



ODJFS' Enhanced Care Management Outreach and Level of Intervention 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 Enhanced Care Management ECM plans (ECMP) to report member-specific information pertaining to case management activities. There are two types of files that ECMPs are required to submit every month: 1) an outreach, assessment, and treatment plan file (outreach file); and 2) a level of intervention file (LOI file).

Both files must be submitted to the Ohio Department of Jobs and Family Services (ODJFS) on the 15th of every month. ODJFS will only accept records for members who were enrolled at least 2 months prior to the month in which data is submitted. For example, for a file that is submitted on November 15, 2004, only records for individuals with beginning dates of membership of September 1, 2004 or earlier will be accepted. Records for the members with beginning dates of enrollment after September 1, 2004 or later will be rejected.

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

2. File Names

The file names contain a unique character identifying the file type, ECMP submitter's ID, month and year of submission.

2.2 Outreach Files

The ECM outreach file name has the following format:

oxxxmmyy.t99

Position	Symbol	Description
1	o	o= ECM outreach file
2-4	XXX	ECMP Submitter ID (Use codes from ODJFS ECMP Submitter ID Table in Appendix C)
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 ECM outreach file submission for November 2004:

oxxx1104.t00

2.2 Level of Intervention Files

The LOI file name has the following format:

lxxxmmyy.t99

Position	Symbol	Description
1	l	l= LOI file
2-4	XXX	ECMP Submitter ID (Use codes from ODJFS ECMP Submitter ID Table in Appendix C)
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 ECM LOI file submission for November 2004:

lxxx1104.t00

3. 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. Fields/Records

4.1 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.

4.2 Data Fields

Data fields are fields that contain the value for each data item. A data field can contain one value or multiple values. Most data fields contain one value. The only field which can contain multiple values is the 'Assessed Medical Condition' field in the LOI file.

5. File Layout

5.1 Outreach File Layout

Outreach files contain records for members' first outreach dates, assessment dates, and treatment plan development dates. Outreach files should contain information pertinent to the month that is two months prior to the submission month. For example, if a member is enrolled in September 2004, ODJFS expects them to be contacted by the ECMP within 30 days of enrollment, assessed within 60 days of enrollment and have a treatment plan developed within 90 days of enrollment. Therefore, ODJFS would expect: 1) the file that is submitted on November 15, 2004 to contain the first outreach date; 2) the file that is submitted on December 15, 2004 to contain the assessment date; and 3) the file that is submitted on January 15, 2005 to contain the treatment plan development date.

Each record may contain the data relating to only a subset of the data fields. For example, an initial record for a member may contain the first outreach date, without assessment or treatment plan information. In subsequent months, the plan may submit records for this same member containing assessment and treatment plan information. Data fields which contain properly

formatted information will overlay previously submitted records.

One record immediately follows the next record in the file with no space. The last fields of an outreach record are the label field, TREATMENTDATE, and the data field, 'Treatment Plan Developed Date'. The first label of the next record, ENROLLDATE, follows immediately after the tilde at the end of the 'Treatment Plan Developed Date' data field with no space.

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	ENROLLDATE	Required	
Data	Beginning Enrollment Date	Required	mm/dd/yyyy
Label	MEDRECIPIENTID	Required	
Data	Medicaid Recipient ID	Required	12 digit Medicaid recipient ID.
Label	OUTREACHDATE	Required	
Data	First Outreach Date	Optional	mm/dd/yyyy
Label	ASSESSDATE	Required	
Data	Assessment Date	Optional	mm/dd/yyyy
Label	TREATMENTDATE	Required	
Data	Treatment Plan Developed Date	Optional	mm/dd/yyyy

5.2 Level of Intervention File Layout

LOI files contain information regarding the level of intervention of case management used by the ECMP for each of its members. This includes the following information for the reporting month: 1) the medical conditions with which the ECMP has assessed the member; 2) the number of calls to the member or the member's physician; 3) the number of visits by ECMP staff to the member at their home or in the hospital; 4) the number of educational mailings sent to or educational classes attended by the member; and 5) the professional status of the member's primary case manager. Although ODJFS does not expect the assessed medical conditions of the member or the professional status of the case manager to change on a monthly basis, the ECMP must continue to report these values every month.

LOI files should contain a record for every member that is in the ECMP two months prior to the submission month. The information on these files should pertain to the reporting month that is two months prior to the submission month. However, the file could also contain records pertaining to previous reporting months if the data was not reported earlier or if corrections need to be made to previously reported information; data fields which contain properly formatted information will overlay previously submitted records.

Example of Timing of Submissions

The file that is submitted on January 15, 2005 should contain a record for every member that was enrolled in November 2004 with information on the number of calls, visits, and/or educational mailings/classes that occurred within the reporting month of November 2004. If a member

received no calls, visits, or educational mailings/classes during November 2004, a record should be submitted with “0”s in these data fields for that member. This file could also contain updated information on the number of calls, visits, and educational mailings/classes within the reporting months of September 2004 and October 2004.

One record immediately follows the next record in the file with no space. The last fields of an LOI record are the label field, STAFF, and the data field, ‘Staff Qualification’. The first label of the next record, ENROLLDATE, follows immediately after the tilde at the end of the ‘Staff Qualification’ data field with no space.

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	ENROLLDATE	Required	
Data	Beginning Enrollment Date	Required	mm/dd/yyyy
Label	MEDRECIPIENTID	Required	
Data	Medicaid Recipient ID	Required	12 digit Medicaid recipient ID.
Label	MONTH	Required	
Data	Reporting Month	Required	mm/yyyy The reporting month to which the data pertains.
Label	MEDICALCONDITION	Required	
Data	Assessed Medical Conditions	Required	List of the medical condition code(s) with which the member has been assessed by the ECMP for the reporting month. These codes must be separated by commas with no spaces between them. Medical condition codes should be listed in order of primary, secondary, etc. There is no limit on the number of medical conditions that may be listed. See Appendix A for a list of the valid medical condition codes. Example for primary assessed medical condition asthma, with a secondary assessed medical condition of hypertension: 32,28

Field Type	Field Name	Required, Optional, or Conditional	Description
Label	CALLS	Required	
Data	Calls to Patient or Physician	Required	Number of calls to the member or to the member's physician concerning the member during the month. If there are no calls during the month, the value would be 0.
Label	VISITS	Required	
Data	Home or Hospital Visits	Required	Number of visits to the member at home or in the hospital during the month. If there are no visits to the member during the month, the value would be 0.
Label	MAILINGS	Required	
Data	Educational Mailings or Classes	Required	Number of mailings to the member and/or educational classes attended by the member during the month. If there are no mailings/educational classes for the member during the month, the value would be 0.
Label	STAFF	Required	
Data	Staff Qualification	Required	Professional status of primary case manager. See Appendix B for a list of the valid primary case manager codes.

6. Sample Records

Example of outreach file record:

ENROLLDATE|09/01/2005~MEDRECIPIENTID|000000000000~OUTREACHDATE|09/15/2005~ASSESSDATE|10/01/2005~TREATMENTDATE|11/15/2005~

Example of LOI file record:

ENROLLDATE|09/01/2004~MEDRECIPIENTID|000000000000~MONTH|01/2005~MEDICALCONDITION|07,08,09~CALLS|1~VISITS|1~MAILINGS|0~STAFF|1~

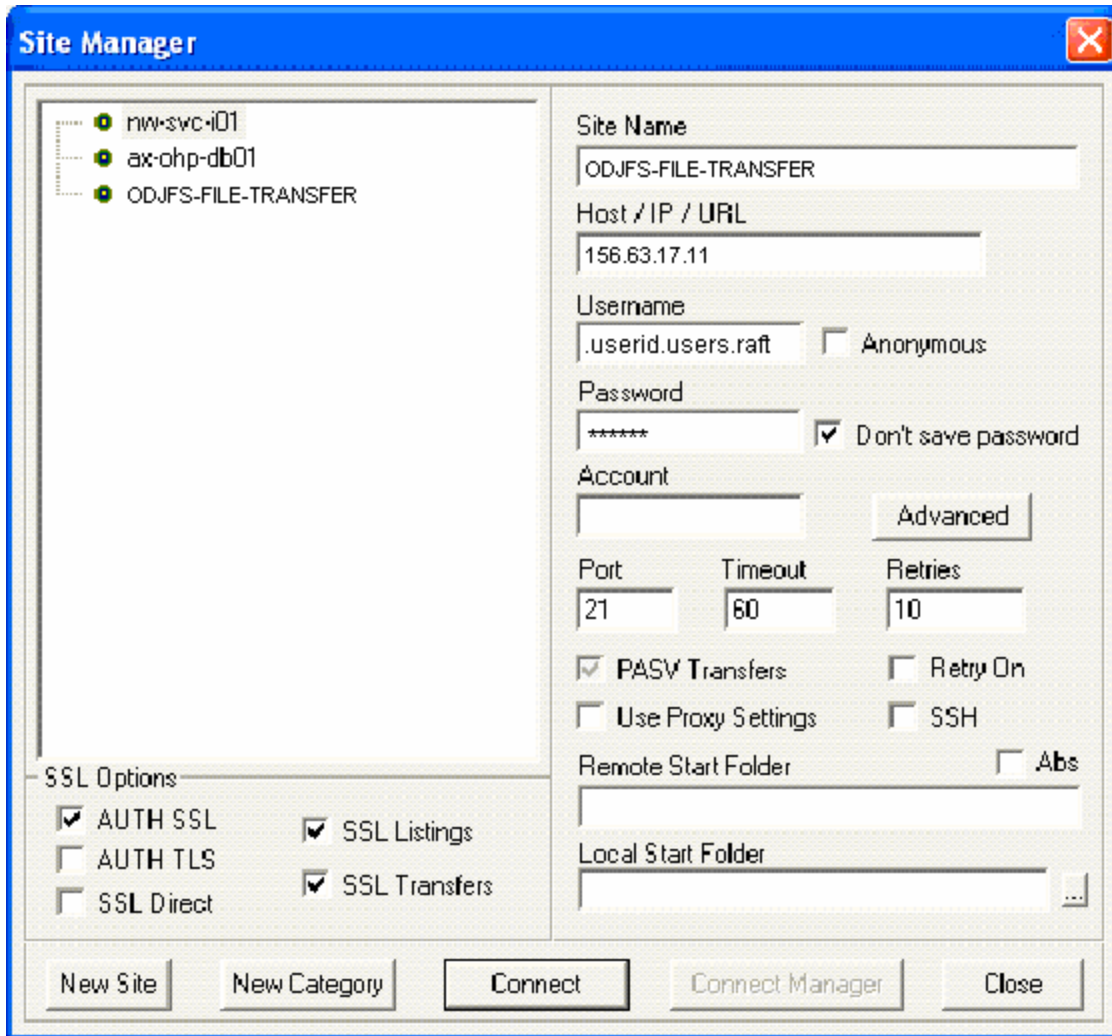
7. File Submissions

Each ECMP must submit data through secure file transfer protocol (SFTP). There is a variety of client SFTP software available for this purpose.

Client software requirements for SFTP:

- Allow authorization secure sockets listing (AUTH SSL).
- Support SSL Listings.
- Support SSL Transfers.
- Connect to IP address: 156.63.17.11.

Below is an example of an FTP client application properly configured to connect to ODJFS' SFTP server:



The example was taken from the Core FTP Lite application. To configure your specific FTP client software, refer to the documentation provided with that software from the manufacturer.

Appendix A: Medical Condition Codes 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 Diabetes
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	Anxiety Disorders ADD/ADHD Alcohol and other Drug Abuse Depression Mental Retardation Schizophrenia Post Traumatic Brain Injury
12		Anxiety Disorders	
13		(ADD/ADHD) Attention Deficit Disorder/Attention Deficit Hyperactive Disorder	
14		Alcohol and other Drug Abuse	
15		Depression	
16		Mental Retardation	
17		Schizophrenia	
18		Post Traumatic Brain Injury	

ODJFS Condition Code	ICD-9 Range	DESCRIPTION	Exceptions
19	320.xx- 389.xx	Diseases of the Nervous System and Sense Organs	Cerebral Palsy Chronic Otitis Media Eye Disorders Epilepsy Muscular Dystrophy
20		Cerebral Palsy	
21		Chronic Otitis Media	
22		Eye Disorders	
23		Epilepsy	
24		Muscular Dystrophy	
25	390.xx- 459.xx	Diseases of the Circulatory System	Cardiovascular Disease Congestive Heart Failure Hypertension
26		Cardiovascular Disease	
27		Congestive Heart Failure	
28		Hypertension	
29		Stroke	
30	460.xx- 519.xx	Diseases of the Respiratory System	Allergies Asthma Chronic Obstructive Pulmonary Disorder
31		Allergies	
32		Asthma	
33		Chronic Obstructive Pulmonary Disease	
34	520.xx- 579.xx	Diseases of the Digestive System	
35	580.xx- 629.xx	Diseases of the Genitourinary System	Chronic Renal Failure
36		Chronic Renal Failure	
37	630.xx- 677.xx	Complications of Pregnancy, Childbirth and the Puerperium	Teen/Adult Pregnancy
38		Teen/Adult Pregnancy	
39	680.xx 709.xx	Diseases of the Skin and Subcutaneous Tissue	
40	710.xx- 739.xx	Diseases of the Musculoskeletal System and Connective Tissue	Arthritis
41		Arthritis	

ODJFS Condition Code	ICD-9 Range	DESCRIPTION	Exceptions
42	740.xx- 759.xx	Congenital Anomalies	Cleft Palate Hydrocephalus Spina Bifida
43		Cleft Palate	
44		Hydrocephalus	
45		Spina Bifida	
46	760.xx- 779.xx	Certain Conditions Originating in the Perinatal Period	
47	780.xx- 799.xx	Symptoms, Signs and Ill-Defined Conditions	
48	800.xx- 999.xx	Injury and Poisoning	Burns Lead Poisoning Trauma to Spine and Spinal Cord Other
49		Burns	
50		Lead Poisoning	
51		Trauma to Spine and Spinal Cord	
52		Other	

Appendix B: Codes for Primary Case Manager

Primary Case Manager	Code
Primary Care Physician	1
Physician- Specialist	2
Social Worker	3
LPN	4
Registered Nurse	5
Nurse Practitioner	6
Physician's Assistant	7

Appendix C: ODJFS ECMP Submitter ID Table

ECMP Submitter ID	ECMP
325	Paramount
329	SummaCare

Appendix D: Rejection Codes

Outreach File

Rejection Code	Rejection Reason
1	Invalid delimiter
36	Invalid field label
68	Duplicate field label
100	Invalid submitter ID
101	No value for enrollment date
102	No value for Medicaid Recipient ID
111	Invalid enrollment date
112	Invalid Medicaid Recipient ID
113	Invalid outreach date
114	Invalid assessment date
115	Invalid treatment date
120	Exact duplicate
121	More than one record has been submitted for the same recipient and enrollment date on the same file

Level of Intervention File

Rejection Code	Rejection Reason
1	Invalid delimiter
36	Invalid field label
68	Duplicate field label
100	Invalid submitter ID
101	No value for enrollment date
102	No value for Medicaid Recipient ID
103	No value for reporting month
104	No value for assessed medical condition
105	No value for number of calls
106	No value for number of visits
107	No value for number of mailings
108	No value for staff qualifications
111	Invalid enrollment date
112	Invalid Medicaid Recipient ID
113	Invalid reporting month
114	Invalid code for assessed medical condition
115	Invalid value for number of calls
116	Invalid value for number of visits
117	Invalid value for number of mailings
118	Invalid value for staff qualifications
120	Exact duplicate
121	More than one record has been submitted for the same recipient and enrollment date on the same file

