



**Department
of Health**

**Office of
Health Insurance
Programs**

Community First Choice Option (CFCO)

RRE Code Test Transmittal

February 2018

RRE Code Placement Overview

The New York State Department of Health (NYSDOH) announced the implementation of a process to add a unique identifier (RRE Code) for consumers deemed eligible for Community First Choice Options (CFCO) on February 5, 2018. The process to have the CF/CO RRE code added to a consumer's eligibility file in eMedNY is completed through a batch file transmittal. On February 6, 2018 NYMC sent information on file layouts, response files and an RRE Edit Manual to all Managed Care and Managed Long Term Care Plans.

Medicaid Managed Care (MMC) and Managed Long Term Care (MLTC) plans are responsible for identifying CFCO eligible consumers and are required to create and transmits the consumer data via a transmittal to New York Medicaid Choice (NYMC).

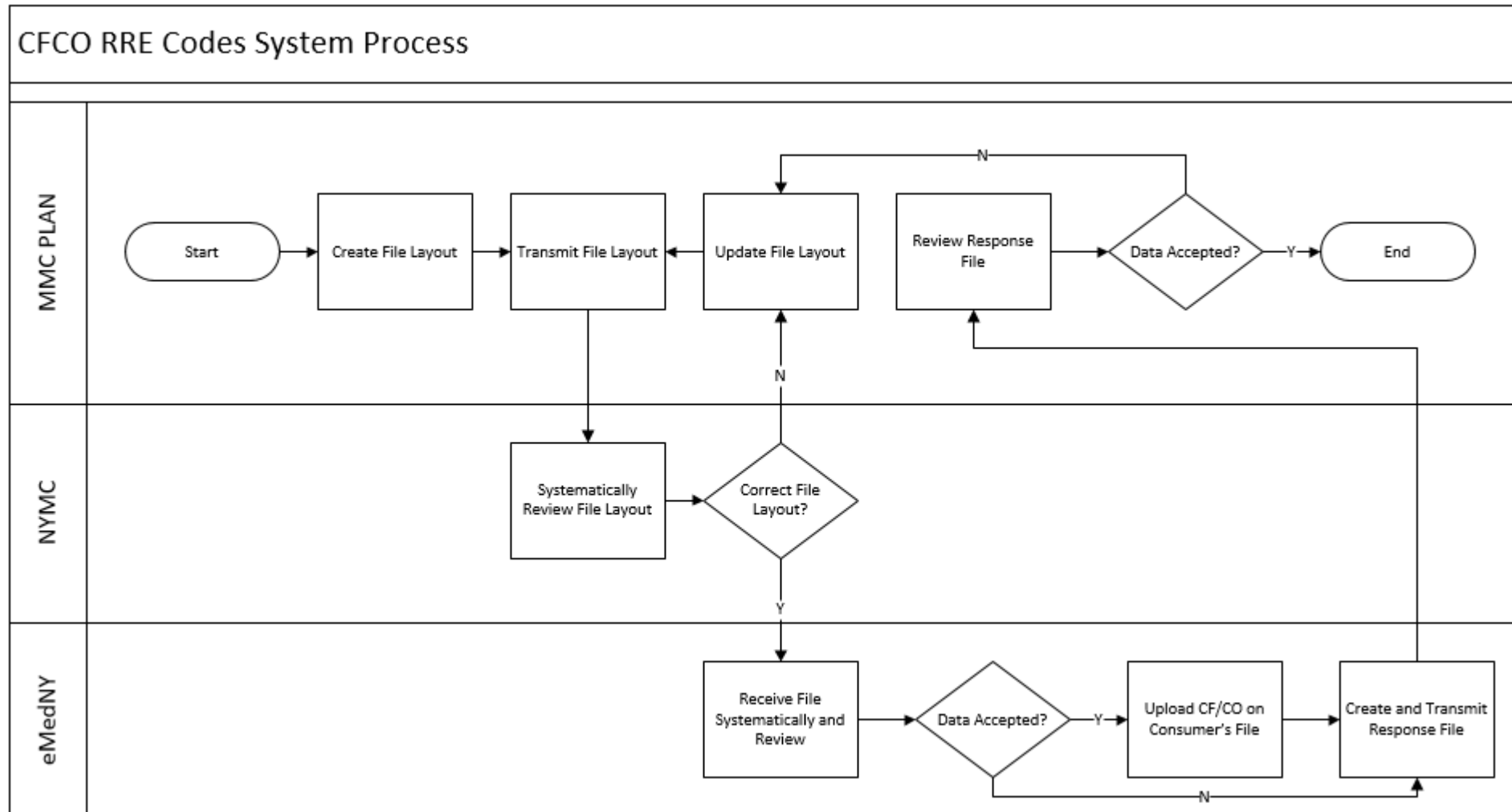
NYMC receives the file and determines the accuracy of the file layout. If the file layout is accurate the data is then transmitted to eMedNY.

RRE Code Placement Overview cont.

eMedNY systematically reviews the data and provides a response file. The response file is transmitted through NYMC who routes the response file back to the submitting plan. The return file will include an acceptance or a rejection for the original plan to review.

For consumer's data that eMedNY accepted the consumer's file will be updated with the submitted RRE code. The RRE code will be viewable on ePACES.

RRE Code Placement Overview cont.



File Layout Test

RRE Code File Layout Test Overview

In preparation for the implementation of the RRE codes, all plans must test the file layout. To ensure the file layout is compatible, Plans are required to submit one test file and have a confirmation from NYMC that the file layout was accepted by March 16, 2018. The testing will determine if the file layout is accurate and test data will not be submitted to eMedNY.

All plans must complete the following steps:

Step 1: Create 5 “dummy” test cases

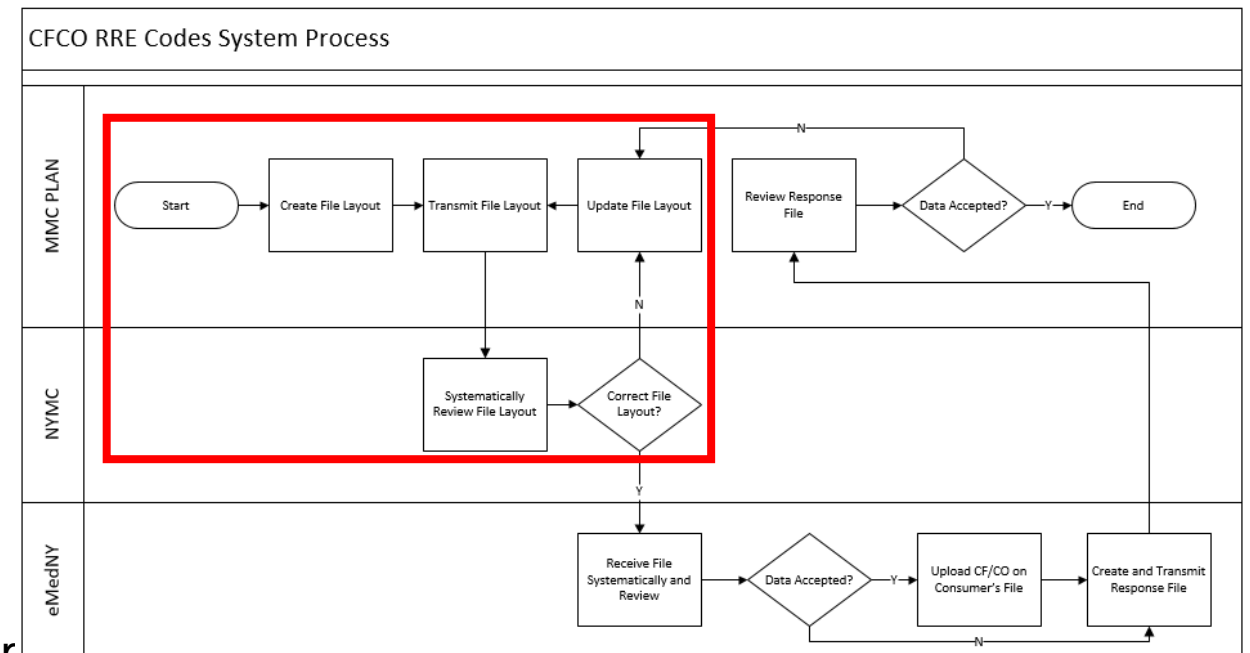
Step 2: Create “test” file layout using 5 dummy cases

Step 3: Transmit “test” file to NYMC

***NYMC systematically reviews and provide a acceptance or rejection.

Step 4: Review NYMC response

- If the file layout is accepted no further action needed test is complete.
- If the file layout is NOT accepted, the file will need to be reviewed and update. Return to Step 3 until a acceptance is received.



Create & Transmit File Layout Test

Client ID: Choose 5 random Client Identification Number (CIN) from your membership file (active or inactive).

Restriction Code: Select CF or CO

- CF = Non OPWDD consumers eligible for CFCO
- CO = OPWDD consumers eligible for CFCO

Start Date: YYYYMMDD - Can be no earlier than 04/01/2018

End Date: Enter 99991231

Transaction Entry Date: YYYYMMDD - Date of submission to NYMC (system default)

Filler: length 4

County Code: Enter the two (2) digit county code associated with the district of fiscal responsibility (DFR) for the enrollee. If client resides in NYC counties (58, 59, 60, 61, & 62) enter county code 66

Plan Code: Enter unique plan code – see next slide

Filler: length 407

Field Title	Length	Start	End	Field Description	Data & Rules	Required
Client ID	8	1	8	CLIENT.CLNT_CIN	Client CIN	Yes
Restriction Code	2	9	10	CF or CO code	Could be one of two values 1. CF (Only for non OPWDD plans) 2. CO (Only for OPWDD plans)	Yes
Start Date	8	11	18	YYYYMMDD	CF or CO code start date	Yes
End Date	8	19	26	YYYYMMDD	CF or CO code end date	Sometimes
Transaction Entry Date	8	27	34	sysdate		Yes
Filler	4	35	38			Yes
County Code	2	39	40	County Code	If client resides in NYC counties 58, 59, 60, 61, 62 then send county code 66	Yes
Plan Code	2	41	42	Plan Code		Yes
Filler	407	43	450			Yes

The naming convention for the file submitted by the Health Plans will be
2CharacterPlanCodeYYYYMMDDCUCounter.txt

Plan Code for File Layout

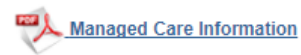
Plan Codes can be located within the *Managed Care Information* document on the eMedNY website.

<https://www.emedny.com/ProviderManuals/AllProviders/index.aspx>

Plan Code	Plan ID #	PCP Provider Name	Telephone Number	Plan Type
82	00477156	Affinity Health Plan, Inc.	(800) 553-8247	Mainstream
92	00894519	Metroplus Health Plan, Inc.	(800) 597-3380	Mainstream
AA	04004537	Amerigroup New York LLC	(800) 454-3730	HARP
AC	03114514	Catholic MLTC - ArchCare Senior Life	(866) 263-9083 TTY (800) 662-1220	LTC Pace
AF	04342307	Affinity – HARP	(800) 553-8247	HARP
AG	03481927	AgeWell New York, LLC	(866) 586-8044 TTY (800) 662-1200	Partial LTC
AH	03458546	Aetna Better Health	(855) 456-9126 TTY (711)	Partial LTC
AL	03560441	Alphacare of New York, Inc.	(888) 770-7815 (TTY 711)	Partial LTC
AP	03466800	Archcare-Catholic Managed LTCS MLTC	(866) 467-9351 TTY (711)	Partial LTC

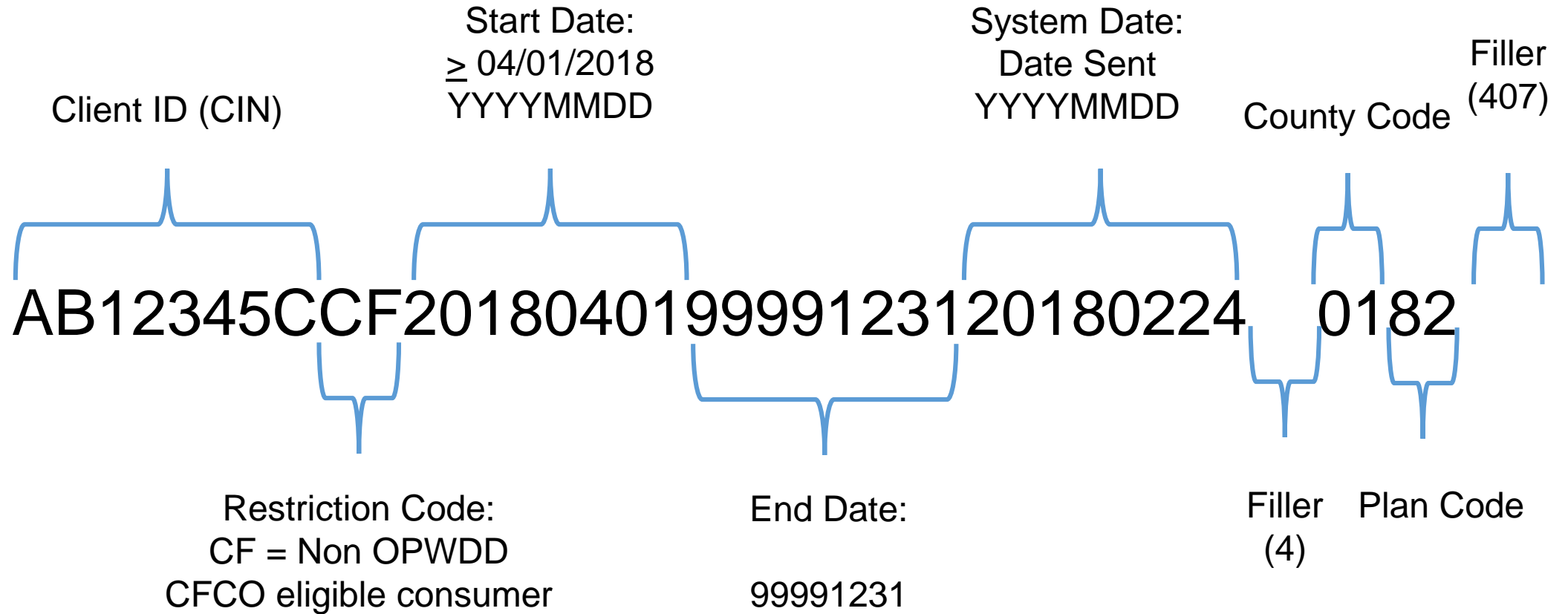
* Managed Care Information

This section contains insurance coverage code descriptions for Managed Care.
(When changes are made to this section, the former section will be archived and can be retrieved by clicking on the archive link.)

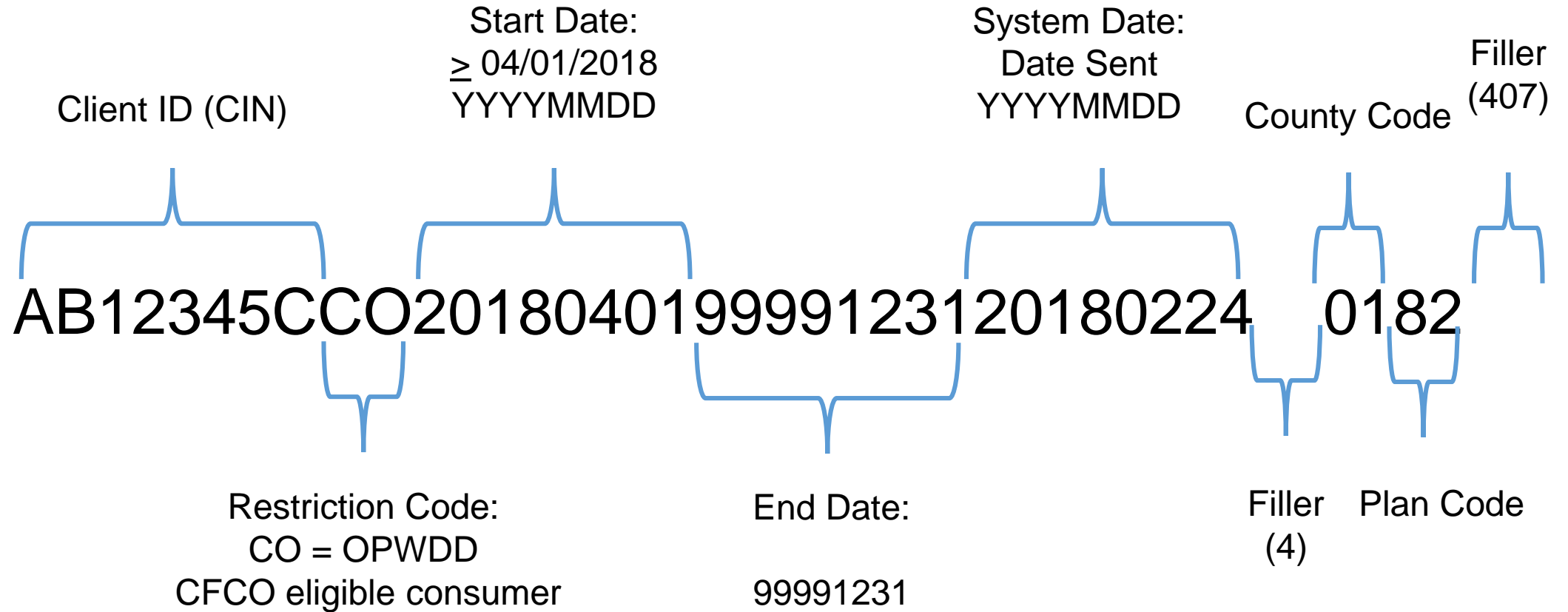


[Managed Care Information Archive](#)

File Layout Example: Non OPWDD



File Layout Example: OPWDD



Create & Transmit File Layout Test

Medicaid Managed Care (MMC) plan transmits the 5 dummy cases via batch file process to NYMC.

CX36425HC0201802012019123120180110	PO
DN53396DC0201802012019123120180110	PO
CD36425HC0201802012019123120180110	PO
BC53396DC0201802012019123120180110	PO
AB36425HC0201802012019123120180110	PO

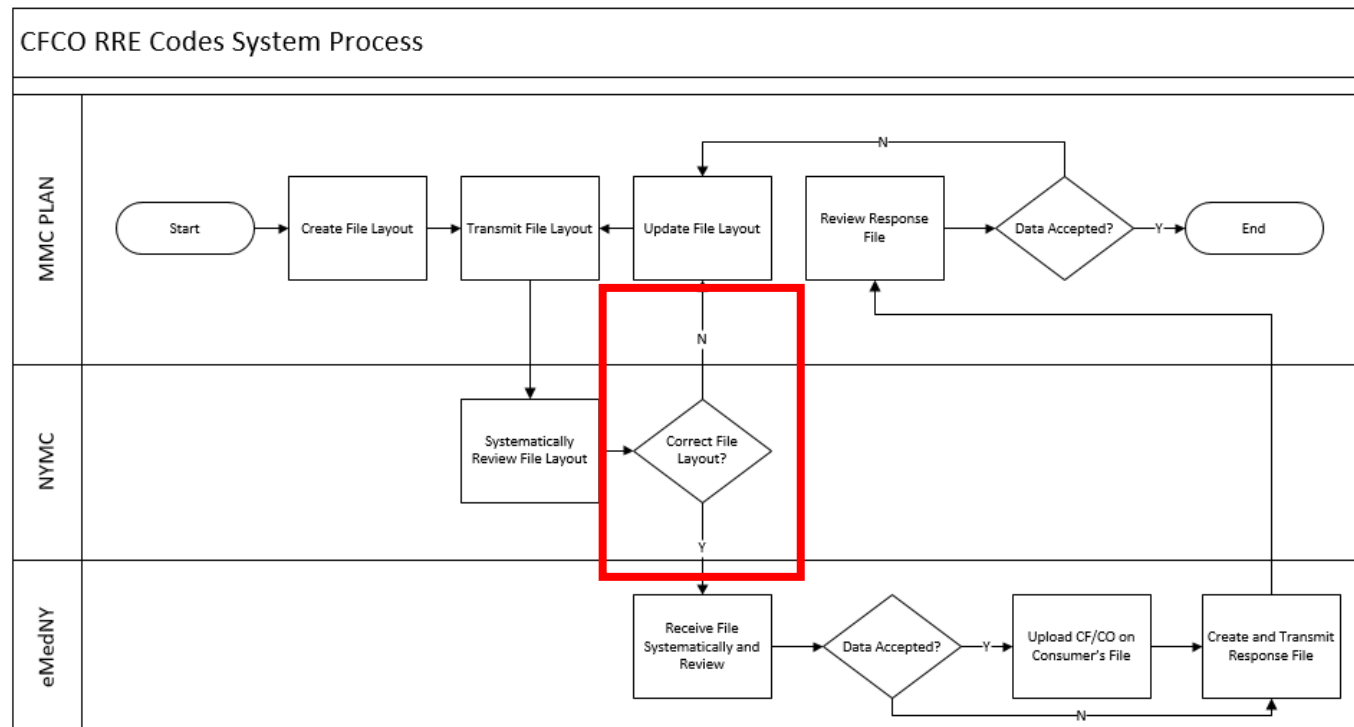
Systematically Review File layout:

NYMC systems receives test files and returns a confirmation that the file layout is accepted. MMC plans are required to review and update the test file layout until a acceptable file is returned from NYMC.

Note: After testing phase, files received at NYMC in the correct format are transmitted to eMedNY for edit review and posting.

RRE Code Placement

Once the process goes live, Plans are responsible for transmitting CFCO eligible consumers to NYMC in the file layout. Files received at NYMC in the correct format are transmitted to eMedNY.



Receive File and Systematically Review

eMedNY receives the file and systematically review the data.

Data Accepted:

- If the consumer data is accepted the CF/CO RRE Code is uploaded to the consumer's file and will be viewable in ePACES.
- If the consumer data is NOT accepted no updates are made to the consumer's file.

eMedNY creates a response file and returns through NYMC who routes the file to the submitting plan.

Create and Return File

eMedNY creates a response file and returns through NYMC who routes the file to the submitting plan.

Length	Start	End	Field Description	Data & Rules	Required
8	1	8	CLIENT.CLNT_CIN	Client CIN	Yes
2	9	10	CF or CO code	Could be one of two values 1. CF (RRE code for non OPWDD plans) 2. CO (RRE code for OPWDD plans)	Yes
8	11	18	YYYYMMDD	CF or CO code start date	Yes
8	19	26	YYYYMMDD	CF or CO code end date	Sometimes
8	27	34	sysdate		Yes
6	35	40			Yes
2	41	42	County Code	If client resides in NYC counties 58, 59, 60, 61, 62 then send county code 66	Yes
2	43	44	Plan Code		Yes
6	45	50			
4	51	54	Indicates specific edit condition found		
30	55	84	Describes the specific edit condition		
366	85	450			Yes

Example of Response File:

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CX36425HC0201802012019123120180111060122 PO 6006INVALID COVERAGE FOR RRE
DN53396DC0201802012019123120180111060122 PO
  
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Review Response File

Plans are responsible for reviewing the response file and determining if the data was accepted:

- If the response file is accepted no further action is needed.

Example: DN53396DC0201802012019123120180111060122 PQ

- If the consumer data is rejected the MMC plan is responsible for reviewing the RRE edit code (RRE Edit Manual) and updating the file.

- Example:

CX36425HC0201802012019123120180111060122 PQ 6006INVALID COVERAGE FOR RRE

Edit 6006 - Invalid Coverage For RRE

eMedNY Edit Number/Message	6006 - Invalid Coverage For RRE
MMNY E&Y Error Description	No Active Coverage For Restriction Exemption MC Exemption

Q&A

Question: What is the “system” process for when the Plan identifies that a consumer is no longer eligible for CFCO?

Answer: Should a CF client go into a nursing facility or an adult home, or an ICF in the case of a CO client, a transmission should be sent to NYMC using the “end date” field to indicate the last date of eligibility for that client. (***We are confirming this process with eMedNY.***)

Question: During the identification, if the consumer was eligible for prior months, what start date should be used?

Answer: For anyone who was in a Plan and eligible for CFCO services on 4/1/18, that should be the start date for tagging a client’s file with the CF/CO RRE code.

For clients new to service after 4/1/18, the date the client’s eligibility for CFCO services was determined should be used.

CONTACT

- For questions regarding this Power Point, please send them to:
- CFCO@health.ny.gov