

ODJFS Care Management File and Submission Specifications

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

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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 care management data. Care 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. Care 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.

Revisions to Previous Specifications

MCPs may submit care management data for a member who is assigned to a low or medium risk stratification level, and thus receiving less intensive care management services. Condition codes 98 (CFC) and 198 (ABD) indicate a lower level of care management. Simultaneous records for the low/medium risk stratification and high risk stratification may not be overlapping in CAMS. If a member is assigned a high risk stratification of care management, the member must be submitted to CAMS as being care managed for a specific condition. See Section 7 for an examples of submitting records for members assigned to low/medium risk stratifications.

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

3.1 Care management File

The care management file name has the following format:

cxxxmmyy.t99

Position	Symbol	Description
1	C	c=Care 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 care 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. File Layout

6.1 Care management Data

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

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

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

- Care management Condition Tracking ID
- Care management Change Indicator
- Care management Condition Code
- Other Condition Description
- Date Care management Begins
- Date Care management Ends

Each care management record can contain multiple sets of care 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	Care management Data Set		Set of care management data for each medical condition being care managed. The set of care management data elements consists of the following: *care management condition tracking ID *care management change indicator *condition code *other condition description *date care management begins *date care management ends Enter one set of CM data values in one field, each value separated by the comma delimiter.
Subset of Care	Care management Condition Tracking	Required	0 to 9 unique identifier for a member's medical condition

management Data Set	ID		that is care 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 care management begins and date care management ends (Maximum length of 6).
Field Type	Field Name	Required, Optional, or Conditional	Description
Subset of Care management Data Set	Care management Change Indicator	Required	Indicator of whether record is to be added or changed. A=Add C=Change
Subset of Care management Data Set	Care management Condition Code	Required	Code for medical condition(s) being care 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 Care management Data Set	Other Condition Description	Conditional	Description of condition when the value of "Other" (99) is entered for the Care management Condition Code. Free-form text of up to 2000 characters can be entered in this field. Required if the Care management Condition Code="99".
Subset of Care management Data Set	Date Care management Begins	Required	mm/dd/yyyy
Subset of Care management Data Set	Date Care management ended	Conditional	mm/dd/yyyy Required if care management ended.

6.2 Care management Records

ODJFS maintains a history of a member's care management. Each care management record in CAMS is uniquely identified by a combination of two fields, the Case Tracking ID and the Care management Condition Tracking ID. This unique combination identifies an member's care management record for a medical condition and a time period (care management beginning date and care management ending date).

Care management Condition Tracking ID

The Care management Condition Tracking ID is an unique identifier for an member's condition that is care 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 Care management Begins and Date Care management Ends. A Care management Condition Tracking ID is assigned by the MCP.

Care management Change Indicator

The Care 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 Care management Change Indicator contains this value:
Adding the first CM record for a condition being care managed for a specific time period	A
Changing/Updating an existing CM record	C

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

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

- unique value for the Care management Condition Tracking ID field
- value of "A" for add for the Care management Change Indicator field

When a care management record is received from an MCP with a value of "A" in the Care management Change Indicator field, CAMS checks to see whether a current care management record exists for the condition within the reported care management time period. The check is done by comparing the combination of values of the Case Tracking ID and Care management

Condition Tracking ID in the MCP-submitted record with those in CAMS. If no matches are found, the MCP-submitted care management record is determined to contain data about a new care management condition or time span. CAMS also determines if the Care management Condition Code and the Date Care management Begins values are valid before adding a care management record.

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

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

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

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

6.3 Case Tracking ID Field

The Case Tracking ID is a unique identifier for a member who is care 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 care 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.

A member cannot have a record coded with a condition code of 98 (CFC) or 198 (ABD) [both indicating a lower stratification of care management] that overlaps with a care management span that exists in CAMS with any other condition code (i.e., condition codes indicating higher stratification of care management for specific conditions). Conversely, a member cannot have a record coded with a condition code for a specific condition (indicating a higher stratification of care management) that overlaps with a care management span that exists in CAMS with a condition code of 98 (CFC) or 198 (ABD) [both indicating lower stratifications care management].

6.4 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 care 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 care 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 care 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 care 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 care 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 care management spans originating during the county-based MCP enrollment span must contain the original Case Tracking ID and the original Care management Condition Tracking ID when changing/updating the beginning date or ending date of the care management span for the specific condition.
- MCPs must use the same Case Tracking ID as used in existing care management records when adding a new condition for a member with a care management span that already exists during the most recent county-based MCP enrollment span, even if the care 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 care management record for diabetes and cerebral palsy when the member was in a county-based MCP (provider number=0123456). The MCP discovers the Date Care 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 care management record contains the following values:

- value of “C” for the Care management Change Indicator
- new value for the Date Care management Begins field
- current values for the other care management data set fields: Care management Condition Tracking ID, Care management Condition Code, and Date Care management Ends.
- regional-based MCP provider number for MCP Medicaid Provider Number field

Original care 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 care 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 care management for diabetes. When the MCP creates a new care management record for this member, a new Case Tracking ID and Care 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 care management for diabetes. When this MCP creates a care management record for this member, it assigns a new Case Tracking ID and new Care management Condition Tracking ID.

Initial care management record:

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

Care management record for disenrollment:

CASETRACKID|3024929724854571~MCPMEDPROVNO|6544428~ MEDRECIPIENTID
|6353681438~MCPENROLLDATE|08/01/2006~DISENROLLDATE|12/15/2006~CMDATA|21
1442,C,07,,10/03/2006,12/15/2006~

Second care 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 care management condition of adult pregnancy (30) and another medical condition (99) and begins care management for both conditions on 08/15/2006. The date care management begins for the pregnancy was incorrect and must be changed from 08/15/2006 to 7/10/2006.

Initial care 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 care 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 care management for the pregnancy on 01/07/2002:

Entering end date on care 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 care managed for cleft palate (35). Five months later, this member is determined to have cerebral palsy (06) and begins care management for this condition. When Ohio Health Plan D submits the first care management record for the cerebral palsy condition, it uses the same Case Tracking ID, but assigns a new Care management Condition Tracking ID.

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

Initial care management record for cleft palate:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|2536454981~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|308008,A,35,,10/17/2006,~

Care management record for cerebral palsy:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|2536454981~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|308009,A,06,,03/17/2002,~

Care management record for ending cleft palate:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|2536454981~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|308008,C,35,,10/17/2006,10/26/2002~

Example 5: An ABD member is initially assigned a low level stratification of care management for asthma. Five months later, this member is reassessed and assigned to a high level stratification of care management.

Initial care management record for low stratification of care management:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|2536454981~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|308008,A,198,,10/17/2009,~

Care management record for ending low stratification of care management:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|2536454981~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|308008,C,198,,10/17/2009,04/26/2010~

New care management record for high stratification of care management for asthma:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|2536454981~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|308009,A,133,,04/27/2010,~

Example 6: An ABD member is assigned a low level stratification of care management for asthma and a high risk stratification for diabetes on the same date. The only record that would be submitted to CAMS would be for the high risk stratification of diabetes.

Initial care management record for diabetes:

CASETRACKID|0146897243545678~MCPMEDPROVNO|6544410~MEDRECIPIENTID|253
6454981~MCPENROLLDATE|09/01/2006~DISENROLLDATE|~CMDATA|308008,A,106,,10
/17/2009,~

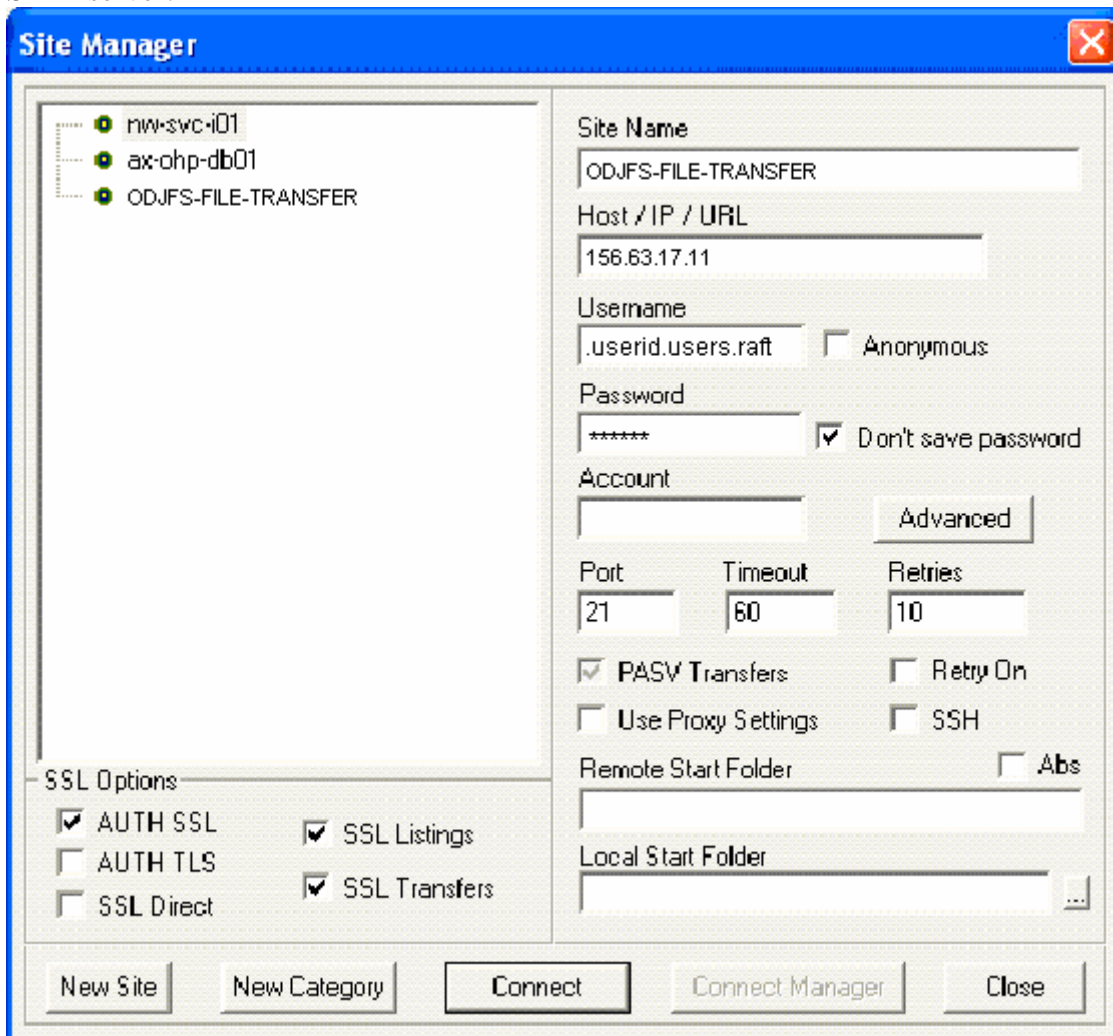
8. File Submissions

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. 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 care management span to be linked.
- **Out of Synch Records:** lists the records that are in CAMS with enrollment spans that overlap the care management span but are out of synch with the care management span. In these cases the care management span may: begin prior to an enrollment span; extend beyond an enrollment span; or overlap two different enrollment spans.
- **Disenrolled Members with Open Care management Spans (for care management files):** identifies members who are disenrolled from the MCP, but still have open care management spans. As of January 1, 2008, MCPs will not be responsible for closing out open care management spans. Open care 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	
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 care 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	
98		Low or Medium Level Care Management Services	
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-	Infectious and Parasitic Diseases	HIV/AIDS
101	139.xx	HIV/AIDS	
102	140.xx-	Neoplasms	Leukemia
103	239.xx	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	

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	
198		Low or Medium Level Care Management Services	

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 Care management Begins field
15	No value in the Care 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 care management record exists in the SACM database for the same condition with dates that overlap those in the submitted record. A care management record must be submitted with a value in the Date Care management Begins field that does not overlap an existing record for the same condition.
29	A care management record exists in the CAMS database for the same condition exists with dates that duplicate those in the submitted record. A care management record must be submitted with a date in the Date Care management Begins field that does not duplicate an existing record for the same condition.
34	Invalid Care 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 Care management Condition Tracking IDs in care 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 Care management Condition Tracking ID field
49	Invalid Care management Change Indicator
50	No value in Care management Change Indicator field
51	Invalid Care management Condition Code for specific Medicaid Managed Care Program (ABD vs. CFC)
52	Invalid Date Care management Begins
53	Invalid Date Care 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 Care management Begins is greater than 45 days before the member's enrollment date
62	Date Care 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 CAMS 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 CAMS 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 Care management Ends precedes the Date Care management Begins. The value in the Date Care management Begins field must precede the value in the Date Care 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 CAMS 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 care 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 care management records for the enrollment month of July 2006 are valid. Screening, assessment or care management records for the enrollment months of August 2006, September 2006 or later are invalid.
75	Duplicate care management record while Care management Change Indicator='A.' The same care management record already exists in CAMS database.
76	Care management record for the same person, enrollment date and case condition tracking ID already exists while Care management Change Indicator='A'
77	Care management record for specified person, enrollment date and case condition tracking ID does not exist in the CAMS database while Care management Change Indicator='C'

Code	Description
78	Impossible to validate Medicaid recipient id. RMF is not available
79	Inappropriate description in Care management Other Medical Condition
80	Minimum days in the Care management should be 7 days.
82	Invalid Condition Code for member
83	Span for high level of care management overlaps with low/medium level of care management
84	Span for low/medium level of care management overlaps with high level of care management

Appendix D: MCP Submitter IDs

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