



Consumer Contact Record File Specifications

**July 1, 2004
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 both managed care plans (MCPs) and enhanced care management plans (ECMPs).

1.0 Changes from the Previous Version

- 1.1 File names will reflect whether the file contains ECMP versus MCP consumer contact records.
- 1.2 TYPEOFENROLL now has 05 (Disenroll from ECMP) and 06 (Change from one ECMP and select another).
- 1.3 The field ADDINFO1 will now include data regarding the race of each assistance group member.
- 1.4 The field ADDINFO2 will now include data regarding the ethnicity of each assistance group member.
- 1.5 The Submitter ID Table (Appendix A) has been updated and will be used by both ECMPs and MCPs.
- 1.6 Appendix D has revised CRISE Reason Codes and ECM codes have been added.
- 1.7 Appendix E has been revised.
- 1.8 Field descriptions have been added to reference the ECMPs.
- 1.9 Field descriptions using the terms 'enrollment' and 'disenrollment' were changed to reflect current language 'selection' and 'termination'. 'Enrollees' were changed to 'members'.
- 1.10 CCR files will be located on ODJFS' server for MCPs and ECMPs to retrieve using secure file transfer protocol (FTP).

2.0 File Name

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

exxxmmyy.t00

Position	Symbol	Description
1	e	>e= Indicates 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 >= 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 ECMP's consumer contact records contains a unique character identifying the file type, submitter's ID, month and year of submission.

fxxxmmyy.t00

Position	Symbol	Description
1	e	>e= Indicates ECMP selection file
2-4	xxx	ECMP Submitter ID (Use codes from Appendix A)
5-8	mmyy	mm Month of submission yy Year of submission
9-11	.t00	Extension: 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:

xxxx0601.t00

The next file for June would be:

xxxx0601.t01

3.0 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.

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 4.0). 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 an 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~ADDI
NFO1|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|~NONMEDSCR
NRESULT|~SSOT|T~SRVTRT|DELIVERY~SRVTRTDATE|12/12/2000~SRVTRTDOC|ST
VINCENTS
CLINIC~AGMLANG|ENG~LASTNAME|GESS~FIRSTNAME|MEGAN~MI|E~RSHIP|DAU~SE
X|F~ADDINFO1|W~ADDINFO2|N~BDATE|12/07/1993~MEDRECIPIENTID|103012733299~D
ESPCP|DR. WAUGH~DESPCPMEDPROVNO|3456753~CRTPCPPAT|F~DESHOSP|ST.VINCE
NTS~SCREENSTATUS|02~MEDSCRNRESULT|~OTHMEDSCRN|~NONMEDSCRNRESULT|
~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|47657
15~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|~ADD
RESS3B|~CITY3|~STATE3|~ZIP3|~P4ZIP3|~ADDRESS4A|~ADDRESS4B|~CITY4|~STATE4|~
ZIP4|~P4ZIP4|~COUNTYNO|77~TYPEOFENROLL|02~ASSIGNCODE|01~MCPMEDPROVN
O|~NEWMCPMEDPROVNO|2014568~CRISEDISREASON|~CHREASON|~OCHREASON|~A
GMLANG|ENG~LASTNAME|GESS~FIRSTNAME|MARY~MI|B~RSHIP|SAM~SEX|F~ADDI
NFO1|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|~NONMEDSCR
NRESULT|~SSOT|T~SRVTRT|DELIVERY~SRVTRTDATE|12/12/2000~SRVTRTDOC|ST
VINCENTS
CLINIC~AGMLANG|ENG~LASTNAME|GESS~FIRSTNAME|MEGAN~MI|E~RSHIP|DAU~S
EX|F~ADDINFO1|W~ADDINFO2|N~BDATE|12/07/1993~MEDRECIPIENTID|103012733299~
DESPCP|DR. WAUGH~DESPCPMEDPROVNO|3456753~CRTPCPPAT|F~DESHOSP|ST.VINC
ENTS~SCREENSTATUS|02~MEDSCRNRESULT|~OTHMEDSCRN|~NONMEDSCRNRESUL
T|~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|~NONMEDSCRNRESUL
T|~SSOT|T~SRVTRT|HEART BYPASS
SURGERY~SRVTRTDATE|09/23/2000~SRVTRTDOC|ST VINCENTS
CLINIC~OPOLICYINAME|~OPOLICYINUM|~ERCLASTNAME|GESS~ERCFIRSTNAME|M
ARY~ERCRSHIP|SAM~ERCHACODE|330~ERCHPHONE|4744714~ERCBACODE|330~ERCB
PHONE|8473625~AUTHTOTRT|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, 04 or 06	If >Type of Selection= 01, 04 or 06 and if the PIP requires interpreter services, indicate their primary language. (Use Codes from Language Indicator Table below)
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 05 = Disenroll from ECMP 06 = Change from one ECMP to select another ECMP
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 ECMP/MCP	C Required if >Type of Selection= = 03, 04, 05, 06	If >Type of Selection= = 03, 04, 05 or 06 enter 7 digit Medicaid provider number of the current ECMP/MCP
Label	NEWMCPMEDPROVNO	R	NEWMCPMEDPROVNO
Data	New ECMP/MCP	C Required if >Type of Selection= = 01, 02, 04 or 06	If >Type of Selection= = 01, 02, 04 or 06 enter 7 digit Medicaid provider number of the new ECMP/MCP
Label	CRISEDISREASON	R	CRISEDISREASON
Data	CRISE Reason	O	Choose one CRISE Reason Code from Appendix D, CRISE 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 E, 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, 04 or 06	If >Type of selection = 01, 04 or 06 Primary language of Assistance Group member selection/termination. Use codes from Appendix F, 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 H, 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, 04 or 06	Required if >Type of Selection== 01, 04 or 06. 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 Asthma, Diabetes, and Medical Condition screening questions. Choose any combination from Condition Code Table below, 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 G, 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 Relationship Table below.
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	AUTHTOTRT	R	AUTHTOTRT
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

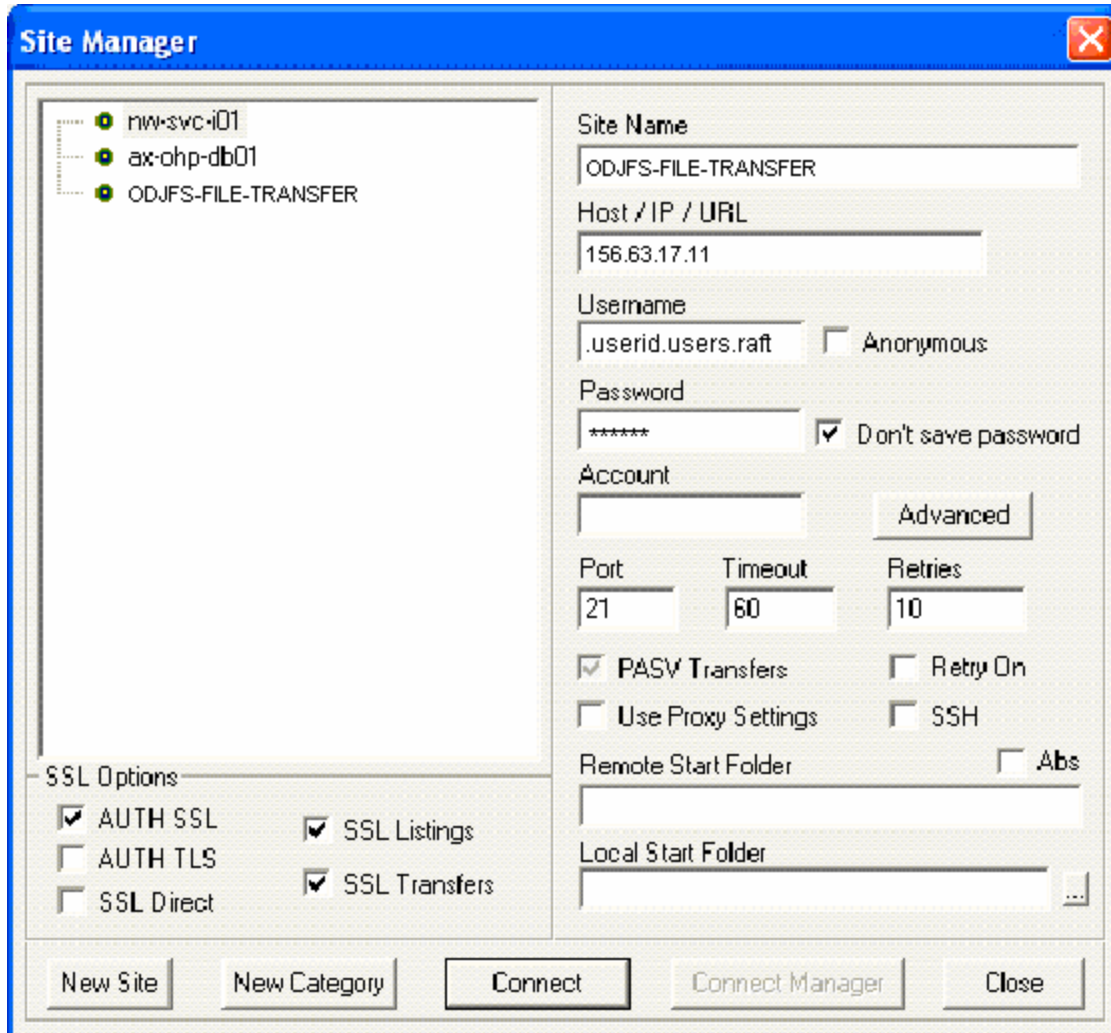
7.0 File Transfer and Retrieval

Each ECMP and 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
315	CareSource
313	MediPlan-Primetime
325	Paramount Care
327	QualChoice Health Plan
329	SummaCare
420	Buckeye Community Health Plan

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 Washington
10 Carroll	25 Franklin	40 Jackson	55 Miami	70 Richland	85 Wayne
11 Champaign	26 Fulton	41 Jefferson	56 Monroe	71 Ross	86 Williams
12 Clark	27 Gallia	42 Knox	57 Montgomery	72 Sandusky	87 Wood
13 Clermont	28 Geauga	43 Lake	58 Morgan	73 Scioto	88 Wyandot
14 Clinton	29 Greene	44 Lawrence	59 Morrow	74 Seneca	
15 Columbiana	30 Guernsey	45 Licking	60 Muskingum	75 Shelby	

Appendix C Assignment Code Table

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

10	FFS PCP experience within 1 year with MCP experience within 1 year with involuntary disenrollment; 2 or more FFS visits more recent; <i>2 or more MCP matches</i> to PCP, none of which is MCP of last enrollment; among matching MCPs, choose best MCP PCP provider panel
11	Assistance Group not listed on Assignment Utilization File; choose best MCP PCP provider panel
99	OTHER

Appendix D
MANAGED CARE PROGRAM
CRIS-E ENROLLMENT 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

**ENHANCED CARE MANAGEMENT PROGRAM
CRIS-E ENROLLMENT TABLE REASON CODES**

Code	Description	Voluntary
AAA	ASTHMA ADULT ABD	N
AAY	ASTHMA YOUTH LESS THAN 21	N
ACA	CORONARY ARTERIAL DISEASE (CAD)	N
ACH	CONGESTIVE HEART FAILURE (CHF)	N
ACO	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	N
ADI	DIABETES	N
AHY	HYPERTENSION	N
EAA	ASTHMA ADULT ABD	Y
EAY	ASTHMA YOUTH LESS THAN 21	Y
ECA	CORONARY ARTERIAL DISEASE (CAD)	Y
ECH	CONGESTIVE HEART FAILURE (CHF)	Y
ECO	CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)	Y
EDI	DIABETES	Y
EHY	HYPERTENSION	Y
ERE	ECM AUTO REENROLLED BY EAS STAFF	N

**ENHANCED CARE MANAGEMENT PROGRAM
CRIS-E DISENROLLMENT TABLE REASON CODES**

Code	Description	Voluntary
ADE	AUTO DISENROLLMENT	N
CIC	CHILD IN CUSTODY	N
DCT	OUT OF COUNTY CASE TRANSFER	N
EAS	ECM-ASSIGNED WANTS OUT OF ECM	Y
ECP	CHANGE TO ANOTHER ECMP	Y
EDL	DISENROLL DOESN'T LIKE ECMP	Y
EDN	DISENROLL REQUESTED, NO REASON	Y
EDO	DISENROLL REQUESTED, REASON OTHER THAN THOSE AVAILABLE	Y
EIA	ECMP-INITIATED ABUSE	N
EIF	ECMP-INITIATED FRAUD	N
EIO	OTHER REASON	N
EPE	PCP ENDED RELATIONSHIP WITH ECM	N
EPN	ECM MEMBER'S PCP WILL NOT PARTICIPATE W/ECMP	N
EWA	ECM MEMBER PLACED IN A WAIVER SLOT	N
EWD	ECM MEMBER FOUND ELIGIBLE FOR WAIVER, NO SLOTS AVAILABLE	N
INC	INCARCERATED	N
LOC	LEVEL OF CARE (PLACED IN A NURSING HOME FOR CUSTODIAL CARE, NOT REHABILITATION)	N
TPL	THIRD PARTY LIABILITY	N

Appendix E Change Reason Code

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

Appendix F
Primary Language Indicator Table

Code	Language
AFR	AFRIKAAN
ALB	ALBANIAN
AMH	AMHARIC
ARA	ARABIC
ARM	ARMENIAN
BAS	BASQUE
BEN	BENGALI
BUL	BULGARIAN
BUR	BURMESE
CAM	CAMBODIAN
CHI	CHINESE
CRO	CROATIAN
CZE	CZECH
DAN	DANISH
DUT	DUTCH
ENG	ENGLISH
EST	ESTONIAN
FAR	FARSI
FIN	FINNISH
FLE	FLEMISH
FRC	FRENCH CREOLE
FRE	FRENCH

GER	GERMAN
GRE	GREEK
HAI	HAITIAN
HEB	HEBREW
HIN	HINDI
HMO	HMONG
HUN	HUNGARIAN
ICE	ICELANDIC
IND	INDIC
IRA	IRANIAN
ITA	ITALIAN
JAP	JAPANESE
KOR	KOREAN
LAO	LAOTIAN
LAT	LATVIAN
LIT	LITUANIAN
MON	MON-KHMER
NOR	NORWEGIAN
OTH	OTHER
PAK	PAKISTAN
POC	PORTUGUESE CREOLE
POL	POLISH
POR	PORTUGUESE
PUN	PUNJABI
ROM	ROMANIAN
RUS	RUSSIAN
SER	SERBIAN

SLO	SLOVAK
SLV	SLOVENIAN
SOM	SOMALI
SPA	SPANISH
SPE	SPANISH/ENGLISH BILINGUAL
SWA	SWAHILI
SWE	SWEDISH
TAG	TAGALOG
THA	THAI
TIG	TIGENYA
UKN	UNKNOWN
UKR	UKRANIAN
VIE	VIETNAMESE

Appendix G Condition Code Table

<i>ODJFS CONDITION CODE</i>	<i>DESCRIPTION</i>
02	HIV/AIDS
03	Cancer
04	Leukemia
06	Cystic Fibrosis
07	Diabetes
09	Hemophilia
10	Sickle Cell
11	Mental Disorders
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

35	Cleft Palate
36	Hydrocephalus
37	Spina Bifida
<i>ODJFS CONDITION CODE NUMBER</i>	<i>DESCRIPTION</i>
41	Burns
42	Lead Poisoning
43	Trauma
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 H Relationship Table

Code	Description
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	Grandaughter
GRF	Grandfather
GRM	Grandmother
HBR	HalfBrother
HSR	Halfsister
HUS	Husband
MTR	Mother
NEI	Niece
NEP	Nephew
NIE	Niece
OTR	Other Specified Relative
SLF	Same Person
SON	Son

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