|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **LTC Patient Credit File Layout**  **AIDP.PA2736K6.xxxx** | | | | | |
| **Data Element** | **Description/Rules** | **Data Type** | **Data Length** | **Starting Position** | **Ending Position** |
| Recipient Identification Number | Recipient ID Number | Varchar | 9 | 1 | 9 |
| Recipient Last Name | Clients Last Name | Varchar | 14 | 10 | 23 |
| Recipient First Name | Clients First Name | Varchar | 9 | 24 | 32 |
| Long Term Care Provider Number | LTC Facility ID | Varchar | 12 | 33 | 44 |
| Hospice Provider Number | Hospice Provider Number | Varchar | 12 | 45 | 56 |
| Patient Credit Begin Julian Date | Patient Credit Effective Date CCYYDDD | Date | 7 | 57 | 63 |
| Patient Credit End Julian Date | Patient Credit End Date CCYYDDD | Date | 7 | 64 | 70 |
| Patient Credit Amount | Patient Credit Amount 0000000.00 | Numeric | 9 | 71 | 79 |
| Level of Care Category of Service | LTC Level of Care Category of Service Code | Varchar | 3 | 80 | 82 |
| Level of Care Effective Date | LTC Level of Care Begin Date CCYYDDD | Date | 7 | 83 | 89 |
| Level of Care End Date | LTC Level of Care End Date CCYYDDD | Date | 7 | 90 | 96 |
| MCO Project Code | Managed Care Project Code | Varchar | 2 | 97 | 98 |
| MCO Plan Type Code | Managed Care Plan Type Code | Varchar | 1 | 99 | 99 |
| Medicare or Provisional Eligibility | M = Medicare  P = Provisional Eligibility | Varchar | 1 | 100 | 100 |
| Hospice Effective Date | Hospice Care Begin Date CCYYDDD Julian | Varchar | 7 | 101 | 107 |
| Hospice End Date | Hospice Care End date CCYYDDD Julian | Varchar | 7 | 108 | 114 |
| Filler | Filler | Varchar | 6 | 115 | 120 |