

APPENDIX M

OHIO DEPARTMENT OF JOB AND FAMILY SERVICES
Bureau of Managed Health Care
Premium Administration & Membership Services Section



Batch Process of MCP ABD/CFC Membership Selection Data
Entry on CRIS-E
File Format and Error Code Information

Overview

Batch Process of Managed Care Program Membership Selection Data Entry on CRIS-E

The Managed Care Enrollment Center (MCEC) will automate the enrollment & disenrollment of managed care plan (MCP) membership selection transactions on CRIS-E screens.

The MCEC will send to CRIS-E, via FTP or other ODJFS designated mechanisms, data files in a MIS-developed and approved format. MIS/contractor interface problems will be identified via a nightly error report; error and corrections will occur by manual data entry or resubmission through the file process.

Automated update of membership selection transactions on CRIS-E will lend credibility to ODJFS eligibility and enrollment management functions by eliminating the opportunity for human error in manual entry, speeding up data transmission and error resolution, eliminating lag time of member enrollment and decreasing reconciliation actions.

A CRIS-E batch processing program will be needed to automate the data entry related to CRIS-E screens. This will require an input file from the SSC. ODJFS will propose the input layout based on the data needed for CRIS-E screens. The batch program return files (error free records and error records) will audit report files and control reports. Data from input files will be validated inside the batch program. Based on the online screen edits, error records will be written in a return file. Error corrections will be done by manual data entry or resubmission through the file process.

Input Files

Input files are required from the MCEC in order to populate data to CRIS-E screens.

Duplicate records in the input file should be removed. Below is the file format based on the data needed for the AEOHM/AEABD screens located in CRIS-E. Please note that reason codes can be found in **Attachment L**.

File Format for MCP input file:

01	GAE229FA-RECORD.	
05	GAE229FA-NBR-CASE	PIC 9(10) → Case number
05	GAE229FA-NBR-RCPT	PIC 9(12) → CRIS-E Recipient Number
05	GAE229FA-CDE-TYPE	PIC X(03) → CRISE MCP Provider number (MCP Code from THMO Table)
05	GAE229FA-CDE-DELETE	PIC X(02) → Delete Code (Optional, but must be used in conjunction with DISENROLL DATE)
05	GAE229FA-DTE-DISENROLL	PIC 9(08) → MCP Disenrollment Date (Optional, but must be used in conjunction with DELETE CODE)
05	GAE229FA-CDE-REASON	PIC X(03) → Reason Code (refer to Attachment M of the Consumer Contact Record File Format)

05 GAE229FA-DATE PIC 9(08) → **Date in CCYYMMDD Format**
05 GAE229FA-TIME PIC 9(08) → **Time**
05 FILLER PIC X(40) → **Extra Space**

Output File for AEOHM/AEABD

Output return files will contain error free records and error records to be corrected by the MCEC. Error records will be prefixed with error reasons. Output return files will be sent to the MCEC and the MCEC will subsequently return corrections thru the file process or make corrections manually.

Proposed File Layout for MCP output file:

01 GAE229FB-RECORD.
05 GAE229FB-NBR-CASE PIC 9(10) → **Case number**
05 GAE229FB-NBR-RCPT PIC 9(12) → **CRIS-E Recipient number**
05 GAE229FB-CDE-TYPE PIC X(03) → **CRISE Provider number (MCP Code from THMO Table)**
05 GAE229FB-CDE-DELETE PIC X(02) → **Delete Code**
05 GAE229FB-DTE-DISENROLL PIC 9(08) → **MCP Disenrollment Date (CCYYMMDD)**
05 GAE229FB-CDE-REASON PIC X(03) → **MCP Disenrollment Codes (MCP Reason code from THRC Table).**
05 GAE229FB-DATE PIC 9(08) → **Date in CCYYMMDD Format**
05 GAE229FB-TIME PIC 9(08) → **Time**
05 GAE229FB-ERROR-REASON PIC X(40) → **Error Code for error records**

Error Reason Codes

CFC MCP specific error / return codes with brief descriptions:

001 MSG:INVALID COUNTY CODE
002 MSG:002 – INVALID CASE NUMBER
020 MSG:020 - INVALID END DATE
040 MSG:040 - REQUIRED FIELDS NOT ENTERED
076 MSG:076 – REQUESTED RECIPIET NUMBER DOES NOT EXIST
083 MSG:083 - FIELD NOT FOUND IN REFERENCE TABLE
200 MSG:200 - REQUESTED INDIVIDUAL DOES NOT EXIST
348 MSG:348 - INVALID LIVING ARRANGEMENT CODE
554 MSG:554 - INDIVIDUAL IS ALREADY ENROLLED IN MCP
556 MSG:556 - MCP END DAY MUST BE THE LAST DATE OF A MONTH
559 MSG:559 -DATE CANNOT BE GREATER THAN 2 MONTHS IN THE FUTURE

569 MSG:569 - INVALID MCP CODE
 574 MSG:574 – CATEGORY MUST BE A VALID MED. ASSIST. CATEGORY
 811 MSG:811 - ILLEGAL COMBINATION
 F14 MSG:F14 – INDVS ON BUY-IN OR MEDICARE NOT ALLOWED MCP
 H28 MSG:H28 - FIELD NOT ACTIVE ON REFERENCE TABLE

ABD MCP specific error / return codes with brief descriptions:

001 MSG:INVALID COUNTY CODE
 020 MSG:020 - INVALID END DATE
 040 MSG:040 - REQUIRED FIELDS NOT ENTERED
 083 MSG:083 - FIELD NOT FOUND IN REFERENCE TABLE
 200 MSG:200 - REQUESTED INDIVIDUAL DOES NOT EXIST
 348 MSG:348 - INVALID LIVING ARRANGEMENT CODE
 554 MSG:554 - INDIVIDUAL IS ALREADY ENROLLED IN MCP
 556 MSG:556 - MCP END DAY MUST BE THE LAST DATE OF A MONTH
 559 MSG:559 -DATE CANNOT BE GREATER THAN 2 MONTHS IN THE FUTURE
 569 MSG:569 - INVALID MCP CODE
 811 MSG:811 - ILLEGAL COMBINATION
 H28 MSG:H28 - FIELD NOT ACTIVE ON REFERENCE TABLE
 L20 MSG:L20 - SPEND DOWN RECIP NOT ELIGIBLE FOR MCP ENROLLMENT
 L21 MSG:L21 - INDV HAS DUAL ELIG; NOT ALLOWED ENROLLMENT
 L22 MSG:L22 - INDIV NOT ELIG/PASS IN AN MA A,B,D CATEGORY
 L24 MSG:L24 - INDV ON BUY-IN OR MEDICARE; NOT ALLOWED ENROLLMENT
 L26 MSG:L26 - USE ENROLL/DIS-ENROLL REASON AS APPROPRIATE
 L92 MSG:L92 - INDIVIDUAL UNDER 21 NOT ALLOWED IN ABD MCP
 L93 MSG:L93 - INDIVIDUAL AS MIGRANT NOT ALLOWED IN ABD MCP

CRIS-E Reference Tables

#	Table Name	Description
1	TABD	Aged Blind and Disabled
2	TARC	Aged Blind and Disabled Reason Codes
3	THMO	HMO Table
4	THRC	HMO Reason Codes
5	TERM	Error Message Table
6	TECS	Enhanced Care County
7	THMS	HMO County Status