inactive INVC = Invoiced NELG = Not Eligible PAID = Paid PEND = Pending
Filler	160	160	01	AN		Previously Duplicate Override Flag
Duplicate Indicator	161	161	01	AN		
MEDS Eligibility Indicator	162	162	01	AN		
MEDS Failure Reason	163	242	80	AN		
Encounter Rate	243	252	10	N	+999999.99	

File Format for Downloaded Encounter Record						
Field Name	Start Position	End Position	Length	Type	Format	Notes
Invoice Deny Reason	253	256	04	AN		0001 = Invoice not on LGA letterhead 0002 = Signature requirements not met 0003 = All encounters are questionable 0004 = All encounters exceed the remaining cap 0005 = LGA request
Entry Date-Time Stamp	257	282	26	AN		
Entry User ID	283	290	08	AN		
Last Update Date-Time Stamp	291	316	26	AN		
Last Update User ID	317	324	08	AN		
Invoice Status	325	328	04	AN		CNCL = Cancel CREA = Created SUBM = Submitted APPR = Approved ADJU = Adjusted DENY = Denied PAID = Paid OFFS = Offset VOID = Void
Invoice FMAP	329	338	10	N	+999999.99	
Reimbursement Rate	339	344	06	N	999.99	
Valid Encounter Reason Code	345	346	2	AN		01 = Same Day Service 02 = Multiple Births 00 = Other CV = Converted
Valid Encounter Reason	347	376	30	AN		
Case Manager National Provider Identifier (NPI)	377	386	10	AN		