



# Managed Care Provider Network

File Specification – Version 6.13 (6/30/15)

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## Document Change History

Date / Version	Item changed
4/8/08 – v3	Added Table of Contents and reordered list of all items.
4/8/08	End Date in PG, MA, SL files – Added to description: “If End Date is earlier than Begin Date, record will be inactive.”
4/8/08	Added Response Files.
4/8/08	Added Reconciliation File, including Master Hospital and Master Health Center files.
4/8/08	Added Schedule for PG, MA, SL, Response, and Reconciliation files.
4/8/08	Added .END file – 0 byte to indicate end of transmission.
4/8/08	Updated Appendix D – Language codes.
4/8/08	Updated Appendix A and B – Provider and Specialty; removed all Provider and Specialty content temporarily, until those lists are final.
4/9/08	Added Appendix E – Error codes.
4/11/08 – v4	Due to new Group requirement from MCP during 4/9/08 conference call (ability to submit Group without providers): PG file: Merged PCC and Group record types into a generic Group record type. SL file: Added Record Type 4, “Provider-GroupLocation”.
4/11/08	Added more content to FAQs / Important Concepts and Definitions. (Specialty; Group; Hospital Approval, etc).
4/15/08	Added to FAQs: How to submit Specialist, PCP, and Panel Capacity.
4/15/08	Added Appendix A.
4/18/08 – v4.1	Added to FAQ: example of non-PCP provider in group location; clarified examples.
4/18/08	SL file: “Applies To” – Added record type 4, for NPI; “Program Code”: Added record type 4.
4/18/08	File schedule: removed min frequency for MCP.
4/21/08 – v4.2	How to submit Pharmacy: Added to FAQ (how to submit). SL file: Added “24-hours / day availability” bit field. PG file: Group (Record type 2) can also be used to describe pharmacies.
4/21/08	Overlapping Spans: Added definition in FAQ.
4/28/08	Clarification on Appendix A: License number is only required for Individual Providers, not Groups.
5/2/08 – v4.3	Reconciliation File: - Master Hospital File: removed Hospital Number; changed Provider Type to Hospital Type. - Master Health Center File: removed Health Center Number. - Added File name description to File Naming Convention table.
5/2/08	Updated Error Codes (changes detailed in Error Code section)
5/2/08	Appendix A: Provider Type code now says “01” thru “09” instead of “1” thru “9”.
5/5/08	Reconciliation – Hospital and Health Center files: - Removed Fax, Hospital System, Zip4, and changed hospital type codes. - Hospital Type and Health Center Type: changed max length to 2 to allow future additions. (“01”, “02”, etc)
5/5/08	Provider Types: Removed CMHC (04) and ODADAS (06); re-numbered list items.
5/21/08 – v5	PG file: Changed PRN to now be applicable to Groups; Changed MPN to not required. PG file: Added Primary Specialty and Primary Specialty Tracking Number. MA file: Changed MPN number to “Hospital / HealthCenter number” due to duplicate MPNs in Master files. Master Hospital: Added Hospital Number (to resolve duplicate MPNs). Master Health Center: Added Health Center Number (to resolve duplicate MPNs). Language Codes: Added Telugu (77). Error codes: Added new error codes; please review error codes section for details. Specialty Codes: Included list of Specialty Codes to Appendix B (previously kept in separate Excel file). FAQ: How to submit specialists towards ODM’ Practitioner (Specialist) Report.
5/30/08 – v5.1	PG file: Updated PRN field – Groups – required only if PCP. Error codes: Added new error codes; please review error codes section for details.
6/5/08 – v5.2	MA: Panel Capacity: Added “Leave blank otherwise.” (Must be PCP to submit capacity) SL: Existing Patients Only: Removed “Leave blank otherwise.” (Can submit this even if not a PCP) SL and MA: Raised Capacity limit from 4 to 6 characters (max value from 9999 to 999999)

6/20/08 – v5.3	SL: Phone number and extension fields – now applicable for all record types. File naming convention and schedule: New file added – MS file. MS file: added new file under Reconciliation files. Master Hospital and Health Center files: Name field expanded from 50 to 100 characters. FAQ: Item # 8 – added clarification on GroupLocation-Specialty. Error Codes: Added more explanations to Error Codes (500/600 warnings). New error codes and 600 level warnings added. See Error Codes section for details.
6/30/08 – v5.4	SL: NPI – changed description, only submit NPI in SL file if different than the NPI in PG file. SL: IsPCP – previously must be blank if GroupLocation or HealthCenter location is already a PCP; due to numerous errors due to 0 submitted instead of blank, AHS now allows blank or 0. Appendix A, Provider Types: Added formats to 06-Physician.
7/2/08 – v5.5	New error codes added. See Appendix E for details.
8/18/08 – v6	Appendices have been expanded and moved out of this document into the “MCPN Appendices” spreadsheet.
9/9/08 – v6.1	Provider Master File: Added PMF file specification.
9/26/08 – v6.2	Added PCH and Practitioner Report file specs.
8/15/12 – v6.3	Updated length of specialty fields in PMF specs.
9/18/13 – v6.4	<b>FAQs/Important Concepts and Definitions:</b> 7 Specialty rules / FAQ <b>MA:</b> Program Code – No longer accept Codes 2,3 added 4: ICDS & 5:Both Medicaid/ICDS <b>SL:</b> Program Code – No longer accept Codes 2,3 added 4: ICDS & 5:Both Medicaid/ICDS <b>Appendices</b>
11/13/2013 – v6.5	<b>FAQs/Important Concepts and Definitions:</b> 7 Specialty rules/FAQ 15, 16, 17: How to submit specialties for reporting. <b>PG:</b> Included county for specifying which region a MyCare group’s specialties should count in. Also MPN or PRN is required for groups linked to MyCare Group Location Records <b>Appendices</b>
11/25/2013 V6.6	<b>Pg 4. Reconciliation files will not be available until 6AM</b>
8/29/2014	<b>On sl file record types 1,2,4 will require phone number. Any records submitted after 8/28/2014 will be rejected if phone number is not submitted on these record types. Existing records will not be deactivated. Appendices have been updated to reflect the new error code.</b>
10/1/2014	Updated PMF spec to include Provider-TAX ID
12/1/2014 V6.9	Added Nursing Facility file information
12/16/2014 V6.10	Split Independent Living and Community Transition into separate specialty categories.
3/26/15 V6.11	Added verbiage regarding Behavioral Health (OMHAS) providers – In March. 2015, the intent was to have them submitted as individual providers, with FTE, etc. However, ODM has revisited this requirement.
6/5/15 V6.12	1) Revised submission instructions regarding Behavioral Health (OMHAS) Providers. a. These will be still be reported on the Waiver Specialty Report b. As these providers are facility-based, groups having these specialties should be submitted in the same manner as the waiver specialties described in item #17 of the FAQ section. 2) Removed the following specialties from the Waiver Report: a. 747: Pest Control b. 250: LTSS Independent Providers Personal Care c. 260: LTSS Independent Providers Home Care Attendant d. 380: LTSS Independent Providers Waiver Nursing e. 741: Enhanced Community Living

6/30/15  
V6.13

Hello Katelyn,

Here are your new account credentials for access to OH Provider Web.

Please use the "Change Password" option [found under the "MyTools" tab] upon initial login.

### Password Instructions

- Must be 8 to 20 characters long
- Must contain at least one capital letter
- Must contain at least one number
- Cannot contain spaces

The web address is: <http://www.ohiomh.com/ProviderWeb/>

Username: **ksmith**

Your starter password will be sent in a **separate email**.

Kathleen Sabol

Business Analyst

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## Conventions used in this document

The conventions used in this document are described below:

### Field Delimiters

All files are comma-delimited, with no header row. All values should be enclosed in double quotation marks, to ensure a comma in the data will not interfere with the parsing of the file. Within each field, use the “|” pipe symbol to separate multiple values.

Example: “1234567”, “20071201”, “”, “564616161”, “1234567|7654321|7711223” (Note that the last field has 3 separate values.)

### Formatting Conventions

Symbol	Description
@	Any Unicode character
#	Any numeric character (0-9)
B	Bit field: 1 if true, 0 if false.
D	Date field: All dates should be 8 digits long: YYYYMMDD. E.g. 20080306.
...	This field may contain more than 1 value. Each separate value within the field is delimited with a pipe symbol “ ”. No limit to number of records. The entire field is enclosed within double quotes (“”) just like other fields.

### Columns and Miscellaneous Explanations

- a. **“Applies to”** column: Used to identify which record types the field applies to. Example: “Applies to 1, 2” means this field can only be populated if the record is type 1 or 2. Each file explains the acceptable record types.
- b. **“Req”** column: C = Conditional (Maybe required; conditions defined in description field).
- c. **“Format(Max)”** column:
  - i. (Max) - the number within the parenthesis is the maximum length of the field.
- d. **Tracking Number:** MCP will use this to uniquely identify a particular record, taking into account the correct date span.
  - i. First 3 digits is the MCP’s 3 digit submitter ID. Total field length is 7-11 digits long.
  - ii. Tracking number is unique across all entities in all files; meaning, if “0001234567” is used in the PG file, it should not be used in any other files; it will permanently be used to track that specific record.
  - iii. File submission: If a tracking number is new to the MCPN database for the MCP that submitted it, MCPN will add the record; if the tracking number is already in the MCPN database for that MCP, it will be considered an update.

### File Naming Convention and Schedule

The file names should be constructed using the format below, which will uniquely identify the file type, the submitter’s ID, and date of submission:

Position	Format	Description	Schedule	Min Frequency
1-2	@ (2)	PG = Provider/Group file	Daily by 8pm	
		SL = Service Location file	Daily by 8pm	
		MA = MCP Affiliation file	Daily by 8pm	
		HP = Master Hospital file	Weekly Recon	
		HC = Master Health Center file	Weekly Recon	
		NF = Master Nursing Facility file	Weekly Recon	
		MS = MA Status file	Weekly Recon	
		EN = End of transmission file	Daily by 8pm	
3-5	# (3)	ODM MCP Submitter ID		
6-13	D (8)	Year, Month and Day the file was generated (except Response file; see example below)		
14-22	@ (9)	1) All files from MCP = “.mcp” (4 characters long)		
		2) Response files from AHS to MCP = “.response”	Daily by 2am	Next day, as needed.
		3) Reconciliation files from AHS to MCP = “.recon”	Monday 6am	Weekly

**Example:**

- 1) On March 6, 2008, 7:30pm (no later than 8pm): MCP (ID 356) sends a PG file from MCP to AHS.
  - a. File name: "PG35620080306.mcp".
  - b. At the end of transmission, MCP will send a file named "EN35620080306.mcp" to indicate end of transmission.
- 2) On March 7, 2008, 1:30am (no later than 2am): AHS sends a Response file to MCP (ID 356) for the above PG file.
  - a. File name: "PG35620080306.response".
  - b. The first part indicates exactly which MCP file is being responded to; the extension part indicates that this is a response file. Note that the date in the file name stays the same, even though it is now March 7.
  - c. At the end of transmission, AHS will send a file named "EN35620080306.response" to indicate end of transmission.
- 3) On March 10, 2008, 4am (no later than 5am): AHS sends a Reconciliation file to MCP (ID 356).
  - a. File name: "PG35620080310.recon". (all other files will be included as well, with specific prefixes like SL, MA, etc)
  - b. The first part indicates the file type and date this file was generated; the extension part indicates that this is a response file.
  - c. At the end of transmission, AHS will send a file named "EN35620080310.recon" to indicate end of transmission.

## ***FAQs / Important Concepts and Definitions***

Here are some important definitions used in this document: (This is a Work in Progress – AHS will be adding more definitions to this list.)

- 1) Entity: Any MCP records of provider, group, PCC, Hospital Affiliation, Health Center Affiliation, service location of a provider, etc.
- 2) Active: An entity must be Active to be visible or available as a choice for consumers. For an entity to be active:
  - a. Today's date must be on or between the Start and End date (if applicable).
  - b. No license number conflict. (See explanation.)
  - c. (To be determined by 4/15/2008: Providers that do not have valid Hospital affiliation, yet has a Specialty that requires Hospital Privileges, may be marked inactive. Pending decision from MCPs.)
- 3) PCC: Primary Care Clinic, a Group that provides Primary Care services.
- 4) Health Center: QFPP, RHC, or FQHC
- 5) Panel Capacity: Maximum number of recipients that a PCP-Location will take on its panel.
- 6) ODM Approval Process for Hospital and Health Center:
  - a. ODM will give AHS the list of available hospitals and health centers. The MCPs will submit their contracts with these facilities to AHS via the MA file. ODM will approve the contracts with Hospitals, FQHC, and RHC manually. (QFPP does not need approval.) Approval or Denial notices will be sent to MCPs daily by the MCPN.
  - b. AHS will produce a weekly report on hospital and health center contract status. This report will also show all providers linked to hospitals whose contracts have expired or will be expiring in the next 30 days, regardless of whether Hospital Privileges are required or not.
  - c. MCPs can update the MA record with a new end date or no end date, and ODM will be alerted of such changes. The records will be left at the same status (Approved or Denied), and ODM can change the status at any time.
  - d. MCPs will be alerted when the Hospital Affiliation is approved or denied.
  - e. If a Hospital Affiliation is denied by ODM, MCPs can submit a new Hospital affiliation with a new tracking number, or resubmit the same Hospital affiliation tracking number to update the denied record.
    - i. If an update is received for a denied record, AHS will reset the "Denied" field to null and alert ODM to approve/deny the updated record.
- 7) Specialty rules / FAQ:
  - a. Specialties are always defined at the Service Location level, for either Provider or Group.
  - b. **Group Specialties: Group Location can have Specialties, but only Specialties that do not have FTE or Hospital Privileges required (or specialties for MyCare Program).**
  - c. Group Specialties that require Hospital Privileges or FTE: For any Specialty that requires FTE or Hospital Privileges, the specialty must be listed at the Provider-GroupLocation level, not the GroupLocation level. This is because FTE and Hospital Privileges are defined at the Provider level, not the Group level.
  - d. You cannot submit an ICDS Specialty on a location with a Medicaid Program Code (1).
- 8) How to submit a Group practicing at a Location that has 1 or more Providers (including Specialties):
  - a. PG file: 1 record for each Provider and Group. Indicate Hospital affiliation for Individual Providers, if applicable.
  - b. SL file:
    - i. 1 GroupLocation record – this record will have a Group Location tracking number.
    - ii. 1 Provider-GroupLocation record for each Provider that works at the Group Location (use the Group Location tracking number above).
  - c. Specialty:
    - i. Each Provider-GroupLocation record can specify its own Specialties.
    - ii. Each GroupLocation record can also specify its own Specialties, as long as the Specialties do not require FTE or Hospital Privileges. (These Specialties must be submitted in the Provider-GroupLocation record.)
    - iii. To enable consumers to find GroupLocation such as Pediatric PCC or OBGYN PCC (Specialties that require FT/PT or Hospitals), AHS will internally aggregate ALL the active Specialties listed for ALL providers that work at the GroupLocation, and make those Specialties available at the GroupLocation level as well.
      1. Note that this does not impact State reports, and will improve online provider search.

- 9) How to submit a Group practicing at a Location that does not have any Provider:
- a. PG file: 1 record for the Group.
  - b. SL file: 1 Group Location record, along with Specialties of this Group Location. (See Specialty rules.)
- 10) How to submit PCP and Panel Capacity:
- a. Individual PCP (Provider Location):
    - i. PG file: Individual Provider (Record Type 1).
    - ii. SL file: Provider Location (Record Type 1) - indicate IsPCP=1 and Panel Capacity for the Provider Location.
  - b. PCP Group at a Location (Primary Care Clinic):
    - i. PG file: Group (Record Type 2). Also submit one Provider record (Record Type 1) for each Provider in Group.
    - ii. SL file:
      1. GroupLocation (Record Type 2) – indicate IsPCP=1 and the Panel Capacity for the GroupLocation record.
      2. Provider-GroupLocation (Record Type 4): list one record for each provider that works at this PCC. However, DO NOT list IsPCP or Panel Capacity again for each individual provider, to prevent panel capacity from being counted twice (“double dipping”).
  - c. Health Center that provides PCP services:
    - i. MA file: Health Center affiliation (Record Type 2). Indicate IsPCP = 1 and list Panel Capacity in the same record.
    - ii. SL file:
      1. Provider-HealthCenter (Record Type 3) – indicate the providers that work at this Health Center. However, DO NOT list IsPCP or Panel Capacity again for each individual provider, to prevent panel capacity from being counted twice (“double dipping”).
  - d. Individual PCP working at a Health Center that is not a PCC:
    - i. MA file: Health Center affiliation (Record Type 2). Indicate IsPCP = 0.
    - ii. SL file:
      1. Provider-HealthCenter (Record Type 3) – list one record per provider that work at this Health Center.
      2. For individual PCPs at this HealthCenter, indicate IsPCP and Panel Capacity for the individual provider.
  - e. Individual PCP working at a Group Location that is not a PCC:
    - i. PG file: Group (Record Type 2). Also submit one Provider record (Record Type 1) for each Provider in Group.
    - ii. SL file:
      1. GroupLocation (Record Type 2) – IsPCP=0 (not a PCP).
      2. Provider-GroupLocation (Record Type 4): list one record for each provider that works at this GroupLocation. Indicate IsPCP=1 and Panel Capacity, if this provider is a PCP working at this GroupLocation.
- 11) How to submit Pharmacy:
- a. PG file: Group (record type 2); use Provider Type code for Pharmacy (refer to Provider Type listing).
  - b. SL file: For each location that the pharmacy is available, submit 1 Group Location record (record type 2).
    - i. Note that many fields are optional and can be blank. Only submit required or relevant fields.
    - ii. IsPCP should be = 0 all the time.
- 12) License Number conflict: Certain provider types require a License number. If a License number is submitted that conflicts with another MPN/PRN and License number pair, the new record submitted will be flagged as an error and marked as inactive. MCPs will be notified of this error in the Response file, and AHS will then research the error ASAP. If MCPs are able to correct the License number, MCP should notify AHS immediately.
- 13) Overlapping Spans:
- a. PG file: MPN / PRN number should be unique for a time span.
  - b. MA file: MPN number should be unique for a time span.
  - c. SL file: To be determined; currently no rule regarding overlapping spans will be enforced in the SL file until further discussion with MCPs.
- 14) Hospital Privileges for Providers:
- a. Individual providers can have hospital privileges, as listed in the PG file.
  - b. Certain specialties require hospital privileges; see Specialty file for details.
  - c. If a Provider has a specialty that requires hospital privileges, but does not have a valid hospital listed (either none or out of date), that Provider’s record will still show up, however:
    - i. The provider’s hospital section will not show the invalid hospital(s).
    - ii. Any specialty that requires hospital privileges will not be listed; other specialty will still be listed.

- 15) How to correctly submit a Specialist to be counted towards the ODM Practitioner (Specialist) Reports (both Medicaid and MyCare):
- a. Rules from ODM:
    - i. An individual physician can only count towards one specialty requirement.
    - ii. The service location of this provider must be a "FT" (full time) location in order to be counted, except for Dentists. Dentists can be counted regardless of the FTE status.
  - b. PG file:
    - i. "PrimarySpecialty": Indicates the Primary Specialty of this Physician.
    - ii. "Primary Specialty Tracking Number": Indicates the tracking number where this Physician has a Service Location, which AHS will then use to ensure this Physician indeed has this specialty at that location, and also know exactly which County to count this physician toward. (ODM report is per county and region).
  - c. SL file:
    - i. A physician may have multiple Service Locations in the SL file. The "Primary Specialty Tracking Number" field from the PG file will uniquely identify which Service Location to count this Specialist in.
    - ii. "Specialties and Board Certified": There must be a Specialty listed here that matches the "PrimarySpecialty" listed in the PG file.
    - iii. "Full Time Equivalency": "FT" required for all providers, except "Dentists" specialty types. (Refer to Specialty list)
- 16) How to correctly submit a specialist to be counted towards the MyCare Waiver Report:
- a. Applies to the following specialties codes:
    - i. 743: Waiver Transportation
    - ii. 745: Home Medical Equipment
    - iii. 453: Supplemental Adaptive & Assistive Devices
    - ~~iv. 747: Pest Control~~
    - v. 455: Home Delivered Meals
    - vi. 457: Emergency Response
    - vii. 454: Home Modifications Maintenance and Repairs
    - viii. 748: Chore Services
  - b. Rules from ODM:
    - i. The above specialties can count for each group location to which they are linked.
  - c. SL File:
    - i. "Specialties and Board Certified": There must be a specialty listed here that matches one from the above list.
- 17) How to correctly submit a specialist to be counted towards the MyCare Waiver Report:
- a. Applies to the following specialties codes:
    - ~~i. 250: LTSS Independent Providers Personal Care~~
    - ii. 251: LTSS Agency Personal Care
    - ~~iii. 260: LTSS Independent Providers Home Care Attendant~~
    - iv. 289: Nutritional Consultation
    - ~~v. 380: LTSS Independent Providers Waiver Nursing~~
    - vi. 381: LTSS Agency Waiver Nursing
    - vii. 452: Adult Day Health
    - viii. 456: Out of Home Respite
    - ix. 740: Assisted Living
    - ~~x. 741: Enhanced Community Living~~
    - xi. 742: Homemaker
    - xii. 744: Social Work Counseling
    - xiii. 749: Independent Living
    - xiv. 750: Community Transition
  - b. Rules from ODM:
    - i. A group can only count in one region (designated by County Code in PG File).
    - ii. All Distinct MyCare specialties submitted on these locations in the same region except for those listed in (15, 16) above will be counted.
  - c. PG file:
    - i. "MyCare Reporting County Code" Indicates the region group location specialties will be counted in.
  - d. SL File:
    - i. A group may have multiple Service Locations in the SL file. The "MyCare Reporting County Code" field from the PG file will uniquely identify the region in which the MCPN should count Group Locations' distinct specialties.
    - ii. "Specialties" - There must be a MyCare specialty listed here that is not described in (15, 16) above.

- 18) How to correctly submit Behavioral Health (OMHAS) providers to be counted towards the MyCare Waiver Report:
- a. Applies to the following specialty codes:
    - i. 751: OMHAS-Mental Health
      - 1. Identified on PMF with code 84 (OMHAS CMHC)
    - ii. 752: OMHAS-AOD
      - 1. Identified on PMF with code 95 (OMHAS-AOD)
  - b. Guidelines for OMHAS Provider submissions
    - i. Providers must be certified by OMHAS and Medicare in order to be counted.
    - ii. Providers that only treat adolescents cannot count for MyCare requirements.
    - iii. Providers must be accepting Opt in and Opt out MyCare Ohio members.
    - iv. Each facility should be submitted no more than once for each OMHAS specialty
    - v. Satellite locations cannot be counted to meet the requirement.
  - d. Rules from ODM: (same as for waiver specialties described in 17 above)
    - i. A group can only count in one region (designated by County Code in PG File).
    - ii. All Distinct MyCare specialties submitted on these locations in the same region except for those listed in (15, 16) above will be counted.
  - e. PG file:
    - i. "MyCare Reporting County Code" Indicates the region group location specialties will be counted in.
  - f. SL File:
    - i. A group may have multiple Service Locations in the SL file. The "MyCare Reporting County Code" field from the PG file will uniquely identify the region in which the MCPN should count Group Locations' distinct specialties.
    - ii. "Specialties" - There must be a MyCare specialty listed here that is not described in (15, 16) above.

## File: MCP Affiliation (MA)

This file describes a relationship between a hospital and an MCP or a Health Center (FQHC/RHC/QFPP) or Nursing Facility and an MCP.

- 1) Hospital: MCP contracted Hospital for a span of time.
- 2) Health Center (FQHC/RHC/QFPP): MCP contracted Health Center for a span of time.
- 3) Nursing Facility: MCP contracted Nursing Facility for a span of time.

Field Name	Format (Max)	Applies to	Req	Description
Record type	#(1)	1,2,3	Yes	Indicates the type of record.
Tracking Number	#(11)	1,2,3	Yes	For this MCP Affiliation record.
Start Date	D(8)	1,2,3	Yes	Start date for hospital, health center or nursing facility
End Date	D(8)	1,2,3	No	End of span. If hospital, health center or nursing facility becomes eligible again they will need a new Tracking Number. If End Date is earlier than Begin Date, record will be inactive.
Hospital/Health Center/Nursing Facility Number	#(4)	1,2,3	Yes	Unique number for the hospital, health center or nursing facility – refer to the Master Hospital, Master Health Center, and Master Nursing Facility files.
Program Code	#(1)	1,2,3	Yes	The one digit program code for a health center, hospital, or nursing facility. 1 = Medicaid, 2 = deprecated, 3 = deprecated, 4 = ICDS/MyCare, 5 = Both
IsPCP	B(1)	2	Yes	1 if PCP; 0 if not a PCP. Only applicable to Health Center.
Panel Capacity	#(6)	2	C	Required if IsPCP = 1. Leave blank otherwise.
Existing Patients Only	B(1)	2	C	Required if IsPCP = 1.
Genders Accepted	#(1)	2	No	Blank if unknown. 1 = Male, 2 = Female, 3 = Both.
Age Limit Low	#(2)	2	No	Blank if unknown. "0" if no low limit.
Age Limit High	#(2)	2	No	Blank if unknown. "99" if no high limit.
Accept Newborns	B(1)	2	No	Blank if unknown.
Accept Pregnant Woman	B(1)	2	No	Blank if unknown.
Accept Family Members	B(1)	2	No	Blank if unknown.
Languages	#(2) ...	2	No	Languages spoken at a location. See Appendix D.
TPA Name	@(100)	2	No	Third party administrator name.
Comment ' ' s	@(256)	2	No	Used for any location specific information to display to the consumer.

## ***File: Provider/ Group (PG)***

This file contains individual records of Providers, Groups, and PCCs. Records here are not location-specific; each individual record here may have 0 or more service locations in the SL file. These are the record types in this file:

- 1) Provider: Individual Provider data.
- 2) Group: Groups (including PCCs and Pharmacies) data.

Field Name	Format (Max)	Applies to	Req	Description
Record type	#(1)	1,2	Yes	1 = Provider; 2 = Group.
Tracking Number	#(11)	1,2	Yes	For this Provider or Group record.
MPN Number	@(7)	1,2	No	Medicaid Provider Number (MPN).
PRN Number	#(7)	1,2	C	Provider Reporting Number (PRN). Required for a Provider (Record Type 1) that does not have an MPN#, Groups (Record Type 2) that have one or more SL records listed as "IsPCP=1", or groups linked to MyCare Locations. Otherwise, not required.
NPI Number	#(10)	1,2	No	National Provider Identifier number for the Provider or Group.
License Number	@(20)	1	C	See Appendix A for Provider Types that require a license number. Only required for Providers, not Groups.
Start Date	D(8)	1,2	Yes	MCP start date for the provider or Group.
End Date	D(8)	1,2	No	End of span. If a Provider or Group becomes eligible again they will need a new Tracking Number. If End Date is earlier than Begin Date, record will be inactive.
First Name	@(50)	1	Yes	Individual provider first name
Middle Initial	@(1)	1	No	Leave blank for PCC or group.
Last Name	@(100)	1,2	Yes	Individual provider's last name or name of Group.
Gender Code	#(1)	1	No	Gender of the provider. 1 = Male, 2 = Female
Provider Type	#(2)	1,2	Yes	Provider type code (see Appendix A).
Hospital Privileges (Tracking Number)	#(11) ...	1	No	Links to hospital where individual provider has admitting privileges.
PrimarySpecialty/ MyCare Reporting County Code	#(3)/ #(2)	1/2	No	Primary Specialty of this individual provider; this will be reflected on the Practitioner (Specialist) Report for ODM. Valid county code of one county in region. Will be used to identify the region in which you wish this group's specialties to count. (E.g. County Code 18 - All Group Locations listed in North East Region will have their distinct specialties counted on the MyCare Practitioner report.)
Primary Specialty Tracking Number	#(11)	1	C	Required if PrimarySpecialty was provided. Use Tracking Number from SL file to show which Service Location has the Individual Provider's "PrimarySpecialty" listed. This will be used to report to ODM which County this Practitioner (Specialist) will count towards.

## ***File: Service Location (SL)***

This file contains records of a Provider at a Location, a PCC Location, or a Provider at a Health Center (FQHC/RHC/QFPP). These are the record types in this file:

- 1) Provider Location: A Provider working at a Location. The location cannot be a Group practice or Health Center.
- 2) Group Location: A Group working at a Location. (also for Pharmacy location)
- 3) Provider Health Center: A Provider working at a Health Center. Specify both the (Provider) Tracking Number from PG file and (Health Center) Tracking Number from MA file to link a Provider to a Health Center.
- 4) Provider-GroupLocation: A Provider working at a GroupLocation. Specify the (Provider) Tracking Number from PG file and (GroupLocation) Tracking Number from the SL file to link a Provider to a GroupLocation.

Field Name	Format (Max)	Applie s to	Req	Description
Record type	#(1)	1,2,3,4	Yes	Indicates the type of record.
Tracking Number	#(11)	1,2,3,4	Yes	For this Service Location record.
Provider / Group Tracking Number	#(11)	1,2,3,4	Yes	Use Tracking Number from PG file. Provider or a Group that practices at this Service Location. Group cannot be linked to a Health Center.
Health Center Tracking Number	#(11)	3	Yes	Use (Health Center) Tracking Number from MA file. Links the Provider specified under "Provider Tracking Number" to a Health Center.
GroupLocation Tracking Number	#(11)	4	Yes	Use (GroupLocation) Tracking Number from SL file. Links the Provider specified under "Provider Tracking Number" to a Group Location.
NPI Number	#(10)	1,2,3,4	No	National Provider Identifier number for this Location. Only list NPI if this location actually has a different NPI than the Provider or Group.
Start Date	D(8)	1,2,3,4	Yes	MCP start date for the location.
End Date	D(8)	1,2,3,4	No	End of span. If End Date is earlier than Begin Date, record will be inactive.
AddressLine1	@(100)	1,2	Yes	
AddressLine2	@(50)	1,2	No	
City	@(30)	1,2	Yes	
State	@(2)	1,2	Yes	
Zip	#(5)	1,2	Yes	
Zip4	#(4)	1,2	No	
County Code	#(2)	1,2	Yes	See Appendix C.
Phone Number	#(10)	1,2,3,4	C	Integer only – must be 10 digits. Required if record type is 1,2,4.
Phone Extension	#(10)	1,2,3,4	No	Phone number Extension of location
TPA Name	@(100)	1,2,3	No	Third party administrator name.
Program Code	#(1)	1,2,3,4	Yes	The one digit program code for a provider. 1 = Medicaid, 2 = deprecated, 3 = deprecated, 4 = ICDS/MyCare, 5 = Both
IsPCP	B(1)	1,2,3,4	C	1 if this is a PCP; 0 if not a PCP. Leave blank or 0 if: ( (Record Type = 3 or 4) AND (SL.GroupLocation or MA.HealthCenter IsPCP=1) ). Otherwise required.
Panel Capacity	#(6)	1,2,3,4	C	Required if IsPCP = 1. Leave blank otherwise.
Existing Patients Only	B(1)	1,2,3,4	C	Required if IsPCP = 1.
Genders Accepted	#(1)	1,2,3,4	No	Blank if unknown. 1 = Male, 2 = Female, 3 = Both.
Age Limit Low	#(2)	1,2,3,4	No	Blank if unknown. "0" if no low limit.
Age Limit High	#(2)	1,2,3,4	No	Blank if unknown. "99" if no high limit.
Accept Newborns	B(1)	1,2,3,4	No	Blank if unknown.
Accept Pregnant Woman	B(1)	1,2,3,4	No	Blank if unknown.
Accept Family Members	B(1)	1,2,3,4	No	Blank if unknown.
Full time equivalency	#(1)	1,3,4	C	Required for specific Specialty Types. 1 if Full Time, 2 if Part Time.
Languages	#(2) ...	1,2	No	Languages spoken at a location. See Appendix D.
Specialties and Board Certified	@(4) ...	1,2,3,4	No	3-digit Specialty code for this Service Location. Optional: if a Specialty is Board Certified, append letter "B" immediately after the 3-digit code.
24-hours / day availability	B(1)	1,2,3,4	No	Blank if unknown; 1 if available / open 24 hours a day at this location; 0 if not.
Comments	@(256)	1,2,3,4	No	Used for any location specific information to display to the consumer.

## ***File: End of Transmission (EN)***

This is a 0 byte file that is used to indicate the end of file transmission for the day. This is a precaution to prevent AHS or MCP from processing any Daily or Weekly files before the complete set of files have been transmitted fully. After all other files have been transmitted, the EN file will be sent last. Both MCP and AHS will use this to indicate end of transmission, in the Daily Update files and the Weekly Reconciliation files. Please refer to the File Naming Convention on how to name this file.

## ***Response Files***

After AHS processes the daily updates from the MCPs, AHS will respond to the MCPs via two methods: Response files and Email notifications.

AHS will put the response files on the FTP directory of each MCP. Each file sent by MCP will get a corresponding Response file, except for the EN (End of Transmission) file. At the end of transmission, AHS will send an EN file to indicate end of transmission. Please refer to the File Naming Convention on how the files will be named.

The Response files will have the same layout and content as the files sent by the MCPs to AHS initially, with the addition of an "Error Code" column at the end of each row. The error code is a three digit value that describes the specific reason, if any, why that record could not be processed (see appendix E). If the error code field is blank, the record was processed successfully.

AHS will also notify the MCPs via email when the file processing is complete and the response files are ready for pick up.

MCPs will pick up and process the Response files and check for any errors. If errors exist, MCPs should correct the error by re-sending the corrected record in the next Daily Update.

## Reconciliation Files

Once a week, AHS will produce a set of files to each MCP that includes **all Active entities and attributes** in the MCPN database, as of the time the file was generated. The purpose of the Reconciliation file is to show the MCPs all entities in the MCPN database that are “Active” currently. If there are any discrepancies, MCPs can send corrections in the Daily Update files.

Please note that **any non-Active records or fields will NOT be shown**. For example, a Provider record in the PG file may be Active, however the same Provider’s Hospital Privilege is linked to an Inactive Hospital (from the MA file) – in this case, the Provider record will be in the Reconciliation file, but the Provider’s Hospital Privilege will not be shown in the same record as the field is inactive.

There are **seven files** involved in the weekly reconciliation. The first three are the MA, PG and SL files and will have exactly the same schema as the files the MCPs send to AHS (see individual file layout). The remaining four - the Master Hospital file, Master Health Center file, Master Nursing Facility File, and MA Status file, are described below.

### Master Hospital file

The Master Hospital file lists all the hospitals that MCPs can be affiliated with. (This list is provided by ODM.)

Field Name	Format (Max)	Req	Description
Hospital Number	#(4)	Yes	Unique Hospital Number.
MPN	@(7)	Yes	Medicaid Provider Number.
NPI	#(10)	No	National Provider Identifier.
Name	@(100)	Yes	The name of the Hospital.
Address Line 1	@(50)	Yes	
Address Line 2	@(50)	No	
City	@(30)	Yes	
State	@(2)	Yes	
Zip	#(5)	Yes	
County	#(2)	Yes	
Phone	#(10)	No	
Hospital Type	#(2)	Yes	01=General Hospital; 02=Mental Hospital.

### Master Health Center file

The Master Health Center file describes all the Health Centers (FQHCs, RHCs and QFPPs) that MCPs can be affiliated with. (This list is provided by ODM.)

Field Name	Format (Max)	Req	Description
Health Center Number	#(4)	Yes	Unique Health Center Number.
MPN	@(7)	Yes	Medicaid Provider Number.
NPI	#(10)	No	National Provider Identifier.
Name	@(100)	Yes	The name of the Health Center.
Address Line 1	@(50)	Yes	
Address Line 2	@(50)	No	
City	@(30)	Yes	
State	@(2)	Yes	
Zip	#(5)	Yes	
County	#(2)	Yes	
Phone	#(10)	No	
Health Center Type	@(2)	Yes	01 = FQHC; 02 = RHC; 03 = QFPP

## Master Nursing Facility file

The Master Nursing Facility file describes all the Nursing Facilities that MCPs can be affiliated with. (This list is provided by ODM.)

Field Name	Format (Max)	Req	Description
Nursing Facility Number	#(4)	Yes	Unique Nursing Facility Number.
MPN	@(7)	Yes	Medicaid Provider Number.
NPI	#(10)	No	National Provider Identifier.
Name	@(100)	Yes	The name of the Health Center.
Address Line 1	@(50)	Yes	
Address Line 2	@(50)	No	
City	@(30)	Yes	
State	@(2)	Yes	
Zip	#(5)	Yes	
County	#(2)	Yes	
Phone	#(10)	No	

## File: MCP Affiliation Status File (MS)

The MCP Affiliation Status File includes **all MA records that are either pending ODM decision, or with status updated by ODM in the past week.** Any decisions (approval or denial) from more than 1 week ago will NOT be listed in this file.

MCPs already receive email notification upon any denial or approval from ODM for any MA record. The purpose of this file is to provide an additional mechanism of showing MCPs an even more complete picture of where each MA record submission stands.

The MS File can be processed programmatically, and AHS has also designed it to be fairly human-readable (via a tool like Excel). The file will be sorted in this order:

- 1) Record Type
- 2) ODM Action
- 3) Action Date
- 4) Hospital / Health Center Name

Record types: *(N/A for Nursing Facilities)*

- 1) Hospital: MCP contracted Hospital for a span of time.
- 2) Health Center (FQHC/RHC): MCP contracted Health Center for a span of time.

Field Name	Format (Max)	Applies to	Req	Description
Record type	#(1)	1,2	Yes	Indicates the type of record.
Tracking Number	#(11)	1,2	Yes	For this MCP Affiliation record.
Hospital/Health Center Number	#(4)	1,2	Yes	Unique number for the hospital or health center – refer to the Master Hospital and Master Health Center files.
Hospital/Health Center Name	@(50)	1,2	Yes	Name of the hospital or health center.
MCP Sent Date	D(8)	1,2	Yes	Date when MCP submitted this record.
ODM Action	@(8)	1,2	No	Action taken by ODM. “Approved”, “Denied”, or blank.
Action Date	D(8)	1,2	No	Date when action was taken by ODM. May be blank if none taken.
ODM Notes	@(256)	1,2	No	Any notes from ODM upon approval or denial.

## File: Provider Master File

The Provider Master File is downloaded every day from ODM and will be placed in your FTP folder (PMF.txt). This file is created by ODM and is being provided to you so you have access to the same information as AHS. This file **only contains active providers**, any provider not on our file is considered inactive.

The primary purpose of the PMF is to verify that a provider submitted by MCP is actually active in the PMF. If an MCP submits a provider that does not appear in the PMF, AHS responds to the record with an error code. Lastly, the Provider Type and Specialty fields in the PMF do not correspond to Provider or Specialty codes in MCPN.

The PMF file is a **fixed-length** file as opposed to the delimited files used throughout the rest of our process. The PMF.txt file will be made available for MCPs in the root FTP directory every day by 8pm, as long as AHS was able to download the file from ODM successfully.

AHS does not own this file and cannot make any changes to it; AHS is simply passing the file along to all MCPs so that we can reference the same Provider Master file in the event of any discrepancy between provider eligibility.

Field Name	Starts At	Length	Description
MPN / PRN	1	7	The MPN or PRN of the provider. MPN if 'ActiveCode'=1, PRN if 'ActiveCode'=K
Name	8	31	
County	39	2	See Appendix C.
OutOfState	41	1	'Y' if provider is located outside of Ohio, 'N' otherwise
PrevNumber	42	7	Not used by AHS
NewNumber	49	7	Not used by AHS
Type	56	2	MITs provider type codes
Specialty1	58	3	MITs primary specialty code
Specialty2	61	3	MITs other specialty code
Telephone	64	10	
Address1	74	28	
Address2	102	28	
City	130	18	
State	148	2	
Zip	150	5	
LicenseNumber	155	13	
ActiveCode	168	1	'1' if the provider has a MPN, 'K' if the provider is using a PRN
Status Date	169	8	If there is more than one 'AC'tive contract use the earliest dte_effective.
NPI	177	10	Provider's National Provider Identifier
NPI Type	187	9	If t_pr_svc_loc.ind_healthcare = 'N' then set to 'A' else set to 'T'
NPI VIND	196	1	NPI verified indicator. If T_PR_IDENTIFIER.IND_NPI_VERIFY = 'Y' then set to 'V' else set to 'U'.
NPI Begin Date	197	8	Effective date of NPI.
NPI End Date	205	8	End date of NPI.
DEA Number	213	9	Providers Drug Enforcement Agency Identifier.
PCRI Attestation Verification	222	1	PCRI Attestation Verification Indicator. Only care about 'A' values. Return a space for all other values or for nulls. IF cde_verification_status != 'A' then set to ' ' else if cde_verification_status = 'A' set to 'A'.
PCRI Begin Date	223	8	PCRI date effective. Only for provider type 19/20, and only if the attestation verification indicator is 'A'.
Specialty3	231	3	MITs code representing the specialized area of practice for a provider. May be spaces.
Specialty4	234	3	MITs code representing the specialized area of practice for a provider. May be spaces.
Specialty5	237	3	MITs code representing the specialized area of practice for a provider. May be spaces.
Specialty6	240	3	MITs code representing the specialized area of practice for a provider. May be spaces.
Specialty7	243	3	MITs code representing the specialized area of practice for a provider. May be spaces.

Specialty8	246	3	MITS code representing the specialized area of practice for a provider. May be spaces.
Specialty9	249	3	MITS code representing the specialized area of practice for a provider. May be spaces.
Specialty10	252	3	MITS code representing the specialized area of practice for a provider. May be spaces.
Specialty11	255	3	MITS code representing the specialized area of practice for a provider. May be spaces.
Specialty12	258	3	MITS code representing the specialized area of practice for a provider. May be spaces.
Tax ID (SSN or EIN)	261	9	The Provider Tax-ID. This is a 9-digit character string, and is either an SSN or an EIN.
Tax ID Indicator	270	1	The Tax-ID indicator character that describes what kind of tax-id is being reported. An 'S' indicator value signifies that the tax-id is an SSN, and an 'F' indicator value signifies that the tax-id is a FEIN/EIN.

## File: PCH Report

The State PCH (PCP/FTE, Capacity, and Hospital) report is currently sent to MCPs on a weekly basis in a PDF format. AHS will continue to send the weekly PCH report in PDF format. In addition to the PDF format, AHS will also make available the same report in a CSV format. The new CSV formatted report will be emailed along with weekly PCH report in PDF format.

The purpose of sending the CSV format in addition to the PDF format is to allow MCPs to be able to programmatically compare the reported numbers against the MCPs' internal database. The current PDF format is suitable for human reading, while the CSV format can be imported and processed programmatically.

(Please note that MCPs can choose to not use the CSV formatted report. AHS is simply making this available as a value-added service. The content of both PDF and CSV versions are the same, only displayed in a different manner.)

Field Name	Format (Max)	Applies to	Req	Description
Region Name	@(50)	ABD & CFC	Yes	The region name.
County Name	@(50)	ABD & CFC	Yes	The county name.
Program Name	@(10)	ABD & CFC	Yes	The program name (ABD or CFC).
County PCP Minimum	#(5)	ABD	No	The required minimum number of PCPs for this county.
County PCP Actual	#(5)	ABD	No	The actual number of PCPs counted in this county.
County FTE Minimum	#(10)	CFC	No	The required minimum number of FTEs for this county.
County FTE Actual	#(10)	CFC	No	The actual number of FTEs counted in this county.
County Capacity Minimum	#(10)	ABD & CFC	Yes	The required minimum Capacity value for this county.
County Capacity Actual	#(10)	ABD & CFC	Yes	The actual number of Capacity counted in this county.
County Hospital Minimum	#(5)	ABD & CFC	No	The required minimum number of Hospitals for this county.
County Hospital Actual	#(5)	ABD & CFC	Yes	The actual number of Hospitals counted in this county.
Region PCP Minimum	#(5)	ABD	No	The required minimum number of PCPs for this Region.
Region PCP Actual	#(5)	ABD	No	The actual number of PCPs counted in this Region.
Region FTE Minimum	#(10)	CFC	No	The required minimum number of FTEs for this Region.
Region FTE Actual	#(10)	CFC	No	The actual number of FTEs counted in this Region.
Region Capacity Minimum	#(10)	ABD & CFC	Yes	The required minimum Capacity value for this Region.
Region Capacity Actual	#(10)	ABD & CFC	Yes	The actual number of Capacity counted in this Region.
Region Hospital Minimum	#(5)	ABD & CFC	Yes	The required minimum number of Hospitals for this Region.
Region Hospital Actual	#(5)	ABD & CFC	Yes	The actual number of Hospitals counted in this Region.
Additional PCPs Required	#(5)	ABD	No	The number of additional PCPs required in this region.
Additional FTEs Required	#(20)	CFC	No	The number of additional FTEs required in this region.
Additional Capacity Required	#(10)	ABD & CFC	No	The number of additional Capacity required in this region.
Additional Hospitals Required	#(5)	ABD & CFC	No	The number of additional Hospitals required in this region.
Specific Hospital Numbers (CFC Only)	@(14)	CFC	No	List of Hospital Numbers that MCP currently has contracted that are required in this region. The numbers are separated by semicolons (;). Example: 0058;0052;0152  The requirement for this field is related to the "Additional Hospitals Required" field above. If the "Additional Hospitals Required" is 3, there must be 3 separate hospital numbers in this field for the requirement to be met.

## ***File: Practitioner Report***

The State Practitioner report is currently sent to MCPs on a weekly basis in a PDF format. AHS will continue to send the weekly Practitioner report in PDF format. In addition to the PDF format, AHS will also make available the same report in a CSV format. The new CSV formatted report will be emailed along with weekly Practitioner report in PDF format.

The purpose of sending the CSV format in addition to the PDF format is to allow MCPs to be able to programmatically compare the reported numbers against the MCPs' internal database. The current PDF format is suitable for human reading, while the CSV format can be imported and processed programmatically.

(Please note that MCPs can choose to not use the CSV formatted report. AHS is simply making this available as a value-added service. The content of both PDF and CSV versions are the same, only displayed in a different manner.)

<b>Field Name</b>	<b>Format (Max)</b>	<b>Applies to</b>	<b>Req</b>	<b>Description</b>
Region Name	@(50)	ABD & CFC	Yes	The region name.
County Name	@(50)	ABD & CFC	Yes	The county name.
Program Name	@(10)	ABD & CFC	Yes	The program name (ABD or CFC).
Specialty Report Category	@(50)	ABD & CFC	Yes	The name of the ODM Specialty Reportable Category.
County Specialty Minimum	#(10)	ABD & CFC	Yes	The minimum requirement for this county.
County Specialty Actual	#(10)	ABD & CFC	Yes	The actual number counted in this county.
Region Specialty Minimum	#(10)	ABD & CFC	Yes	The minimum requirement for this Region.
Region Specialty Actual	#(10)	ABD & CFC	Yes	The actual number counted in this Region.
Board Certified Minimum	#(10)	CFC	No	The minimum number of board certified pediatricians required in the region.
Board Certified Actual	#(10)	CFC	No	The actual number of board certified pediatricians counted in the region.
Maximum Pediatric Dentists	#(10)	CFC	No	The Maximum number of pediatric dentists allowed in the region.
Actual Pediatric Dentists	#(10)	CFC	No	The Actual number of pediatric dentists counted in the region.

## ***Appendices***

As of 8/18/2008, Appendices have been expanded and moved out of this document into the “MCPN Appendices” spreadsheet, which includes:

- 1) A1: Provider Types
- 2) A2: License Number Format
  - a. Describes the License number formats based on the Provider’s board and specialty type.
- 3) B1: Specialty Types
  - a. List of Specialty codes available, along with how each one maps to the Consumer Search Categories and ODM Report Categories.
- 4) B2: Specialty Consumer Search Categories
  - a. Describes the aggregated categories made available to consumers via the online Provider Search.
  - b. Consumers can choose from this list of Specialty categories; the detail Specialty Type will show up in the detail Provider / Group location pages.
- 5) B3: Specialty ODM Report Categories
  - a. Describes the list of Practitioners (Specialists) that will be reported to ODM.
- 6) C: County Codes
- 7) D: Language Codes
- 8) E: Error Codes
  - a. Error codes that will be appended in the last column of each Response File, if any error exists with the record submitted by MCP.