



ODJFS Case Management File and Submission Specifications

**Ohio Department of Job & Family Services
Office of Ohio Health Plans
Bureau of Managed Health Care**

Version 3.2

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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 case management data. Case management files will contain data for both the Aged, Blind, and Disabled (ABD) Medicaid Managed Care Program and the Covered Families and Children (CFC) Medicaid Managed Care Program. Case management files must be submitted to the Ohio Department of Jobs and Family Services (ODJFS) by no later than the 10th business day of the month.

2. HIPAA Security Measures

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 secure transfer protocol (SFTP) and the subsequent activity files generated by ODJFS, must be protected through a secure, encrypted transmission system. As aforementioned, SFTP client software capable of 128 bit encryption will be required to connect to ODJFS' server.

3. File Name

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

3.1 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 2006:

cxxx0706.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. Data fields contain one value.

6.0 File Layout

6.1 Case Management Data

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 region 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 regional-based CFC, county-based CFC county or ABD MCP.
Label	MEDRECIPIENTID	Required	
Data	Medicaid Recipient ID	Required	12-digit Medicaid recipient ID.
Label	MCPENROLLDATE	Required	
Data	MCP Enrollment Date	Required	Date member enrolled in regional-based CFC MCP, county-based CFC MCP, or ABD MCP for specific enrollment span. mm/dd/yyyy

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	DISENROLLDATE	Required	
Data	MCP Disenrollment Data	Conditional	Date member disenrolled in MCP for specific enrollment span. mm/dd/yyyy 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.
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).

Field Type	Field Name	Required, Optional, or Conditional	Description
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 A for a list of the valid condition codes for CFC members. See Appendix B for a list of the valid condition codes for ABD members.
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 of up to 2000 characters 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/yyyy
Subset of Case Management Data Set	Date Case Management ended	Conditional	mm/dd/yyyy Required if case management ended.

6.3 Case Management Records

ODJFS maintains a history of a member's case management. Each case management record in CAMS 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 medical condition and a time period (case management beginning date and case management 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 Change Indicator identifies whether the record being submitted is an addition or a change/update to a record that is in CAMS. 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/Updating 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, CAMS checks to see whether a current case management record exists for the condition within the 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 CAMS. 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. CAMS also determines if the Case Management Condition Code and the Date Case Management Begins values are valid before adding a case management record.

In addition, CAMS 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.

6.4 Case Tracking ID Field

The Case Tracking ID is a unique identifier for a member who is case managed and whose information is monitored by ODJFS. This identifier is assigned by an MCP to a member who is a member of a regional MCP at a specific effective date of enrollment in a specific region.

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

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

- new member joins an MCP in a specific region with a specific effective date of enrollment
- member moves to another region/county (if county-based) covered by the same MCP
- member disenrolls from an MCP and later re-enrolls in the same regional-based/county-based MCP

New case tracking identification numbers should only be assigned for people who have had a break in coverage from an MCP for at least one month. Please note that if a member changes regions, 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 an MCP has received consecutive months of capitation.

6.5 County-Based Vs. Regional-Based Enrollment Spans for CFC Members

For members whose enrollment began in a county-based MCP provider number and were transferred into a regional-based MCP provider number for the same MCP (i.e., the member was continuously enrolled in the same MCP as a region became active), records must be submitted as follows:

- Change/updates to existing records with case management spans originating during the county-based MCP enrollment span must contain the beginning date of the most recent county-based MCP enrollment span in the MCP Enrollment Date field.

- Changes/updates to existing records with case management spans originating during the county-based MCP enrollment span must contain the regional-based MCP provider number in the MCP Provider Number field.
- The MCP Enrollment Date field must contain the beginning date of the most recent county-based MCP enrollment span in the MCP Enrollment Date field when adding case management spans which overlap the: county-based portion of the enrollment span; the regional-based portion of the enrollment span; or both county-based and regional-based enrollment spans.
- The MCP Provider Number field must contain the regional-based MCP provider number when adding case management spans which overlap the only county-based portion of the enrollment span; only regional-based portion of the enrollment span; or both county-based and regional-based enrollment spans.
- Changes/updates to existing records with case management spans originating during the county-based MCP enrollment span must contain the regional-based MCP provider number in the MCP Provider Number field.
- Changes/updates to existing records with case management spans originating during the county-based MCP enrollment span must contain the original Case Tracking ID and the original Case Management Condition Tracking ID when changing/updating the beginning date or ending date of the case management span for the specific condition.
- MCPs must use the same Case Tracking ID as used in existing case management records when adding a new condition for a member with a case management span that already exists during the most recent county-based MCP enrollment span, even if the case management span only overlaps the regional-based portion of the enrollment span.

For members whose enrollment began in a county-based MCP provider number and had a break in coverage of at least a month before enrolling in the same MCP's regional-based provider number, records must be submitted as described above in section 6.4 regarding breaks in enrollment spans, i.e., the regional-based enrollment span is considered a new enrollment span. For members who do not have a previous county-based enrollment span with an MCP, the record is considered a new regional-based enrollment.

7. Sample Records

Example 1: An MCP submits the initial case management record for diabetes and cerebral palsy when the member was in a county-based MCP (provider number=0123456). The MCP discovers the Date Case Management Began value in the cerebral palsy record was reported incorrectly. The regional-based MCP (provider number=0111111) became active in this region prior to in August 2006 and the record is submitted in September 2006. 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.

- regional-based MCP provider number for MCP Medicaid Provider Number field

Original case management record:

CASETRACKID|0123450123456789~MCPMEDPROVNO|0123456~MEDRECIPIENTID|0123456789~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|346785,A,07,,11/10/2006,~CMDATA|639639,A,16,,10/10/2006,~

Data change for case management record for cerebral palsy:

CASETRACKID|0123450123456789~MCPMEDPROVNO|0111111~ MEDRECIPIENTID |0123456789~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|639639,C,16,,11/10/2006,~

Example 2: A 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|08/01/2006~DISENROLLDATE|~CMDATA|211442,A,07,,10/03/2006,~

Case management record for disenrollment:

CASETRACKID|3024929724854571~MCPMEDPROVNO|6544428~ MEDRECIPIENTID |6353681438~MCPENROLLDATE|08/01/2006~DISENROLLDATE|12/15/2006~CMDATA|211442,C,07,,10/03/2006,12/15/2006~

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: A member has an initial case management condition of adult pregnancy (30) and another medical condition (99) and begins case management for both conditions on 08/15/2006. The date case management begins for the pregnancy was incorrect and must be changed from 08/15/2006 to 7/10/2006.

Initial case management record

CASETRACKID|0123456789012345~MCPMEDPROVNO|0123456~ MEDRECIPIENTID
|0123456789~MCPENROLLDATE|06/01/2006~DISENROLLDATE|~CMDATA|982345,A,30,,
08/15/2006,~CMDATA|123478,A,99,This is the text for the other condition.,08/15/2006,~

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

CASETRACKID|0123456789012345~MCPMEDPROVNO|0123456~ MEDRECIPIENTID
|0123456789~MCPENROLLDATE|06/01/2006~DISENROLLDATE|~CMDATA|982345,C,30,,
07/10/2006,~

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~ MEDRECIPIENTID
|0123456789~MCPENROLLDATE|06/01/2006~DISENROLLDATE|~CMDATA|982345,C,30,,
07/10/2006,01/07/2002~

Example 4: A member is initially case managed for cleft palate (35). 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 case management record for cleft palate:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|253
6454981~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|308008,A,35,,10/
17/2006,~

Case management record for cerebral palsy:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|253
6454981~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|308009,A,06,,03/
17/2002,~

Case management record for ending cleft palate:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|253
6454981~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|308008,C,35,,10/
17/2006,10/26/2002~

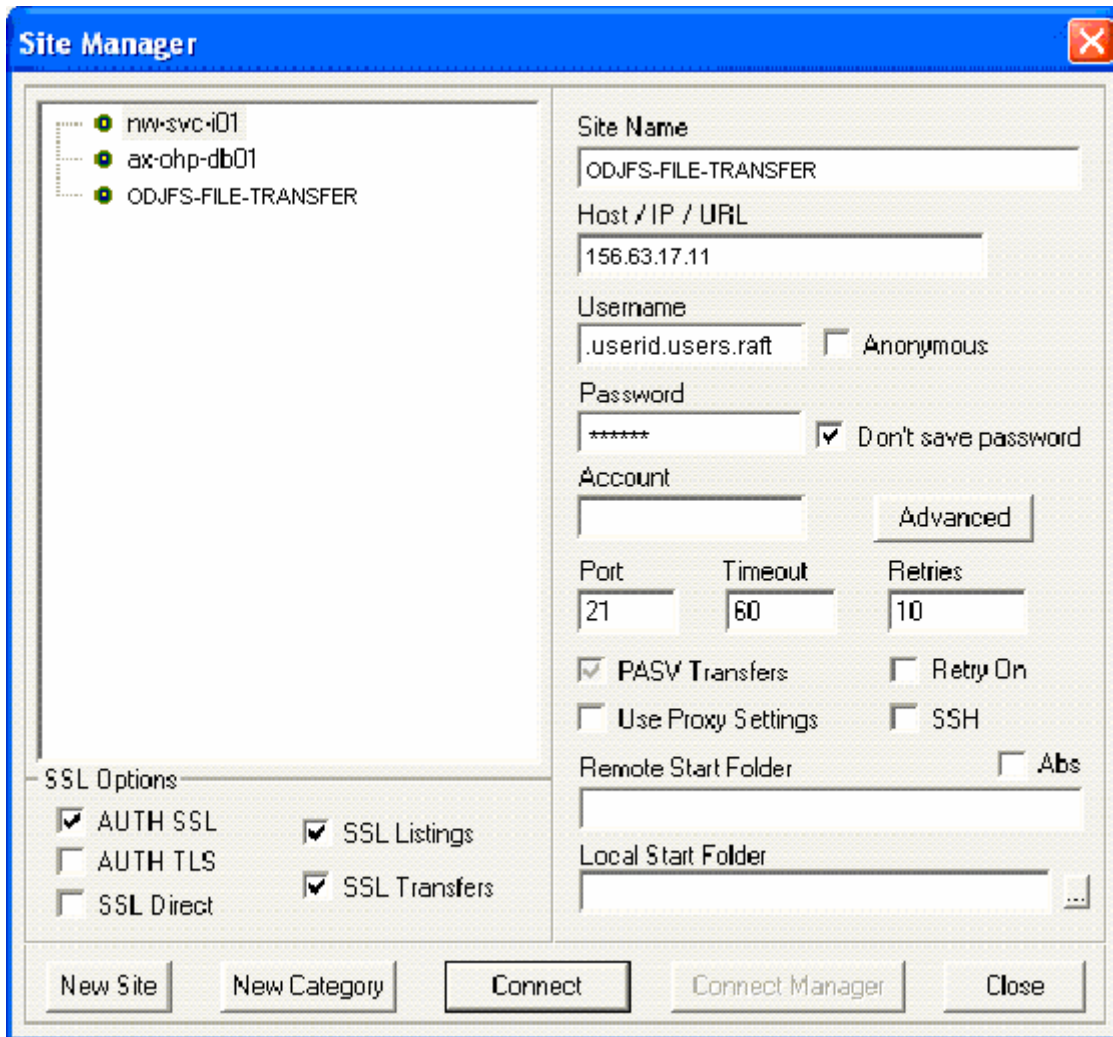
8. File Submissions

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.
- Accepted List: identifies records accepted into CAMS
- 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.
- Deleted Records: lists the records that were previously in CAMS, however, were deleted from CAMS due to retroactive changes in enrollment spans. In these cases, there is no overlapping enrollment span for which the case management span to be linked.

- Out of Synch Records: lists the records that are in CAMS with enrollment spans that overlap the case management span but are out of synch with the case management span. In these cases the case management span may: begin prior to an enrollment span; extend beyond an enrollment span; or overlap two different enrollment spans.
- 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. As of January 1, 2008, MCPs will not be responsible for closing out open case management spans. Open case management spans contained within the CAMS database will be automatically end dated and closed out once a member disenrolls from the MCP.

Appendix A: CFC Condition Codes

*CFC 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
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: CFC Condition Codes

*CFC 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: CFC Condition Codes

*CFC 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	
44		Controlled Substance and Member Management	
99		Other	

Appendix B: ABD Condition Codes

*ABD CONDITION CODE LIST
WITH ICD-9 RANGES*

ODJFS Condition Code	ICD-9 Range	DESCRIPTION	Exceptions
100	001.xx- 139.xx	Infectious and Parasitic Diseases	HIV/AIDS
101		HIV/AIDS	
102	140.xx- 239.xx	Neoplasms	Leukemia
103		Leukemia	
104	240.xx- 279.xx	Endocrine, Nutritional and Metabolic Diseases, Immunity Disorders	Cystic Fibrosis Diabetes
105		Cystic Fibrosis	
106		Diabetes	
107	280.xx- 289.xx	Diseases of Blood and Blood-Forming Organs	Hemophilia Sickle Cell
108		Hemophilia	
109		Sickle Cell	
110	290.xx- 319.xx	Mental Disorders	Anxiety Disorders ADD/ADHD Alcohol and other Drug Abuse Depression Dementia Mental Retardation Schizophrenia Post Traumatic Brain Injury
111		Anxiety Disorders	
112		(ADD/ADHD) Attention Deficit Disorder/Attention Deficit Hyperactive Disorder	
113		Alcohol and other Drug Abuse	
114		Depression	
115		Dementia	
116		Mental Retardation	
117		Schizophrenia	
118		Post Traumatic Brain Injury	

Appendix B: ABD Condition Codes

*ABD CONDITION CODE LIST
WITH ICD-9 RANGES*

119	320.xx- 389.xx	Diseases of the Nervous System and Sense Organs	Cerebral Palsy Chronic Otitis Media Eye Disorders Epilepsy Muscular Dystrophy
120		Cerebral Palsy	
121		Chronic Otitis Media	
122		Eye Disorders	
123		Epilepsy	
124		Muscular Dystrophy	
125	390.xx- 459.xx	Diseases of the Circulatory System	Cardiovascular Disease Congestive Heart Failure Coronary Artery Disease Hypertension
126		Cardiovascular Disease	
127		Congestive Heart Failure	
128		Coronary Artery Disease	
129		Hypertension	
130		Stroke	
131	460.xx- 519.xx	Diseases of the Respiratory System	Allergies Asthma Chronic Obstructive Pulmonary Disorder
132		Allergies	
133		Asthma	
134		Chronic Obstructive Pulmonary Disease	
135	520.xx- 579.xx	Diseases of the Digestive System	
136	580.xx- 629.xx	Diseases of the Genitourinary System	Chronic Renal Failure
137		Chronic Renal Failure	
138	630.xx- 677.xx	Complications of Pregnancy, Childbirth and the Puerperium	Pregnancy

139		Pregnancy	
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Appendix B: ABD Condition Codes

*ABD CONDITION CODE LIST
WITH ICD-9 RANGES*

140	680.xx-709.xx	Diseases of the Skin and Subcutaneous Tissue	
141	710.xx-739.xx	Diseases of the Musculoskeletal System and Connective Tissue	Arthritis
142		Arthritis	
143	740.xx-759.xx	Congenital Anomalies	Cleft Palate Hydrocephalus Spina Bifida
144		Cleft Palate	
145		Hydrocephalus	
146		Spina Bifida	
147	760.xx-779.xx	Certain Conditions Originating in the Perinatal Period	
148	780.xx-799.xx	Symptoms, Signs and Ill-Defined Conditions	
149	800.xx-999.xx	Injury and Poisoning	Burns Lead Poisoning Trauma to Spine and Spinal Cord Other
150		Burns	
151		Lead Poisoning	
152		Trauma to Spine and Spinal Cord	
153		Other	
154		Controlled Substance and Member Management	

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 for specific Medicaid Managed Care Program (ABD vs. CFC)
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, 2006. Screening records and assessment records should be submitted for members with an effective date of enrollment of July 1, 2006, 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 2006, screening, assessment and case management records for the enrollment month of July 2006 are valid. Screening, assessment or case management records for the enrollment months of August 2006, September 2006 or later are invalid.
75	Duplicate case management record while Case Management Change 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
80	Minimum days in the Case management should be 7 days.
82	Invalid Condition Code for member

Appendix D: MCP Submitter IDs

MCP Submitter ID	MCP
712	Amerigroup
293	Anthem
420	Buckeye Community Health Plan
315	CareSource
731	Molina
325	Paramount
761	Unison
305	Wellcare