

General Information

eMedNY Client RRE monthly Managed Care file(s) will be posted to Health Commerce System (HCS) on the first day of each month beginning October 1, 2019. The file will contain all active RRE codes for both WMS and NYSOH members as of the first day of that month (i.e., it is a snapshot in time), as well as any codes that have been changed or voided. This report should *only* be used for RRE information, and will become the “true source” of RRE code information unless official enrollment sources are enhanced in the future to include full RRE code information.

A hierarchy for processing the codes is included in the attached spreadsheet. The codes have been prioritized by series.

Please note that changes to some RRE codes, like HARP and Nursing Home, may mean that claims should be reviewed and adjusted. Plans should take special care to review cases in which an existing HARP or Nursing Home RRE code has been changed or voided.

File Naming Convention

Client RRE monthly Managed Care file name: <MMIS ID>_eMedNY.RR.M.<YYMMDDHHMMSS>.NNNNNN.txt

Where YYMMDDHHMMSS is equal to the File Creation Timestamp and NNNNNN is equal to the eMedNY Internal File Number.

File Layout

The Client RRE monthly Managed Care file has 3 types of records:

- Header – MMIS ID and Month/Year
- Detail – Client and RRE Details
- Trailer – Count of detail records

Data Assembly Characteristics

Table 1 – Data Assembly Characteristics

DSN	<MMIS ID>_eMedNY.RR.M.<YYMMDDHHMMSS>.NNNNNN.txt
Description	Client RRE monthly Managed Care file
Structure	Sequential Flat file
Copybook	N/A
Length	150
Format	Fixed Block
Access	Sequential
Record Count	eMedNY will send all of the RRE codes for all clients covered by the Managed Care plan.

Field/Element Definition

Table 2 – Field/Element Definition

Layout	eMedNY Data Element	Start Position	Length	Format	Required	Description
Header Record						

Layout	eMedNY Data Element	Start Position	Length	Format	Required	Description
MMIS File Description	9992	1	X(6)	CHARACTER	YES	Value "MCPLAN"
Provider Identification Number (Managed Care Plan)	1563	7	X(8)	CHARACTER	YES	Unique number assigned to each provider enrolled to provide services to clients of the Medicaid program. This number is the primary method of identifying a provider.
RRE File Description	9992	16	X(3)	CHARACTER	YES	Value "RRE"
RRE reporting MONTH-YEAR	9992	29	X(6)	CHARACTER	YES	Represents the reporting Month and Year, MMCCYY format.
Detail Record						
Client Identification Number	0694	1	X(8)	CHARACTER	YES	A unique identifier assigned to each Medicaid client by the Welfare Management System (WMS). The current CIN is the client id under which a claim was submitted and adjudicated.
Client Last name	0639	9	X(25)	CHARACTER	YES	Last name of a client.
Client First Name	0637	34	X(20)	CHARACTER	YES	First name of a client.
Client Middle Initial	0640	54	X(1)	CHARACTER	YES	Middle initial of a client.
Client Case Number	0586	55	X(10)	CHARACTER	YES	An identifier, assigned by the district, to uniquely identify a client's case.
Transaction District Number	4275	65	X(2)	CHARACTER	YES	Client County Code (Transactional) specifies the local social services district that is currently controlling input transactions for a client's case.
Provider Identification Number (Managed Care Plan)	1563	67	X(08)	CHARACTER	YES	Unique number assigned to each provider enrolled to provide services to clients of the Medicaid program. This number is the primary method of identifying a provider.
Client RRE Status Code	4244	75	X(1)	CHARACTER	YES	Specifies the status of a restriction or exception (DE 4241) associated with a client.

Layout	eMedNY Data Element	Start Position	Length	Format	Required	Description
Audit Date	0528	76	X(10)	DATE	YES	The most recent processing date for a change to a data item (field/record/row). A change is classified as add, update, or delete and may be a result of an online or a batch process.
Client Restriction/Exception/Exemption (RRE) Code	4241	86	X(2)	CHARACTER	YES	Specifies the type of restriction or exception associated with a client.
Restriction/Exception/Exemption (RRE) Begin Date	6829, 6824, 4242	88	X(10)	DATE	YES	The first date RRE Code was in effect.
Restriction/Exception/Exemption (RRE) End Date	6828, 6825, 4240	98	X(10)	DATE	YES	The last date that RRE Code was in effect.
Provider Identification Number (Associated with RRE Code)	1563	108	X(8)	CHARACTER	NO	Unique number assigned to each provider enrolled to provide services to clients of the Medicaid program. This number is the primary method of identifying a provider.
Provider Name	1589	116	X(35)	CHARACTER	NO	The name of a provider of Medicaid services as used on official State records.
Trailer Record						
File Description	9992	1	X(14)	CHARACTER	YES	"MCPLAN TRAILER"
Provider Identification Number (Managed Care Plan)	1563	15	X(8)	CHARACTER	YES	Unique number assigned to each provider enrolled to provide services to clients of the Medicaid program. This number is the primary method of identifying a provider.
Record Count	9992	23	9	Integer	YES	Total count of Detail records, exclusive of Header/Trailer records.