

Upload Encounters – File Format

File Format for Upload Encounter Record								
Field Name	Start Pos	End Pos	Length	Type	Format	Option	Permitted Values	Notes
Case Manager ID	001	009	09	AN		Required		
Client ID	010	018	09	AN		Optional		Required if Client Last Name blank.
Date of Service	019	028	10	Date	MM/DD/CCYY	Required		Must be equal to or greater than 07/01/2000.
Date of Birth	029	038	10	Date	MM/DD/CCYY	Required		
Client Last Name	039	058	20	AN		Optional		Required if Client ID blank.
Client First Name	059	073	15	AN		Optional		
Client Middle Initial	074	074	01	AN		Optional		
Program Type Code	075	076	02	N		Required	06 07 09 10 11 12 13 14 15 16 17 18	06 = Public Health 07 = Outpatient Clinics 09 = Public Guardian 10 = Linkages 11 = Probation 12 = Adult Protection 13 = Home Visitation 14 = Children 15 = Fragile Adults 16 = Institutional Risks 17 = Negative Outcomes 18 = Communicable Diseases
Location	077	082	06	AN		Optional	Office Home Other	Spaces will be permitted on an upload, but actual value is needed prior to invoicing.
Newborn Date of Birth	083	092	10	Date	MM/DD/CCYY	Optional		
Optional Field 1	093	102	10	AN		Optional		Defined by the LGA. If not used the field should be equal to spaces
Optional Field 2	103	112	10	AN		Optional		Defined by the LGA. If not used the field

								should be equal to spaces
Optional Field 3	113	122	10	AN		Optional		Defined by the LGA. If not used the field should be equal to spaces
Sub Program	123	126	04	AN		Required		Permitted Values defined by the LGA
Filler	127	146	20	AN		Optional		Should be set to spaces
Case Manager National Provider Identifier (NPI)	147	156	10	AN		Required		Valid NPI

Record Format: Fixed Block (FB) 156 Characters record length