

ODM Care Management Excel File and Submission Specifications

Issued: September 2013

Table of Contents

1. Introduction.....3

2. HIPAA Security Measures.....3

3. Care Management Certification Form.....3

4. File Name.....4

Appendix A.....5

Appendix B.....8

Appendix C.....11

Appendix D.....12

Appendix E.....13

1. Introduction

This document describes the file layout and submission procedures to be used for the reporting of managed care plans' (MCPs') care management data. Care management files must be submitted to the Ohio Department of Medicaid (ODM) by the 10th calendar of the month.

On a monthly basis, the MCPs must submit a complete file of members in care management for all members with care management spans as of January 1, 2012 or later which include all levels of care management per the specified excel file format. MCPs must adhere to the reporting requirements in the MCP Provider Agreement, Appendix K and use the condition codes listed in Appendices A and B of this document. The first file is due on July 26, 2013 and the full replacement files will be due monthly per the same schedule specified in the file specifications.

MCPs may submit care management data for members assigned to a complex care management level in addition to those who are assigned to a low, medium or high risk stratification level. Condition codes 97 (CFC) and 197 (ABD) indicate a complex care management level. MCPs may also submit care management data for an infant with a Neonatal Intensive Care Unit stay and is assigned to a high risk stratification level by using condition codes 96 (CFC) and 196 (ABD).

Simultaneous records for the low/medium, complex, and high risk stratification levels may not be overlapping. If a member is assigned to a high risk stratification level of care management, the member must be submitted to ODM as being care managed for a specific condition.

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 care management file submitted to the (ODM) via file secure transfer protocol (SFTP) and the subsequent activity files generated by ODM 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 ODM' server.

3. Care Management System (CAMS) Certification Form

Pursuant to 42 CFR 438.604 and 438.608, managed care plans (MCPs) are required to certify the accuracy, completeness, and truthfulness of data and documents submitted to the (OMA) that may affect MCP payment. MCPs are required to provide a data certification form for each care management file submission. A copy of the data certification form is found in Appendix E of this document.

Only care management files submitted with a data certification form will be accepted by ODM and used in performance measure calculations. ODM staff will only follow up with the MCP if a form has not been submitted with the initial file due on the 10th calendar day of the month.

4. File Name

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

4.1 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 2013:

cxxx0713.t00

ODMODMODMODMODMODMODM

Appendix A: CFC Condition Codes

*CFC CONDITION CODE LIST
WITH ICD-9 RANGES*

ODM 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 the Blood and Blood-Forming Organs
09	Hemophilia		
10	Sickle Cell		
11	290.xx-319.xx	Mental, Behavioral and Neurodevelopmental 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	Diseases of the Nervous System and Sense Organs
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*

ODM 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*

ODM 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		Coordinated Services Program	
96		Neonatal Intensive Care Unit Infant	
97		Complex Level Care Management Services	
98		Low or Medium Level Care Management Services	
99		Other	

Appendix B: ABD Condition Codes

*ABD CONDITION CODE LIST
WITH ICD-9 RANGES*

ODM Condition Code	ICD-9 Range	DESCRIPTION	Exceptions
100	001.xx- 139.xx	Infectious and Parasitic Diseases	HIV/AIDS
101		HIV/AIDS	
102	140.xx- 239.xx	Neoplasms	Leukemia
103		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, Behavioral, and Neurodevelopmental 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		Coordinated Services Program	
196		Neonatal Intensive Care Unit Infant	
197		Complex Level Care Management Services	
198		Low or Medium Level Care Management Services	

Appendix C: MCP Submitter IDs

MCP Submitter ID	MCP
420	Buckeye Community Health Plan
315	CareSource
731	Molina
325	Paramount
761	United

Appendix D: Care Management Data Letter of Certification

**Care Management Data
Letter of Certification**

I, the undersigned, do hereby attest, based on my knowledge, information, and belief, that the data contained in the file submission is accurate, truthful, and complete. Furthermore, I attest that the records contained within the data file comply with the requirements specified in the ODM Provider Agreement, Appendix K, for care management submissions.

Signature of CEO, CFO, or delegated authority	Print Name
---	------------

Care Management FileName: _____

Indicate if this file is a:

First-time submission

Resubmission/Replacement

Name of MCP Submitted for:

Electronic Media Submitter Name	MCP Submitter ID (3-digit)
Street Address	Telephone Number (include area code) ()
City and State	Zip Code

Appendix E: Care Management Excel Reporting File Format Template

Medicaid Recipient ID	CM Begin Date	CM End Date	CAMS Condition Code
text	numeric date	numeric date (blank if open-ended)	text
001234567898	8/1/2012	12/31/2012	98