

## **APPENDIX G**

# **CONSUMER CONTACT RECORD (CCR) DATA FIELDS**

# Consumer Contact Record File Specifications

**NOVEMBER 2006  
Version 1.1**

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This document describes the file formats and record layouts to be used for the consumer contact record submissions for managed care plans (MCPs).

## 1.0 Changes from the Previous Version

- 1.1 File name changed from ECMP to ABD MCP; ECMP files names were deleted. File names will reflect whether the file contains ABD MCP versus CFC MCP consumer contact records.
- 1.2 ECMP references have been deleted from the Field descriptions.
- 1.3 TYPEOFENROLL no longer includes selection codes 05 and 06 (ECMP references).
- 1.4 CRISE Reason Data Field is now a required field.
- 1.5 Appendix A (Submitter ID Table) has been updated.
- 1.6 Appendix C (Assignment Code Table) has been updated to reflect the ABD program.
- 1.7 Appendix D (CRISE Reason Code Table) has been revised to include CRISE Enrollment Reason Code table and to delete ECMP reason code tables. Appendix D will only reflect the Enrollment reason codes.
- 1.8 Appendix E (Change Reason Codes Table) is now, CRISE Disenrollment Reason Code Table.
- 1.9 Appendix F (Primary Language Indicator Table) is now the Change Reason Code Table.
- 1.10 Appendix G (Condition Code Table) is now the Primary Language Indicator Table which has been updated to include the country.
- 1.11 Appendix H (Relationship Table) is now the Condition Code Table. The Condition Code Table has been updated to include ABD conditions.
- 1.12 Appendix I is the Relationship Table.

## 2.0 File Name

The file name for CFC MCP's consumer contact records contains a unique characters identifying the file type, submitter's ID, month and year of submission.

exxxmmyy.t00

Position	Symbol	Description
1	e	'e' Indicates CFC MCP selection file
2-4	xxx	MCP Submitter ID (Use codes from Appendix A)
5-8	mmyy	mm Month of submission yy Year of submission
9-11	.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.

The file name for ABD MCP's consumer contact records contains a unique character identifying the file type, submitter's ID, month and year of submission.

fxxmmmyy.t00

Position	Symbol	Description
1	f	'f' Indicates ABD MCP selection file
2-4	xxx	MCP Submitter ID (Use codes from Appendix A)
5-8	mmyy	mm Month of submission yy Year of submission
9-11	.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 first consumer contact record file submission for

June 2001 for an MCP:

exxx0601.t00

The next file for June would be:

exxx0601.t01

### 3.0 Delimiters

The delimiters are as follows:

<b>This delimiter symbol:</b>	<b>Is this character:</b>	<b>Means this:</b>
	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.

### 4.0 Fields

#### 4.1 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 5.0). Label fields are standard for delimited files. The specifications for these fields are included in Table 1 and Table 2.

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

#### 4.2 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 consumer contact record with no zip+4 is as follows:

P4ZIP3|~COUNTY|01~

**4.3 Multiple Value Fields**

The fields in which multiple values can be entered are as follows:

- Screening for Medical Condition Code
- Screening for Additional Assistance Code

**Example:** The chronic medical problem is leukemia (condition code = 04) and pregnancy (condition code = 30). These data fields would appear as follows in the record layout:

~MEDSCRNRESULT|04,30~

There is a section within the layout that allows for multiple consumers to be entered. The format for multiple consumers is to continue to repeat the label / data combination for each consumer.

**Example:**

```
AGMLANG|ENG~LASTNAME|GESS~FIRSTNAME|MARY~MI|B~RSHIP|SAM~SEX|F~AD
DINFO1|W~ADDINFO2|N~BDATE|12/03/1970~MEDRECIPIENTID|104012734699~DESPC
P|ST VINCENTS PCP
CLINIC~DESPCPMEDPROVNO|4876309~CRTPCPPAT|F~DESHOSP|ST
VINCENTS~SCREENSTATUS|01~MEDSCRNRESULT|26~OTHMEDSCRN|~NONMEDSC
RNRESULT|~SSOT|T~SRVTRT|DELIVERY~SRVTRTDATE|12/12/2000~SRVTRTDOC|ST
VINCENTS
CLINIC~AGMLANG|ENG~LASTNAME|GESS~FIRSTNAME|MEGAN~MI|E~RSHIP|DAU~
SEX|F~ADDINFO1|W~ADDINFO2|N~BDATE|12/07/1993~MEDRECIPIENTID|1030127332
99~DESPCP|DR.WAUGH~DESPCPMEDPROVNO|3456753~CRTPCPPAT|F~DESHOSP|ST.
VINCENTS~SCREENSTATUS|02~MEDSCRNRESULT|~OTHMEDSCRN|~NONMEDSCRN
RESULT|~SSOT|F~SRVTRT|~SRVTRTDATE|~SRVTRTDOC|~
```

## 5.0 Sample Record

The following example record includes three members of an assistance group being assigned to an MCP. Please note the field label 'AGMLANG' is bolded for illustrative purposes only. This field marks the beginning of data that is repeated for each consumer included in the record.

EFFECTDATE|09/01/2000~CASENUM|5044173499~ASSISTGRPCAT|MA~ASSISTGRPSEQ|C01~LASTNAMEPIP|GESS~FIRSTNAMEPIP|MARY~AREACODEPIP|330~PHONEPIP|4765715~SSNPIP|565155545~LANGPIP|ENG~AREACODE1|330~PHONE1|4765715~AREACODE2|~PHONE2|~AREACODE3|~PHONE3|~ADDRESS1A|~ADDRESS1B|~CITY1|~STATE1|~ZIP1|~P4ZIP1|~ADDRESS2A|1234 STATER DR  
 #101~ADDRESS2B|~CITY2|AKRON~STATE2|OH~ZIP2|44221~P4ZIP2|~ADDRESS3A|~ADDRESS3B|~CITY3|~STATE3|~ZIP3|~P4ZIP3|~ADDRESS4A|~ADDRESS4B|~CITY4|~STATE4|~ZIP4|~P4ZIP4|~COUNTYNO|77~TYPEOFENROLL|02~ASSIGNCODE|01~MCPMEDPROVNO|~NEWMCPMEDPROVNO|2014568~CRISEDISREASON|~CHREASON|~OCHREASON|~**AGMLANG**|ENG~LASTNAME|GESS~FIRSTNAME|MARY~MI|B~RSHIP|SAM~SEX|F~ADDINFO1|W~ADDINFO2|N~BDATE|12/03/1970~MEDRECIPIENTID|104012734699~DESPCP|ST VINCENTS PCP  
 CLINIC~DESPCPMEDPROVNO|4876309~CRTPCPPAT|F~DESHOSP|ST VINCENTS~SCREENSTATUS|01~MEDSCRNRESULT|26~OTHMEDSCRN|~NONMEDSCRNRESULT|~SSOT|T~SRVTRT|DELIVERY~SRVTRTDATE|12/12/2000~SRVTRTDOC|ST VINCENTS  
 CLINIC~**AGMLANG**|ENG~LASTNAME|GESS~FIRSTNAME|MEGAN~MI|E~RSHIP|DAU~SEX|F~ADDINFO1|W~ADDINFO2|N~BDATE|12/07/1993~MEDRECIPIENTID|103012733299~DESPCP|DR.WAUGH~DESPCPMEDPROVNO|3456753~CRTPCPPAT|F~DESHOSP|ST.VINCENTS~SCREENSTATUS|02~MEDSCRNRESULT|~OTHMEDSCRN|~NONMEDSCRNRESULT|~SSOT|F~SRVTRT|~SRVTRTDATE|~SRVTRTDOC|~**AGMLANG**|ENG~LASTNAME|GESS~FIRSTNAME|GARY~MI|G~RSHIP|HUS~SEX|M~ADDINFO1|W~ADDINFO2|N~BDATE|12/03/1965~MEDRECIPIENTID|102012238699~DESPCP|ST VINCENTS PCP  
 CLINIC~DESPCPMEDPROVNO|3938420~ CRTPCPPAT|F~DESHOSP|ST VINCENTS~SCREENSTATUS|01~MEDSCRNRESULT|02,21~OTHMEDSCRN|~NONMEDSCRNRESULT|~SSOT|T~SRVTRT|HEART BYPASS  
 SURGERY~SRVTRTDATE|09/23/2000~SRVTRTDOC|ST VINCENTS  
 CLINIC~OPOLICYINAME|~OPOLICYINUM|~ERCLASTNAME|GESS~ERCFIRSTNAME|MARY~ERCRSHIP|SAM~ERCHACODE|330~ERCHPHONE|4744714~ERCBACODE|330~ERCBPHONE|8473625~AUGHTOTRT|T~CALLERLASTNAME|GESS~CALLERFIRSTNAME|MARY~ENRSPECID|556451234~CONTACTDATE|08/08/2000~PROCDATE|08/08/2000~PROCBYID|213459632~

**6.0 File Layout**

Field Type	Field Name	Required, Conditional, Optional	Description
Label	EFFECTDATE	R	EFFECTDATE
Data	Effective Date	R	Date selection/termination becomes effective, Format: MM/DD/YYYY
Label	CASENUM	R	CASENUM
Data	Case Number	R	Case Number to which the Assistance Group belongs
Label	ASSISTGRPCAT	R	ASSISTGRPCAT
Data	Assistance Group Category	R	Assistance Group Category
Label	ASSISTGRPSEQ	R	ASSISTGRPSEQ
Data	Assistance Group Sequence	R	Assistance Group Sequence
Label	LASTNAMEPIP	R	LASTNAMEPIP
Data	Last Name of the PIP	R	Last name of the primary information person (PIP) for the assistance group
Label	FIRSTNAMEPIP	R	FIRSTNAMEPIP
Data	First Name of the PIP	R	First name of the PIP for the assistance group
Label	AREACODEPIP	R	AREACODEPIP

Delimiters: | at end of label field; ~ at end of data field; , separates values in a field

Data	Area Code of PIP	O	Area Code of PIP as reported by CRISE, Format: ### Note: If this number reported by CRISE is incorrect, do not include (see AREACODE1 field for the consumer-reported number).
Label	PHONEPIP	R	PHONEPIP
Data	Phone Number of PIP	O	Phone number of PIP as reported by CRISE, Format: ##### Note: If this number reported by CRISE is incorrect, do not include (see PHONE1 field for the consumer-reported number).
Label	SSNPIP	R	SSNPIP
Data	Social Security Number	O	Social Security Number of PIP, Format: #####
Label	LANGPIP	R	LANGPIP
Data	Primary language of PIP	C Required if 'Type of Selection: = 01 or 04	If 'Type of Selection' = 01 or 04 and if the PIP requires interpreter services, indicate their primary language. (Use Codes from, Appendix G, Language Indicator Table)
Label	AREACODE1	R	AREACODE1
Data	Area Code	O	Area Code of residence of Assistance Group as reported by the consumer, Format: ###
Label	PHONE1	R	PHONE1
Data	Phone Number	O	Phone of residence of Assistance Group as reported by the consumer, Format: #####
Label	AREACODE2	R	AREACODE2

Data	Area Code	O	Area Code of work phone of Assistance Group Head as reported by the consumer, Format: ###
Label	PHONE2	R	PHONE2
Data	Phone Number	O	Phone of work phone of Assistance Group Head as reported by the consumer, Format: #####
Label	AREACODE3	R	AREACODE3
Data	Area Code	O	Area Code of an alternative phone for the Assistance Group as reported by the consumer, Format: ###
Label	PHONE3	R	PHONE3
Data	Phone Number	O	Phone of an alternative phone for the Assistance Group as reported by the consumer, Format: #####
Label	ADDRESS1A	R	ADDRESS1A
Data	Address line 1	R	First line of mailing address of Assistance group as reported by CRISE
Label	ADDRESS1B	R	ADDRESS1B
Data	Address line 2	R	Second line of mailing address of Assistance group as reported by CRISE
Label	CITY1	R	CITY1
Data	City	R	City of mailing address of Assistance Group as reported by CRISE
Label	STATE1	R	STATE1
Data	State	R	State of mailing address of Assistance Group as reported by CRISE

Label	ZIP1	R	ZIP1
Data	Zip	R	Zip Code of mailing address of Assistance Group as reported by CRISE (first 5 digits); Format: #####
Label	P4ZIP1	R	P4ZIP1
Data	+4 Zip	R	Last 4 digits of +4 zip code of mailing address of Assistance Group as reported by CRISE
Label	ADDRESS2A	R	ADDRESS2A
Data	Address line 1	O	Line one of residence address of the Assistance Group as reported by CRISE.
Label	ADDRESS2B	R	ADDRESS2B
Data	Address line 2	O	Line two of residence address of the Assistance Group as reported by CRISE.
Label	CITY2	R	CITY2
Data	City	O	City of residence address of the Assistance Group as reported by CRISE.
Label	STATE2	R	STATE2
Data	State	O	State of residence address of the Assistance Group as reported by CRISE.
Label	ZIP2	R	ZIP2
Data	Zip	O	Zip Code of residence address of the Assistance Group as reported by CRISE, Format: #####
Label	P4ZIP2	R	P4ZIP2

Data	+4 Zip	O	Last 4 digits of +4 zip code of residence address of the Assistance Group as reported by CRISE.
Label	ADDRESS3A	R	ADDRESS3A
Data	Address line 1	O	Line one of mailing address of the Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service
Label	ADDRESS3B	R	ADDRESS3B
Data	Address line 2	O	Line two of mailing address of the Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service
Label	CITY3	R	CITY3
Data	City	O	City of mailing address of Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service
Label	STATE3	R	STATE3
Data	State	O	State of mailing address Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service
Label	ZIP3	R	ZIP3
Data	Zip	O	Zip Code of mailing address of Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service (first 5 digits), Format: #####
Label	P4ZIP3	R	P4ZIP3
Data	+4 Zip	O	Last 4 digits of +4 zip code of mailing address of Assistance Group as reported or confirmed by the consumer or the U.S. Postal Service
Label	ADDRESS4A	R	ADDRESS4A

Data	Address line 1	O	Line one of residence address of Assistance Group as reported or confirmed by the consumer
Label	ADDRESS4B	R	ADDRESS4B
Data	Address line 2	O	Line two of residence address of Assistance Group as reported or confirmed by the consumer
Label	CITY4	R	CITY4
Data	City	O	City of residence of Assistance Group as reported or confirmed by the consumer
Label	STATE4	R	STATE4
Data	State	O	State of residence of Assistance Group as reported or confirmed by the consumer
Label	ZIP4	R	ZIP4
Data	Zip	O	Zip Code of residence of Assistance Group as reported or confirmed by the consumer (first 5 digits), Format: #####
Label	P4ZIP4	R	P4ZIP4
Data	+4 Zip	O	Last 4 digits of +4 zip code of residence of Assistance Group as reported or confirmed by the consumer
Label	COUNTYNO	R	COUNTYNO
Data	County	R	2 digit county code of Assistance Group. Use codes from Appendix B, County Code Table.
Label	TYPEOFENROLL	R	TYPEOFENROLL

Data	Type of Selection	R	Choose one: 01 = New selection 02 = Assignment 03 = Change from an MCP and return to FFS 04 = Change from one MCP and select another MCP
Label	ASSIGNCODE	R	ASSIGNCODE
Data	Assignment Code	C Required if 'Type of Selection' = 02	If 'Type of Selection' = 02, choose one code from Appendix C, Assignment Code Table.
Label	MCPMEDPROVNO	R	MCPMEDPROVNO
Data	Current MCP	C Required if 'Type of Selection' = 03 or 04	If 'Type of Selection' = 03 or 04 enter 7 digit Medicaid provider number of the current MCP
Label	NEWMCPMEDPROVNO	R	NEWMCPMEDPROVNO
Data	New MCP	C Required if 'Type of Selection' = 01, 02 or 04	If 'Type of Selection' = 01, 02 or 04 enter 7 digit Medicaid provider number of the new MCP
Label	CRISEDISREASON	R	CRISEDISREASON

Data	CRISE Reason	R	Choose one CRISE Reason Code from Appendix D, CRISE Enrollment Reason Code Table or Appendix E, CRISE Disenrollment Reason Code Table
Label	CHREASON	R	CHREASON
Data	Change Reason	C Required if 'Type of Selection' = 03 or 04	If 'Type of Selection' = 03 or 04 this will indicate the reason for the change. Choose one from Appendix F, Change Reason Code Table
Label	OCHREASON	R	OCHREASON
Data	Other Change Reason	O	If 'Change Reason' = 99, indicate the reason for the change with text
Label	AGMLANG	R	AGMLANG
Data	Primary Language Indicator of Assistance Group Member	C Required if 'Type of Selection' = 01 or 04	If 'Type of selection' = 01 or 04 Primary language of Assistance Group member selection/termination. Use codes from Appendix G, Primary Language Indicator Table
Label	LASTNAME	R	LASTNAME
Data	Last Name	R	Last Name of Assistance Group member selecting/terminating
Label	FIRSTNAME	R	FIRSTNAME
Data	First Name	R	First Name of Assistance Group member selecting/terminating
Label	MI	R	MI

Data	Middle Initial	O	Middle Initial of Assistance Group member selecting/terminating
Label	RSHIP	R	RSHIP
Data	Relationship to PIP	R	Relationship of Assistance Group member selecting/terminating to PIP. Use codes from Appendix I, Relationship Table
Label	SEX	R	SEX
Data	Sex	R	Sex of Assistance Group member selecting/terminating. Choose one: M = Male F = Female U = Unknown
Label	ADDINFO1	R	ADDINFO1
Data	Race	O	Race of the Assistance Group member selecting/terminating. Choose one: A = Asian B = Black or African American I = American Indian or Alaskan Native P = Native Hawaiian or Other Pacific Islander U = Unknown W = White
Label	ADDINFO2	R	ADDINFO2
Data	Ethnicity	O	Ethnicity of the Assistance Group member selecting/terminating. Choose one: H = Hispanic N = Non-Hispanic U = Unknown

Label	BDATE	R	BDATE
Data	Birth Date	R	Birth Date of Assistance Group member selecting/terminating, Format: MM/DD/YYYY
Label	MEDRECIPIENTID	R	MEDRECIPIENTID
Data	Medicaid Recipient ID	R	Recipient Billing Number, also called Medicaid Recipient ID (12 digit) of Assistance Group member selecting/terminating.
Label	DESPCP	R	DESPCP
Data	Desired PCP	O	Name of the Desired Primary Care Physician of Assistance Group member selecting/terminating.
Label	DESPCPMEDPROVNO	R	DESPCPMEDPROVNO
Data	Desired PCP Medicaid Provider Number	O	The desired PCP's Medicaid Provider Number (7 digits)
Label	CRTPCPPAT	R	CRTPCPPAT
Data	Current PCP Patient	O	Current patient of the requested PCP, Format: T or F
Label	DESHOSP	R	DESHOSP
Data	Desired Hospital	O	Name of Desired Hospital of the Assistance Group member selecting/terminating
Label	SCREENSTATUS	R	SCREENSTATUS

Data	Status of Screen	C Required if 'Type of Selection'= = 01 or 04	Required if 'Type of Selection' = 01 or 04. Choose one of the following: 01 = Screening resulted with at least one positive response 02 = Screen completed with zero positive responses 03 = Screen either not conducted or incomplete with zero positive responses
Label	MEDSCRNRESULT	R	MEDSCRNRESULT
Data	Screening for Medical Condition Code	O	Response of the potential members with Special Health Care Needs (SHCN) Screen for medical conditions. Use this field for <u>all</u> positive responses to the Medical Condition screening questions. Choose any combination from Condition Code Table, Appendix H, for example, if consumer responds positive to the Asthma question and also indicates they have two medical conditions, heart disease and allergies in response to the Medical Condition question, then 3 codes would be used in this field; 24, 21, 23. Choose codes from Appendix H, Condition Code Table. If the condition is not in the table or no specific condition is given, use 99 = Other and describe in 'Other Medical Condition' field.
Label	OTHMEDSCRN	R	OTHMEDSCRN
Data	Other Medical Condition	C Required if 'Screening for Medical Conditions Code'= 99	If 'Screening for Medical Conditions Code' = 99 = Other, use text to describe condition
Label	NONMEDSCRNRESULT	R	NONMEDSCRNRESULT

Data	Screening for Additional Assistance Code	O	Response of the CSHCN Screen for addition assistance Use 01, 02 or any combination. 01 = Receiving Supplemental Security Income (SSI) 02 = Current letter of approval from the Bureau of Children with Medical Handicaps
Label	SSOT	R	SSOT
Data	Scheduled Services or Ongoing Treatment(s)	O	Services already scheduled for this person, Format: T or F
Label	SRVTRT	R	SRVTRT
Data	Service or Treatment	C Required if 'Scheduled Services or Ongoing Treatment(s)' = T	If 'Scheduled Services or Ongoing Treatment(s)' = T, use text to describe the Service or Treatment that is scheduled (e.g., delivery, appendectomy)
Label	SRVTRTDATE	R	SRVTRTDATE
Data	Service or Treatment Date	O	Date of the scheduled service, if known Format: MM/DD/YYYY
Label	SRVTRTDOC	R	SRVTRTDOC
Data	Service or Treatment Doctor	O	Name of the doctor who will provide the scheduled service or treatment, if known
Label	OPOLICYINAME	R	OPOLICYINAME
Data	Other Policy Information Name	O	Name of other Medical Coverage

Label	OPOLICYINUM	R	OPOLICYINUM
Data	Other Policy Information Number	O	Number of other Medical Coverage & Policy
Label	ERCLASTNAME	R	ERCLASTNAME
Data	Emergency Contact Last Name	O	Last Name of Emergency Contact.
Label	ERCFIRSTNAME	R	ERCFIRSTNAME
Data	Emergency Contact First Name	O	First Name of Emergency Contact.
Label	ERCRSHIP	R	ERCRSHIP
Data	Emergency Contact Relationship	O	Relationship of the Emergency Contact to the Assistance Group Head. Use codes from Appendix I, Relationship Table.
Label	ERCHACODE	R	ERCHACODE
Data	Emergency Home Phone Area Code	O	Area Code of Emergency Contact, Format: ###
Label	ERCHPHONE	R	ERCHPHONE
Data	Emergency Home Phone Number	O	Home Phone Number of the Emergency Contact, Format: #####
Label	ERCBACODE	R	ERCBACODE
Data	Emergency Business Phone Area Code	O	Business Phone Area Code of the Emergency Contact

Label	ERCBPHONE	R	ERCBPHONE
Data	Emergency Business Phone Number	O	Business Phone Number of the Emergency Contact
Label	AUHTOTRT	R	AUHTOTRT
Data	Authorization to Treat	O	Authorization to Treat Minor Dependents (T or F)
Label	CALLERLASTNAME	R	CALLERLASTNAME
Data	Callers Last Name	O	Last name of the caller making the Selection/Change
Label	CALLERFIRSTNAME	R	CALLERFIRSTNAME
Data	Callers First Name	O	First name of the caller making the Selection /Change
Label	ENRSPECID	R	ENRSPECID
Data	Enrollment Specialist ID	O	ID of the person who made the Selection /Change
Label	CONTACTDATE	R	CONTACTDATE
Data	Date of Contact	O	Date the selection information was taken, Format: MM/DD/YYYY
Label	PROCDATE	R	PROCDATE
Data	Processed Date	O	Date transaction entered on CRIS-E, Format: MM/DD/YYYY
Label	PROCBYID	R	PROCBYID
Data	Processed By ID	O	ID of person who entered the transaction on CRIS-E

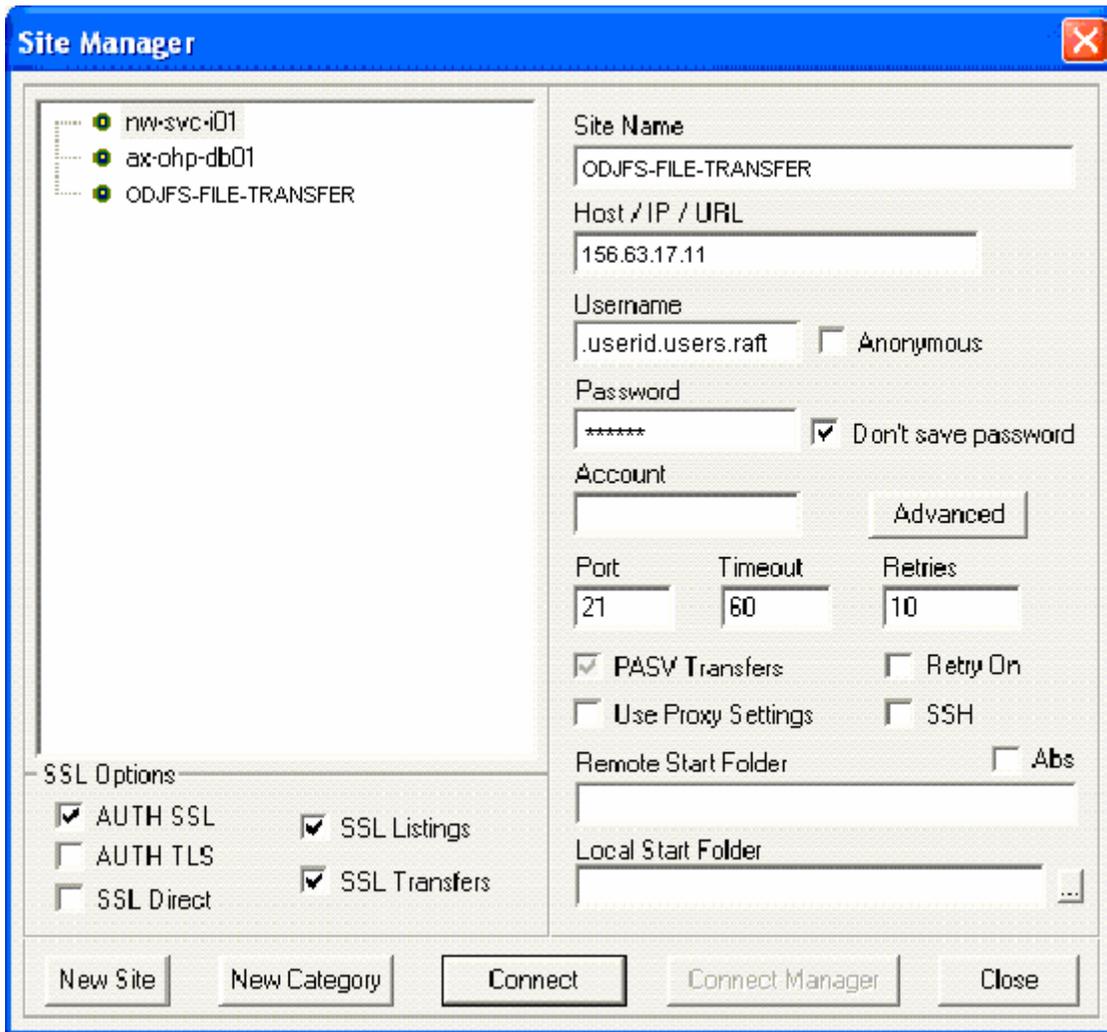
## **7.0 File Transfer and Retrieval**

Each MCP must retrieve CCR files 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 Submitter ID Table

Submitter ID	Plan
293	Anthem Blue Cross Blue Shield Inc.
305	WellCare
315	CareSource
325	Paramount Advantage
420	Buckeye Community Health Plan
712	AMERIGROUP Ohio Inc.
731	Molina HealthCare of Ohio Inc.
755	Gateway Health Plan of Ohio Inc.
761	Unison Health Plan Ohio Inc.

## Appendix B County Code Table

01 Adams	16 Coshocton	31 Hamilton	46 Logan	61 Noble	76 Stark
02 Allen	17 Crawford	32 Hancock	47 Lorain	62 Ottawa	77 Summit
03 Ashland	18 Cuyahoga	33 Hardin	48 Lucas	63 Paulding	78 Trumbull
04 Ashtabula	19 Darke	34 Harrison	49 Madison	64 Perry	79 Tuscarawas
05 Athens	20 Defiance	35 Henry	50 Mahoning	65 Pickaway	80 Union
06 Auglaize	21 Delaware	36 Highland	51 Marion	66 Pike	81 Van Wert
07 Belmont	22 Erie	37 Hocking	52 Medina	67 Portage	82 Vinton
08 Brown	23 Fairfield	38 Holmes	53 Meigs	68 Preble	83 Warren
09 Butler	24 Fayette	39 Huron	54 Mercer	69 Putnam	84
10 Carroll	25 Franklin	40 Jackson	55 Miami	70 Richland	Washington
11 Champaign	26 Fulton	41 Jefferson	56 Monroe	71 Ross	85 Wayne
12 Clark	27 Gallia	42 Knox	57	72 Sandusky	86 Williams
13 Clermont	28 Geauga	43 Lake	Montgomery	73 Scioto	87 Wood
14 Clinton	29 Greene	44 Lawrence	58 Morgan	74 Seneca	88 Wyandot
15 Columbiana	30 Guernsey	45 Licking	59 Morrow	75 Shelby	
			60 Muskingum		

## Appendix C Assignment Code Table

Code	Description of Assignment Process
00	MCP enrollment (involuntary disenrollment); <b>choose last MCP</b>
01	No FFS PCP experience within 1 year <b>and no MCP</b> experience within 1 year; <b>choose best MCP provider panel (PCP only for CFC, additional provider types for ABD)</b>
02	FFS PCP experience within 1 year <b>without MCP</b> experience within 1 year; <u>no MCP match</u> to PCP; <b>choose best MCP provider panel (PCP only for CFC, additional provider types for ABD)</b>
03	FFS PCP experience within 1 year <b>without MCP</b> experience within 1 year; <u>only one MCP match</u> to appropriate provider type; <b>choose matching MCP</b>
04	FFS PCP experience within 1 year <b>without MCP</b> experience within 1 year; <u>2 or more MCP</u> matches to appropriate provider type; among matching MCPs, <b>choose best MCP provider panel (PCP only for CFC, additional provider types for ABD)</b>
05	FFS PCP experience within 1 year <b>with MCP</b> experience within 1 year with involuntary disenrollment; <u>MCP experience more recent</u> ; <b>choose most recent MCP</b>
06	FFS PCP experience within 1 year <b>with MCP</b> experience within 1 year with involuntary disenrollment; <u>1 FFS visit more recent</u> ; <b>choose most recent MCP</b>
07	FFS PCP experience within 1 year <b>with MCP</b> experience within 1 year with involuntary disenrollment; <u>2 or more FFS visits more recent</u> ; <i>no MCP match</i> to PCP; <b>choose most recent MCP</b>
08	FFS PCP experience within 1 year <b>with MCP</b> experience within 1 year with involuntary disenrollment; <u>2 or more FFS visits more recent</u> ; <i>only one MCP match</i> to PCP; <b>choose matching MCP</b>
	FFS PCP experience within 1 year <b>with MCP</b> experience within 1 year with involuntary

09	disenrollment; <u>2 or more FFS visits more recent</u> ; <i>2 or more MCP matches</i> to appropriate provider type, one of which is MCP of last enrollment; <b>choose last MCP</b>
10	FFS PCP experience within 1 year <b>with MCP</b> experience within 1 year with involuntary disenrollment; <u>2 or more FFS visits more recent</u> ; <i>2 or more MCP matches</i> to PCP, none of which is MCP of last enrollment; among matching <b>MCPs, choose best MCP provider panel (PCP only for CFC, additional provider types for ABD)</b>
11	Assistance Group not listed on Assignment Utilization File; <b>choose best MCP provider panel (PCP only for CFC, additional provider types for ABD)</b>
99	OTHER

**Appendix D**  
**MANAGED CARE PROGRAM**  
**CRIS-E ENROLLMENT TABLE REASON CODES**

Code	Description	Voluntary
ARE	AUTO-REENROLLMENT	N
ASG	ASSIGNMENT	N
EAS	CORRECTION COMPLETED BY EAS	N
VOL	VOLUNTARY ENROLLMENT	Y

**Appendix E**  
**MANAGED CARE PROGRAM**  
**CRIS-E DISENROLLMENT TABLE REASON CODES**

Code	Description	Voluntary
ADE	AUTO-DISENROLLMENT	N
CCD	CONTINUITY OF CARE – OTHER	Y
CCP	CONTINUITY OF CARE – PREGNANT	Y
CCS	CONTINUITY OF CARE – PRE-SCHEDULED SURGERY	Y
CCT	CONTINUITY OF CARE – ONGOING TREATMENT	Y
CIC	CHILDREN IN CUSTODY	N
DCT	DISENROLLMENT DUE TO CASE TRANSFER	N
DEF	INPATIENT DEFERMENT	N
ERS	RECONCILIATION BY EAS	N
EVF	RETURN TO FFS BY EAS	N
INC	INCARCERATION	N
JCH	MEMBERSHIP HARMFUL TO MEMBER/ODJFS DETERMINATION	Y
JCI	CONSUMER MOVED OUT OF MCP'S SERVICE AREA	Y
JCK	SERVICES NOT COVERED DUE TO MORAL OR RELIGIOUS OBJECTIONS OF MCP	Y
JCL	LANGUAGE BARRIER	Y
JCP	RELATED SERVICES NEEDED	Y
JCQ	LACK OF ACCESS TO SERVICES/EXPERIENCED/PROVIDER	Y
LOC	LEVEL OF CARE DETERMINATION/NURSING HOME PLACEMENT	N
MCA	MCP INITIATED/UNCOOPERATIVE OR DISRUPTIVE BEHAVIOR	N
MCF	MCP INITIATED –FRAUDULENT BEHAVIOR	N
MTT	MEMBERSHIP TERMINATION DUE TO CASE TRANSFER	N
MEX	MEMBERSHIP EXCLUSION	Y

MLC	MCP LEAVING COUNTY	N
NIA	PRIMARY CARE PROVIDER NOT ON MCP PROVIDER PANEL	Y
NIB	PRIMARY CARE PROVIDER LEFT MCP PROVIDER PANEL	Y
NID	LIKES EXTRA SERVICES OF NEW MCP BETTER	Y
NIE	DOESN'T LIKE PCP OR SPECIALIST	Y
NIF	SERVICES DENIED	Y
NIG	SERVICES NOT COVERED	Y
NIH	PAYMENT OF CLAIM DENIED	Y
NII	DIFFICULT TO REACH PCP/SPECIALIST	Y
NIJ	DENTIST NOT ON MCP PROVIDER PANEL	Y
NIK	DENTIST NO LONGER ON MCP PROVIDER PANEL	Y
NIL	HOSPITAL NOT ON MCP PROVIDER PANEL	Y
NIM	HOSPITAL NO LONGER ON THE MCP PROVER PANEL	Y
NIN	OB/GYN NOT ON MCP PROVIDER PANEL	Y
NIO	OB/GYN NO LONGER ON THE MCP PROVIDER PANEL	Y
NIP	PREFERS MEDICAID CARD/DIFFERENT MCP	Y
NIQ	SPECIALIST NOT ON MCP PROVIDER PANEL	Y
NIR	SPECIALIST LEFT THE MCP PROVIDER PANEL	Y
NIS	NO REASON GIVEN FOR CHANGE	Y
TPL	THIRD PARTY LIABILITY/COVERAGE	Y
WAD	WAIVER ELIGIBLE BUT DENIED DUE TO NO SLOTS AVAILABLE	N
WAI	WAIVER ELIGIBLE/CORE PLUS	N

**Appendix F**  
**Change Reason Code**

99	Other
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**Please note that all reasons are listed on Appendix D and Appendix E until further notice.**

## Appendix G Primary Language Indicator Table

<b>Code</b>	<b>Language</b>
AFR	AFRIKAAN
ALB	ALBANIAN
AMH	AMHARIC (Ethiopia)
ARA	ARABIC (Middle East)
ARM	ARMENIAN
BAS	BASQUE
BEL	BELOUSSIAN (Belarus)
BEN	BENGALI (Bangladesh)
BUL	BULGARIAN
BUR	BURMESE
CAM	KHMER (Cambodian)
CAN	CANTONESE (Hong Kong)
CHI	MANDARIN (China-Simplified)
CHT	MANDARIAN (China-Traditional)
CRO	CROATIAN
CZE	CZECH
DAN	DANISH
DUT	DUTCH
ENG	ENGLISH
EST	ESTONIAN
FAR	FARSI (Afghanistan)
FIN	FINNISH
FLE	FLEMISH

FRC	FRENCH CREOLE
FRE	FRENCH (France)
GER	GERMAN (Germany)
GRE	GREEK
HAI	HAITIAN
HEB	HEBREW (Israel)
HIN	HINDI
HMO	HMONG
HUN	HUNGARIAN
ICE	ICELANDIC
IND	INDIC
IRA	FARSI (Iran)
ITA	ITALIAN (Italy)
JAP	JAPANESE (Japan)
KOR	KOREAN (Korea)
KUR	KURDISH (Northern Iraq)
KU1	KURDISH (Southern Iraq)
LAO	LAOTIAN (Laos)
LAT	LATVIAN
LIT	LITUANIAN
MAC	MACEDONIAN (Macedonia)
MON	MON-KHMER
NOR	NORWEGIAN
ORO	OROMO (Ethiopia)
OTH	OTHER
PAK	PAKISTAN

POC	PORTUGUESE CREOLE
POL	POLISH
POR	PORTUGUESE (Brazil, Portugal)
PUN	PUNJABI
ROM	ROMANIAN
RUS	RUSSIAN (Russia)
SER	SERBIAN
SLO	SLOVAK
SLV	SLOVENIAN
SOM	SOMALI (Somalia)
SPA	SPANISH
SPE	SPANISH/ENGLISH BILINGUAL
SWA	SWAHILI (Tanzania)
SWE	SWEDISH
TAG	TAGALOG
THA	THAI (Thailand)
TIG	TIGENYA (Eritrea)
TUR	TURKISH (Turkey)
UKN	UNKNOWN
UKR	UKRANIAN (Ukraine)
VIE	VIETNAMESE
YDD	YIDDISH (Yiddish)

## Appendix H Condition Code Table

<i><b>ODJFS CONDITION CODE</b></i>	<i><b>DESCRIPTION</b></i>
02	HIV/AIDS
03	Cancer
04	Leukemia
06	Cystic Fibrosis
07	Diabetes
09	Hemophilia
10	Sickle Cell
11	Mental Disorders ( <b>except</b> Depression, Anxiety, Schizophrenia)
12	(ADD/ADHD) Attention Deficit Disorder/Attention Deficit Hyperactive Disorder
13	Alcohol and other Drug Abuse
14	Post Traumatic Brain Injury
16	Cerebral Palsy
17	Chronic Otitis Media
18	Epilepsy
19	Muscular Dystrophy
21	Heart Disease
23	Allergies
24	Asthma
28	Chronic Renal Failure
30	Teen/Adult Pregnancy
33	Arthritis

<i><b>ODJFS CONDITION CODE NUMBER</b></i>	<i><b>DESCRIPTION</b></i>
35	Cleft Palate
36	Hydrocephalus
37	Spina Bifida
41	Burns
42	Lead Poisoning
43	Trauma
111	Anxiety Disorders
114	Depression
116	Mental Retardation
117	Schizophrenia
126	Cardiovascular Disease
127	Congestive Heart Failure (CHF)
128	Coronary Artery Disease (CAD)
129	Hypertension
130	Stroke
134	Chronic Obstructive Pulmonary Disease (COPD)
99	Other

Note: The conditions listed in this table are common conditions with common names for use by those with no clinical expertise. The conditions in this table were taken from a more extensive list of conditions. For this reason, the codes do not start with 01 and do not increase incrementally.

## Appendix I Relationship Table

<b>Code</b>	<b>Description</b>
AUN	Aunt
BTR	Brother
DAU	Daughter
FCO	First Cousin
FRD	Friend
FTR	Father
GDS	Grandson
GGD	Great Granddaughter
GGF	Great Grandfather
GGM	Great Grandmother
GGS	Great Grandson
GRD	Granddaughter
GRF	Grandfather
GRM	Grandmother
HBR	Half Brother
HSR	Half sister
HUS	Husband
MTR	Mother
NEI	Niece
NEP	Nephew
NIE	Niece
OTR	Other Specified Relative
SLF	Same Person
SON	Son
SPO	Sponsor

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SSR	Stepsister
STB	Stepbrother
STD	Stepdaughter
STF	Stepfather
STM	Stepmother
STR	Sister
STS	Stepson
UNC	Uncle
WIF	Wife