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AHCCCS

Program Contractor Interface

Technical Guidelines

Program Contractor Case Management Interface
Information Services Division

December 2012

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Preface

Overview

Document objective

The Technical Interface Guidelines is distributed to Health Plans and program contractors to further their understanding of the AHCCCS technical environment. Information on ways in which Health Plans and program contractors will provide information to and receive information from the AHCCCS administration through the AHCCCS environment is covered. In addition, a section on electronic claims submission is included for providers and/or processing agents that submit fee-for-service claims to AHCCCS.

Assumptions

Intended users

The Technical Interface Guidelines is for Health Plan and program contractor staff who need to provide information to or receive information from the AHCCCS administration through the AHCCCS technical environment and for providers and processing agents that submit fee-for-service claims to AHCCCS.

Document Contents

General Information and Technical Environment

Includes two sections:

- The General Information section includes a brief history of AHCCCS, an overview of AHCCCS as an agency, organizational structure, and telephone numbers of key AHCCCS contacts.
 - The Technical Environment section includes a brief overview of the parts of the Prepaid Medical Management Information System (PMMIS) and general information about communications requirements.
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Health Plan Interface

Includes information on roster and mass adjustment data (files) that are available to the Health Plans.

Recipient Interface

Includes general information on the Eligibility Verification System (EVS) and on the Interactive Voice Response (IVR) system.

Encounter Interface

Includes information on required formats for data that is exchanged between AHCCCS and the Health Plans including encounter submissions, pending encounter corrections and the adjudicated encounters report.

Information regarding Reinsurance processing and interfaces is also included in this section.

Provider Interface

Includes information on the format in which provider affiliation data must be submitted to AHCCCS and information on the format in which provider affiliation data is available from AHCCCS. Information about claims is also included here.

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Document Contents, *Continued*

Program Contractor Interface (this document)

- The *Program Contractor Case Management Interface* Includes information on members' case management data - records of the members' cost-effectiveness studies, case managers, placement histories, review dates, and all Title XIX services authorized for and provided to members, including third party services.
 - The *Program Contractor Remote Elderly and/or Physically Disabled (EPD) Pre-Admission Screening (PAS) Print at Maricopa/Pima* Includes information on daily Pre-Admission Screening (PAS) reports transmitted and printed for Maricopa and Pima Counties.
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Conventions Used in this Manual

bold	<ul style="list-style-type: none"> • Characters that you must key exactly as they appear. For example, "type tapes.xls" means that you must key all of the bold characters exactly as printed. • Critical or important information (highlighted), usually cautions or warnings. • Selections made from the screen. For example, "Select Save As on the File menu."
<i>italic</i>	<ul style="list-style-type: none"> • Reference to material external to the current section or external to the current chapter. For example, "<i>See Appendix A for more information.</i>" • Titles of published work. For example, "<i>Administrative Policies and Procedures Manual.</i>"
<i>bold italic</i>	Place holders for information the user should physically key as displayed. For example, "Type <i>filename</i> " indicates that you must type the actual name for the file, instead of the word "filename."
SMALL CAPS	Directory names or file names. For example, "TAPES.XLS resides in the directory CATAPES\EXCEL\LOG subdirectory."
BOLD SMALL CAPS	Keyboard commands or names of keys on the keyboard. For example, "Press PF1 or press ENTER."
KEY1+KEY2	Keys that should be pressed simultaneously. For example, CTRL+0 means that you should press and hold the CTRL key and press the 0 character.
<u>underline</u>	<ul style="list-style-type: none"> • Emphasizes key words. For example, "This will allow OGA to focus on how the contact information will assist their case rather than <u>where</u> the information might be located." • Letters that are underlined in menus, commands, or dialog boxes will retain that underlining in this document. For example, "Select Numbered on the Bullets and Numbering dialog box."
Type	<ul style="list-style-type: none"> • Key in data. For example "Type the new spreadsheet file name, tapes2.xls."

Case Management Interface

Case Management Data Submission Process

Introduction

Introduction - Case management data is a record of the Long Term Care member's cost- effectiveness study, case managers, placement history, case manager review dates, Community First Choice, and all title XIX services authorized for and provided to the member, including third party services. This includes any institution to which room and board is paid. The maintenance of this data is possible through online screens in the ALTC system and through a batch process called the Program Contractor case management interface. The batch process receives and sends data via host-to-host file transmissions.

Case management data maintenance

Program Contractor case managers are responsible for the maintenance of one or more LTC members' case management data. A case manager ID, assigned to the case manager in the Provider subsystem, relates the case manager to the member's AHCCCS ID. The review date represents the date a case manager last updated the placement data. The process that associates a case manager ID with an AHCCCS ID is available online using the screen titled CA161 - Placement Maintenance. The batch equivalent exists in the Program Contractor case management interface.

Cost Effectiveness Study

The cost-effectiveness study compares the cost of providing member services in an institutional setting to the cost of providing services in a home and community based setting. This process is available online using the screen titled CA160 – CMP – Cost Effectiveness Study. The batch equivalent exists in the program contractor case management interface.

Placement history data

The placement history data represents the type of setting in which an LTC member receives or received services. Start date and end date indicate the length of time the member was in the setting. A placement code indicates the setting type. The placement types are generally, but not limited to, institutional, and Home and Community Based Service. The process to maintain the placement data is available online using the screen titled CA161 - Placement Maintenance. The batch equivalent exists in the Program Contractor case management interface.

Continued on next page

Case Management Data Submission Process, *Continued*

Service data

NOT USED!

The service data represents all authorized services provided to the LTC member. This includes service code, service modifier, residence code, behavior health code, effective start date, end date, service units, service unit cost, and provider ID. The process to maintain the service data is available online using the screen titled CA165 - CMP - Service Plan. The batch equivalent exists in the Program Contractor case management interface.

Community First Choice

The Community First Choice data will be used to satisfy the requirement for CMS reporting. The data can be accessed through the CA162 screen.

Schedules

Schedules - The contract between AHCCCS and the Program Contractors requires Program Contractors submit the case management data no less than twice per calendar month. AHCCCS will accept the interface input file from the Program Contractor anytime the ADOA-DC mainframe is available. The system is available 24 hours per day, seven days a week, except for scheduled system downtimes. Processing of the file occurs at night during a regularly scheduled time period. File processing time varies depending on the number of records processed.

Media

Media - The Program Contractor case management interface accepts a 500 byte sequential file formatted in EBCDIC code. The data is sent in chronological order for each recipient. The data is ordered by CES, placement, review, community first choice and demographic records. The Program Contractor must establish a dedicated data communication link between their system and the PMMIS external server.

Reporting

Reporting - The following reports, which identify case management interface errors, are available to the Program Contractors:

Report	Description
Program Contractor Transaction Exception Detail Report or File	The report or file contains all transaction records and corresponding error codes that are rejected by the interface process. This data is available as a formatted report file, a sequential record file, or a hard copy report. Transmission of the file occurs immediately after the Program Contractor's input file processing.
Program Contractor Transaction Summary Report	This report presents the percentage of rejects per type of transaction as well as overall reject rate. This data is available on a hard copy report only.
Program Contractor Transaction Error Summary Report	This report presents a summary of all errors that occur by error code. This data is available on a hard copy report only.
Program Contractor Successful Transaction Detail Report or File	This report or file contains detail information about successful transactions. This data is available as sequential record file.

Reference documents

Refer to the following document for more information on the Case Management Data Submission Process.

Reference Document	See Page
Program Documentation - Program Contractor Interface (LT02L420)	11

Program Documentation

Program Contractor Interface (LT02L420/PCITXN.RPT) Overview

In this section This section contains the following program documentation for the Program Contractor Interface (Program: LT02L420 / Server file name: PCITXN.RPT / Report ID: LT02W422)

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General Program Information

Report IDs	LT02W420 PCI Exception Report / PCITXN.RPT LT02W423 PCI Records in Error / PCITXN.ERR LT02W425 PCI Passed Records / PCITXN.OK
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Language	CA-IDEAL
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Last Modified	December 2012
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Program Overview

AHCCCS/LTC databases The program contractor interface program allows the automated program contractors to provide cost effectiveness study, placement, review, and service updates and demographic information for the AHCCCS/LTC databases.

File of transactions The program contractors create a file of transactions to be used to update the LTC files, which is transmitted through the network to AHCCCS. The program contractor interface program, LT02L420, processes the transaction file. Each transaction is edited and either updates the files with the new information and produces a successful transaction report line for that record, or produces an exception report line for that record.

Detail Record Layouts

Fixed length
five hundred
byte records

The Automated Program Contractor Interface records consist of fixed length five hundred byte records, each containing a header and detail portion. The header portion identifies the program contractor, creation date and time, AHCCCS ID, site code, caseload, transaction type and sequence number of this record on the tape. There are three types of details identified by the following transaction codes:

- '4' Cost-Effectiveness study data
- '5' Case Manager service plan updates
- '6' Demographic changes from the program contractors
- '7' Community First Choice

Formats

The following are the formats of the transaction records used by Automated Program Contractor Interface:

- Header (61 bytes)
- Cost-Effectiveness Study Detail
- Case Manager Service Plan Detail
- Demographic Detail
- Community First Choice Detail

Header
(61 bytes)

The following is the Header format:

01	PCI-TXN-HDR-REC.	
05	PCI-HDR-ID	PIC X(04) Value `####'.
05	PCI-PGM-CONT-ID	PIC X(06).
05	FILLER	PIC X(08).
05	PCI-INT-CRE-DAT	PIC X(08).
05	PCI-INT-CRE-TIME	PIC X(06).
05	PCI-AHCCCS-ID	PIC X(09).
05	PCI-INT-SEQ	PIC X(02).
05	PCI-CSLD-ID.	
	10 PCI-SITE-CD	PIC X(03).
	10 PCI-CS-ID	PIC X(03).
05	PCI-TXN-CD	PIC X(01).
05	DES-KEY	PIC X(06).
05	FILLER2	PIC X(05).

Continued on next page

Detail Record Layouts, *Continued*

**C o s t -
Effectiveness
Study Detail**

Cost-Effective Study – Transaction Code 4.

The Cost-Effectiveness Study detail sends cost-effectiveness study information to ALTCS. The PCI-TXN-CODE has a value of '4' for this transaction. Cost-effectiveness study data contains a single line item per transaction.

05	CES-GR-INST-CST	PIC 9(09)V99.
05	CES-ACT-PLCT	PIC X(01).
05	CES-DAT	PIC X(08).
05	CES-PLCT-REAS	PIC X(02).
05	CES-SERVICE.	
10	CES-SER-CD	PIC X(05).
10	CES-SER-MOD	PIC X(02).
05	CES-UNIT-CST	PIC 9(09)V99.
05	CES-UNITS-M1	PIC 9(05).
05	CES-UNITS-M2	PIC 9(05).
05	CES-UNITS-M3	PIC 9(05).
05	CES-ACT-CD	PIC X(01).
05	FILLER	PIC X(383).

Continued on next page

Detail Record Layouts, *Continued*

Case Manager Service Plan Detail Service Plan – Transaction Code 5.

The Case Manager Service Plan detail transmits service plan information -- placements and reviews -- to ALTCS. The PCI-TXN-CODE has a value of '5' for this transaction. The case manager service plan format contains a single placement or review item per transaction.

New placements, placement changes, and placement terminations are indicated by a 'P' in the CSMGR-SER-TYP. Case manager reviews are indicated by an 'R' in the CSMGR-SER-TYP.

Placements and review records are presented separately and chronologically.

05 CSMGR-ID	PIC X(06).
05 CSMGR-DIAG-PRI	PIC X(05).
05 CSMGR-DIAG-SEC	PIC X(05).
05 CSMGR-DIAG-TRI.	PIC X(05).
05 CSMGR-RVW-DT	PIC X(08).
05 CSMGR-ACT-CD	PIC X(01) VALUES 'I,C,T'.
05 CSMGR-SER-TYP	PIC X(01) VALUES 'R,P,S'.
05 CSMGR-SER VICE	
10 CSMGR-SER-CD	PIC X(05).
10 CSMGR-SER-MOD	PIC X(02).
05 CSMGR-CLS-REAS	PIC X(02).
05 CSMGR-PROV-ID	PIC X(06).
05 CSMGR-UNIT	PIC 9(05).
05 CSMGR-FREQ	PIC X(01).
05 CSMGR-UNIT-CST	PIC 9(09)V99.
05 CSMGR-STRT-DAT	PIC X(08).
05 CSMGR-END-DAT	PIC X(08).
05 CSMGR-POS	PIC X(01).
05 CSMGR-LOC	PIC X(01).
05 CSMGR-BH-CD	PIC X(01).
05 FILLER	PIC X(355).

Continued on next page

Detail Record Layouts, *Continued*

**Demographic
Detail**

Demographic Transaction Code 6.

The Demographic transaction transmits demographic data from the program contractors to ALTCS. The PCI-TXN-CODE has a value of '6' for this transaction. This data creates an alert to the AHCCCS eligibility worker, who reviews the case and makes appropriate updates.

05	DEMO-LNM	PIC X(20).
05	DEMO-FNM	PIC X(10).
05	DEMO-MNM	PIC X(01).
05	DEMO-SSN	PIC X(09).
05	DEMO-DOB	PIC X(08).
05	DEMO-SEX	PIC X(01).
05	DEMO-DTH-DAT	PIC X(08).
05	DEMO-RES-PHO	
10	DEMO-RES-PHO-EX	PIC X(03).
10	DEMO-RES-PHO-PX	PIC X(03).
10	DEMO-RES-PHO-NM	PIC X(04).
05	DEMO-RES-STR-1	PIC X(23).
05	DEMO-RES-STR-2	PIC X(23).
05	DEMO-RES-CITY	PIC X(18).
05	DEMO-RES-ST	PIC X(02).
05	DEMO-RES-ZIP	
10	DEMO-RES-ZIP-5	PIC X(05).
10	DEMO-RES-ZIP-4	PIC X(04).
05	DEMO-RES-CNTY	PIC X(02).
05	DEMO-MAL-STR-1	PIC X(23).
05	DEMO-MAL-STR-2	PIC X(23).
05	DEMO-MAL-CITY	PIC X(18).
05	DEMO-MAL-ST	PIC X(02).
05	DEMO-MAIL-ZIP	
10	DEMO-MAL-ZIP-5	PIC X(05).
10	DEMO-MAL-ZIP-4	PIC X(04).
05	DEMO-CNTY-FIS	PIC X(02).
05	DEMO-MDC-CLAIM	PIC X(11).
05	DEMO-MDC-A-IND	PIC X(01).
05	DEMO-MDC-B-IND	PIC X(01).
05	DEMO-MDC-A-EDT	PIC X(08).
05	DEMO-MDC-B-EDT	PIC X(08).
05	DEMO-MAR-STA	PIC X(01).
05	DEMO-LANG-IND	PIC X(01).
05	DEMO-REF-LOC	PIC X(01).
05	DEMO-ETG-IND	PIC X(01).
05	DEMO-HHO-NUM	PIC 9(02).
05	DEMO-HHO-IND	PIC X(01).
05	DEMO-LAR-IND	PIC X(02).
05	DEMO-HTH-INS-IND	PIC X(01).
05	DEMO-OTH-COV-IND	PIC X(01).

05 DEMO-ACCI-IND	PIC X(01).
05 DEMO-POL-CNT	PIC 9(03).
05 DEMO-FILLER	PIC X(174).

Detail Record Layouts, *Continued*

CFC - Detail

Community First Choice Transaction Code 7.

The Community First Choice Study detail sends CFC study information to ALTCS for CMS reporting. The PCI-TXN-CODE has a value of '7' for this transaction. CFC study data contains a single line item per transaction.

05 CFC-AWC	PIC X(01).
05 CFC-SDAC	PIC X(01).
05 CFC-ESTS	PIC X(01).
05 CFC-ELVL	PIC X(01).
05 CFC-LOC	PIC X(01).
05 CFC-INCSTS	PIC X(01).
05 CFC-AMED	PIC X(01).
05 CFC-MDC1	PIC X(01).
05 CFC-MDC2	PIC X(01).
05 CFC-MDC3	PIC X(01).

Field Name	Description	Allowed Values
CFC-AWC	Agency with Choice	Y,N
CFC-SDAC	Self-Directed Attendant Care	Y,N
CFC-ESTS	Employment Status	A-F
CFC-ELVL	Education Level	A-I
CFC-LOC	Level of Care	1-7
CFC-INCSTS	Incontinence Status	1,2
CFC-AMED	Antipsychotic Medications	Y,N
CFC-MDC1	Major Diagnosis 1	A-T
CFC-MDC2	Major Diagnosis 2	A-T
CFC-MDC3	Major Diagnosis 3	A-T

Edits For Incoming Transactions

Tapes of edits The following are edits for incoming transactions for LT02L420:

- Header Edits
- Cost-Effectiveness Study Edits
- Case Manager Service Plan Edits
- Community First Choice
- Demographic Data Edits

Header edits (All fields are required unless otherwise stated.)

FIELD	CODE	EDIT
PCI-HDR-ID	C200	Must be `#####`. This denotes start of a new header record.
PCI-PGM-CONT-ID	C201	Must be valid Program Contractor ID.
PCI-INT-CRE-DAT	C205	Must be a valid date.
PCI-INT-CRE-TIM	C206	Must be in 'HHMMSS' format.
PCI-AHCCCS-ID	C202	No approved ALTCS case can be found with this AHCCCS ID.
PCI-INT-SEQ	C209	Must be numeric if present.
PCI-SITE-CD	C210	Must be on the ALTCS Site Code table if present. Not Required.
PCI-CSLD-ID	C211	Must be on the ALTCS Caseload table if present. Not Required.
PCI-TXN-CD	C215	Must be '4', '5', '6 or '7'.

Cost - Effectiveness Study Edits (All fields are required unless otherwise stated.)

FIELD	CODE	EDIT
CES-GRS-INST-CST	C216	Must be numeric. INACTIVE
CES-ACT-PLCT	C217	Must be a placement code from reference table 0106. INACTIVE
	C218	Placement code required. INACTIVE
CES-DAT	C219	Must be a date of format 'YEARMMDD'.
	C279	Must be a greater than or equal to the enrollment date. INACTIVE
CES-PLCT-REAS	C220	Must be a placement reason code from reference table 0102. INACTIVE
CES-SER-CD	C204	Must be three or five bytes long, or must have a value of 'NONE'.
	C221	It must be a valid five-byte procedure code on the PMMIS Procedure file.
	C305	If CES-ACT-CD = 'I', and a duplicate CES record is found for the same CES-DAT and CES-SER-CD.
	C306	Must be a valid date.
CES-SER-MOD	C256	Must be a modifier code from the PMMIS modifier table.
	CO33	Must be present if procedure is a DME code.
	CO34	Not allowed if modifier is not on the PMMIS procedure modifier cross-reference table for that procedure code.

Edits For Incoming Transactions, *Continued*

Cost-Effectiveness Study Edits (continued)

FIELD	CODE	EDIT
CES-UNIT-CST	C223	Must be numeric if CES-SER-CD not = 'NONE'.
	C292	Unit cost must be less than \$99999.99.
CES-UNITS-MI	C225	Must be numeric if CES-SER-CD not = 'NONE'.
	C293	Units must be less than 999.
CES-UNITS-M2	C227	Must be numeric if CES-SER-CD not = 'NONE'.
	C296	Units must be less than 999. Not required.
CES-UNITS-M3	C228	Must be numeric if CES-SER-CD not = 'NONE'.
	C297	Units must be less than 999. Not required.
CES-ACT-CD	C229	Action code required
	C233	If present must be 'I', 'C', or 'T' where: I = Initiate, C = Change, T= Terminate.

Case Manager Service Plan Edits (All fields are required unless otherwise stated.)

FIELD	CODE	EDIT
CSMGR-ID	C230	Must a valid case manager ID on the PMMIS provider file on the start date of the service, placement, review date or on the run date of the PC interface..
	C277	Case manager ID required.
CSMGR-DIAG-PRI	C212	Must be valid ICD diagnosis code if present. Not required. INACTIVE
CSMGR-DIAG-SEC	C213	Must be valid ICD diagnosis code if present. Not required. INACTIVE
	CO56	The diagnosis code entered cannot be a duplicate of the primary diagnosis code. Not required. INACTIVE
CSMGR-DIAG-TRI	C214	Must be valid ICD diagnosis code if present. INACTIVE
	CO57	The diagnosis code entered cannot be the same as the primary or secondary diagnosis codes. Not required. INACTIVE
CSMGR-RVW-DAT	C231	Must be in 'YEARMMDD' format.
	C305	If CES-ACT-CD = 'T', and a duplicate CES record is found for the same CES-DAT and CES-SER-CD.
CSMGR-SER-TYP	C232	Must be present if CSMGR-SER-TYP = 'R'.
	EW71	Must be less than or = current date.
CSMGR-ACT-CD	C285	Action code not allowed if CSMGR-SER-CD-TYP = 'R'.
	C229	Action code required if CSMGR-SER-CD-TYP = 'P' or 'S'.
CSMGR-SER-TYP	C233	If present must be 'I', 'C', or 'T' where: I = Initiate, C = Change, T= Terminate.
	C234	Must be 'P', 'R', or 'S'. P = Placement Data, R = Case Manager Review Date, S = Service Plan Data. INACTIVE

Edits For Incoming Transactions, *Continued*

Case Manager Service Plan Edits (continued)

FIELD	CODE	EDIT
CSMGR-SER-CD	C107	If CSMGR-SER-TYP = 'S' and CSMGR-SER-CD = mental health service and CSMGR-STRT-DAT < '19951001'. INACTIVE
	C235	If CSMGR-SER-TYP = 'S' and the code is five bytes long, it must be a valid procedure on the PMMIS procedure file. INACTIVE
	C236	If CSMGR-SER-TYP = 'S' and the code is three bytes long, it must be a valid revenue code on the PMMIS revenue code table or A00, A22 or A23 (dummy codes). INACTIVE
	C237	If CSMGR-SER-TYP = 'P' this field must be a valid placement code from reference table 0106 (see section V). ACTIVE
	C249	If CSMGR-SER-TYP = 'S', the code must be three or five long. INACTIVE
	C298	If CSMGR-SER-TYP = 'S' and CSMGR-SER-CD is a revenue code for bed hold -- '183' or '185', the service plan must have an institutional revenue code (A00, 070-075) for an earlier date. INACTIVE
	C321	If CSMGR-SER-TYP = 'S' and CSMGR-SER-CD = mental health service and CSMGR-STRT-DAT and CSMGR-END-DAT are not within DES and mental health enrollment effective dates. INACTIVE
	C322	If CSMGR-SER-TYP = 'S' and CSMGR-SER-CD = mental health service and no mental health enrollment exists. INACTIVE
	EW01	For type 'S' transactions, if service date range overlaps more than one placement line's date range. INACTIVE
	EW02	For type 'S' transactions, if placement for that period = 'Z', only A22 and A23 services are allowed. INACTIVE
	EW31	For type 'S' transactions: if placement for that period = 'O', the revenue code (CSMGR-SER-CD) must be '651', '652', '655', '656', 'Y4552', 'Y4553', 'Z3010', 'Z3080', 'Z3082', 'Z3150', 'Z3160', 'Z3620', 'A22', 'A23', '114', '124', '134', '154', '183', '184', '185' or '070'-'075'. INACTIVE
	EW32	For type 'S' transactions: if placement = 'H', the service code (CSMGR-SER-CD) must not be '070', '071', '072', '073', '074', '075', '114', '124', '134', '154', '651', '652', '655', '656', or 'A.00'. Also if placement = Q, N, or Z the service code must not be 'Z3001' thru 'Z3008', 'Z3135' thru 'Z3146' or 'Z3718' thru 'Z3720'. INACTIVE
	EW33	For type 'S' transactions: if placement is 'A' the revenue code (CSMGR-SER-CD), must not be 'A00', '070', '071', '072', '073', '074', '075', '076', '114', '124', '134', '154', '651', '652', '655', '656', '183', '184', '185'. INACTIVE
	EW34	For type 'S' transactions: if placement = 'Q' or 'N' the revenue code (CSMGR-SER-CD) must be '070', '071', '072', '073', '074', '075', 'A00', 'A22', 'A23', '114', '124', '134', '154', '183', '184', '185', or any five digit service code. INACTIVE
	EW35	For type 'S' transactions if there is no placement for that period. INACTIVE

Edits For Incoming Transactions, *Continued*

Case Manager Service Plan Edits (continued)

FIELD	CODE	EDIT
CSMGR-SER-MOD	C238	If CSMGR-SER-TYP is 'S', must be a modifier code from the PMMIS modifier table. INACTIVE
	CO33	For type '4' transactions, a service modifier must be present if procedure is a DME code.
	CO34	For type '4' transactions, the service modifier is not on the PMMIS procedure modifier cross-reference table for that procedure code.
CSMGR-CLS-REAS	C239	If CSMGR-SER-TYP is 'S', must be a valid value from reference table 0108. INACTIVE
	C240	Required if CSMGR-ACT-CD is 'T' and CSMGR-SER-TYP is 'S'. INACTIVE
	E894	For type 'P' transactions: must be a valid value from reference table 0102.
	E870	For type 'P' transactions, if the CMP-SER-CD is 'O', must be '10', '11', or '23'. INACTIVE
	E871	For type 'P' transactions, if the CMP-SER-CD is 'H', reason code must be '06', '07', '11', '13', or '23'.
	E872	For type 'P' transactions, if the CMP-SER-CD is 'A', must be '09', '11', or '23'. INACTIVE
	E873	For type 'P' transactions, if the CMP-SER-CD is 'Q', reason code must be '01', '02', '03', '05', '09', '11', '14' or '23'.
	E882	For type 'P' transactions, if the CSMGR-SER-CD is 'N', must be '09', '11', '14' or '23'. INACTIVE
	E876	For type 'P' transactions, if the CMP-SER-CD is 'Z', reason code must be '04', '08', '11', or '23'.
	E877	For type 'P' transactions, if the CMP-SER-CD is 'D', reason code must be '04', '11','12', or '23'.
CSMGR-PROV-ID	C002	For type 'S' transactions, this field must not = '029000' or '049009'. INACTIVE
	C241	For type 'S' transactions, if the CSMGR-PROV-ID is not = '042490', '351830' and '029108', then CSMGR-PROV-ID, for the entire service date range, must be on active on the PMMIS provider file, or it must have a replacement provider that is active on the PMMIS provider file for the entire date range. (The system replaces the provider sent with the replacement provider number, if appropriate.) INACTIVE
	C242	Required only if CSMGR-SER-TYP is 'S'. INACTIVE
	EW19	For type 'S' transactions, if the CSMGR-SER-CD = `A00', this field must not = '042490', '351830' or '029108'. INACTIVE
	EW11	For type 'S' transactions, if the CSMGR-PROV-ID = '042490', the CSMGR-STRT-DAT and CSMGR-END-DAT must be covered by a placement period where CSMGR-SER-CD = 'D'. INACTIVE
CSMGR-UNIT	C243	If CSMGR-SER-TYP is `S', must be numeric. INACTIVE
CSMGR-UNIT-FREQ		This field is currently not in use. INACTIVE

Edits For Incoming Transactions, *Continued*

Case Manager Service Plan Edits (continued)

FIELD	CODE	EDIT
CSMGR-UNIT-CST	C245	If CSMGR-SER-TYP is 'S', must be numeric. INACTIVE
	C294	If CSMGR-SER-TYP is 'S', unit cost must be less than \$99999.99. INACTIVE
	C098	If CSMGR-SER-TYP is 'S', unit cost multiplied by units may not be greater than \$999,999.99. Not required. INACTIVE
CSMGR-STRT-DAT	C246	If CSMGR-SER-TYP = 'P', must be in 'YEARMMDD' format.
	C247	If CSMGR-SER-TYP = 'P', this field is required.
	C282	If CSMGR-SER-TYP = 'P', must be greater than or equal to enrollment date with a long term care program contractor (or acute PC for DES DDD during DD eligibility), and less than the enrollment end date with the same program contractor (placements and services can overlap between ventilator dependent contractor and non-vent and vice versa as long as the contractor hasn't changed).
	C290	If CSMGR-SER-TYP = 'P' and CSMGR-ACT-CD = 'I', this placement overlaps the date range of an existing placement.
	C291	If CSMGR-SER-TYP = 'S', and CSMGR-SER-CD is a 3-character revenue code, this service overlaps the date range of an existing revenue code (except A22 A23 with 185 and 070-075 with 651-652, 655-656). If CSMGR-SER-CD is a 5-character service code, this service overlaps the date range of the same service and same unit cost provided by the same provider, or this service is an exact duplicate of another service line with the same procedure, modifier, start date, end date, provider. INACTIVE
	C303	If CSMGR-SER-TYP = 'S', and CSMGR-ACT-CD = 'T' or 'C', no service record is found with the same CSMGR-SER-CD and CSMGR-STRT-DAT and PROVIDER (Replacement provider logic is done before a match is attempted). INACTIVE
	C304	For type 'P' transactions, when CSMGR-ACT-CD = 'C' or 'T', there is no placement beginning on the start date for the same placement code.
	G005	If CSMGR-SER-TYP = 'S' or 'P' and A/R has no ALTCS enrollment (or acute enrollment during DD eligibility for DES DDD) on or after the date range. INACTIVE

Edits For Incoming Transactions, *Continued*

Case Manager Service Plan Edits (continued)

FIELD	CODE	EDIT
CSMGR-END-DAT	C248	If CSMGR-SER-TYP = 'S', must be in 'YEARMDD' format. INACTIVE
	C250	If present, must be greater than or equal to CSMGR-STRT-DAT.
	CO21	For type 'S' transactions from DES (non-VD), must not be more than 12 months later than the CSMGR-STRT-DAT, and when from other automated program contractors, must not be more than 6 months later than the CSMGR-STRT-DAT. INACTIVE
CSMGR-POS	C251	If CSMGR-SERV-CD-TYP is 'P', must be a valid Place of Residence Code from reference table 104.
	C252	Required only if CSMGR-SERV-CD-TYP is 'P'.
	EW21	For type 'S' transactions: if CSMGR-POS = '7' then client must be age 19 or under. INACTIVE
	EW22	For type 'S' transactions: if CSMGR-POS = 'C', 'J', 'K', or 'L' and clients age between age 21-64 if CSMGR-SER-CD = Wxxxx, 90xxx or 99xxx and clients age 21-64. INACTIVE
	EW26	For type 'S' transactions: if CSMGR-SER-CD = '070' or '071' then CSMGR-POS must be '4', if CSMGR-SER-CD = '072' then CSMGR-POS must be '2', if CSMGR-SER-CD = '073', '074', '075', or 'A00', 655, or 656, then CSMGR-POS must be '3', if CSMGR-SER-CD = '651', '652', 'Z3150', or 'Z3160' then CSMGR-POS must be '1', if CSMGR-SER-CD = '114', '124', '134' or '154' then CSMGR-POS must be '7'. If CSMGR-SER-CD = 'Z3001' or 'Z3002' then CSMGR-POS must be 'B', if CSMGR-SER-CD = 'Z3003', 'Z3004' or 'Z3005' then CSMGR-POS must be '5', if CSMGR-SER-CD = 'Z3006', 'Z3007' or 'Z3008' then CSMGR-POS must be '8', if CSMGR-SER-CD = 'Z3135', 'Z3136' or 'Z3137' then CSMGR-POS must be 'J', if CSMGR-SER-CD = 'Z3138', 'Z3139' or 'Z3140' then CSMGR-POS must be 'K', if CSMGR-SER-CD = 'Z3141', 'Z3142' or 'Z3143' then CSMGR-POS must be 'L', if CSMGR-SER-CD = 'Z3144', 'Z3145' or 'Z3146' then CSMGR-POS must be '6', if CSMGR-SER-CD = 'Z3718', 'Z3719' or 'Z3720' then CSMGR-POS must be '9', if CSMGR-SER-CD NOT = '114', '124', '134' or '154' and CSMGR-POS = 'C'. Also, if CSMGR-POS is '7', then CSMGR-SER-CD must NOT be Wxxxx, 90xxx or 99xxx. INACTIVE

Edits For Incoming Transactions, *Continued*

Case Manager Service Plan Edits (continued)

FIELD	CODE	EDIT
CSMGR-POS (continued)	EW28	For type 'S' transactions: if CSMGR-POS = '1', then CSMGR-SER-CD must not be '070', '071', '072', '073', '074', '075', or 'A00'. INACTIVE
	EW29	For type 'S' transactions: if CSMGR-POS = '2' or '3' or '4', then CSMGR-SER-CD must not be 'Z3000', 'Z3031', 'Z3020', 'Z3030', 'Z3040', 'Z3050', '73060', 'Z3070', 'Z3080', 'Z3081', 'Z3082', 'Z3083', '651', '652', '73150', or 'Z3160'. INACTIVE
	EW30	For type 'S' transactions: if CSMGR-POS = '5' or '6', then CSMGR-SER-CD must not be 'Z3010', 'Z3040', 'Z3080', 'Z3081', 'Z3082', 'Z3083', '651', '652', 'Z3150', or 'Z3160'. INACTIVE
CSMGR-LOC		This field is currently not in use.
CSMGR-POS to Placement	C338	Residence code must be 1,5,6,8,9,B,E,F,G,J,K,L,P or R for placement H.
	C339	Residence code must be 2,4,7,C or W for placement Q.
	C340	Residence code must be 1 or 2 for placement D.
	C341	Residence code must be 1 for placement Z.
	C348	Placement invalid for residence code.
CSMGR-BH-CD to CSMRG-POS to Placement	C343	Behavior health code must be valid code on table 0263.
	C344	BH code/Residence code invalid for placement H.
	C345	BH code/Residence code invalid for placement Q.
	C346	BH code/Residence code invalid for placement D.
	C347	BH code/Residence code invalid for placement Z.
	C349	Placement invalid for BH code/Residence code.
	C342	BH code required after 09/30/2000.
PCI-AHCCCS-ID	C350	No enrollment found for recipient.

Edits For Incoming Transactions, *Continued*

Community First Choice Edits

FIELD	CODE	EDIT
CFC-AWC	C701	Agency with Choice must be either 'Y' or 'N'. Required field value.
CFC-SDAC	C702	Self-Directed Attendant Care must be either 'Y' or 'N'. Required field value.
CFC-ESTS	C703	Employment Status must be (Required field value): A=Retired. B=No work history. C=Some work history. D=Currently Employed Full Time. E=Currently Employed Part Time. F=Currently Seeking Employment.
CFC-ELVL	C704	Educational Level values are (Required field value): A=Attended Grade/Elementary School. B=Some High School. C=Graduated High School or GED. D=Attend College or Technical School. E=Completed Technical School program. F=Bachelor's Degree. G=Associates Degree. H=Graduate College Degree (Masters, Doctorate). I=Considering/Interested in returning to school
CFC-LOC	C705	Level of Care (Required field value): 1=Class 1. 2=Class 2. 3=Class 3. 4=Wandering/Dementia. 5=Behavioral. 6=Sub-Acute Medical. 7=Respiratory/Vent.
CFC-INCSTS	C706	Incontinence Status (Required field value): 1=Continent. 2=Incontinent.
CFC-AMED	C707	Antipsychotic Medications must be either 'Y' or 'N'. Required field value.

CFC-MDC1	C708	Major Diagnosis Code 1 (Required field value): A=Dementia/Alzheimer's. B=Other Neurological. C=Head/Spinal Cord Injuries. D=Metabolic. E=Cardiovascular. F=Musculoskeletal. G=Respiratory. H=Hematologic/Oncologic. I=Psychiatric. J=Gastrointestinal. K=Genitourinary. L=Skin Conditions M=Sensory. N=Infectious Diseases. O=Mental Retardation/Intellectual Disability. P=Seizure Disorder/Epilepsy. Q=Cerebral Palsy. R=Autism/PDD. S=Congenital Anomalies/Developmental Conditions. T=Other
CFC-MDC2	C709	Major Diagnosis Code 2-See above list for values (optional field).
CFC-MDC3	C710	Major Diagnosis Code 3-See above list for values (optional field).
CFC-MDC1,2,3	C711	Duplicate MDC codes reported. Each MDC value must be unique.

Edits For Incoming Transactions, *Continued*

Demographic Data Edits

Note:

None of the following data elements are required. The edits listed below are the criteria the data must meet if it is present.

FIELD	CODE	EDIT
DEMO-SSN	C253	Must be numeric.
DEMO-DOB	C283	Must be in 'YEARMMDD' format.
DEMO-SEX	C254	Must be 'M' or 'F'.
DEMO-DTH-DAT	C255	Must be in 'YEARMMDD' format.
DEMO-RES-PHOEX	C257	Area code must be numeric.
	C258	Must be present if prefix or number is present.
DEMO-RES-PHOPX	C259	Must be numeric.
	C260	Must be present if area code or number is present.
DEMO-RES-PHONM	C261	Must be numeric.
	C262	Must be present if area code or prefix is present.
DEMO-RES-ST	C263	Must be a valid state code from reference table 0180.
DEMO-RES-ZIP-5	C264	Must be numeric.
	C265	Must be present if zip code suffix is present.
DEMO-RES-ZIP-4	C266	Must be numeric.
DEMO-RES-CNTY	C267	Must a valid county code from reference table 0003.
DEMO-MAL-ST	C268	Must be a valid state code from reference table 0180.
DEMO-MAL-ZIPPX	C269	Must be numeric.
	C270	Must be present if zip code suffix is present.

Demographic Data Edits (continued)

FIELD	CODE	EDIT
DEMO-MAL-ZIP SX	C271	Must be numeric.
DEMO-CNTY-FIS	C272	Must a valid county code from reference table 0003.
DEMO-MDC-CLAIM	C273	Must be eleven characters.
DEMO-MDC-A-IND	C274	Must be 'Y' or 'N'.
DEMO-MDC-B-IND	C275	Must be 'Y' or 'N'.
DEMO-MDC-A-EFDT	C276	Must be in `YEARMMDD' format.
DEMO-MDC-B-EFDT	C278	Must be in `YEARMMDD' format.
DEMO-MAR-STA	C280	Must a valid marital status code from reference table 0007.
DEMO-LANG-IND	C281	Must a valid language indicator from reference table 0110.
DEMO-REF-LOC	C286	Must a valid PAS referral location from reference table 0141.
DEMO-ETG-IND	C287	Must be a valid ethnic group from reference table 0004.
DEMO-HHO-NUM	C288	Must be numeric.
DEMO-HHO-IND	C289	Must be a valid PAS household indicator from reference table 0093.
DEMO-HTH-INS-ID	C299	Must be 'Y' or blank.
DEMO-OTH-COV-ID	C300	Must be 'Y' or blank.
DEMO-ACCI-IND	C301	Must be 'Y' or blank.
DEMO-POL-CNT	C302	Must be numeric.

Edit Errors by Error Code

CODE	FIELD	EDIT
C002	CSMGR-PROV-ID	For type 'S' transactions, this field must not = '029000' or '049009'. INACTIVE
C021	CSMGR-END-DAT	For type 'S' transactions from DES (non-VD), must not be more than 12 months later than the CSMGR-STRT-DAT, and from other automated program contractors, must not be more than 6 Months later than the CSMGR-STRT-DAT. INACTIVE
C033	CSMGR-SER-MOD	For type 'P' transactions or CES/CES-SER-MOD Transactions, must be present if procedure is a DME code.
C034	CSMGR-SER-MOD	For type 'P' transactions or CES
	CES-SER-MOD	Transactions not allowed if modifier is not on the PMMIS procedure modifier cross-reference table for that procedure code.
C056	CSMGR-DIAG-SEC	The diagnosis code entered cannot be a duplicate of the primary diagnosis code. INACTIVE
C057	CSMGR-DIAG-TRI	The diagnosis code entered cannot be the same as the primary or secondary diagnosis codes. INACTIVE
C098	CSMGR-UNIT-CST	If CSMGR-SER-TYP is 'S', unit cost multiplied by units may Not be greater than \$999,999.99. INACTIVE
C107	CSMGR-SER-CD	If CSMGR-SER-CD = mental health service and CSMGR-STRT-DAT < '19951001'. INACTIVE
C200	PCI-HDR-ID	Must be '####'. This denotes start of a new header record.
C201	PCI-PGM-CONT-ID	Must be valid Program Contractor ID.
C202	PCI-AHCCCS-ID	AHCCCS ID not found in ALTCS.
C204	CES-SER-CD	Must be three or five bytes long, or must have a value of 'NONE'.
C205	PCI-INT-CRE-DAT	Must be a valid date.
C206	PCI-INT-CRE-TIM	Must be in 'HHMMSS' format.
C209	PCI-INT-SEQ	Must be numeric if present.
C210	PCI-SITE-CD	Must be on the ALTCS Site Code table if present.
C211	PCI-CSLD-ID	Must be on the ALTCS Caseload table if present.
C212	CSMGR-DIAG-PRI	Must be valid ICD diagnosis code if present. INACTIVE
C213	CSMGR-DIAG-SEC	Must be valid ICD diagnosis code if present. INACTIVE
C214	CSMGR-DIAG-TRI	Must be valid ICD diagnosis code if present. INACTIVE
C215	PCI-TXN-CD	Must be '4', '5', or '6'.
C216	CES-GRS-INST-CST	Must be numeric. INACTIVE
C217	CES-ACT-PLCT	Must be a placement code from reference table 0106. INACTIVE
C218	CES-ACT-PLCT	Placement code required. INACTIVE
C219	CES-DAT	Must be a date of format 'YEARMMDD'.
C220	CES-PLCT-REAS	Must be a placement reason code from reference table 0102. INACTIVE
C221	CES-SER-CD	It must be a valid five byte procedure code on the PMMIS Procedure file.
C223	CES-UNIT-CST	Must be numeric if CES-SER-CD not = 'NONE'.
C225	CES-UNITS-MI	Must be numeric if CES-SER-CD not = 'NONE'.

C227	CES-UNITS-M2	Must be numeric if CES-SER-CD not = 'NONE'.
C228	CES-UNITS-M3	Must be numeric if CES-SER-CD not = 'NONE'.
C229	CSMGR-ACT-CD	Action code required if CSMGR-SER-TYP = CES-ACT-CD 'P' or 'S'.
C230	CSMGR-ID	Must be a valid case manager ID on the PMMIS provider file on the start date of the service, placement, review date, or on the run date of the PCI interface.
C231	CSMGR-RVW-DAT	Must be in 'YEARMMDD' format.
C232	CSMGR-RVW-DAT	Must be present if SER-CD-TYP = 'R'.
C233	CSMGR-ACT-CD	If present must be 'I', 'C', or 'T' CES-ACT-CD where: I = Initiate, C = Change, T = Terminate.
C234	CSMGR-SER-TYP	Must be 'P', 'R', or 'S'. P = Placement Data, R = Case Manager Review Date, S = Service Plan Data. INACTIVE
C235	CSMGR-SER-CD	If CSMGR-SER-TYP = 'S' and the code is five bytes long, it must be a valid procedure on the PMMIS procedure file. INACTIVE
C236	CSMGR-SER-CD	If CSMGR-SER-TYP = 'S' and the code is three bytes long, it must be a valid revenue code on the PMMIS revenue code table or A00 or A23 (dummy codes). INACTIVE
C237	CSMGR-SER-CD	If CSMGR-SER-TYP = 'P' this field must be a valid placement code from reference table 0106.
C238	CSMGR-SER-MOD	If CSMGR-SER-TYP is 'S', must be a modifier code from the PMMIS modifier table. INACTIVE
C239	CSMGR-CLS-REAS	If CSMGR-SER-TYP is 'S', must be a valid value from reference table 0108. INACTIVE
C240	CSMGR-CLS-REAS	Required if CSMGR-ACT-CD is 'T' and CSMGR-SER-TYP is 'S'. INACTIVE
C241	CSMGR-PROV-ID	For type 'S' transactions, if the CSMGR-PROV-ID is not = '042490', '351830' and '029108', then CSMGR-PROV-ID, for the entire service date range, must be on active on the PMMIS provider file, or it must have a replacement provider that is active on the PMMIS provider file for the entire date range. (The system replaces the provider sent with the replacement provider number, if appropriate.)
C242	CSMGR-PROV-ID	Required only if CSMGR-SER-TYP is 'S'. INACTIVE
C243		If CSMGR-SER-TYP is 'S', must be numeric. INACTIVE
C245	CSMGR-UNIT-CST	If CSMGR-SER-TYP is 'S', must be numeric. INACTIVE
C246	CSMGR-STRT-DAT	If CSMGR-SER-TYP = 'S' or 'P', must be in 'YEARMMDD' format.
C247	CSMGR-STRT-DAT	If CSMGR-SER-TYP = 'S' or 'P', this field is required.
C248	CSMGR-END-DAT	If CSMGR-SER-TYP = 'S', must be in 'YEARMMDD' format. INACTIVE

Edit Errors by Error Code, *Continued*

Edit errors table (*continued*)

CODE	FIELD	EDIT
C249	CSMGR-SER-CD	If CSMGR-SER-TYP = 'S', the code must be three or five long. INACTIVE
C250	CSMGR-END-DAT	If present, must be greater than or equal to CSMGR-STRT-DAT.
C251	CSMGR-POS	If CSMGR-SERV-CD-TYP is 'P', must be a valid Place of Residence Code from reference table 0104.
C252	CSMGR-POS	Required only if CSMGR-SERV-CD-TYP is 'P'.
C253	DEMO-SSN	Must be numeric.
C254	DEMO-SEX	Must be 'M' or 'F'.
C255	DEMO-DTH-DAT	Must be in 'YEARMDD' format.
C256	CES-SER-MOD	Must be a modifier code from the PMMIS modifier table, and it must be an appropriate modifier for that procedure code based on the PMMIS cross-reference table.
C257	DEMO-RES-PHOEX	Area code must be numeric.
C258	DEMO-RES-PHOEX	Must be present if prefix or number is present.
C259	DEMO-RES-PHOPX	Must be numeric.
C260	DEMO-RES-PHOPX	Must be present if area code or number is present.
C261	DEMO-RES-PHONM	Must be numeric.
C262	DEMO-RES-PHONM	Must be present if area code or prefix is present.
C263	DEMO-RES-ST	Must be a valid state code from reference table 0180.
C264	DEMO-RES-ZIP-5	Must be numeric.
C265	DEMO-RES-ZIP-5	Must be present if zip code suffix is present.
C266	DEMO-RES-ZIP-4	Must be numeric.
C267	DEMO-RES-CNTY	Must a valid county code from reference table 0003.

C268	DEMO-MAL-ST	Must be a valid state code from reference table 0180.
C269	DEMO-MAL-ZIPPX	Must be numeric.
C270	DEMO-MAL-ZIPPX	Must be present if zip code suffix is present.
C271	DEMO-MAL-ZIP SX	Must be numeric.
C272	DEMO-CNTY-FIS	Must a valid county code from reference table 0003.
C273	DEMO-MDC-CLAIM	Must be eleven characters.
C274	DEMO-MDC-A-IND	Must be 'Y' or 'N'.
C275	DEMO-MDC-B-IND	Must be 'Y' or 'N'.
C276	DEMO-MDC-A-EFDT	Must be in 'YEARMMDD' format.
C277	CSMGR-ID	Case manager ID required.
C278	DEMO-MDC-B-EFDT	Must be in 'YEARMMDD' format.
C279	CES-DAT	Must be a greater than or equal to the enrollment date. INACTIVE
C280	DEMO-MAR-STA	Must be a valid marital status code from reference table 0007.
C281	DEMO-LANG-IND	Must be a valid language indicator from reference table 0110.
C282	CSMGR-STRT-DAT	If CSMGR-SER-TYP = 'S' or 'P', must be greater than or equal to enrollment date with a long term care (or acute PC for DES/DDD during DD eligibility) program contractor, and less than the enrollment end date with the same program contractor (placements and services an overlap between ventilator dependent contractor and non-vent and vice versa as long as the contractor hasn't changed).

Edit Errors by Error Code, *Continued*

Edit errors table (*continued*)

CODE	FIELD	EDIT
C283	DEMO-DOB	Must be in `YEARMDD' format.
C285	CSMGR-ACT-CD	Action code not allowed if CSMGR-SER-TYP = `R'.
C286	DEMO-REF-LOC	Must a valid PAS referral location from reference table 0141.
C287	DEMO-ETG-IND	Must be a valid ethnic group from reference table 0004.
C288	DEMO-HHO-NUM	Must be numeric.
C289	DEMO-HHO-IND	Must be a valid PAS household indicator from reference table 0093.
C290	CSMGR-STRT-DAT	If CSMGR-SER-TYP = `P', this placement overlaps the date range of an existing placement.
C291	CSMGR-STRT-DAT	If CSMGR-SER-TYP = `S', and CSMGR-SER-CD is a 3-character revenue code, this service overlaps the date range of an existing revenue code (except A22/ A23 with 185 and 070-075 with 651-652,655-656). If CSMGR-SER-CD is a 5-character service code, this service overlaps the date range of the same service and same unit cost provided by the same provider, or this service is an exact duplicate of another service line with the same procedure, modifier, start date, end date, provider. INACTIVE
C292	CES-UNIT-CST	Unit cost must be less than \$99999.99.
C293	CES-UNITS-M1	Units must be less than 999.
C294	CSMGR-UNIT-CST	If CSMGR-SER-TYP is `S', unit cost must be less than \$99999.99. INACTIVE
C296	CES-UNITS-M2	Units must be less than 999.
C297	CES-UNITS-M3	Units must be less than 999.
C298	CSMGR-SER-CD	If CSMGR-SER-TYP = `S' and CSMGR-SER-CD is a revenue code for bed hold -- '183' or '185', the service plan must have an institutional revenue code (A00, 070-075) for an earlier date. INACTIVE
C299	DEMO-HTH-INS-ID	Must be 'Y' or blank.
C300	DEMO-OTH-COV-ID	Must be 'Y' or blank.
C301	DEMO-ACCI-IND	Must be 'Y' or blank.
C302	DEMO-POL-CNT	Must be numeric.
C303	CSMGR-STRT-DAT	If CSMGR-SER-TYP = `S', and CSMGR-ACT-CD = `T' or `C', no service record is found with the same CSMGR-SER-CD and CSMGR-STRT-DAT and PROVIDER (Replacement provider logic is done before a match is attempted). INACTIVE
C304	CSMGR-STRT-DAT	For type `P' transactions, when CSMGR-ACT-CD = `C' or `T', there is no placement beginning on the start date for the same placement code.
C305	CES-SER-CD	If CES-ACT-CD = `C' or `T', and no CES record is found for the same CES-DAT and CES-SER-CD.
C306	CES-SER-CD	If CES-ACT-CD = T, and a duplicate CES record is found for the same CES-DAT and CES-SER-CD.

Edit Errors by Error Code, *Continued*

Edit errors table (*continued*)

CODE	FIELD	EDIT
C321	CSMGR-SER-CD	If CSMGR-SER-CD = mental health service and CSMGR-STRT-DAT and CSMGR-END-DAT are not within DES and mental health enrollment effective dates. INACTIVE
C322	CSMGR-SER-CD	CSMGR-SER-CD = mental health service and no mental health enrollment exists. INACTIVE
C338	CSMGR-POS	Residence code must be 1,5,6,8,9,B,E,F,G,J,K,L,P or R for placement H.
C339		Residence code must be 2,4,7,C or W for placement Q.
C340		Residence code must be 1 or 2 for placement D.
C341		Residence code must be 1 for placement Z.
C342		BH code required after 09/30/2000.
C343	CSMGR-BH-CD	BH code must be valid code on ref table 0263.
C344		BH code/Residence code invalid for placement H.
C345		BH code/Residence code invalid for placement Q.
C346		BH code/Residence code invalid for placement D.
C347		BH code/Residence code invalid for placement Z.
C348		Placement invalid for residence code.
C349		Placement invalid for BH code/Residence code found in PMMIS.
C350	PCI-AHCCCS-ID	No enrollment found for recipient.
C323	LOC Transaction	Reopened case. INACTIVE
C701	CFC-AWC	Must be 'Y' or 'N'.
C702	CFC-SDAC	Must be 'Y' or 'N'.
C703	CFC-ESTS	Must be 'A-F' (see edit list by field name).
C704	CFC-ELVL	Must be 'A-I' (see edit list by field name).
C705	CFC-LOC	Must be '1-7' (see edit list by field name).
C706	CFC-INCSTS	Must be '1' or '2'.
C707	CFC-AMED	Must be 'Y' or 'N'.
C708	CFC-MDC1	Must be 'A-T' (see edit list by field name).
C709	CFC-MDC2	Must be 'A-T' (see edit list by field name).
C710	CFC-MDC3	Must be 'A-T' (see edit list by field name).
C711	CFC-MDC1,2,3	Duplicate MDC codes being reported. Each MDC value must be unique.
EW01	CSMGR-SER-CD	For type 'S' transactions: if the date range specified overlaps more than one placement record. INACTIVE
EW02	CSMGR-SER-CD	For type 'S' transactions, if placement for that period = 'Z', only A22 and A23 services are allowed. INACTIVE
EW11	CSMGR-PROV-ID	For type 'S' transactions, if the CSMGR-PROV-ID = '042490', the CSMGR-STRT-DAT and CSMGR-END-DAT must be (Inactive) covered by a placement period where CSMGR-SER-CD = 'D'. INACTIVE
EW19	CSMGR-PROV-ID	For type 'S' transactions, if the CSMGR-SER-CD = `A00', this

CODE	FIELD	EDIT
		field must not = '042490', '351830' or '029108'. INACTIVE
EW21	CSMGR-POS	For type 'S' transactions: if CSMGR-POS = '7' then client must be age 19 or under. INACTIVE
EW26	CSMGR-POS	For type 'S' transactions: if CSMGR-SER-CD = '070' or '071' then CSMGR-POS must be '4', if CSMGR-SER-CD = '072' then CSMGR-POS must be '2', if CSMGR-SER-CD = '073', '074', '075', or `A00', 655, or 656, then CSMGR-POS must be '3', if CSMGR-SER-CD = '651', '652', 73150', or `Z3160' then CSMGR-POS must be '1', if CSMGR-SER-CD = '114', '124', '134' or '154' then CSMGR-POS must be '7'. if CSMGR-SER-CD = `Z3001' or 73002' then CSMGR-POS must be 'B', if CSMGR-SER-CD = 73003', 73004' or 73005' then CSMGR-POS must be '5', if CSMGR-SER-CD = 73006', 73007' or 73008' then CSMGR-POS must be '8', if CSMGR-SER-CD = 73135', 73136' or 73137' then CSMGR-POS must be T , if CSMGR-SER-CD = 73138', 73139' or `Z3140' then CSMGR-POS must be 'K', if CSMGR-SER-CD = 73141', 73142' or 73143' then CSMGR-POS must be 'L', if CSMGR-SER-CD = 'Z3144', `Z3145' or `Z3146' then CSMGR-POS must be '6', if CSMGR-SER-CD = 73718', 73719' or 73720' then CSMGR-POS must be '9', if CSMGR-SER-CD NOT = '114', '124', '134' or '154' and CSMGR-POS = 'C'. Also, if CSMGR-POS is '7', then CSMGR-SER-CD must not be Wxxxx, 90xxx or 99xxx. INACTIVE
EW28	CSMGR-POS	For type 'S' transactions: if CSMGR-POS = '1', then CSMGR-SER-CD must not be '070', '071', '072', '073', '074', '075', or `A00'. INACTIVE
EW29	CSMGR-POS	For type 'S' transactions: if CSMGR-POS = '2' or '3' or '4', then CSMGR-SER-CD must not be 73000', 73031', 73020', 73030', 73040', 73080', 73081', 73082', 73083', '651', '652', `Z3150', or `Z3160'. INACTIVE

Edit Errors by Error Code, *Continued*

Edit errors table (*continued*)

CODE	FIELD	EDIT
EW30	CSMGR-POS	For type 'S' transactions: if CSMGR-POS = '5' or '6', then CSMGR-SER-CD must not be 'Z3010', 'Z3040', 'Z3050', 'Z3060', 'Z3070', 'Z3080', 'Z3081', 'Z3082', 'Z3083', '651', '652', 'Z3150', or 'Z3160'. INACTIVE
EW31	CSMGR-SER-CD	For type 'S' transactions: if placement for that period = 'O', the revenue code (CSMGR-SER-CD) must be '651', '652', '655', '656', 'Y4552', 'Y4553', 'Z3010', 'Z3080', 'Z3082', 'Z3150', 'Z3160', 'Z3620', 'A22', 'A23', '114', '124', '134', '154', '183', '184', '185' or '070' - '075'. INACTIVE
EW32	CSMGR-SER-CD	For type 'S' transactions: if placement = H, the service code (CSMGR-SER-CD) must not be '070', '071', '072', '073', '074', '075', '114', '124', '134', '154', '651', '652', '655', '656', or 'A00'. Also if placement = Q, N or Z, the service code must not be 'Z3001' thru 'Z3008', 'Z3135' thru 'Z3146' or 'Z3718' thru "Z3720". INACTIVE
EW33	CSMGR-SER-CD	For type 'S' transactions: if placement is 'A' the revenue code (CSMGR-SER-CD), must not be 'A00', '070', '071', '072', '073', '074', '075', '076', '114', '124', '134', '154', '651', '652', '655', '656', '183', '184', '185'. INACTIVE
EW34	CSMGR-SER-CD	For type 'S' transactions: if placement = 'Q' or 'N' the revenue code (CSMGR-SER-CD) must be '070', '071', '072', '073', '074', '075', 'A00', 'A22', 'A23', '114', '124', '134', '154', '183', '184', '185', or any five digit service code. INACTIVE
EW35	CSMGR-SER-CD	For type 'S' transactions: if not placement record for the date range specified. INACTIVE
EW71	CSMGR-RVW-DAT	For type 'R' transactions, the CSMGR-RVW-DAT must be less than or = current date.
E870	CSMGR-CLS-REAS	For type 'P' transactions, if the CMP-SER-CD is 'O', must be '10', '11', or '23'. INACTIVE
E871	CSMGR-CLS-REAS	For type 'P' transactions, if the CMP-SER-CD is 'H', must be '06', '07', '11', '13', or '23'.
E872	CSMGR-CLS-REAS	For type 'P' transactions, if the CMP-SER-CD is 'A', must be '09', '11', or '23'. INACTIVE
E873	CSMGR-CLS-REAS	For type 'P' transactions, if the CMP-SER-CD is 'Q', must be '01', '02', '03', '05', '09', '11', '14' or '23'.
E876	CSMGR-CLS-REAS	For type 'P' transactions, if the CMP-SER-CD is 'Z', must be '04', '08', '11', or '23'.
E877	CSMGR-CLS-REAS	For type 'P' transactions, if the CMP-SER-CD is 'D', must be '04', '11', '12', or '23'.

Edit Errors by Error Code, *Continued*

Edit errors table (*continued*)

CODE	FIELD	EDIT
E882	CSMGR-CLS-REAS	For type 'P' transactions, if the CSMGR-SER-CD is 'N', must be '09', '11', '14' or '23'. INACTIVE
E894	CSMGR-CLS-REAS	For type 'P' transactions: must be a valid value from reference table 0102.
G005	CSMGR-STRT-DAT	If CSMGR-SER-TYP = 'S' or 'P' and A/R has no ALTCS enrollment (or acute enrollment during DD eligibility for DES/DDD) on or after the date range. INACTIVE

Transaction Field Descriptions

In this section This section includes field description for the following:

- Header
- Demographic Data
- Cost-Effectiveness Study
- Community First Choice
- ASE Manager Service Plan

Header The following table lists header field descriptions.

Field	Description
PCI-HDR-ID	Header ID field, contains '####' and denotes the beginning of a record.
PCI-PGM-CONT-ID	AHCCCS Program Contractor ID number.
PCI-INT-CRE-DAT	Internal transaction creation date.
PCI-INT-CRE-TIME	Internal transaction creation time.
PCI-AHCCCS-ID	AHCCCS ID number of the recipient.
PCI-INT-SEQ	Internal transaction sequence (for tape transactions).
PCI-SITE-CD	Site Code of the site that manages this case.
PCI-CS-ID	Caseload number to which this case belongs.
PCI-TXN-CD	Transaction code that identifies this transaction.

Demographic data The following table lists demographic data field descriptions.

Field	Description
DEMO-LNM	Recipient last name.
DEMO-FNM	Recipient first name.
DEMO-MNM	Recipient middle initial.
DEMO-SSN	Recipient social security number
DEMO-DOB	Recipient date of birth.
DEMO-SEX	Recipient sex.
DEMO-DTH-DAT	Recipient date of death.
DEMO-RES-PHOEX	Residence area code.
DEMO-RES-PHOPX	Residence phone number prefix.
DEMO-RES-PHONM	Residence phone number.
DEMO-RES-STR- 1	Residence street address, line one.

Transaction Field Descriptions, *Continued*

Demographic data (*continued*)

Field	Description
DEMO-RES-STR-2	Residence street address, line two.
DEMO-RES-CITY	Residence city.
DEMO-RES-ST	Residence state.
DEMO-RES-ZIP-5	Residence zip code.
DEMO-RES-ZIP-4	Residence zip code suffix.
DEMO-RES-CNTY	County of residence.
DEMO-MAL-STR-1	Mailing street address, line one.
DEMO-MAL-STR-2	Mailing street address, line two.
DEMO-MAL-CITY	Mailing city.
DEMO-MAL-ST	Mailing state.
DEMO-MAL-ZIPPX	Mailing zip code.
DEMO-MAL-ZIP SX	Mailing zip code suffix.
DEMO-CNTY-FIS	County of fiscal responsibility.
DEMO-MDC-CLAIM	Medicare claim number.
DEMO-MDC-A-IND	Medicare part A indicator.
DEMO-MDC-B-IND	Medicare part B indicator.
DEMO-MDC-A-EFDT	Medicare part A effective date.
DEMO-MDC-B-EFDT	Medicare part B effective date.
DEMO-MAR-STA	Marital status.
DEMO-LANG-IND	Language indicator.
DEMO-REF-LOC	PAS referral location indicator.
DEMO-ETG-IND	Ethnic group.
DEMO-HHO-NUM	PAS household number.
DEMO-HHO-IND	PAS household indicator.
DEMO-HTH-INS-ID	Health insurance indicator.
DEMO-OTH-COV-ID	Other insurance indicator.
DEMO-ACCI-IND	Accident coverage indicator.
DEMO-POL-CNT	Number of insurance policies.

Transaction Field Descriptions, *Continued*

Cost -
Effectiveness
Study

The following table lists cost-effectiveness study field descriptions

Field	Description
CES-GRS-INST-CST	Gross cost of services if recipient is institutionalized.
CES-ACT-PLCT	Actual placement of recipient.
CES-DAT	Cost-Effectiveness Study date.
CES-PLCT-REAS	Placement reason code.
CES-SER-CD	Service code.
CES-SER-MOD	Service code modifier.
CES-UNIT-CST	Unit cost for service.
CES-UNITS-M1	Units for the first month of service.
CES-UNITS-M2	Units for the second month of service.
CES-UNITS-M3	Units for the third month of service.

Case Manager
Service Plan

The following table lists case manager service plan field descriptions

Field	Description
CSMGR-ID	Case manager's AHCCCS ID on the ALTCS provider file.
CSMGR-DIAG-PRI	Update to recipient's primary diagnosis.
CSMGR-DIAG-SEC	Update to recipient's secondary diagnosis.
CSMGR-DIAG-TRI	Update to recipient's tertiary diagnosis.
CSMGR-RVW-DT	Case manager review date.
CSMGR-ACT-CD	Action code for initiating, changing and terminating services.
CSMGR-SER-TYP	Record type code. Placement values are passed in the service code field when record type is 'P'.
CSMGR-SER-CD	Service code
CSMGR-SER-MOD	Service code modifier.
CSMGR-CLS-REAS	Service closure reason code.
CSMGR-PROV-ID	Service provider's ID from the AHCCCS provider file.
CSMGR-UNIT	Units of service.
CSMGR-FREQ	Frequency of service (not used).
CSMGR-UNIT-CST	Unit cost of service.
CSMGR-STRT-DAT	Service start date.
CSMGR-END-DAT	Service end date.
CSMGR-POS	Place of residence.
CSMGR-LOC	Level of care (not used)
CSMGR-BH-CD	Behavioral Health Code

Transaction Field Descriptions, *Continued*

Community
First Choice
Study

The following table lists Community First Choice study field descriptions

Field	Description
CFC-AWC	Agency with Choice
CFC-SDAC	Self-Directed Attendant Care
CFC-ESTS	Employment Status
CFC-ELVL	Education Level
CFC-LOC	Level of Care
CFC-INCSTS	Incontinence Status
CFC-AMED	Antipsychotic Medications
CFC-MDC1	Major Diagnosis 1
CFC-MDC2	Major Diagnosis 2
CFC-MDC3	Major Diagnosis 3

Report Definitions

Report Description The Program Contractor Error Summary, Transaction Summary, Transaction Exception and Successful Transactions reports display error counts by code, transaction counts by type and action, detail about individual errors encountered, and detail about successful transactions respectively.

Report Generation The reports are produced when batch job \$AC4A43x is executed by operations to run program LT02L420 using the batch IDEAL procedure. It is requested by LTC development when staff is notified that a file for the interface is available.

The Program Contractor Error Summary and Transaction Summary are summary reports and have no selection criteria. The Program Contractor Transaction Exception report is generated each time an exception condition is recognized on an individual transaction. The Program Contractor Successful Transactions Report is generated for all lines with no errors.

Report Frequency LT02W420, LT02W423 and LT02W425 - Bi-Weekly and On request.

Data Element Descriptions A sample of each report is presented on the following pages. Please use these samples while reading the data element descriptions.

Topic	See Page
LT02W420 Program Contractor Error Summary	43
LT02W421 Program Contractor Transaction Summary	44

Report Definitions, *Continued*

LT02W420 Program Contractor Error Summary data elements are described in the
Data Elements following table.

Field #	Tagname	Description
HEADER FIELDS		
01	COMPUTED	PROGRAM CONTRACTOR NAME - This is the program contractor name associated with the two program contractors from the input transactions.
DETAIL FIELDS		
02	COMPUTED	ERROR CODE - This is the edit code from the documentation for this error type.
03	LT-GD-TABLE.TTL	ERROR DESCRIPTION - This is the text description of the error as found on the general reference table.
04	COMPUTED	TOTAL ERRORS - This is the number of errors found of the listed type in this run of the program contractor interface.
TOTAL FIELDS		
05	COMPUTED	TOTAL ERRORS - This is the count of the number of errors found on all transactions found in this run of the program contractor interface.

LT02W420 PCI-TRAN-CD
Sort Sequence CSMGR-SER-TYP
 ERROR CODE

LT02W420 The only calculations needed are addition operations for the totals fields.
Calculations

LT02W420 None
Control
Breaks/
Subtotals

LT02W420 None
Special
Considerations

Continued on next page

Report Definitions, *Continued*

LT02W421 Program Contractor Transaction Summary data elements are described in the following table.
Data Elements

Field #	Tagname	Description
Header fields		
01	COMPUTED	PROGRAM CONTRACTOR NAME - This is the program contractor name associated with the two program contractors from the input transactions.
Detail fields		
02	COMPUTED	TYPE 4 TRANSACTIONS - This is the line item heading for the transaction counts.
03	COMPUTED	ERRORED TRANSACTIONS - This is the count of the number of type 4 transactions with errors found in this run of the program contractor interface.
04	COMPUTED	CORRECT TRANSACTIONS - This is the count of the number of type 4 transactions correctly processed in this run of the program contractor interface.
06	COMPUTED	TOTAL TRANSACTIONS - This is the total number of type 4 transactions input to this run of the program contractor interface.
07	COMPUTED	ERROR % - This is the ratio of type 4 transactions with errors to total type 4 transactions expressed as a percentage.
08	COMPUTED	TYPE 5 TRANSACTIONS - This is the group heading for the type 5 transaction counts.
09	COMPUTED	PLACEMENT TRANSACTIONS - This is the line item heading for the transaction counts.
10	COMPUTED	ERRORS - This is the count of the number of type 5P transactions with errors found in this run of the program contractor interface.
11	COMPUTED	CORRECT - This is the count of the number of type 5P transactions correctly processed in this run of the program contractor interface.
12	COMPUTED	TOTAL - This is the total number of type 5P transactions input to this run of the program contractor interface.
13	COMPUTED	ERROR % - This is the ratio of type 5P transactions with errors to total type 5P transactions expressed as a percentage.
14	COMPUTED	SERVICE TRANSACTIONS - This is the line item heading for the transaction counts.
15	COMPUTED	ERRORS - This is the count of the number of type 5S transactions with errors found in this run of the program contractor interface.
16	COMPUTED	CORRECT - This is the count of the number of type 5S transactions correctly processed in this run of the program contractor interface.

Remote E/PD PAS Print At Maricopa/Pima

Remote Elderly and/or Physically Disabled (E/PD) Pre-Admission Screening (PAS) Print Process

Introduction This process systematically generates copies of PAS reports at Maricopa County and Pima County Program Contractor sites. The PAS is a record of an ALTC member's pre-admission medical screening. The Program Contractor case managers will use an initial PAS report as a guide in determining an appropriate Case Management Plan for the member. The case manager will use the reassessment PAS as a guide to modify the existing Case Management Plan.

Schedules This is a batch process that runs daily after 6:00 p.m. The process selects all pre-admission screening records processed in the online system prior to 6:00 p.m. the current day.

Media Maricopa County receives the PAS reports as a formatted report file. The process utilizes host-to-host file transmission via a dedicated line between Maricopa County and the ADOA-DC mainframe. Pima County has an ITT dot matrix printer defined as a systems printer to the ADOA-DC mainframe. The reports print on this printer. Pima County is linked to ADOA-DC by the SNA protocol supported by an IBM 3270 controller, modem and a dedicated communications line.

Reporting The following reports are generated via this process:

Report	Description
E/PD PAS Report	Contains detailed information of the applicant's PAS. Maricopa County receives the reports in a formatted report file. Pima County's reports print on a printer at their site.
E/PD No PAS Transmitted Report	This report indicates to the Program Contractor that no initial assessments or reassessments occurred on the current processing day. Maricopa County receives this report in a sequential print file. Pima County's reports print on a printer at their site.

Remote Elderly and/or Physically Disabled (E/PD) Pre-Admission Screening (PAS) Print Process, *Continued*

Testing

Prior to production implementation, Program Contractor interfaces must successfully complete the following testing stages:

Stage	Description
1	Systems testing, as documented in a formal test plan, performed by the Program Contractor technical staff and ISD ALTCS staff.
2	User acceptance testing performed by Division of Member Services staff.