ODJFS Screening, Assessment, and Case Management File and Submission Specifications
Version 2.1

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1. Introduction

This document describes the file layout and submission procedures to be used for the managed care plans (MCP's) reporting of all screening, assessment and case management data. Screening and assessment records are submitted in one file and case management records are submitted in a separate file.

Screening and assessment, and case management files must be submitted to the Ohio Department of Jobs and Family Services (ODJFS) on the first business day of the month, except if a plan is exempt from specific submission requirements. ODJFS will only accept records for members who were enrolled at least 2 months prior to the submission month. For example, for the submission month of September 2003, screening, assessment, and case management records for the enrollment month of July 2003 will be accepted. Screening, assessment, and case management records for the enrollment months of August 2003, September 2003 or later will be rejected.

2. Changes from Previous Instructions

Security Changes

In accordance with federal privacy and security requirements per the Health Insurance Portability and Accountability Act (HIPAA), certain data transfers, including the Members' PCP file submitted to the Ohio Department of Jobs and Family Services (ODJFS) via file transfer protocol (FTP) and the subsequent activity files generated by ODJFS, must be protected through a secure, encrypted transmission system. Beginning on May 1, 2004, FTP client software capable of 128 bit encryption will be required to connect to the server.

3. File Names

The file names for the case management, and screening and assessment files each contain a unique character identifying the file type, submitter's ID, month and year of submission.

3.1 Screening and Assessment File

The screening and assessment file name has the following format:

sxxxmmyy.t99

Position	Symbol	Description
1	s	s=Screening and assessment.
2-4	xxx	Submitter ID
5-8	mmyy	mm=Month of submission yy=Year of submission
9-11	.t99	Extension: t=Represents a text file 99=Number of monthly file submission. Increment by 1 with each new file submission. First file submission of month is ‘0.’

Example: File name for the first screening and assessment file submission for July 2003:

sxxx0703.t00

3.2 Case Management File

The case management file name has the following format:

cxxxmmyy.t99

Position	Symbol	Description
1	C	c=Case management
2-4	Xxx	Submitter ID
5-8	Mmyy	mm=Month of submission yy=Year of submission
9-11	.t99	Extension: t=Represents a text file 99=Number of monthly file submission. Increment by 1 with each new file submission. First file submission of month is ’00.’

Example: File name for the first case management file submission for July 2003:

cxxx0703.t00

4. Delimiters

The delimiters are as follows:

This delimiter symbol:	Is this character:	Means this:
|	Bar	End of a label field
~	Tilde	End of a data field
,	Comma	Separates multiple values within a data field

Note: No spaces should be inserted between the field label, tilde character, and bar character.

5. Fields/Records

5.1 Label Fields

Label fields are fields that identify the data in the data field. A label field precedes each data field (see sample record in section 5). Label fields are standard for delimited files. The specifications for these fields are included in section 5.

Note: All label fields must be included in the record, even if the corresponding data fields contain no data.

5.2 Data Fields

Data fields are fields that contain the value for each data item. A data field can contain one value or multiple values. Most data fields contain one value. The following fields can contain multiple values:

- Additional assistance screening result
- Screening medical condition result
- Assessment question result

Example: The screening results for an member are diabetes, identified by a code of 07, and teen pregnancy, identified by a code of 30. The layout of the screening and assessment record containing these screening results is as follows:

CASETRACKID|2223456789012222~MCPMEDPROVNO|6543210~MEDRECIPIENTID|3456789012~MCPENROLLDATE|07/01/2001~DISENROLLDATE|~SCREENCOMPLETE|T~SCREENDATE|07/01/2001~SCREENBYIND|2~NONMEDSCRNRESULT|~MEDSCRNRESULT|07,30~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|~ASSESSDATE|~ASSESSRESULT|~OTHASSMEDSCRN|~REASONASSESS|~

6.0 File Layout

6.1 Screening and Assessment File Layout

The screening and assessment file contains the records of members' screening and assessment results. Each record contains the data for both an member's screening and assessment.

One record immediately follows the next record in the file with no space. The last two fields of an assessment record are the label field, REASONASSESS, and the data field, Reason No Assessment Completed, containing the reason no assessment was completed. The first label of the next record, CASETRACKID, follows immediately after the tilde at the end of the Reason No Assessment Completed data field with no space.

Field Type	**Field Name**	**Required, Optional, or Conditional**	**Description**
Label	CASETRACKID	Required	
Data	Case Tracking ID	Required	0 to 9 and/or A to Z. Unique identifier assigned by the MCP to a new member who has been screened and/or assessed. The Case Tracking ID uniquely identifies an member of a plan in a specific county who joins at a specific enrollment date. (Maximum length 16).
Label	MCPMEDPROVNO	Required	
Data	MCP Medicaid Provider Number	Required	ODJFS 7-digit number identifying MCP.
Label	MEDRECIPIENTID	Required	
Data	Medicaid Recipient ID	Required	12 digit Medicaid recipient ID.
Label	MCPENROLLDATE	Required	
Data	MCP Enrollment Date	Required	mm/dd/yyyy
Label	DISENROLLDATE	Conditional	
Data	MCP Disenrollment Data	Conditional	mm/dd/yyyy
Label	SCREENCOMPLETE	Required	
Data	Screening Completed Indicator	Required	Indicator of whether screening completed. T=Screening Completed F=Screening Not Completed
Label	SCREENDATE	Required	
Data	Screening Date	Required	mm/dd/yyyy

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	SCREENBYIND	Required	
Data	Screened by Indicator	Required	Indicator of whether screening performed by Selection Services Contractor (SSC) or MCP. 01=MCP 02=SSC
Label	NONMEDSCRNRESULT	Required	
Data	Additional Assistance Screening Result	Conditional	One code should be entered for each positive response. All screening question codes are inserted in one field, each one separated by the comma delimiter. 01=Receiving Supplemental Security Income (SSI) 02=Approval Letter from the Bureau of Children with Medical Handicaps (BCMH) Required if the recipient had a positive screen for receiving SSI or Title V.
Label	MEDSCRNRESULT	Required	
Data	Screening Medical Condition Result	Conditional	One code should be entered for each condition identified by the member. All condition codes should be entered in one field, each one separated by the comma delimiter. See Appendix A for a list of the valid condition codes. Required if the recipient had a positive screen for asthma, teenage pregnancy or a chronic condition.
Label	OTHSCRMEDSCRN	Required	
Data	Other Medical Condition Description	Conditional	Description of medical condition. Free-form text can be entered in this field. Required when the member indicates the value of “Other” (99) for the Screening Medical Condition result.

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	REASONSCREEN	Required	
Data	Reason No Screening Completed	Conditional	Code for reason screening not completed. Only one code should be entered in this field. See Appendix B for a list of the valid reason codes. Required if Screening Completed Indicator is "F."
Label	ASSESSCOMPLETE	Required	
Data	Assessment Completed Indicator	Required	Indicator of whether assessment completed. T=Assessment Completed F=Assessment Not Completed
Label	ASSESSDATE	Required	
Data	Assessment Date	Required	mm/dd/yyyy
Label	ASSESSRESULT	Required	
Data	Assessment Question Result	Conditional	One code should be entered for each positive result. All assessment question codes are inserted in one field, each one separated by delimiters. See Appendix A for a list of the valid condition codes. Required if recipient assessed positive for a medical condition.
Label	OTHASSMEDSCRN	Required	
Data	Other Medical Condition Description	Conditional	Description of medical condition. Free-form text can be entered in this field. Required when the member indicates the value of "Other" (99) for the Assessment Medical Condition result.
Label	REASONASSESS	Required	
	Reason No Assessment Completed	Conditional	Code for reason assessment not completed. Only one code should be entered in this field. See Appendix B for a list of the valid reason codes. Required if Assessment Completed Indicator is "F."

6.2 Case Management File Layout

The case management file consists of the records about members' case management. Each record contains the case management data submitted for a member. The record can contain data about one or more conditions being case managed.

One case management record immediately follows the next record in the file with no space. The last two fields of a case management record are the label field, CMDATA, and the data field, Case Management Data Set, containing the set of six case management data elements: case management condition tracking ID, case management change indicator, condition code, other condition description, case management beginning date, and case management ending date. The first label of the next record, CASETRACKID, follows immediately after the tilde at the end of the Case Management Data Set data field with no space.

Case management information is presented as a set of case management data for each medical condition being case managed. Each set of case management data consists of the following six data elements:

- Case Management Condition Tracking ID
- Case Management Change Indicator
- Case Management Condition Code
- Other Condition Description
- Date Case Management Begins
- Date Case Management Ends

Each case management record can contain multiple sets of case management data.

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	CASETRACKID	Required	
Data	Case Tracking ID	Required	0 to 9 and/or A to Z. Unique identifier assigned by the MCP to an member. The Case Tracking ID uniquely identifies an member of a plan in a specific county who joins at a specific effective date of enrollment (Maximum length 16).
Label	MCPMEDPROVNO	Required	
Data	MCP Medicaid Provider Number	Required	ODJFS 7-digit number identifying MCP.

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	MEDRECIPIENTID	Required	
Data	Medicaid Recipient ID	Required	12-digit Medicaid recipient ID.
Label	MCPENROLLDATE	Required	
Data	MCP Enrollment Date	Required	mm/dd/yy
Label	DISENROLLDATE	Required	
Data	MCP Disenrollment Data	Conditional	mm/dd/yy Required if member disenrolls from the MCP.
Label	CMDATA	Required	
Data	Case Management Data Set		Set of case management data for each medical condition being case managed. The set of case management data elements consists of the following: *case management condition tracking ID *case management change indicator *condition code *other condition description *date case management begins *date case management ends Enter one set of CM data values in one field, each value separated by the comma delimiter.

Field Type	Field Name	Required, Optional, or Conditional	Description
Subset of Case Management Data Set	Case Management Condition Tracking ID	Required	0 to 9 unique identifier for a member's medical condition that is case managed for a specific time period. It is assigned by the MCP. This identifier is a secondary unique identifier to the Case Tracking ID. The specific time period is defined by the date case management begins and date case management ends (Maximum length of 6).
Subset of Case Management Data Set	Case Management Change Indicator	Required	Indicator of whether record is to be added or changed. A=Add C=Change
Subset of Case Management Data Set	Case Management Condition Code	Required	Code for medical condition(s) being case managed. See Appendix C for a list of the valid condition codes.
Subset of Case Management Data Set	Other Condition Description	Conditional	Description of condition when the value of "Other" (99) is entered for the Case Management Condition Code. Free-form text can be entered in this field. Required if the Case Management Condition Code="99".
Subset of Case Management Data Set	Date Case Management Begins	Required	mm/dd/yy
Subset of Case Management Data Set	Date Case Management ends	Conditional	mm/dd/yy Required if case management ends.

7. Sample Records

7.1 Case Tracking ID Field

The Case Tracking ID is an unique identifier for a member who is a member of the screening, assessment, and case management population and whose information is monitored by ODJFS. This identifier is assigned by an MCP to an member who is a member of a plan at a specific effective date of enrollment in a specific county.

The Case Tracking ID is assigned when an MCP submits its first record reporting screening, assessment, or case management results for a member to ODJFS. The same Case Tracking ID is used in all reporting records–screening, assessment, and case management–submitted for this member, as long as this member is a member of the same plan for the same enrollment period, in the same county.

A new Case Tracking ID is assigned to an member by an MCP following these rules:

- new member joins a plan in a specific county with a specific effective date of enrollment
- member moves to another county covered by the same plan
- member disenrolls from a plan and later re-enrolls in the same plan

New case tracking identification numbers should only be assigned for people who have had a break in coverage from a plan for at least one month. Please note that if an member changes counties, they will have a break in coverage for at least one month. A new case tracking identification number should not be assigned for people for whom a plan has received consecutive months of capitation.

As mentioned previously, if an member disenrolls and re-enrolls in the same MCP and the new enrollment date is within 6 months of the original screening date, SACMS will automatically update the member's screening information upon re-enrollment.

Example 1: Suppose a 16-year-old member joins Ohio Health Plan A and is screened by the plan. When Ohio Health Plan A creates this member's screening record, it assigns a new Case Tracking ID to the record. If the member screens positive for asthma (24) and is assessed, the assessment record submitted by Ohio Health Plan A also has the same Case Tracking ID. If the member assesses positive for asthma and begins case management, the case management record submitted by Ohio Health Plan A also has the same Case Tracking ID.

Screening record:

CASETRACKID|0123901234545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|0123454589~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~SCREENCOMPLETE|T~SCREENDATE|09/01/2001~SCREENBYIND|2~NONMEDSCRNRESULT|~MEDSCRNRESULT|24~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|~ASSESSDATE|~ASSESSRESULT|~OTHASSMEDSCRN|~REASONASSESS|~

Assessment record:

CASETRACKID|0123901234545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|012
3454589~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~SCREENCOMPLETE|~SCR
EENDATE|~SCREENBYIND|~NONMEDSCRNRESULT|~MEDSCRNRESULT|~OTHSCRM
EDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|T~ASSESSDATE|09/22/2001~ASSESS
RESULT|24~OTHASSMEDSCRN|~REASONASSESS|~

Case management record:

CASETRACKID|0123901234545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|012
3454589~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~CMDATA|778956,A,24,,10/
18/2001,~

Example 2: Suppose an 18-year-old member joins Ohio Health Plan B in Montgomery county and is screened by the plan. Ohio Health Plan B creates a new Case Tracking ID for the member when it submits the screening record. The member screens positive for metabolic disorders (05). One month later, the member then completes an assessment. The member assesses positive for this condition and the plan submits an assessment record. Before the member begins case management, this member disenrolls, moves to Greene county and re-enrolls one month after the assessment. When the member joins Ohio Health Plan B in Greene county, a new Case Tracking ID is assigned and used for future case management submissions.

Screening record:

CASETRACKID|0123789234545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|212
3454580~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~SCREENCOMPLETE|T~SC
REENDATE|09/01/2001~SCREENBYIND|2~NONMEDSCRNRESULT|~MEDSCRNRESULT
|05~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|~ASSESSDATE|~ASSE
SSRESULT|~OTHASSMEDSCRN|~REASONASSESS|~

Assessment record:

CASETRACKID|0123789234545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|212
3454580~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~SCREENCOMPLETE|~SCR
EENDATE|~SCREENBYIND|~NONMEDSCRNRESULT|~MEDSCRNRESULT|~OTHSCRM
EDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|T~ASSESSDATE|10/05/2001~ASSESS
RESULT|05~OTHASSMEDSCRN|~REASONASSESS|~

Case management record:

CASETRACKID|8756890123454568~MCPMEDPROVNO|6544410~MEDRECIPIENTID|212
3454580~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~CMDATA|748925,A,05,,11/
21/2001,~

7.2 Screening and Assessment Records

ODJFS maintains the most current screening and assessment information submitted by the MCPs. When data changes are necessary for screening records or assessment records, MCPs must submit a record containing all label fields, and required data fields. The data change is processed as an overlay by ODJFS; in other words, the new data in the record submitted by the MCP replace the existing values in the screening record or assessment record in SACMS.

Although screening and assessment data are contained in one record in the submission file, MCPs can submit data for either one reporting event or both reporting events. For example, an MCP can submit either screening data for an member one month and assessment data another month or the MCP can submit data for both events the same month.

Example 1: Suppose screening and assessment information have been submitted for an member who screened and assessed positive for asthma (24). After the MCP submitted the initial screening and assessment results, an error in the screening date was identified. When the MCP submits this data change, the submission record contains the most current screening data, including the revised screening date.

Initial screening record:

CASETRACKID|7312312437580678~MCPMEDPROVNO|6543510~MEDRECIPIENTID|8023686981~MCPENROLLDATE|11/01/2001~DISENROLLDATE|~SCREENCOMPLETE|T~SCREENDATE|11/10/2001~SCREENBYIND|2~NONMEDSCRNRESULT|~MEDSCRNRESULT|24~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|~ASSESSDATE|~ASSESSRESULT|~OTHASSMEDSCRN|~REASONASSESS|~

Initial assessment record:

CASETRACKID|7312312437580678~MCPMEDPROVNO|6543510~MEDRECIPIENTID|8023686981~MCPENROLLDATE|11/01/2001~DISENROLLDATE|~SCREENCOMPLETE|~SCREENDATE|~SCREENBYIND|~NONMEDSCRNRESULT|~MEDSCRNRESULT|~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|T~ASSESSDATE|11/29/2001~ASSESSRESULT|24~OTHASSMEDSCRN|~REASONASSESS|~

Screening record with changed screening date:

CASETRACKID|7312312437580678~MCPMEDPROVNO|6543510~MEDRECIPIENTID|8023686981~MCPENROLLDATE|11/07/2001~DISENROLLDATE|~SCREENCOMPLETE|T~SCREENDATE|11/01/2001~SCREENBYIND|2~NONMEDSCRNRESULT|~MEDSCRNRESULT|24~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|~ASSESSDATE|~ASSESSRESULT|~OTHASSMEDSCRN|~REASONASSESS|~

Example 2: Suppose screening and assessment information have been submitted for an member who screened positive for metabolic disorders (05) and receiving Supplemental Security Income

(SSI), but was assessed negative. After the MCP submitted the initial screening and assessment results, the MCP discovered the assessment was reported incorrectly and was actually positive. When the MCP submits this data change, the submission record contains the most current assessment data, including the correct assessment question result.

Initial screening record:

CASETRACKID|6291075806251778~MCPMEDPROVNO|6543510~MEDRECIPIENTID|3710919281~MCPENROLLDATE|08/01/2001~DISENROLLDATE|~SCREENCOMPLETE|T~SCREENDATE|08/01/2001~SCREENBYIND|2~NONMEDSCRNRESULT|01~MEDSCRNRESULT|05~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|~ASSESSDATE|~ASSESSRESULT|~OTHASSMEDSCRN|~REASONASSESS|~

Initial assessment record:

CASETRACKID|6291075806251778~MCPMEDPROVNO|6543510~MEDRECIPIENTID|3710919281~MCPENROLLDATE|08/01/2001~DISENROLLDATE|~SCREENCOMPLETE|~SCREENDATE|~SCREENBYIND|~NONMEDSCRNRESULT|~MEDSCRNRESULT|~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|T~ASSESSDATE|09/08/2001~ASSESSRESULT|~OTHASSMEDSCRN|~REASONASSESS|~

Assessment record with changed Assessment Completed Indicator:

CASETRACKID|6291075806251778~MCPMEDPROVNO|6543510~MEDRECIPIENTID|3710919281~MCPENROLLDATE|08/01/2001~DISENROLLDATE|~SCREENCOMPLETE|~SCREENDATE|~SCREENBYIND|~NONMEDSCRNRESULT|~MEDSCRNRESULT|~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|T~ASSESSDATE|09/08/2001~ASSESSRESULT|05~OTHASSMEDSCRN|~REASONASSESS|~

For a completed assessment with a negative result, the Assessment Completed field will have a value of "T", the Assessment Date will contain the date the assessment was completed, and the Assessment Question Result will contain no value.

Example 3: An example of an assessment with a negative result:

CASETRACKID|7653478901234561~MCPMEDPROVNO|0123456~MEDRECIPIENTID|0123456789~MCPENROLLDATE|06/01/2001~DISENROLLDATE|~SCREENCOMPLETE|~SCREENDATE|~SCREENBYIND|~NONMEDSCRNRESULT|~MEDSCRNRESULT|~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|T~ASSESSDATE|08/10/2001~ASSESSRESULT|~OTHASSMEDSCRN|~REASONASSESS|~

6.3 Case Management Records

ODJFS maintains a history of an member's case management. Each case management record in SACMS is uniquely identified by a combination of two fields, the Case Tracking ID and the Case Management Condition Tracking ID. This unique combination identifies an member's case

management record for a new medical condition and a time period (CM beginning date and CM ending date).

Case Management Condition Tracking ID

The Case Management Condition Tracking ID is an unique identifier for an member's condition that is case managed for a specific time period. This identifier is a secondary unique identifier to the Case Tracking ID. The specific time period is defined by the Date Case Management Begins and Date Case Management Ends. A Case Management Condition Tracking ID is assigned by the MCP.

Case Management Change Indicator

The Case Management record contains a field, Case Management Change Indicator, that identifies whether the record being submitted is an addition or a change. The indicator is assigned as follows:

For this condition:	**The Case Management Change Indicator contains this value:**
Adding the first CM record for a condition being case managed for a specific time period	A
Changing an existing CM record	C

The MCP assigns a new Case Management Condition Tracking ID when the first Case Management record reporting a new case-managed condition with a specific Date Case Management Begins value, is submitted to ODJFS. The first case management record reporting a new case-managed condition is defined by a value of "A" in Case Management Change Indicator field. The same Case Management Condition Tracking ID is used in all case management records reporting data changes for that condition with the same case management span.

An MCP must assign the following items to the first record submitted for a new case management condition:

- unique value for the Case Management Condition Tracking ID field
- value of "A" for add for the Case Management Change Indicator field

When a case management record is received from an MCP with a value of "A" in the Case Management Change Indicator field, SACMS checks to see whether a current case management record exists for the condition and a reported case management time period. The check is done by comparing the combination of values of the Case Tracking ID and Case Management Condition Tracking ID in the MCP-submitted record with those in SACMS. If no matches are found, the MCP-submitted case management record is determined to contain data about a new case management condition or time span. SACMS also determines if the Case Management

Condition Code and the Date Case Management Begins values are valid before adding a case management record to SACMS.

In addition, SACMS completes the following date-related checks before adding a case management record for a specific condition:

- time period is not a duplicate of a time period for an existing case management record (condition specific) for the same member with the same enrollment date.
- time period does not overlap the time period of an existing case management record (condition specific) for the same member with the same enrollment date.
- time period is chronological (condition specific).

If the case management record does not meet these rules, it is rejected.

When MCPs need to submit a data change for an existing case management record, they must assign a value of "C" to the Case Management Change Indicator field and provide the new value for the changed field, as well as the current values for the other fields.

Example 1: Suppose an member joins an MCP and after a positive screen and assessment is case managed for diabetes (07) and cerebral palsy (16). After the MCP submits the initial case management record for these two conditions, the MCP discovers the Date Case Management Began value in the cerebral palsy record was reported incorrectly. When the MCP submits this data change for the cerebral palsy, the data change case management record contains the following values:

- value of "C" for the Case Management Change Indicator
- new value for the Date Case Management Begins field
- current values for the other case management data set fields: Case Management Condition Tracking ID, Case Management Condition Code, and Date Case Management Ends.

Screening record:

CASETRACKID|0123450123456789~MCPMEDPROVNO|0123456~MEDRECIPIENTID|0123456789~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~SCREENCOMPLETE|T~SCREENDATE|09/01/2001~SCREENBYIND|2~NONMEDSCRNRESULT|~MEDSCRNRESULT|07,16~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|~ASSESSDATE|~ASSESSRESULT|~OTHASSMEDSCRN|~REASONASSESS|~

Assessment record:

CASETRACKID|0123450123456789~MCPMEDPROVNO|0123456~MEDRECIPIENTID|0123456789~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~SCREENCOMPLETE|~SCREENDATE|~SCREENBYIND|~NONMEDSCRNRESULT|~MEDSCRNRESULT|~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|T~ASSESSDATE|10/10/2001~ASSESSRESULT|07,16~OTHASSMEDSCRN|~REASONASSESS|~

Initial case management record:

CASETRACKID|0123450123456789~MCPMEDPROVNO|0123456~MEDMEMBERID|0123456789~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~CMDATA|346785,A,07,,11/10/2001,~CMDATA|639639,A,16,,10/10/2001,~

Data change for case management record for cerebral palsy:

CASETRACKID|0123450123456789~MCPMEDPROVNO|0123456~MEDMEMBERID|0123456789~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~CMDATA|639639,C,16,,11/10/2001,~

Example 2: Suppose an member who is 32 years of age and has diabetes (07), joins Ohio Health Plan C. This member is placed in case management for diabetes. When the MCP creates a new case management record for this member, a new Case Tracking ID and Case Management Condition Tracking ID are assigned. Two months later, this member disenrolls from the plan. This member then re-enrolls two months later in Ohio Health Plan A and begins case management for diabetes. When this MCP creates a case management record for this member, it assigns a new Case Tracking ID and new Case Management Condition Tracking ID.

Initial case management record:

CASETRACKID|3024929724854571~MCPMEDPROVNO|6544428~MEDRECIPIENTID|6353681438~MCPENROLLDATE|08/01/2001~DISENROLLDATE|~CMDATA|211442,A,07,,10/03/2001,~

Case management record for disenrollment:

CASETRACKID|3024929724854571~MCPMEDPROVNO|6544428~MEDRECIPIENTID|6353681438~MCPENROLLDATE|08/01/2001~DISENROLLDATE|12/15/2001~CMDATA|211442,C,07,,10/03/2001,12/15/2001~

Second case management record when re-enrolled:

CASETRACKID|2212961724834582~MCPMEDPROVNO|655253~MEDRECIPIENTID|6353681438~MCPENROLLDATE|02/01/2002~DISENROLLDATE|~CMDATA|106510,A,07,,03/28/2002,~

Example 3: This is an example of an initial case management record for an member who has a adult pregnancy (30) and another medical condition (99) and begins case management for both conditions on 08/15/2001. However, the date case management begins for the pregnancy changes from 08/15/2001 to 7/10/2001.

Initial case management record

CASETRACKID|0123456789012345~MCPMEDPROVNO|0123456~MEDMEMBERID|0123456789~MCPENROLLDATE|06/01/2001~DISENROLLDATE|~CMDATA|982345,A,30,,08/15/2001,~CMDATA|123478,A,99,This is the text for the other condition.,08/15/2001,~

Data change for case management record for high-risk pregnancy:

CASETRACKID|0123456789012345~MCPMEDPROVNO|0123456~MEDMEMBERID|0123456789~MCPENROLLDATE|06/01/2001~DISENROLLDATE|~CMDATA|982345,C,30,,07/10/2001,~

Subsequently, a data change is submitted to end the case management for the pregnancy on 01/07/2002:

Entering end date on case management record for pregnancy:

CASETRACKID|0123456789012345~MCPMEDPROVNO|0123456~MEDMEMBERID|0123456789~MCPENROLLDATE|06/01/2001~DISENROLLDATE|~CMDATA|982345,C,30,,07/10/2001,01/07/2002~

Example 4: Suppose a member two years of age screens and assesses positive for cleft palate (35), then begins case management for this condition. A new Case Management Condition Tracking ID is assigned to the case management record submitted by Ohio Health Plan D, who is the MCP.

Five months later, this member is determined to have cerebral palsy (06) and begins case management for this condition. When Ohio Health Plan D submits the first case management record for the cerebral palsy condition, it uses the same Case Tracking ID, but assigns a new Case Management Condition Tracking ID.

One year later, the case management of the cleft palate condition ends. Ohio Health Plan D submits a data change case management record to end the case management using the same Case Tracking ID and Case Management Condition Tracking ID.

Initial screening record:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|2536454981~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~SCREENCOMPLETE|T~SCREENDATE|09/10/2001~SCREENBYIND|3~NONMEDSCRNRESULT|~MEDSCRNRESULT|35~OTHSCRMEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|~ASSESSDATE|~ASSESSRESULT|~OTHASSMEDSCRN|~REASONASSESS|~

Initial assessment record:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|253
6454987MEDISENROLLDATE|09/01/2001~DISENROLLDATE|~SCREENCOMPLETE|~SC
REENDATE|~SCREENBYIND|~NONMEDSCRNRESULT|~MEDSCRNRESULT|~OTHSCR
MEDSCRN|~REASONSCREEN|~ASSESSCOMPLETE|T~ASSESSDATE|10/07/2001~ASSES
SRESULT|35~OTHASSMEDSCRN|~REASONASSESS|~

Initial case management record for cleft palate:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|253
6454981~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~CMDATA|308008,A,35,,10/
17/2001,~

Case management record for cerebral palsy:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|253
6454981~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~CMDATA|308009,A,06,,03/
17/2002,~

Case management record for ending cleft palate:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|253
6454981~MCPENROLLDATE|09/01/2001~DISENROLLDATE|~CMDATA|308008,C,35,,10/
17/2001,10/26/2002~

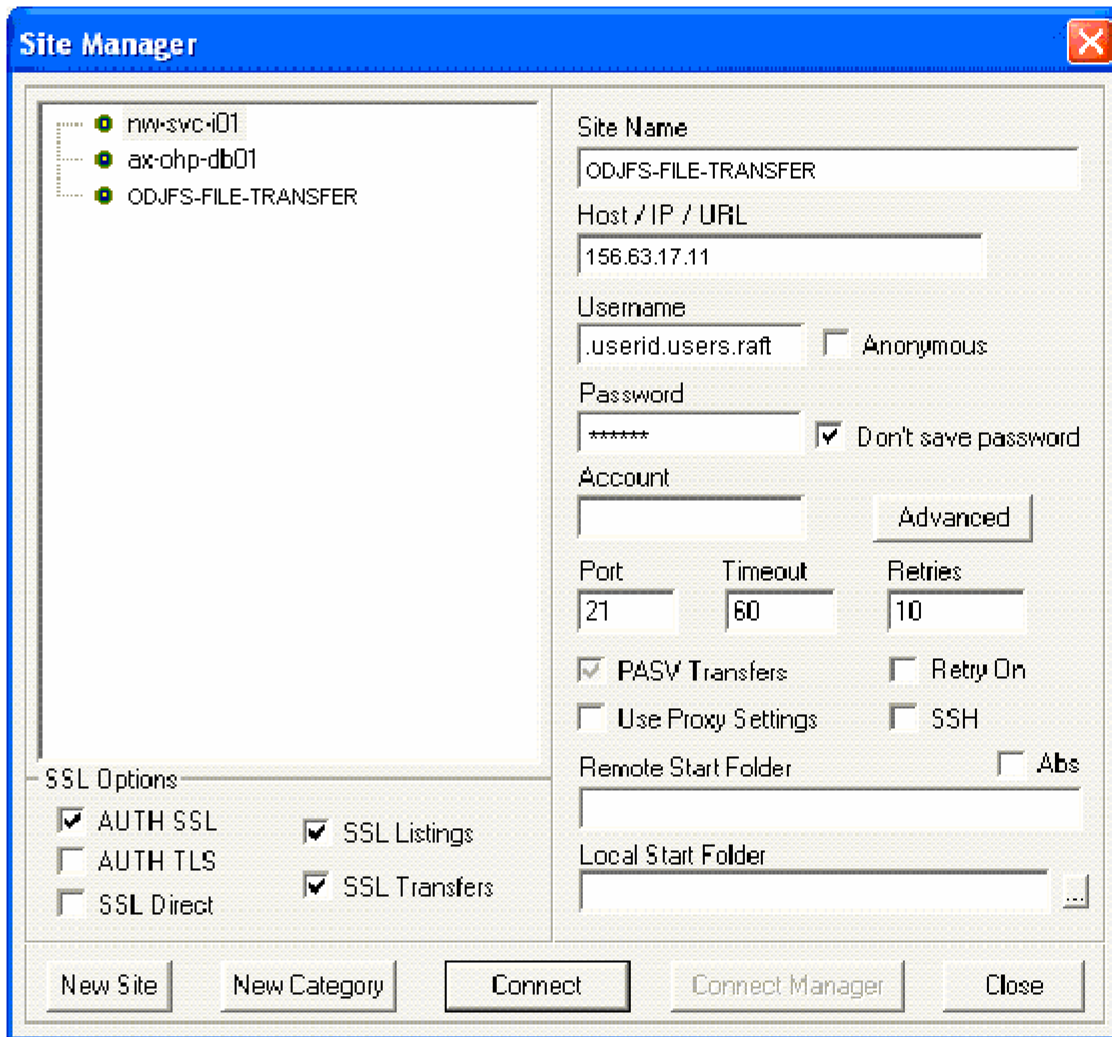
8. File Submissions

Each MCP must submit data through secure file transfer protocol (SFTP). There is a variety of client SFTP software available for this purpose.

Client software requirements for SFTP:

- Allow authorization secure sockets listing (AUTH SSL).
- Support SSL Listings.
- Support SSL Transfers.
- Connect to IP address: 156.63.17.11.

Below is an example of an FTP client application properly configured to connect to ODJFS' SFTP server:



The example was taken from the Core FTP Lite application. To configure your specific FTP client software, refer to the documentation provided with that software from the manufacturer.

9.0 Activity Reports

The MCP may obtain an activity report for the submitted report by accessing its pickup folder on ODJFS' server through secure FTP. The activity report presents the results of the processing of a data file submitted by an MCP. It contains the following information:

- Summary of the Processing Results- counts the records accepted into database, rejected records, and total records received.
- Rejected List- identifies rejected records by a rejection code in the second column of each record in the report. For a list of rejection codes, see Appendix C.

- Outstanding List (for screening and assessment files)- identifies members whose screening and assessment results were expected but were not received. This list is broken down into two lists: Screening Results and Assessment Results. In addition, records that were turned in with "no results" are separated from those that were not turned in. These members are identified by their Medicaid recipient ID, MCP Medicaid provider number, MCP enrollment date and birth date.
- Disenrolled Members with Open Case Management Spans (for case management files): identifies members who are disenrolled from the MCP, but still have open case management spans.

Appendix A: Condition Codes

CONDITION CODE LIST
WITH ICD-9 RANGES

ODJFS Condition Code	ICD-9 Range	DESCRIPTION	Exceptions
01	**001.xx-139.xx**	**Infectious and Parasitic Diseases**	HIV/AIDS
02		HIV/AIDS	
03	**140.xx-239.xx**	**Neoplasms**	Leukemia
04		Leukemia	
05	**240.xx-279.xx**	**Endocrine, Nutritional and Metabolic Diseases, Immunity Disorders**	Cystic Fibrosis
06		Cystic Fibrosis	
07		Diabetes	
08	**280.xx-289.xx**	**Diseases of Blood and Blood-Forming Organs**	Hemophilia Sickle Cell
09		Hemophilia	
10		Sickle Cell	
11	**290.xx-319.xx**	**Mental Disorders**	ADD/ADHD Alcohol and other Drug Abuse Post Traumatic Brain Injury
12		(ADD/ADHD) Attention Deficit Disorder/Attention Deficit Hyperactive Disorder	
13		Alcohol and other Drug Abuse	
14		Post Traumatic Brain Injury	
15	**320.xx-389.xx**	**Diseases of the Nervous System and Sense Organs**	Cerebral Palsy Chronic Otitis Media Epilepsy Muscular Dystrophy
16		Cerebral Palsy	
17		Chronic Otitis Media	
18		Epilepsy	
19		Muscular Dystrophy	
20	**390.xx-459.xx**	**Diseases of the Circulatory System**	Heart Disease
21		Heart Disease	
22	**460.xx-519.xx**	**Diseases of the Respiratory System**	Allergies, Asthma

Appendix A: Condition Codes

CONDITION CODE LIST
WITH ICD-9 RANGES

ODJFS Condition Code	ICD-9 Range	DESCRIPTION	Exceptions
23		Allergies	
24		Asthma[1]	
25		Asthma Option 2[2] (discontinued as of July, 2003)	
26	**520.xx-579.xx**	**Diseases of the Digestive System**	
27	**580.xx-629.xx**	**Diseases of the Genitourinary System**	Chronic Renal Failure
28		Chronic Renal Failure	
29	**630.xx-677.xx**	**Complications of Pregnancy, Childbirth and the Puerperium**	Teen/Adult Pregnancy
30		Teen/Adult Pregnancy	
31	**680.xx 709.xx**	**Diseases of the Skin and Subcutaneous Tissue**	
32	**710.xx-739.xx**	**Diseases of the Musculoskeletal System and Connective Tissue**	Arthritis
33		Arthritis	
34	**740.xx-759.xx**	**Congenital Anomalies**	Cleft Palate Hydrocephalus Spina Bifida
35		Cleft Palate	
36		Hydrocephalus	
37		Spina Bifida	
38	**760.xx-779.xx**	**Certain Conditions Originating in the Perinatal Period**	

[1] MCPs should code any person screened or assessed positive for asthma, or case managed for asthma with condition code 24.
[2] Condition code 24 was used when there were 2 options for case managing children with asthma. As of July 1, 2003, MCPs should not use condition code 25.

Appendix A: Condition Codes

CONDITION CODE LIST
WITH ICD-9 RANGES

ODJFS Condition Code	**ICD-9 Range**	**DESCRIPTION**	**Exceptions**
39	**780.xx-799.xx**	**Symptoms, Signs and Ill-Defined Conditions**	
40	**800.xx-999.xx**	**Injury and Poisoning**	Burns Lead Poisoning Trauma Other
41		Burns	
42		Lead Poisoning	
43		Trauma	
99		Other	

Appendix B: Reason Codes

Reason Code	Description
01	Incorrect telephone number (includes wrong numbers and disconnected numbers)
02	Incorrect address
04	Individual, or family member on their behalf, is physically or mentally unable to complete the interview
05	Unable to contact after three (3) attempts
99	No reason

Appendix C: Activity Report Rejection Codes

This appendix presents the codes and descriptions for rejected records from BMHC. The rejected records are found in the activity report.

You can use this list to identify the code associated with a rejected record and help you to correct the record for resubmission.

Code	Description
01	Invalid delimiter- must use bar (|), tilde (~) or comma (,)
02	Invalid Case Tracking ID
03	Invalid MCP Medicaid provider number
04	Invalid Medicaid Recipient ID
05	Invalid MCP Enrollment Date
06	Invalid Screened by Indicator
07	Invalid additional Assistance Screening Result
08	Invalid Screening Medical Condition Result
09	Invalid Reason No Screening Completed
10	No value in the Case Tracking ID field
11	No value in MCP Medicaid Provider Number field
12	No value in the Medicaid Recipient ID field
13	No value in the MCP Enrollment Date field
14	No value in the Date Case Management Begins field
15	No value in the Case Management Condition Code field
16	No value in the Screening Completed Indicator field
17	No value in the Screening Date field
18	No value in the Screened by Indicator field
19	No value in the Additional Assistance Screening Result field or Screening Medical Condition Result field
20	No value in the Reason No Screening Completed field
21	No value in the Assessment Completed Indicator field
22	No value in the Assessment Date field
24	No value in the Reason No Assessment Completed field
28	A case management record exists in the SACM database for the same condition with dates that overlap those in the submitted record. A case management record must be submitted with a value in the Date Case Management Begins field that does not overlap an existing record for the same condition.
29	A case management record exists in the SACMS database for the same condition exists with dates that duplicate those in the submitted record. A case management record must be submitted with a date in the Date Case Management Begins field that does not duplicate an existing record for the same condition.
34	Invalid Case Management Condition Tracking ID
35	Screening Date is more than 45 days before the member's enrollment date

Code	Description
36	Invalid field label
37	Duplicate Case Management Condition Tracking IDs in case management record
38	Informational message: The MCP Enrollment Date submitted for the member is different from the enrollment date on record with the BMHC
40	No value for field label
41	Invalid Disenrollment Date
42	Invalid Screening Completed Indicator
43	Invalid Screening Date
44	Invalid Assessment Completed Indicator
45	Invalid Assessment Date
46	Invalid Assessment Question Result
47	Invalid Reason No Assessment Completed
48	No value in Case Management Condition Tracking ID field
49	Invalid Case Management Change Indicator
50	No value in Case Management Change Indicator field
51	Invalid Case Management Condition Code
52	Invalid Date Case Management Begins
53	Invalid Date Case Management Ends
54	Screening record contains values in the Screening Medical Condition Result field and/or Additional Assistance Screening Result field and Reason No Screening Completed field when the Screening Completed Indicator value is "T."
55	Screening record contains values in the Screening Medical Condition Result field and/or Additional Assistance Screening Result field and Reason No Screening Completed field when the Screening Completed Indicator value is "F."
56	Assessment record contains values in the Assessment Question Result field and Reason No Assessment Completed field when the Assessment Completed Indicator value is "T."
57	Assessment record contains values in the Assessment Question Result field and Reason No Assessment Completed field when the Assessment Completed Indicator value is "F."
58	Screening date is greater than the member's disenrollment date
59	Assessment date is greater than 45 days before the member's enrollment date
60	Assessment date is greater than the member's disenrollment date
61	Date Case Management Begins is greater than 45 days before the member's enrollment date
62	Date Case Management Begins is greater than the member's disenrollment date
63	The submitted screening record is in conflict with a current screening record in the SACMS database. The submitted record contains the same screening date as the current database record, but different Case Tracking IDs and different screening medical condition results. The submitted screening record and current database screening record must be corrected to be in agreement.

Code	Description
64	The submitted assessment record is in conflict with a current assessment record in the SACMS database. The submitted record contains the same assessment date as the current database record, but different Case Tracking IDs and different assessment medical condition results. The submitted assessment record and current database assessment record must be corrected to be in agreement.
65	MCP Medicaid Provider Number is not valid for this managed care plan
66	Medicaid Recipient ID is not valid for this MCP Medicaid Provider Number
67	Medicaid Recipient ID is not valid for this enrollment date and MCP Medicaid Provider Number
68	Duplicate field label
69	The date Case Management Ends precedes the Date Case Management Begins. The value in the Date Case Management Begins field must precede the value in the Date Case Management Ends field
70	The Case Tracking ID is invalid because it is associated with a previous enrollment period for this member. A new Case Tracking ID is assigned to an member for each enrollment period (indicated by a new effective date of enrollment). A new Case Tracking ID should be assigned to this member that is effective with the new effective date of enrollment
71	The Case Tracking ID is invalid because it is currently associated with another member (indicated by the Medicaid Recipient ID) in this plan. A new Case Tracking ID should be assigned to this member
72	The Medicaid Recipient ID is currently associated with an existing Case Tracking ID. The existing Case Tracking ID should be used when submitting SACMS data for the member with this Medicaid Recipient ID.
73	The submitted screening or assessment record is for an member whose effective date of enrollment is before July 1, 2001. Screening records and assessment records should be submitted for members with an effective date of enrollment of July 1, 2001, and after.
74	The enrollment month in the submitted screening, assessment or case management record is not valid for the submission month (the submission month is the month identified in the name of the data file). The enrollment month must be two months or more prior to the submission month. The submitted record is invalid because the enrollment month is either the same as the submission month, one month prior to the submission month or greater than the submission month. For example, for the submission month of September 2001, screening, assessment and case management records for the enrollment month of July 2001 are valid. Screening, assessment or case management records for the enrollment months of August 2001, September 2001 or later are invalid.
75	Duplicate case management record while Case Management Chance Indicator='A.' The same case management record already exists in SACMS database.
76	Case management record for the same person, enrollment date and case condition tracking ID already exists while Case Management Change Indicator='A'
77	Case management record for specified person, enrollment date and case condition tracking ID does not exist in the SACMS database while Case Management Change Indicator='C'

Code	Description
78	Impossible to validate Medicaid recipient id. RMF is not available
79	Inappropriate description in Case Management Other Medical Condition

Appendix D: MCP Submitter IDs

MCP Submitter ID	MCP
420	Buckeye Community Health Plan
315	CareSource
313	MediPlan
325	Paramount
327	QualChoice Health Plan
329	SummaCare