



**Department of
Job and Family Services**

**Grievance File
& Submission Specifications**

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

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1. Introduction

This document describes the file layout and submission procedures to be used for the MCP's reporting of grievances received on and after July 1, 2009. All information regarding grievances is reported to the BMC monthly using this file. One record is required for each grievance for which information is being reported.

2. Secure File Transfer Protocol

Security

In accordance with federal privacy and security requirements per the Health Insurance Portability and Accountability Act (HIPAA), certain data transfers, including the Grievance 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. FTP client software capable of 128 bit encryption is required to connect to the server.

3. File Name

The file name for each grievance file must be unique and include characters which identify the file type, submitter's ID, month and year of submission. The format is as follows:

gxxxmmyy.t99

The following table identifies and describes each of these elements in the file name:

Position	Symbol	Description
1	g	>g= Indicates Grievance file
2-4	xxx	MCP Submitter ID (Use codes from ODJFS MCP Submitter ID Table in Appendix A)
5-8	mmyy	mm Month of submission yy Year of submission
9	.t00	Extension: t >t= represents a text file 00 >00' is the number of text file submission for the month. Increment by 1 with each new file submission. First file submission for each month begins with >00', the next >01', etc.

Example: File name for the initial submission for June 2009:

gxxx0609.t00

If necessary, a second file for the month of June would be:
gxxx0609.t01

File name for the initial submission for July 2009 would be named:
gxxx0709.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

5.0 Fields/Records

5.1 Label Fields

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

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.

If no data is available for a data field:

Insert a tilde character (~) immediately after the field label and bar character (|).

Then, continue with the next field. For example, the format of a record with no date resolved code is as follows:

DATERESOLVED|~

5.3 Records

A carriage return or line feed is required at the end of each record.

6. File Layout: maximum record length 4000

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	GRIEVANCEID	R	
Data	Grievance ID	R	0 to 9 and/or A to Z. This identification is assigned by the MCP and must be unique to each grievance and start with a "G". Grievances submitted with an identification previously used is assumed to be a resubmission (correction) or an update and will over write the first grievance in its entirety. (Maximum Length 16)
Label	MEDRECIPIENTID	R	
Data	Medicaid Recipient ID	R	12 digit Medicaid recipient ID of grievant.
Label	NARRATIVE	R	
Data	Problem and Resolution Description	R	Written description of problem and once resolved, written description of resolution. (length open)
Label	DATERECEIVED	R	
Data	Date Grievance Received	R	mm/dd/yyyy
Label	DATERESOLVED	R	
Data	Date Grievance Resolved	C	mm/dd/yyyy Required if resolved.
Label	DATEHEARINGLETTER	R	
Data	Date Right to State Hearing Notification Sent	C	mm/dd/yyyy Required if right to state hearing notification sent.
Label	PROBLEMCAT	R	

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Problem Category Code	R	Choose one of the following codes: 101- Billing 102- Enrollment Verification 103- MCP Administrative 104- ID card 105- Dissatisfaction with Provider 106- Non-Panel 107- PCP Access 108- Dental Access 109- Panel Access 110- Medical Treatment 111- Other 112- ID card 2 (NEW)
Label	CLARIFYPROBLEM	R	
Data	Clarify "Other" Problem Category	C	Required if Problem Category is 111 Written description of "other" problem. (length open)
Label	TYPEOFSERVICE	R	
Data	Type of Service	C	Required if Problem Category is: 109,110 101- PCP 102- Dental 103- OB/Gyn 104- Emergency 105- Hospital 106- Vision 107- Specialists 108- Pharmacy 109- Therapies 110- Behavioral Health 111- Other
Label	CLARIFYTYPEOFSERVICE	R	
Data	Clarify "Other" Type of Service	C	Required if Type of Service Category is 111. Written description of "other" type of service. (length open)
Label	RESOLUTIONCAT	R	

Field Type	Field Name	Required, Optional, or Conditional	Description
Data	Resolution Category Code	C	Required when resolved. Choose only one of the following codes: 105 - Enrollee Information 106 – Other
Label	CLARIFYRESOLUTION	R	
Data	Clarify “Other” Resolution Category	C	Required if Resolution Category is 106. Written description of “other” resolution. (length open)
Label	GRIEVANCESUBSTANTIATED	R	
Data	Grievance Substantiated	C	Required if resolved 1- True 2- False
Label	RECEIVEDRIGHTTOHEARING	R	
Data	Member Received Right to State Hearing Notification	C	Required in situations where grievant should have received a right to state hearing notification. 1- True 2- False
Label	CONFIDENTIALITY	R	
Data	Confidentiality Breached	R	1- Confidential medical information was shared without member’s consent 2- Grievance was not related to confidential medical information being shared without member’s consent

7. Sample Record

GRIEVANCEID|G123456789123456~MEDRECIPIENTID|010101010101~NARRATIVE|Bill received. To resolve the case, member was advised that we do not have the claim on file and the provider will be contacted to have the claim submitted for processing. Provider was contacted on 9/29/08 and a fax copy was requested. Claim was received on 10/2/08 with an incorrect identification number, will contact the provider and ask them to correct. Provider resubmitted claim 10/04/08 with correct identification number. Claim paid 10/05/08.~DATERECEIVED|09/28/2008~DATERESOLVED|10/05/2008~DATEHEARINGLETTER|~PROBLEMCAT|101~CLARIFYPROBLEM|~TYPEOFSERVICE|~CLARIFYTYPEOFSERVICE|~RESOLUTIONCAT|105~CLARIFYRESOLUTION|~GRIEVANCESUBSTANTIATED|1~RECEIVEDRIGHTTOHEARING|2~ CONFIDENTIALITY|2~

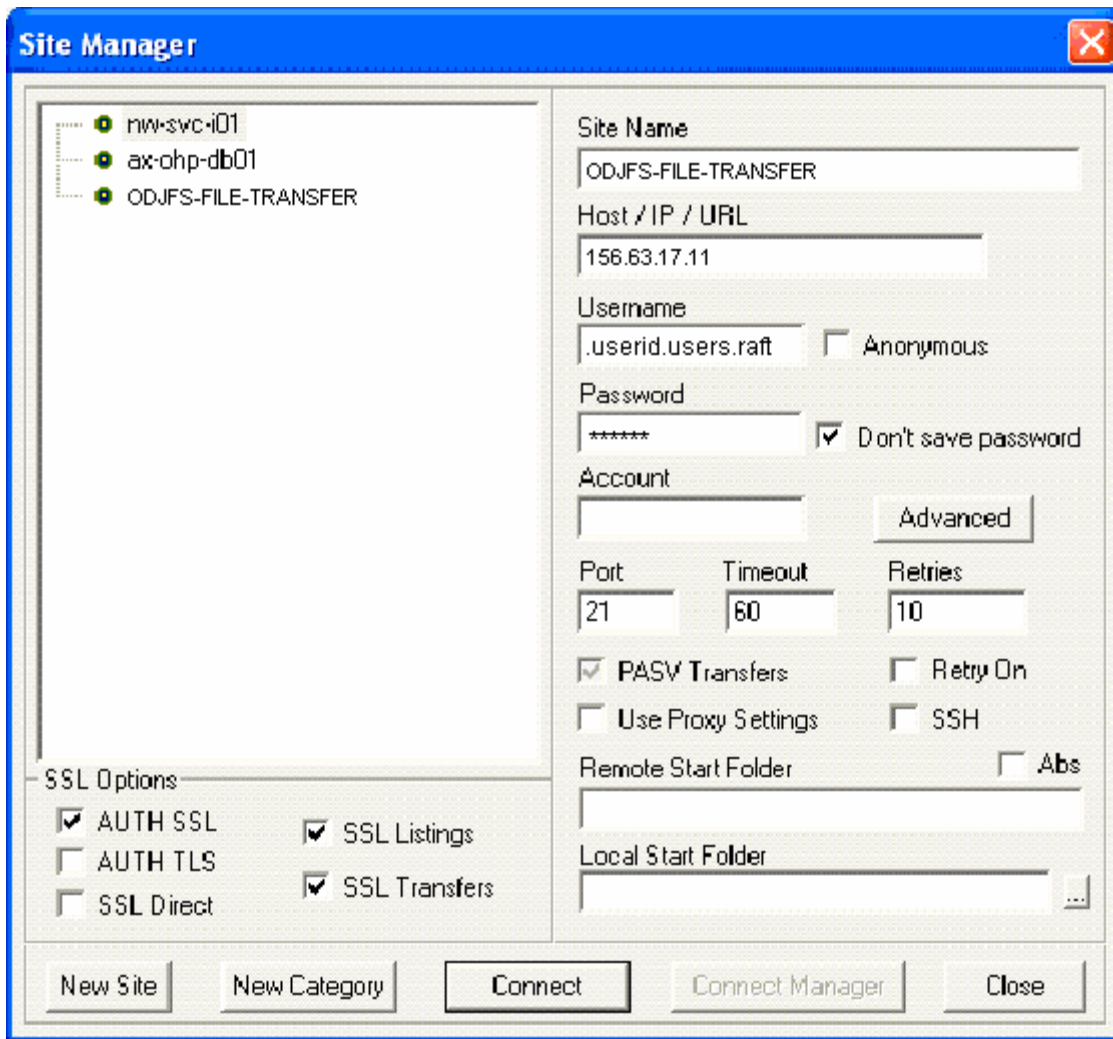
8. File Submission

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.

Appendix A

ODJFS MCP Submitter ID Table

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