

Medicaid MyCare Plan's Addition and Deletion Enrollment Data File Specifications

Appendices K and L, MyCare Ohio Provider Agreement

Issued: March 18, 2016

Revised: August 16, 2017

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1. Introduction

On a quarterly basis, the Ohio Department of Medicaid (ODM) will generate a MyCare Plan (MCOP)-specific *Medicaid's MyCare Plan Quarterly Enrollment File* to be used by the MCOP to validate enrollment for calculation of quality and data quality metrics, as well as for the MCOPs to use in submitting care management and population stream data files. *Medicaid's MyCare Plan Quarterly Enrollment File* will serve as a recipient master file with the most current MCOP enrollment information, as stored in the MITS reporting system, from the beginning date of the program, 5/1/14, up through the most current enrollment month. These files will be generated by ODM based on what is in ODM's reporting system on the Monday following the first of the month for the given reporting period. The MCPs will receive the file from ODM no later than Thursday of the same week.

The MCOP must submit a file to ODM specifying any enrollment span deletions and/or additions pertaining to the enrollment information in *Medicaid's MyCare Plan Quarterly Enrollment File*, or confirm that the MCOP does not have any changes to ODM's enrollment information, within one week of receipt of ODM's file. If the MCOP submits addition and/or deletion information, the MCOP must certify that the information is accurate and complete and may be audited by the ODM and/or on behalf of ODM. Discrepancies between ODM's and the MCOP's data files will be sent by the MCPs to the Bureau of Managed Care for resolution, including potential system corrections to member enrollment.

ODM will use the final enrollment data set, including additions and deletions submitted by the MCOP, to calculate: care management measures in Appendix K of the *MyCare Ohio Provider Agreement*; encounter data quality measures in Appendix L of the *MyCare Ohio Provider Agreement*; and other quality-related metrics. In addition, the MCOPs must use the final enrollment data set to submit full replacement care management data files on a quarterly basis. If a plan chooses not to send ODM an agreed-upon member list as described in the document above, ODM will use its recipient master file to generate managed care enrollment for the plan to use in measure calculation.

MCPs are permitted to remove retroactive months of enrollment from a recipient's enrollment span. MCPs are also permitted to add months for which a recipient had historically been enrolled, but whose span has since been truncated or eliminated in MITS. Whether to add or remove these months is left to the discretion of the plans.

Separate data rows must be submitted each time a member has a change in enrollment status; simultaneous rows for different enrollment spans may not overlap. Each row in the data submission should be representative of the unique MCOP a member was assigned to for the specified date span associated with that data row. Please see Appendix A for an example of how to submit enrollment addition and deletions.

When submitting add/delete records:

- 1) A corresponding delete record must accompany any add record for a recipient with any overlapping span dates;

- 2) Add records without corresponding delete records should only exist for recipients and/or time spans where there is no enrollment in ODM's file;
- 3) Enrollment effective and end dates should match opt-in and opt-out span dates.

2. HIPAA Security Measures

In accordance with federal privacy and security requirements per the Health Insurance Portability and Accountability Act (HIPAA), certain data transfers—including the recipient enrollment data file submitted to the ODM—must be submitted via secure file transfer protocol.

3. Data File Submission Certification Form

Pursuant to 42 CFR 438.604 and 438.608, the MCOP or MCOP is required to certify the accuracy, completeness, and truthfulness of data and documents submitted to the ODM that may affect Plan payment. The MCOP is required to provide a data certification form for each recipient enrollment data file submission. A copy of the data file submission certification form is found in Appendix C of this document.

Only recipient enrollment data files submitted with a data file submission certification form will be accepted by the ODM. The ODM staff will only follow up with the MCOP if a form has not been submitted with the initial file due on the 20th calendar day of the month.

4. File Name

The name for the recipient enrollment data file contains unique characters identifying the file type, the submitter's ID, and the month and year of submission.

4.1 MCOP's Recipient Addition and Deletion Enrollment File

The Recipient Enrollment file name has the following format:

zzzxxmmyy.RE99

Position	Symbol	Description
1-3	zzz	MCO= MyCare Ohio
4-6	xxx	xxx= Submitter ID
7-10	mmyy	mm= Month of submission yy= Year of submission
11-15	.RE99	RE= Recipient Enrollment 99= Number of monthly file submission. Note: The first file submission of the quarter should be denoted as "00." This number should increase by 1 with each new file submission.

Example: File name for the first Recipient Enrollment file submission for July 2016:

MCOxxx0716.RE00

5. Data Field Definitions and Submission Specifications

The following fields must be reported for any enrollment additions and/or deletions that the MCOP has to *Medicaid's MyCare Plan Quarterly Enrollment File*:

Data Field	Definition	Submission Specifications	Field Type
Medicaid ID	Member's 12-digit Medicaid ID number	12 characters including leading zeroes if applicable	Character
Addition/Deletion Indicator	Indicates whether the MCOP is adding or deleting an enrollment span from ODM's file: A=addition; D=deletion.	1 character (A or D)	Character
Enrollment Effective Date	The member's enrollment effective date with the plan if different from ODM's file. Each enrollment span, if there are more than one for a recipient, should be submitted as a separate record.	Eight-digit date format: mm/dd/yyyy	Date
Enrollment End Date	The member's enrollment end date with the plan. Open span end dates should be submitted as 12/31/2299.	Eight-digit date format: mm/dd/yyyy	Date
Special Condition Effective Date	The member's special condition effective date with the plan. Each special condition span, if there are more than one for a recipient, should be submitted as a separate record.	Eight-digit date format: mm/dd/yyyy	Date
Special Condition End Date	The member's special condition end date with the plan. Open span end dates should be submitted as 12/31/2299.	Eight-digit date format: mm/dd/yyyy	Date
Special Condition Code	The member's special condition code for the enrollment span.	3 characters	Character

Appendix A: Example of Addition/Deletion Records

First Submission:

Example:

Joe Smith’s enrollment span is not on *Medicaid’s MyCare Plan Quarterly Enrollment File* but is enrolled in the MCOP as follows:

Joe Smith has enrolled in an MCOP effective January 1, 2016

MEDICAID ID: 999999999999

ENROLLMENT EFFECTIVE DATE: January 1, 2016

ENROLLMENT END DATE: The member is currently assigned to the MCOP, therefore this field is 12/31/2299

SPECIAL CONDITION EFFECTIVE DATE: January 1, 2016

SPECIAL CONDITION END DATE: The member is currently assigned a special condition code of O51, therefore this field is 12/31/2299.

SPECIAL CONDITION CODE: The member is currently assigned a special condition code of O51.

Medicaid Recipient ID	Addition/Deletion Indicator	Enrollment Start Date	Enrollment End Date	Special Condition Effective Date	Special Condition End Date	Sp
999999999999	A	01/01/2016	12/31/2299	01/01/2016	12/31/2299	

Second Submission:

Example:

Joe Smith’s enrollment span was on *Medicaid’s MyCare Plan Quarterly Enrollment File* as January 1, 2016 to March 31, 2016, with a special condition code of 051 for the same span, but is enrolled in the MCOP as follows:

Joe Smith has enrolled in an MCOP effective April 1, 2016

Joe Smith disenrolled from an MCOP on June 30, 2016

Joe Smith was assigned a special condition code of OOD for this enrollment span.

MEDICAID ID: 999999999999

ENROLLMENT EFFECTIVE DATE: APRIL 1, 2016

ENROLLMENT END DATE: June 30, 2016

SPECIAL CONDITION EFFECTIVE DATE: April 1, 2016

SPECIAL CONDITION END DATE: The member is currently assigned a special condition code of OOD through June 30, 2016, when they are disenrolled.

SPECIAL CONDITION CODE: The member is assigned a special condition code of OOD for this span.

Medicaid Recipient ID	Addition/Deletion Indicator	Enrollment Start Date	Enrollment End Date	Special Condition Effective Date	Special Condition End Date	Sp
999999999999	D	01/01/2016	03/31/2016	01/01/2016	03/31/2016	
999999999999	A	04/01/2016	06/30/2016	04/01/2016	06/30/2016	

Appendix B: MCOP Submitter IDs

MCOP Submitter ID	MCOP/MCOP
420	Buckeye Community Health Plan
315	CareSource
731	Molina
145	Aetna
761	United

Appendix C: Data File Submission Letter of Certification

Data File Submission Letter of Certification

I, the undersigned, do hereby attest, based on my knowledge, information, and belief, that the data contained in the file submission is accurate, truthful, and complete.

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

File Name (please check all that apply):

- | | |
|--|---|
| <input type="checkbox"/> Risk Stratification Data File | <input type="checkbox"/> Primary care provider and patient centered medical homes Data File |
| <input type="checkbox"/> Care Management Status Data File | <input type="checkbox"/> Population Stream Data File |
| <input type="checkbox"/> Recipient Addition and Deletion Enrollment File Data File | |

Indicate if this file is a:

- | | |
|--|---|
| <input type="checkbox"/> First-time submission | <input type="checkbox"/> Resubmission/Replacement |
|--|---|

Name of MCOP Submitted for:

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

Appendix D – Generation and Submission Schedule for Enrollment Files for SFY 2018

File Type	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Original Enrollment from ODM Generated	10/9/2017	1/8/2018	4/9/2018	7/9/2018
Original Enrollment File sent to MCOPs	10/11/2017	1/10/2018	4/11/2018	7/11/2018
Add/Delete file from MCOPs to ODM	10/13/2017	1/12/2018	4/13/2018	7/13/2018
Final Enrollment File sent to MCOPs	10/17/2017	1/16/2018	4/15/2018	7/17/2018