

DEPARTMENT OF HUMAN RESOURCES INCOME MAINTENANCE ADMINISTRATION 311 W. Saratoga Street altimore, Maryland 21201	I M A   A C T I O N   T R A N S M I T T A L	
	EFFECTIVE DATE:	IMMEDIATELY
ISSUANCE DATE: 12/4/95	CONTROL NUMBER:	IMA OPA #96-21

ADDENDUM

TO: DIRECTORS, LOCAL DEPARTMENTS OF SOCIAL SERVICES  
DEPUTY/ASSISTANT DIRECTORS FOR INCOME MAINTENANCE  
INCOME MAINTENANCE SUPERVISORS

FROM: *Katherine L. Cook*  
KATHERINE L. COOK, ACTING EXECUTIVE DIRECTOR, IMA  
JOHN P. STEWART, DEPUTY DIRECTOR, PROGRAM OPERATIONS  
ADMINISTRATION, DHMH

RE: MMIS-II IMPLEMENTATION/CARES

PROGRAMS AFFECTED: MEDICAL ASSISTANCE

ORIGINATING OFFICE: OFFICE OF POLICY ADMINISTRATION

Background

The following Action Transmittal is an addendum to AT 96-10 issued on 9/28/95 regarding changes in the Maryland Medicaid Management Information System (MMIS) as they related to Non-CARES transactions. The aforementioned transmittal outlined new procedures effective 12/4/95 in Section III. This action transmittal should be used in conjunction with AT 96-10 in reference to those new procedures as they relate to CARES transactions.

Action Required

1. Logon Access and Security

A "blanket" three character user ID and four character password (security code) has been assigned to all MMIS users to allow inquiry access only to MMIS-II screens. Users should logon to the system as before using CICS, clearing the screen and typing CSSN, and then type in their own logon ID and password. After, successfully logging on, users should then clear the screen and then type in MDMT. After pressing enter, the Maryland Medicaid Information System Sign-on Screen will appear. In the field for a User-ID, type in 998. This will automatically move your cursor down to the PASSWORD field where DHR1 should be typed and then press enter. This will take you to the MENU SCREEN of MMIS-II.

## 2. Inquiry Screens

The DHR/IMA Training department has completed 6 regional training sessions on the new inquiry screens of MMIS-II. These training sessions were conducted for "Key Staff" who would be responsible for the training of users in their respective local departments. Included in each session were packets containing screen prints, valid values for data fields, logon instructions, and excerpts from the Users Guide.

## 3. New Form for MMIS-II/CARES Transaction Error

Under MMIS-II, transactions that are not accepted will print out (at DHMH) on a CTAD or HMFR1942-R001 which replaces the 8001. An error message located at the bottom of the CTAD will identify the reason for the transaction's rejection. Attached is a explanation of the error messages and some helpful tips on how to correct the errors. Attached also is a sample of a CTAD. A blank CTAD is also attached with the specific data needed for each field *which should be used for problems which occurred prior to MMIS-II.*

## 4. Error Resolution

On Monday, December 4, 1995, the new MMIS-II will be implemented at DHMH. Effective on that date there will be a major change in eligibility processing for Medical Assistance (MA). MA eligibility data will be transmitted from CARES to DHMH/MMIS-II electronically overnight. Transactions that MMIS-II cannot accept will be printed out (at DHMH) on a "Certification/TurnAroundDocument" (CTAD or HMFR1942-R001) with an error message identifying why the transaction was rejected. The documents will be sorted by DHMH staff in the Recipient Master File Unit (RMFU). The documents requiring DHR assistance for correction will be batched and mailed to the district office for distribution and correction. After the necessary corrections or information is supplied on the CTAD, they will then be batched and returned to DHMH for processing. Attached is a sample CTAD and a batch slip for your information.

The above referenced batch slip will also be used to send Non-CARES programs documents for processing or correction to the DO such as DHMH 1184s, Maryland Kids Count 8000s, or other informational requests or replies.

Since the District Office will be interfacing directly with the RMFU of DHMH (and not CTF), there will be a contact person(s) and phone number(s) listed on the batch slip. It will also be necessary for each district office to provide DHMH and DHR with an updated list of names and direct line phone numbers of the designated MA contact people (as in CA 95-9 8/5/94).

Please send these updates to DHMH/Program Operations, attention Nona Brooks at 201 W. Preston Street, room SS-7C and Cleo Haney of OQA/DMS at 311 W. Saratoga St. Room 632 6th floor.

These will be the contact persons that the RMFU will call with questions and information. They will also be the only people allowed to handle the demographic correction(CA 95-9) Therefore, you will want to include the main contact person(s) as well as any alternate(s). This list will also have to be updated as changes are made.

The general contact numbers for the Recipient Master File Unit of DHMH will be (410) 225-6503 in the Baltimore area and 1-800-892-3884 long distance.

#### 5.MMIS-II Help Desk

In the interest of providing support to DHR during the implementation and ongoing operation of MMIS-II, DHMH/Program Operations will institute a HELP DESK phone line to answer and address all recipient or eligibility related questions and concerns from DHR staff. The phone number for the *Help Desk* is (410) 225-5452.

Should there be a need to direct questions or concerns from the Medicaid provider community, these questions can be directed to the *Provider Relations Unit* at 225-5370 or to the *Medical Care Liaison Unit* at 225-5445.

KCJS/map

#### Attachments

DHR Executive Staff  
IMA Management Staff  
Arnold Dixon  
Stephen Lanasa  
Nona Brooks  
CTF Unit  
OIM Help Desk



MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
 MEDICAID MANAGEMENT INFORMATION SYSTEM

HMFR1942-R001 (CTAD)  
 AS OF 10/12/95

PAGE  
 RUN DATE 10/12/95  
 LAST ACT DATE N/A

C E R T I F I C A T I O N / T U R N A R O U N D D O C U M E N T

ACTION CODE	ADD INDIVIDUAL X	TYPE OF CHANGE:		
ADD		REISSUE TAD	CANCEL	RECERTIFY
	CHANGE	REISSUE CARD	REOPEN	COVERAGE

ORIG-ID: N/A HOH/CASE-NUM: 483001894  
 CURR-ID: 46800200235 CARES-IRN: 468002005  
 NAME: CHRISTMAS MERRY SSN: 000000000 MEDICARE-NUM:  
 HOH NAME: A JONES APPL DATE: 09/12/1945  
 ADDR: 201 EAST AVE INSR: T6  
 ADDR: DEC-DT: 09/29/1995  
 CITY: BEL AIR BIRTH: 09/09/1995  
 STATE: MD ZIP: 21014 RETURN CARD RACE: C SEX: M  
 PHONE: (000) 000-0000 HOSP-NUM:  
 RES-CNTY: 12 HARFORD DT-OF-ENTRY:  
 DIST-OFF: 120 UNIT: DEATH:  
 VCN: ISSUE-DT:

*Example*

-----ELIGIBILITY SPAN-----

BEGIN DATE	END DATE	COV GROUP	COV TYPE	CRT	SCP	SPLIT AMT	CIT	SRC	CN-RSN	LST-TRAN
09/01/1995	12/31/9999	S03	D			.00	C	C		N/A

MESSAGE: E22 - INVALID OR MISSING MEDICARE ID NUMBER

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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C E R T I F I C A T I O N / T U R N A R O U N D D O C U M E N T

ACTION CODE	ADD INDIVIDUAL X	TYPE OF CHANGE:		
ADD		REISSUE TAD	CANCEL	RECERTIFY
	CHANGE	REISSUE CARD	REOPEN	COVERAGE

ORIG-ID: N/A

HOH/CASE-NUM: MEDICAL ASSISTANCE # FOR HOH

CURR-ID: MEDICAL ASSISTANCE #

CARES-IRN: CLIENT ID #

CLIENT NAME: LAST NAME, FIRST NAME, MIDDLE INITIAL

SSN: NUMERIC      MEDICARE-NUM: SOCIAL SECURITY CLAIM NUMBER

HOH NAME: FIRST INITIAL, LAST NAME

APPL DATE: APPLICATION DATE ON STAT SCREEN

ADDR: ENTER APT # HERE, IF NO APT # ENTER STREET ADDRESS

INSR: LEAVE BLANK

ADDR: ENTER STREET ADDRESS IF APT # ON 1ST LINE

DEC-DT: AU STAT DATE ON STAT SCREEN

CITY:

BIRTH: MM/DD/YY

STATE:                      ZIP:

RACE: (A) (B) (C) (H) (N) SEX: (M) (F) (U)  
 (U)

PHONE: OPTIONAL

HOSP-NUM: LEAVE BLANK

RES-CNTY: 2 - DIGIT COUNTY NUMBER

DT-OF-ENTRY: LEAVE BLANK

DIST-OFF: LOCATED ON ADDR SCREEN

UNIT: LEAVE BLANK      DEATH: MM/DD/YY - ON DEM2 SCREEN

VCN: BLANK              ISSUE-DT: BLANK

-----ELIGIBILITY SPAN-----

BEGIN DATE	END DATE	COV GROUP	COV TYPE	CRT	SCP	SPLIT	AMT	CIT	SRC	CN-RSN	LST-TRAN
BEGIN DATE ON STAT SCREEN	END DATE SHOULD BE USED FOR F02, F03, F04, G02 AND SPENDDOWN	STAT SCREEN	PROGRAM TYPE ON STAT SCREEN					USE CARES CODES			
								LEAVE BLANK			LEAVE BLANK

MESSAGE:

SIG TURE: \_\_\_\_\_

DATE: \_\_\_\_\_

\* SHOULD BE USED FOR ERRORS WHICH OCCURED PRIOR TO MMIS II.

MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE  
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C E R T I F I C A T I O N / T U R N A R O U N D D O C U M E N T

ACTION CODE	ADD INDIVIDUAL X	TYPE OF CHANGE:		
ADD		REISSUE TAD	CANCEL	RECERTIFY
	CHANGE	REISSUE CARD	REOPEN	COVERAGE

ORIG-ID: HOH/CASE-NUM:  
 CURR-ID: CARES-IRN:  
 NAME: SSN: MEDICARE-NUM:  
 HOH NAME: APPL DATE:  
 ADDR: INSR:  
 ADDR: DEC-DT:  
 CITY: BIRTH:  
 STATE: ZIP: RACE: SEX:  
 PHONE: HOSP-NUM:  
 RES-CNTY: DT-OF-ENTRY:  
 DIST-OFF: UNIT: DEATH:  
 VCN: ISSUE-DT:

ELIGIBILITY SPAN

BEGIN DATE      END DATE      COV GROUP      COV TYPE      CRT      SCP      SPLIT AMT      CIT      SRC      CN-RSN      LST-TRAN

MESSAGE:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

## MMIS-II / CARES TRANSACTIONS ERROR MESSAGES FOR "CTAD"

The following chart includes the error codes that will appear on the "Certification/TurnAroundDocument" or "CTAD" (HMFR 1942-R001). The error codes and messages are listed in order (E01 to E65). They are followed by possible action required when a CTAD with a specific error message is received. When CARES information is used to update MMIS-II through the automated interface, CTAD's will be generated when the update fails MMIS-II edits. DHMH staff will attempt to process CTADs' if action by the Local Department of Social Services is not needed. If the CTAD can not be completed by DHMH, the forms will be forwarded, by batch slip, to the appropriate local department for the corrective action. The batch slip sent with the CTADs' will have the phone number of the RMFU Operator at DHMH.

Although there are numerous error codes, many of these codes may never be seen because CARES edits would prevent inappropriate data from being entered. (*Example:* CARES will not allow entry of alpha characters in fields for phone numbers or dates. Based on CARES edits, error codes E02 through E16 should be uncommon. Error codes that state "Invalid or missing..." data should also be uncommon.)

When a Local Department receives a CTAD it should be reviewed to determine why MMIS-II could not process the information. The evaluation of the CTAD may include a review of data on both CARES and MMIS-II. Error correction may include a review of data on both CARES and sending corrected data on the CTAD. (*Example:* If the wrong SSN entered on CARES generates a CTAD with error code "E47", the SSN should be corrected on CARES and on the CTAD.) Error code E22 would require an update of the UINC screen in CARES and the CTAD to enter missing Medicare claim number for a QMB recipient. Error code E29 might be generated if "extra information"( a period or / ) is entered on the ADDR screen in the street number field. This would require an update of both CARES and the CTAD.

Some error situations will occur because existing data on MMIS-II will be inconsistent with information being sent from CARES. Error code E17 would be generated if CARES data requests that MMIS-II update, change, or close a recipient file that is not currently known to MMIS-II. This could happen if the opening of the recipient on CARES did not result in the recipient being open on MMIS-II. Or if the recipient was open on both MMIS-II and CARES but subsequently closed on MMIS-II but remaining open on CARES. Error E42 message would appear if CARES attempted to open a recipient who is already active on MMIS-II. Correction of this type of problem may require completion of a blank CTAD, sent to DHMH, to manually update MMIS-II.

The Local Departments may need to contact the DHR Help Desk if the data on the CTAD appears inconsistent with information entered on CARES. There may also be a need for contact with the DHMH Help Desk, if the corrective action required is not clear.

ERROR CODE	DHR/8001 ELEMENT	ERROR MESSAGE	ACTION REQUIRED
E01	TRANS-TYPE	Invalid or missing transaction type	Check current MMIS status and update as necessary (e.g. <i>May need to open case on MMIS-II via CTAD if previous opening not on MMIS-II and return.</i> )
E02	DATE OF BIRTH	Birth date not numeric	Enter correct numeric value
E03	APPLICATION-DT	Application date not numeric	Enter correct numeric value
E04	BNFT-BEGIN-DT	Begin date not numeric	Enter correct numeric value
E05	BNFT-END-DT	End date not numeric	Enter correct numeric value
E06	DECISION-DT	Assistance Approval date not numeric	Enter correct numeric value
E07	SSN	Social Security # not numeric	Enter correct numeric value
E08	CANCEL-DATE	Cancel date not numeric	Enter correct numeric value
E09	IRN	CARES IRN not numeric	Enter correct numeric value
E10	US-ENTRY-DATE	Entry date not numeric	Enter correct numeric value
E11	CLIENT SPLIT BILL	Split bill not numeric	Enter correct numeric value ( <i>Use option "W" on AMEN screen to get to SDME screen - Split Bill amount on lower right</i> )
E12	DIST-OFFICE	District not numeric	Enter correct numeric value
E13	AREA-CODE	Phone number not numeric	Enter correct numeric value
E13	PHONE	Phone number not numeric	Enter correct numeric value
E14	HOH-IRN	Recipient case not numeric	Enter correct numeric value

E15	ZIP CODE	Zip code not numeric	Enter correct numeric value
E16	ZIP CODE	Zip code Part2 not numeric	Enter correct numeric value
E17	MMIS-II ID	Recip-ID not found	Update missing / invalid data ( <i>This could appear if change or closure done but client not on MMIS-II, See E01</i> )
E18	CLIENT NAME	Invalid or missing name	Update missing / invalid data name cannot contain spaces or numerics. Name can include period, comma, dash, and apostrophe.
E19	SEX-CD	Invalid or missing sex code	Update missing / invalid data
E20	DATE OF BIRTH	Invalid birth date	Update missing / invalid data
E21	DATE OF BIRTH	Birth date in future	Update missing / invalid data
E22	SS-CLAIM-NUM	Invalid or missing medicare ID number	Update missing / invalid data ( <i>Required for QMB</i> )
E23	HOH-IRN	Recipient case out of range	Update missing / invalid data ( <i>Must be numeric between 0...949999999</i> )
E24	HH-NAME	Invalid / incomplete or missing HOH name	Update missing / invalid data. Name cannot contain spaces or numerics. Name can include period, comma, dash, and apostrophe
E25	IRN	CARES IRN out of range	Update missing / invalid data ( <i>Must be numeric between 0...949999999</i> )
E26	CITY	Invalid or missing city	Update missing / invalid data
E27	STATE	Invalid or missing state	Update missing / invalid data
E28	ZIPCODE	Invalid zip code	Update missing / invalid data

E31	LDSS-CD	Invalid or missing county	Update missing / invalid data
E32	DIST-TERR	Invalid or missing unit	Update missing / invalid data
E33	RACE-CD	Invalid or missing race code	Update missing / invalid data
E34	DECISION-DT	Invalid assistance approval date	Update missing / invalid data
E35	BNFT-BEGIN-DT	Invalid begin date	Update missing / invalid data
E36	BNFT-BEGIN-DT	Begin date less than birth date	Update missing / invalid data. <b>Check DOB and begin date. Begin date cannot precede birth date.</b>
E37	BFNT-BEGIN-DT	Begin date not first day of month and not spendown, or alien with an emergency.	Check MMIS-II and CARES to determine problem. May require contact with DHMH/DHR to resolve.
E38	CANCEL-REASON	Cancel reason not valid for add	Check MMIS-II and CARES to determine problem. May require contact with DHMH/DHR to resolve
E39	BNFT-END-DATE	Invalid end date	Check MMIS-II and CARES to determine problem. May require contact with DHMH/DHR to resolve
E40	BNFT-END-DATE	End date less than begin date	Check MMIS-II and CARES to determine problem. May require contact with DHMH/DHR to resolve
E41	BNFT-END-DATE	End date not last day of month and cancel reason not death	Check MMIS-II and CARES to determine problem. May require contact with DHMH/DHR to resolve
E42	MMIS-ID	Recipient-ID already exists	Check MMIS-II and CARES to determine problem. May require update of case(s) via manual document and/or contact with DHMH to resolve

E43	APPLICATION-DT	Application date greater than assistance approval date	Check MMIS-II and CARES to determine problem. May require contact with DHMH/DHR to resolve
E44	INSURANCE-CD	Invalid or missing insurance code	Update missing / invalid data. Code can only equal T6, T7, T8 when opening assistance unit.
E45	CITIZENSHIP-CD	Invalid or missing citizenship code	Update missing / invalid data
E46	CANCEL-DATE	Cancel not allowed for add	Check MMIS-II and CARES to determine problem. May require contact with DHMH/DHR to resolve
E47	SSN	Social security number already exists for another recipient	Check MMIS-II and CARES to determine problem. May require manual update of cases(s) and contact with DHMH / DHR / other LDSS to resolve.
E48	INSURANCE-CD	Insurance code update not allowed	Update of this new field done via unit in DHMH. CARES should not be sending data for update. Contact DHMH / DHR.
E49	COVERAGE-GROUP-TYPE	Age / Coverage group/type mismatch	Check age & coverage group on MMIS-II and CARES. May require contact with DHMH / DHR to resolve. <i>(MMIS-II reviews coverage group and type together)</i>
E50	COVERAGE-GROUP-TYPE	Birth date / coverage group/type error	Check DOB & coverage group on MMIS-II and CARES. May require manual update or contact with DHMH/DHR to resolve. <i>(MMIS-II reviews coverage group and type together)</i>
E51	COVERAGE-GROUP-TYPE	End date / coverage group/type incompatible	Check MMIS-II and CARES to determine problem. May require contact with DHMH/DHR to resolve. <i>(MMIS-II reviews coverage group and type together)</i>
E54	APPLICATION-DT	Invalid application date	Update missing / invalid data

E55	CANCEL-REASON	Invalid or missing cancel reason	Update missing / invalid data
E56	CANCEL-DATE	Invalid cancel date	Update missing / invalid data
E57	COVERAGE-GROUP-TYPE	Sex / coverage group/type mismatch	Check sex code & coverage group on MMIS-II & CARES. May require <b>manual</b> update or contact with DHMH/DHR to resolve. ( <i>MMIS-II reviews coverage group and type together</i> )
E59	COVERAGE-GROUP	Invalid coverage group/type	May require manual update or contact <b>with</b> DHMH/DHR to resolve
E59	COVERAGE-TYPE	Invalid coverage group/type	SEE ABOVE ( <i>MMIS-II reviews coverage group and type together</i> )
E60	SS-CLAIM-NUM	Medicare ID change not allowed	Update of Medicare ID requires <b>contact</b> with DHMH Buy-In Unit (1-800-638-3403) to clarify correct ID to use
E61	US-ENTRY-DATE	Invalid entry date	Update missing / invalid data
E62	CANCEL DATE	Cancel not allowed for change	Check MMIS-II and CARES to <b>determine</b> problem. May require contact with DHMH/DHR to resolve
E64	CANCEL DATE	No eligibility to cancel for date	CARES attempting to close case that is <b>not</b> open on MMIS-II. <i>SEE ABOVE</i>
E65	LDSS-CD	County was zero and could not be determined based on zip code	Update missing / invalid data