



Medicaid Information  
Technology System

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# Comprehensive Primary Care Practice Data Submission Specifications

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3.2	09/27/2019	Kalpana Koganti (DXC)	Updated per feedback from ODM
4.0	12/18/2019	Kalpana Koganti (DXC)	Revised version – Added Header Information for all files related to CPC Attribution program and File D Column Name changes due to CCRB 61798 – CPC for Kids Attribution PCR001

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# 1 INTRODUCTION

## 1.1 Purpose

As required in the Medicaid Managed Care Plan Provider Agreement, the Medicaid Managed Care plan (MCP) must attribute members to a valid primary care provider (PCP) as specified in OAC 5160-1-71 for all members enrolled in the MCP. The MCP must submit an electronic file (“MCP Primary Care Practice Attribution Data File”) of attribution data for all specified members to the Ohio Department of Medicaid (ODM) quarterly.

This document describes the file layout, data field definitions, submission procedures, and attribution methodology to be used for the reporting of the MCP’s attribution data as part of the MCP Primary Care Practice Attribution Data File. Full replacement MCP Primary Care Practice Attribution Data Files must be submitted to the ODM by the 2<sup>nd</sup> Friday of the month following the end of the calendar year quarter (e.g. January 10<sup>th</sup>, 2020, April 10<sup>th</sup>, 2020 etc.). File delivery dates are specified under the section “6.12 Submission dates for the MCP Primary Care Practice Attribution Data File (File Q)” of this document.

Prior to the submission date for each quarter, ODM will supply MCP-specific enrollment files containing all members by the enrollment month; each member that appears in the final validated enrollment file provided by the ODM must also appear in the MCP’s primary care practice attribution data file submission.

On a quarterly basis, ODM will generate an initial MCP-specific Medicaid’s Managed Care Plan Quarterly Enrollment File to be used by the MCP to validate enrollment for submitting attribution data files. ODM’s Medicaid Managed Care Plan Quarterly Enrollment File will serve as a recipient master file with the most current MCP enrollment information, as stored in the Medicaid Information Technology System (MITS) reporting system, for the previous calendar year up through the first day of the last month of the calendar quarter (e.g., June 1, 2019, September 1, 2019, etc.). The MCP must submit a file to ODM specifying any enrollment span deletions and/or additions pertaining to the enrollment information in Medicaid’s Medicaid Managed Care Plan Quarterly Enrollment File or confirm that the MCP does not have any changes to ODM’s enrollment information. If the MCP submits addition and/or deletion information, the MCP 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 MCP’s data files should be sent by the MCPs to the Bureau of Managed Care for resolution, including potential system corrections to member enrollment. ODM will use the validated enrollment data set, including additions and deletions submitted by the MCP, to calculate

attribution-related metrics. In addition, the MCPs must use validated enrollment data to submit full replacement MCP Primary Care Practice Attribution Data Files on a quarterly basis.

On a quarterly basis, the MCP must submit a complete MCP Primary Care Practice Attribution Data File including all members specified above. Separate data rows must be submitted each time a member changes their primary care provider; simultaneous rows for different primary care providers may not overlap. Each row in the data submission should be representative of the unique primary care provider a member was assigned to for the specified date span associated with that data row, including both the rendering (individual) and group practice (billing) Medicaid provider IDs and NPIs. Please see Appendix B for an example of how to submit full replacement information.

In addition to Managed Care population, the 'MCP-specific enrollment file' may include MyCare population. Prior to January 2019, two separate enrollment files used to be created – One for Managed Care and another for MyCare population, but now these two files have been combined into a single enrollment file. ODM may still require the plans to submit separate or additional files for members for other purposes, such as quality metric calculations. This document only covers the files required to complete CPC attribution.

The following CPC files sent by MCPs to ODM are now allowed to contain MyCare members.

- (a) Add/Delete enrollment file
- (b) MCP Attribution Input file

MyCare members will be marked for exclusion due to dual eligibility, during the creation of the 'MCP payment and attribution' file.

This document also includes specifications for File D, MCP Payment and Attribution Validation File which is used by MCPs to confirm quarterly attribution, payment, and the results of Ohio CPC standard exclusions.

## 1.2 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 primary care provider and patient centered medical homes data file submitted to the ODM—must be submitted only via secure file transfer protocol.



## 1.3 Definitions, Acronyms, and Abbreviations

The first-time usage of any term, acronym, or abbreviation within this document are defined in the table below.

*Table 1. Definitions, Acronyms, and Abbreviations*

Term	Definition
CPC	Comprehensive Primary Care Program
DXC	DXC Technology. The Enterprise Services business of DXC Technology was formerly owned and operated by Hewlett Packard Enterprise. As of March 31, 2017, this business is owned and operated by DXC Technology.
MCP	Managed Care Plan
MIT	Medicaid Information Technology System. Medicaid Claims Processing and Information System.
MMIS	Medicaid Management Information System
NPI	National Provider Identifier
ODM	Ohio Department of Medicaid
PCP	Primary Care Provider
PMP	Primary Managed Care Plan. The Managed Care Plan assigned to a consumer who is enrolled in a Managed Care program.
PMPM	Per Member Per Month
PS	Provider Specialty
PT/PS	Provider Type/Provider Specialty
PT	Provider Type

## 1.4 Audience

This document has been developed specifically for the Medicaid Managed Care Plan (MCP) by DXC Technology (DXC) based on information gathered from ODM, federal and/or state mandates, and other interfacing agencies who may partner with ODM in the delivery of this CPC Data Submission Specification Document. This document will also be used by the DXC and MCP testing teams to form both a testing strategy and the generation of testing scenarios.

## 1.5 Distribution List

The following table represent the corresponding email address for each Medicaid Managed Care Plan.

*Table 2. Distribution List*

Name	Role	Representing	
ODM	Medicaid Administrator	Ohio Department of Medicaid	
MCP	Managed Care Plans	Distribution list for MCPs	
		<b>MCP Plan</b>	<b>Distribution Email</b>
		PARAMOUNT	<a href="mailto:advantagecompliance@promedica.org">advantagecompliance@promedica.org</a>
		BUCKEYE	<a href="mailto:buckeyecompliance@centene.com">buckeyecompliance@centene.com</a>
		CARESOURCE	<a href="mailto:odjfs@caresource.com">odjfs@caresource.com</a>
		MOLINA	<a href="mailto:GovernmentContracts.MHO@MolinaHealthCare.com">GovernmentContracts.MHO@MolinaHealthCare.com</a>
UNITED HEALTHCARE	<a href="mailto:governmentaffairsohio@uhc.com">governmentaffairsohio@uhc.com</a>		

## 1.6 Update to MCP attribution and payment validation file (File D) for CPC Kids Attribution

ODM is making substantive changes to the CPC program policy for the 2020 program year, including adding an option for practices to enroll as a “CPC Kids” practice

MCP attribution and payment validation file (File D) is modified to include changes to the CPC Kids program and the Foster Care Indicator instead of the Foster Care exclusion flag.

Note: In order to be eligible for the CPC program, individual practices must have 500 attributed members on the anchor date (6/1 of the year). In order to be eligible for CPC Program, partnerships must have a total of 500 attributed members on the anchor date (6/1 of the year) AND each of the practices within the partnership must have 150 attributed members on the anchor date (6/1 of the year).

In order to be eligible for the CPC For Kids program, individual practices must have 150 attributed members under the age of 21 on the anchor date (6/1 of the year). In order to be eligible for the CPC For Kids program, partnerships must have a total of 150 attributed members under the age of 21 on the anchor date (6/1 of the year).

File D represents a “package” of attribution and payment validation files, used by MCPs to confirm quarterly attribution, payment, and the results of Ohio CPC standard exclusions. File D consists of three sets of data, contained on separate tabs within an Excel deliverable:

Tab 1 – MCP PMPM payment provider-level data

Tab 2 – MCP PMPM payment member-level data

Tab 3 – MCP master attribution payment member-level file

## 2 CPC MEDICAID MANAGED CARE PLAN QUARTERLY ENROLLMENT FILE (FILE R)

File R (Enrollment File) is produced by DXC for the MCPs. The enrollment files contain the enrollment data pulled from MITS for the MCPs to cross-check to correct any enrollment inaccuracies. For each quarterly CPC attribution process, DXC must create MCP specific CPC Medicaid Managed Care Plan Quarterly Enrollment Files from the most recent Recipient Vendor extract with the following data elements:

- Recipient ID - Recipient Medicaid ID
- Effective Date - Effective date of PMP Assignment
- End Date - End Date of PMP Assignment

### 2.1 Data File Naming Convention for the CPC Medicaid Managed Care Plan Quarterly Enrollment File (File R)

The CPC Medicaid Managed Care Plan Quarterly Enrollment File **must** adhere to the following naming convention:

**CPC\_Medicaid\_Managed\_Care\_Plan\_Quarterly\_Enrollment\_File\_YYYY\_Q<n>\_<MCP-name>.csv**

*Table 3. Naming Convention for File R*

File Name	File Label	Naming Convention
MCP-specific enrollment file	File R	CPC_Medicaid_Managed_Care_Plan_Quarterly_Enrollment_File_YYYY_Q<n>_<MCP-name>.csv Where YYYY = Year of File creation Q<n> = Quarter number <MCP-name> = Name of corresponding MCP

## 2.2 Header for the CPC Medicaid Managed Care Plan Quarterly Enrollment File (File R)

CPC Medicaid Managed Care Plan Quarterly Enrollment File must include the following header.

Table 4. Header for File R

File Header
Recipient_ID,dte_effective,dte_end

## 2.3 Data File Format for the CPC Medicaid Managed Care Plan Quarterly Enrollment File (File R)

The file format of the CPC Medicaid Managed Care Plan Quarterly Enrollment File **must** be a comma-separated values.

## 2.4 Data Field Definitions and Submission Specifications for CPC Medicaid Managed Care Plan Quarterly Enrollment (File R)

CPC Medicaid Managed Care Plan Quarterly Enrollment File must include the following data elements:

- Recipient ID - Recipient Medicaid ID
- Effective Date - Effective date of PMP Assignment
- End Date - End Date of PMP Assignment

Table 5. CPC Data Field Definition for File R

Data File Field Name	Description	Field Type	Submission Specifications
Recipient Medicaid ID	12-digit Recipient identification number of the enrolled member	Number	000000000001-999999999999
Effective Date	Effective date of PMP Assignment. The member's enrollment effective date with the plan if different from ODM's	Date	Eight-digit date format: mm/dd/yyyy

Data File Field Name	Description	Field Type	Submission Specifications
	file. Each enrollment span, if there are more than one for a recipient, should be submitted as a separate record.		
End Date	End Date of PMP Assignment. The member's enrollment end date with the plan if different from ODM's file. Open span end dates should be submitted as 12/31/2299.	Date	Eight-digit date format: mm/dd/yyyy

## 2.5 File Submission for the CPC Medicaid Managed Care Plan Quarterly Enrollment (File R)

Transfer the Managed Care specific CPC Medicaid Managed Care Plan Quarterly Enrollment Files to the appropriate Managed Care Plans. For example, send the file containing recipients in the Buckeye Managed Care Plan to Buckeye. Send an email to the specific CPC Medicaid Managed Care Plan when the CPC Medicaid Managed Care Plan Quarterly Enrollment File is sent to specific MCPs. Refer to **Section 1.5, Table 2** for Distribution list of MCPs.

## 2.6 Pickup location for CPC Medicaid Managed Care Plan Quarterly Enrollment: File R

Starting January 1, 2019, MCPs must pick up and drop off all files related to CPC Attribution as referenced in this document to DXC's MFT TIBCO server. DXC Technology is a contracted service provider with the ODM (Ohio Department of Medicaid) and supporting the CPC program. Please send questions regarding the file pickup and drop off to: [Ohio\\_CPC@medicaid.ohio.gov](mailto:Ohio_CPC@medicaid.ohio.gov)

For connecting to DXC server, use the following IP address:

**192.85.128.28** (when connecting from outside of state network) or

66.145.46.128 (when connecting from State Network)

The pickup locations on DXC's server is as follow:

*Table 6. Pickup Folder Location for MCPs*

<b>File Name</b>	<b>File label</b>	<b>Naming convention</b>	<b>Pickup folder location</b>
MCP-specific enrollment file	File R	CPC_Medicaid_Managed_Care_Plan_Quarterly_Enrollment_File_YYYY_Q<n>_<MCP-name>.csv  Where YYYY = Year of File creation  Q<n> = Quarter number  <MCP-name> = Name of corresponding MCP	/admind/export/FTP/mcp/<mcp-name>/prod/plan/pickup/CPC

### 3 MEDICAID MANAGED CARE PLAN'S ADDITION AND DELETION ENROLLMENT DATA FILE (FILE R – ADD/DELETE)

Medicaid Managed Care Plan's Addition and Deletion Enrollment Data File is produced by MCPs for ODM/DXC. The file includes the recipient records which should be added or deleted by DXC, from the initial File R that was submitted to MCPs.

In case an MCP does not have any changes to the enrollment information, then they do not have to submit any Add-Delete file for that quarter. But in such a case, they must send an email confirmation of 'no file submission' to the following email ids:

1. Ohio\_CPC@medicaid.ohio.gov
2. ohio\_mits\_data\_analytics\_group.sendas@dxc.com

#### 3.1 Data File Naming Convention for the CPC Medicaid Managed Care Plan's Addition and Deletion Enrollment (File R-Add/Delete)

The CPC Medicaid Managed Care Plan's Addition and Deletion Enrollment File **must** adhere to the following naming convention:

**MMCxxxMMYY.REnn.csv**

*Table 7. Naming Convention for File R -Add/Delete*

Position	Symbol	Description
1-3	MMC	MMC = Medicaid Managed Care
4-6	xxx	xxx = Submitter ID
7-8	MM	MM = Month of submission
9-10	YY	YY = Year of submission
11-13	RE	RE = Recipient Enrollment
14-15	nn	The revision number for file submission during a quarter. E.g. 00, 01, 02 etc.

Position	Symbol	Description
		Note: “00” should be used for the first file submission during a quarter. This number should increase by 1 with each new file submission.

For example: File name for the first submission of Add-Delete file for January 2020 would be:

MMCxxx0120.RE00.csv

### 3.2 Header for the CPC Medicaid Managed Care Plan’s Addition and Deletion Enrollment (File R – Add/Delete)

Medicaid Managed Care Plan’s Addition and Deletion Enrollment Data File must include the following header.

*Table 8. Header for File R – Add/Delete*

File header
Medicaid ID,Addition/Deletion Indicator,Enrollment Effective Date,Enrollment End Date

### 3.3 Data File Format for the CPC Medicaid Managed Care Plan’s Addition and Deletion Enrollment (File R – Add/Delete)

The file format of the CPC Medicaid Managed Care Plan’s addition and deletion must be a comma-separated values.



### 3.4 Data Field Definitions and Submission Specifications for CPC Medicaid Managed Care Plan Addition and Deletion Enrollment (File R – Add/Delete)

Medicaid Managed Care Plan's Addition and Deletion Enrollment Data File must include the following data elements.

- Medicaid ID
- Addition/Deletion Indicator
- Enrollment Effective Date
- Enrollment End Date

*Table 9. Data Field Definition for File R -Add/Delete*

Data Filed Name	Description	File Type	Submission Specifications
Medicaid ID	Member's 12-digit Medicaid ID number	Number	000000000001-999999999999
Addition/Deletion Indicator	Indicates whether the MCP is adding or deleting an enrollment span from ODM's file: A=addition; D=deletion	Text	A, D
Enrollment Effective Date	The member's enrollment effective date with the plan	Date	Eight-digit date format: mm/dd/yyyy
Enrollment End Date	The member's enrollment end date with the plan	Date	Eight-digit date format: mm/dd/yyyy

### 3.5 Drop-off location for the CPC Medicaid Managed Care Plan's Addition and Deletion Enrollment (File R – Add/Delete)

The CPC Medicaid Managed Care Plan should drop off the CPC Medicaid Managed Care Plan Addition and Deletion File along with the Data File Submission Letter of Certification to following drop-off folder:

Table 10. Drop-Off location:

File Name	File Label	Naming Convention	Drop-off Folder location
MCP Add/Delete Enrollment File	Add/Delete file	MMCxxxmmyy.REnn.csv Where xxx = MCP submitter id  mm = month of submission  yy = year of submission  RE = Recipient Enrollment  nn = The revision number for file submission during a quarter.	/admind/export/FTP/mcp/<mcp- name>/prod/plan/dropoff/

## 4 DATA FILE SUBMISSION CERTIFICATION FORM FOR FILE R - ADD/DELETE

Pursuant to 42 CFR 438.604 and 438.608, the MCP is required to certify the accuracy, completeness, and truthfulness of data and documents submitted to the ODM that may affect Plan payment. The MCP is required to provide a data certification form for each primary care provider and patient centered medical home's data file submission.

A copy of the data file submission certification form is found in Appendix D of this document.

Only File R (A&D) submitted with a data file submission certification form will be accepted by the ODM. The ODM staff will only follow up with the MCP if a form has not been submitted with the initial file.

### 4.1 Data File Naming Convention for the Certification Form for File R - ADD/DELETE

The MCP Primary Care Practice Attribution Data File **must** adhere to the following file naming convention:

**CERTIFICATION\_MMCxxxMMYY.REnn.pdf**

*Table 11. Naming Convention for Certification Form for File R - ADD/DELETE*

Position	Symbol	Description
1-13	CERTIFICATION_	Prefix to indicate that this is a certification form
14-16	MMC	MMC = Medicaid Managed Care
17-19	xxx	xxx = Submitter ID
20-23	MMYY	mm = Month of submission yy = Year of submission
24-26	.RE	.RE = Recipient Enrollment
27-28	nn	nn = The revision number for file submission during a quarter. E.g. 00, 01, 02 etc.  Note: "00" should be used for the first file submission during a quarter. This number should increase by 1 with each new file submission.

For example, the file name for the first file submission for January 2020 should be:

CERTIFICATION\_MMCxxx0120.RE00.pdf

## 4.2 Data File Format for the Certification Form for File R - Add/Delete

The file format of the CPC Medicaid Managed Care Plan's addition and deletion must be a PDF.

## 4.3 Data Field Definitions and Submission Specifications for the Certification Form for File R - Add/Delete

The certification form for Medicaid Managed Care Plan's Addition and Deletion Enrollment Data File must include the following data elements.

- Date
- Signature of CEF, CFO, or Delegated authority
- Print Name
- File Name
- Indication of First-time/ Resubmission file
- Name of MCP Submitted
- Electronic media submitter name
- MCP Submitter ID
- Address
- Telephone number

Table 12. Data Field Definition for Certification Form for File R – Add/Delete

Data Filed Name	Description	File Type	Submission Specifications
Date	Date of file submission	Date	Eight-digit date format: mm/dd/yyyy
Signature of CEF, CFO	Signature of delegated authority	N/A	N/A
Print Name	Name of the delegated authority	Text	N/A
File name	Name of the file for which the certification form is being submitted	Cross Mark	Recipient Addition and Deletion Enrollment Data File
Indication of First-time/ Resubmission file	Cross mark to indicate whether the file is being submitted for the first time or Resubmission	Cross Mark	N/A
Name of MCP Submitted	Name of the Payer	Text	Buckeye, CareSource, Molina, Paramount, United
Electronic media submitter name	Name of the Electronic media submitter	Text	N/A
MCP Submitter ID	3-digit MCP submitter ID	Number	420, 315, 731, 325, 761
Address	Address of the MCP	Text	N/A
Telephone Number	Phone number	Number	N/A

## 4.4 Drop-off location for the Certification Form for File R - Add/Delete

The CPC Medicaid Managed Care Plan should drop off the Certification Form for File R - Add/Delete to following drop-off folder:

Table 13. Drop-Off location:

File Name	File Label	Naming Convention	Drop-off Folder location
Certification for MCP Add/Delete Enrollment File	Certification for Add/Delete file	<p><b>CERTIFICATION_MMCxx xMMYY.REnn.pdf</b></p> <p>Where xxx = MCP submitter id</p> <p>mm = month of submission</p> <p>yy = year of submission</p> <p>RE = Recipient Enrollment</p> <p>nn = The revision number for file submission during a quarter.</p>	<b>/admind/export/FTP/mcp/&lt;mcp-name&gt;/prod/plan/dropoff/</b>

## 5 CPC MEDICAID MANAGED CARE QUARTERLY ENROLLMENT FILE R (REVISED FILE R)

DXC will generate the Revised File R by deleting the corresponding Medicaid Managed Care member with the Delete indicator in the CPC Medicaid Managed Care Plan Addition and Deletion File and by adding the corresponding Managed Care member with the Addition indicator in the CPC Medicaid Managed Care Plan Addition and Deletion File received from MCPs.

If a CPC Medicaid Managed Care Plan did not submit Addition and Deletion Enrollment file (File R – Add/Delete), then the Revised File R will not be created for that CPC Medicaid Managed Care Plan during the given quarterly cycle.

### 5.1 Data File Naming Convention for the CPC Medicaid Managed Care Quarterly Enrollment File R (Revised File R)

Revised File R is be created by DXC after receiving Add-Delete file from MCPs. In case an MCP did not have any changes to the enrollment information, then would not have submitted any Add-Delete file for that quarter. In such a case, the Revised File R will also not be created for that MCP during the given quarter.

The naming convention for the CPC Medicaid Managed Care Quarterly Enrollment File R (Revised File R) is almost same as the naming convention for the CPC Medicaid Managed Care Quarterly Enrollment File R (Initial File R). The only difference is, the Revised File R will add the suffix \_v2 to the file name. The suffix indicates that any enrollment span deletions and/or additions has been implied to the file.

The CPC Medicaid Managed Care Plan Quarterly Enrollment File (Revised File R) **must** adhere to the following naming convention:

**CPC\_Medicaid\_Managed\_Care\_Plan\_Quarterly\_Enrollment\_File\_YYYY\_Q<n>\_<MCP-name>\_v<nn>.csv**

*Table 14. Naming Convention for Revised File R*

File Name	File Label	Naming Convention
Revised Enrollment File	Revised File R	CPC_Medicaid_Managed_Care_Plan_Quarterly_Enrollment_File_YYYY_Q<n>_<MCP-name>_v<nn>.csv Where YYYY = Year of File creation

File Name	File Label	Naming Convention
		<p>Q&lt;n&gt; = Quarter number</p> <p>&lt;MCP-name&gt; = Name of corresponding MCP</p> <p>v = Prefix indicating that the number following it is will indicate the version number</p> <p>nn = The version number for file submission during a quarter.</p> <p>E.g. <b>02</b>, 03, 04 etc. Note: “<b>02</b>” will be used as version number <u>for the first time</u> CPC Medicaid Managed Care Quarterly Enrollment file is revised. This number should increase by 1 with each new file submission.</p> <p>E.g. the first time Revised File R is created for Q1 2020, it will be names as:</p> <p>CPC_Medicaid_Managed_Care_Plan_Quarterly_Enrollment_File_2020_Q1_&lt;MCP-name&gt;_v<b>02</b>.csv</p>

## 5.2 Header for the CPC Medicaid Managed Care Quarterly Enrollment File R (Revised File R)

CPC Medicaid Managed Care Plan Quarterly Enrollment File (Revised File R) must include the following header.

*Table 15. Header for Revised File R*

File Header
Recipient_ID,dte_effective,dte_end

## 5.3 Data File Format for the CPC Medicaid Managed Care Quarterly Enrollment File R (Revised File R)

The file format of the CPC Medicaid Managed Care Plan Quarterly Enrollment File (Revised File R) must be a comma-separated values.



## 5.4 Data Field Definitions and Submission Specifications for CPC Medicaid Managed Care Plan Quarterly Enrollment File (Revised File R)

CPC Medicaid Managed Care Plan Quarterly Enrollment File (Revised File R) must include the following data elements:

- Recipient ID - Recipient Medicaid ID
- Effective Date - Effective date of PMP Assignment
- End Date - End Date of PMP Assignment

*Table 16. CPC Data Field Definition and submission specification for Revised File R*

Data File Field Name	Description	Filed Type	Submission Specifications
Recipient Medicaid ID	12-digit Recipient identification number of the enrolled member	Number	000000000001-999999999999
Effective Date	Effective date of PMP Assignment	Date	Eight-digit date format: mm/dd/yyyy
End Date	End Date of PMP Assignment	Date	Eight-digit date format: mm/dd/yyyy

## 5.5 Pickup location for CPC Medicaid Managed Care Plan Quarterly Enrollment File (Revised File R)

The pickup location on DXC's server is as follows:

*Table 17. Pickup Folder Location for MCPs*

File Name	File label	Naming convention	Pickup folder location
MCP-specific enrollment file (Revised File R)	Revised File R	CPC_Medicaid_Managed_Care_Plan_Quarterly_Enrollment_File_YYYY_Q<n>_<MCP-name>_v<nn>.csv Where YYYY = Year of File creation Q<n> = Quarter number <MCP-name> = Name of corresponding MCP	/admind/export/FTP/mcp/<mcp-name>/prod/plan/pickup/CPC

File Name	File label	Naming convention	Pickup folder location
		<p>v = Prefix indicating that the number following it is will indicate the version number</p> <p>nn = The version number for file submission during a quarter.</p> <p>E.g. <b>02</b>, 03, 04 etc. Note: “<b>02</b>” will be used as version number <u>for the first time</u> CPC Medicare Managed Care Quarterly Enrollment file is revised. This number should increase by 1 with each new file submission.</p> <p>E.g. the first time Revised File R is created for Q1 2020, it will be names as:</p> <p>CPC_Medicare_Managed_Care_Plan_Quarterly_Enrollment_File_2020_Q1_&lt;MCP-name&gt;_v<b>02</b>.csv</p>	

## 6 OHIO COMPREHENSIVE PRIMARY CARE (CPC) ATTRIBUTION METHODOLOGY

This section describes the methodology for attributing members to valid primary care practices for purposes of the Ohio CPC program.

### 6.1 Attribution criteria for members

Members are attributed in order according to three criteria:

- **First criteria:** assign members based on member choice
- **Second criteria:** if member choice is not available or the member has relevant claims with a different rendering and billing provider, assign the member based on relevant evaluation and management (E&M) claims from visits
- **Third criteria:** if neither member choice nor visit claims are available, assign the member based on non-claims considerations (e.g. geography and demographic data, additional information follows)

Attribution sent to ODM may change from quarter to quarter based on member preference (i.e. member exhibits new or changed choice) or member behavior (i.e. new attribution assessed through claims from visits). The PCP Assignment method listed on the file should reflect the most recent means by which the member was attributed.

### 6.2 Definition of relevant provider type and specialty

Only PCPs with both the relevant provider type and the associated relevant specialty type (referenced in *Table 18. PCP definition by provider type and specialty* below) may receive Ohio CPC attributed members. If there are multiple provider types or specialties for a given PCP, the PCP is eligible to receive attributed members if any of the providers' type and specialties match those used for Ohio CPC attribution. This table indicates the valid provider type and specialty combinations for both valid PCPs (rendering provider) and CPC practices (billing provider).

Professional medical groups billing under a hospital's Medicaid Billing ID (i.e., provider type 01) are eligible for Ohio CPC attribution. Urgent Care Centers are considered ineligible for attribution. A billing provider with >50% of evaluation and management (E&M) claims having Urgent Care Facility as the Place of Service (i.e., Place of Service = 20) is identified as an Urgent Care Center and is excluded from attribution for purposes of Ohio CPC.

Table 18. PCP definition by provider type and specialty

Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description
01	Hospital	001	General Hospital
01	Hospital	005	Children's Hospital
01	Hospital	006	Major Teaching Hospital
01	Hospital	010	Critical Access Hospital
05	Rural Health Clinic	050	Rural Health Clinic Medical
12	Federally Qualified Health Center	121	FQHC Medical
20	Physician/Osteopath Individual	207	Family Practice
20	Physician/Osteopath Individual	201	General Practice
20	Physician/Osteopath Individual	263	General Preventive Medicine
20	Physician/Osteopath Individual	209	Internal Medicine
20	Physician/Osteopath Individual	215	Pediatric
20	Physician/Osteopath Individual	342	Public Health & Gen Preventive Med
20	Physician/Osteopath Individual	274	Internal Medicine/Pediatrics
20	Physician/Osteopath Individual	216	Geriatric
21	Professional Medical Group	021	Professional Medical Group
24	Physician Assistant	240	Physician Assistant
50	Clinic	500	Primary Care Clinic
50	Clinic	501	Public Health Clinic
65	Clinical Nurse Specialist Individual	215	Pediatric
65	Clinical Nurse Specialist Individual	651	Adult Health
65	Clinical Nurse Specialist Individual	216	Geriatric
72	Nurse Practitioner Individual	651	Adult Health

Provider Type	Provider Type Description	Provider Specialty	Provider Specialty Description
72	Nurse Practitioner Individual	207	Family Practice
72	Nurse Practitioner Individual	216	Geriatric
72	Nurse Practitioner Individual	215	Pediatric

### 6.3 Definition of relevant E&M visits for claims-based attribution

The following Evaluation and Management (E&M) visit and other codes are used for purposes of claims-based attribution for the Ohio CPC program.

*Table 19. Evaluation and Management visit and code range*

Code range	Description
99201-99205	Office/Outpatient Visit, New Patient
99211-99215	Office/Outpatient Visit, Established Patient
99381-99387	Initial Preventive Medicine Services, New Patient, Infant to age 65+
99391-99397	Periodic Preventive Medicine Reevaluation, Established Patient, Infant to age 65+
99401-99404	Preventive Counseling Individual
99411-99412	Preventive Counseling Group
99420-99429	Health Risk Assessment Test / Service
90465-90468	Immunization Administration
90471-90474	Immunization Administration
90460-90461	Immunization Administration

## 6.4 Logic for attribution of members to providers

### 6.4.1 Logic used for attribution of members to rendering provider

- The look-back period for identifying relevant E&M visits through claims is 18 months from the date of attribution with no claims run-out period.
- Identify which rendering and billing provider combination(s) occurred the most in the 18-month period.
  - If a tie, then use the rendering and billing provider combination with the most recent claim.
  - If no claims received during the look-back period, the member is not reassigned.
- If the identified rendering and billing provider are both different than the previous quarter's attribution, then reassign the member. If either the rendering or billing provider matches the prior quarters rendering or billing provider, do not reassign the member.
  - Example scenarios:
    - #1: Member is assigned to Dr. Smith at ABC Clinic in the prior quarter's attribution file. During the next quarter, Dr. Johnson at XYZ Clinic is identified as the provider/group that has seen the member the most during the look-back period. Member is reassigned to Dr. Johnson at XYZ Clinic.
    - #2: Member is assigned to Dr. Smith at ABC Clinic in the prior quarter's attribution file. During the next quarter, Dr. Smith at XYZ Clinic is identified as the provider/group that has seen the member the most during the look-back period. Member is not reassigned (because the rendering provider is unchanged).
    - #3: Member is assigned to Dr. Smith at ABC Clinic in the prior quarter's attribution file. During the next quarter, Dr. Johnson at ABC Clinic is identified as the provider/group that has seen the member the most during the look-back period. Member is not reassigned (because the billing provider is unchanged).
    - #4: Member is assigned to Dr. Smith at ABC Clinic in the prior quarter's attribution file. During the next quarter, Dr. Smith at ABC Clinic is identified as the provider/group that has seen the member the most during the look-back period. Member is not reassigned (because the rendering and billing provider is unchanged).

## 6.5 Overview of non-claims attribution

For members unable to be attributed to an Ohio CPC practice through either the first or second category of attribution (member choice or claims-based attribution), members will be attributed to a billing provider based on non-claims-based criteria. The non-claims based criteria used to attribute members are at the discretion of each MCP. However, example criteria that may be used to attribute members include:

- Map member's residence x/y coordinates
- Map provider service location x/y coordinates by provider type
- Use of ArcGIS Near and Point Distance tools to determine closest facilities in order of proximity
- Dichotomous provider type by appropriate age group (i.e., pediatric members assigned to pediatric practices)
- Attribution based on available capacity (potentially measured as number of Medicaid members per physician)

Non-claims based attribution should ensure the attributed practice is appropriate for the member (e.g., if a pediatric member is attributed to a practice, the practice is suitable for and able to accommodate the member).

## 6.6 Data File Name and Format for the MCP Primary Care Practice Attribution Data File (File Q)

The name for the MCP Primary Care Practice Attribution Data File data file contains unique characters identifying the file type, the submitter's ID, and the month and year of submission.

## 6.7 Data File Naming Convention for the MCP Primary Care Practice Attribution Data File (File Q)

The MCP Primary Care Practice Attribution Data File **must** adhere to the following file naming convention:

**MMPCPxxxMMYY.nn**

Table 20. Naming Convention for MCP Attribution Data File

Position	Symbol	Description
1-6	MMPCP	MMPCP= Medicaid Managed Care Primary Care Provider
7-9	xxx	xxx = Submitter ID
10-13	MMYY	MM = Month of submission YY = Year of submission
14-16	nn	nn = The version number for file submission during a quarter. E.g. 00, 01, 02 etc. Note: “00” should be used for the first file submission during a quarter. This number should increase by 1 with each new file submission.

For example, the file name for the first file submission for January 2020 would be: MMPCPxxx0120.00

## 6.8 Header for the MCP Primary Care Practice Attribution Data File (File Q)

MCP Primary Care Practice Attribution Data File must include the following header.

Table 21. Header for MCP Attribution Data File

File Header
Medicaid Recipient ID Primary Care Provider (Rendering Provider) Start Date Primary Care Provider (Rendering Provider) End Date Primary Care Provider (Rendering Provider) Medicaid Provider/ Reporting ID Primary Care Provider (Rendering Provider) NPI Primary Care Provider (Billing Provider) Start Date Primary Care Provider (Billing Provider) End Date Primary Care Provider (Billing Provider) Medicaid Provider/ Reporting ID Primary Care Provider (Billing Provider) NPI PCP Assignment Method

## 6.9 Data File Format for the MCP Primary Care Practice Attribution Data File (File Q)

The file format of the MCP Primary Care Practice Attribution Data File **must** be a pipe delimited text file.



## 6.10 Data Field Definitions and Submission Specifications for the MCP Primary Care Practice Attribution Data File (File Q)

The following fields **must** be reported on the full replacement *MCP Primary Care Practice Attribution Data File* provided each quarter. Note that a header line, with each of the Data Fields, **must** also be reported on the file:

Table 22. Data Field Definition and submission specification for CPC attribution file

Data Field	Definition	Submission Specifications	Field Type
Medicaid Recipient ID	Member's 12-digit Medicaid ID number	000000000001-999999999999	Character
Primary Care Provider (Rendering Provider) Start Date	The start date is the date that the individual selects or is assigned a PCP (rendering provider). The initial PCP start date must be on or after the member's enrollment effective date.	Eight-digit date format: mm/dd/yyyy	Date
Primary Care Provider (Rendering Provider) End Date	The PCP end date is the last calendar date before a member selects a new PCP, or the last calendar date the member is assigned to a particular PCP by the MCP.  For a member who is still assigned to the current PCP at the time of data submission, this field should be left blank. For a member who dis-enrolls from the MCP, the disenrollment effective date is the PCP end date.	Eight-digit date format: mm/dd/yyyy	Date
Primary Care Provider (Rendering Provider) Medicaid Provider/Reporting ID	The seven-digit Medicaid provider ID/provider reporting number assigned to the PCP (rendering provider).  Note: For every month of enrollment, a member must have a value in Primary Care Provider (Rendering Provider) Medicaid Provider/ Reporting ID data field with each quarterly submission.	N/A	Character

Data Field	Definition	Submission Specifications	Field Type
Primary Care Provider (Rendering Provider) NPI	<p>The ten-digit NPI number assigned to the PCP (rendering provider).</p> <p>Note: For every month of enrollment, a member must have a value in Primary Care Provider (Rendering Provider) NPI data field with each quarterly submission.</p>	N/A	Character
Primary Care Provider (Billing Provider) Start Date	<p>The start date is the date that the individual is attributed to a primary care practice associated with a billing provider (group practice). The initial primary care practice (billing provider) start date must be on or after the member's enrollment effective date.</p>	Eight-digit date format: mm/dd/yyyy	Date
Primary Care Provider (Billing Provider) End Date	<p>The primary care practice (billing provider) end date is the last calendar the member is attributed to a primary care practice by the MCP.</p> <p>For a member who is still assigned to the current PCP and associated billing provider at the time of data submission, this field should be left blank. For a member who dis-enrolls from the MCP, the disenrollment effective date is the PCP end date.</p>	Eight-digit date format: mm/dd/yyyy	Date
Primary Care Provider (Billing Provider) Medicaid Provider/Reporting ID	<p>The seven-digit Medicaid provider ID/provider reporting number assigned to the primary care practice's associated billing provider (group practice).</p> <p>Note: For every month of enrollment, a member must have a value in the Primary Care Provider (Billing Provider) Medicaid Provider/ Reporting ID data field with each quarterly submission.</p>	N/A	Character
	<p>The ten-digit NPI assigned to the primary care practice.</p> <p>Note: For every month of enrollment, a member must have a value in the</p>	N/A	Character

Data Field	Definition	Submission Specifications	Field Type
Primary Care Provider (Billing Provider) NPI	Primary Care Provider (Billing Provider) NPI data field with each quarterly submission.		
PCP Assignment Method	The method by which the member was assigned a PCP rendering and billing provider either through: member selection; claims-based assignment algorithm; or non-claims-based assignment algorithm.	C=Member selection A=Claims-based algorithm O=Other, non-claims-based algorithm	Character

## 6.11 Drop-off location for the MCP Primary Care Practice Attribution Data File (File Q)

The CPC Medicaid Managed Care Plan should drop off the MCP Primary Care Practice Attribution Data File to following drop-off folder:

Table 23. Drop-Off location:

File Name	File Label	Naming Convention	Drop-off Folder location
MCP Attribution File	File Q	MMCPCPxxxmmyy.nn.csv where xxx = MCP submitter id mm = month of submission yy = year of submission nn= version number, e.g. 00 for first version	/admind/export/FTP/mcp/<mcp-name>/prod/plan/dropoff/

## 6.12 Submission dates for the MCP Primary Care Practice Attribution Data File (File Q)

MCP Primary Care Practice Attribution Data Files must be submitted to the ODM by the 2<sup>nd</sup> Friday of the month following the end of the calendar year quarter.

Table 24. Submission Dates for MMCPCP Attribution Data File

Submission date	File to be delivered	Attribution date reflected in file	Quarter of Ohio CPC attribution and payment
October 14, 2019 <sup>1</sup>	<i>MCP Primary Care Practice Attribution Data File</i>	September 1, 2019	Winter (Q1) 2020
January 10, 2020	<i>MCP Primary Care Practice Attribution Data File</i>	December 1, 2019	Spring (Q2) 2020
April 10, 2020	<i>MCP Primary Care Practice Attribution Data File</i>	March 1, 2020	Summer (Q3) 2020
July 10, 2020	<i>MCP Primary Care Practice Attribution Data File</i>	June 1, 2020	Fall (Q4) 2020
October 9, 2020	<i>MCP Primary Care Practice Attribution Data File</i>	September 1, 2020	Winter (Q1) 2021
January 8, 2021	<i>MCP Primary Care Practice Attribution Data File</i>	December 1, 2020	Spring (Q2) 2021
April 9, 2021	<i>MCP Primary Care Practice Attribution Data File</i>	March 1, 2020	Summer (Q3) 2021
July 9, 2021	<i>MCP Primary Care Practice Attribution Data File</i>	June 1, 2020	Fall (Q4) 2021

<sup>1</sup> Exception – For Q1 2020, submission date will not be due on 2<sup>nd</sup> Friday of the month. File will be due on Oct-14, as per past communications.

## 7 DATA FILE SUBMISSION CERTIFICATION FORM FOR FILE Q

Pursuant to 42 CFR 438.604 and 438.608, the MCP is required to certify the accuracy, completeness, and truthfulness of data and documents submitted to the ODM that may affect Plan payment. The MCP is required to provide a data certification form for each primary care provider and patient centered medical home's data file submission.

A copy of the data file submission certification form is found in Appendix D of this document.

Only primary care practice attribution 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 MCP if a form has not been submitted with the initial file.

### 7.1 Data File Naming Convention for the Certification Form for File Q

The MCP Primary Care Practice Attribution Data File **must** adhere to the following file naming convention:

**CERTIFICATION\_MMPCPxxxMMYY.nn.pdf**

*Table 25. Naming Convention for MCP Attribution Data File*

Position	Symbol	Description
1-13	CERTIFICATION_	Prefix to indicate that this is a certification form
14-19	MMPCP	MMPCP= Medicaid Managed Care Primary Care Provider
20-22	xxx	xxx = Submitter ID
23-26	MMYY	MM = Month of submission YY = Year of submission
27-29	.nn	The revision number for file submission during a quarter. E.g. 00, 01, 02 etc. Note: "00" should be used for the first file submission during a quarter. This number should increase by 1 with each new file submission.
30-33	.pdf	File extension

For example, the file name for the first file submission for January 2020 would be:  
CERTIFICATION\_MMPCPxxx0120.00.pdf

## 7.2 Data File Format for the Certification Form for File Q

The file format of the MCP Primary Care Practice Attribution Data File must be a PDF.

## 7.3 Data Field Definitions and Submission Specifications for the Certification Form for File Q

Certification form for the MCP Primary Care Practice Attribution Data File must include the following data elements.

- Date
- Signature of CEF, CFO, or Delegated authority
- Print Name
- File Name
- Indication of First-time/ Resubmission file
- Name of MCP Submitted
- Electronic media submitter name
- MCP Submitter ID
- Address
- Telephone number

*Table 26. Data Field Definition for the Certification Form for File Q*

Data Filed Name	Description	File Type	Submission Specifications
Date	Date of File Submission	Date	Eight-digit date format: mm/dd/yyyy
Signature of CEF, CFO	Signature of delegated authority	N/A	N/A
Print Name	Name of the delegated authority	Text	N/A

<b>Data Filed Name</b>	<b>Description</b>	<b>File Type</b>	<b>Submission Specifications</b>
File name	Name of the file for which the certification form is being submitted	Cross Mark	MCP Primary Care Practice Attribution Data File
Indication of First-time/ Resubmission file	Cross mark to indicate whether the file is being submitted for the first time or Resubmission	Cross Mark	N/A
Name of MCP Submitted	Name of the Payer	Text	Buckeye, CareSource, Molina, Paramount, United
Electronic media submitter name	Name of the Electronic media submitter	Text	N/A
MCP Submitter ID	3-digit MCP submitter ID	Number	420, 315, 731, 325, 761
Address	Address of the MCP	Text	N/A
Telephone Number	Phone number	Number	N/A

## 7.4 Drop-off location for the Certification Form for File Q

The CPC Medicaid Managed Care Plan should drop off the Certification form for the MCP Primary Care Practice Attribution Data File to following drop-off folder:

Table 27. Drop-Off location:

File Name	File Label	Naming Convention	Drop-off Folder location
Certification for MCP Primary Care Practice Attribution Data File	Certification for Attribution file	<b>CERTIFICATION_MMCP CPxxxmmyy.nn.pdf</b>  Where xxx = MCP submitter id  mm = month of submission  yy = year of submission	<b>/admind/export/FTP/mcp/&lt;mcp-name&gt;/prod/plan/dropoff/</b>



## 8 MANAGED CARE SPECIFIC MCP PAYMENT AND ATTRIBUTION VALIDATION FILE (FILE D)

MCP Payment and Attribution Validation File represents a “package” of attribution and payment validation files, used by MCPs to confirm quarterly attribution, payment, and the results of Ohio CPC standard exclusions. File D consists of three sets of data, contained on separate tabs within an Excel deliverable:

- Tab 1 - MCP PMPM payment provider-level data
- Tab 2 - MCP PMPM payment member-level data
- Tab 3 - MCP master attribution payment member-level file

### 8.1 Data File Naming Convention for the MCP Payment and Attribution Validation File (File D)

The MCP Payment and Attribution Validation File must adhere to the following naming convention:

**D\_payment\_and\_attribution\_validation\_YYYY\_Q<n>\_<MCP-name>.xlsx**

*Table 28. Naming Convention for File D*

File Name	File Label	Naming Convention
MCP-Payment and Validation File	File D	D_payment_and_attribution_validation_YYYY_Q<n>_<MCP-name>.xlsx Where YYYY = Year of File creation Q<n> = Quarter number <MCP-name> = Name of corresponding MCP

## 8.2 Header for the MCP Payment and Attribution Validation File (File D)

The MCP Payment and Attribution Validation File consist of **three separate tabs** with-in the single excel file. Below sub-sections will illustrate the Header for each tab.

### 8.2.1 Header for Tab 1 - MCP PMPM payment provider-level data

Tab1 – MCP PMPM payment provider level data must include the following header.

*Table 29. Header for Tab1 – MCP PMPM payment provider level data*

File Header
Payer, Enrollment Period, Practice Medicaid ID, Practice Name, Practice Tax ID, Practice NPI, Practice CPC Kids Participation Flag(Y/N), Total Quarterly PMPM Amount (is equal to Quarterly CPC Regular PMPM plus Quarterly CPC Kids Enhanced PMPM Amount), Quarterly CPC Regular PMPM Amount, Quarterly CPC Kids Enhanced PMPM Amount

### 8.2.2 Header for Tab 2 - MCP PMPM payment member-level data

Tab 2 - MCP PMPM payment member-level data must include the following header.

*Table 30. Header for Tab 2 - MCP PMPM payment member-level data*

File Header
Member Medicaid ID, Payer, Member First Name, Member Last Name, Member DOB, Enrollment Period, Practice Medicaid ID, Practice NPI, Practice CPC Kids Participation Flag(Y/N), Rendering Provider Medicaid ID, Rendering Provider NPI, Risk Band, Total Quarterly PMPM Amount (is equal to Quarterly CPC Regular PMPM plus Quarterly CPC Kids Enhanced PMPM Amount), Quarterly CPC Regular PMPM Amount, Quarterly CPC Kids Enhanced PMPM Amount

### 8.2.3 Header for Tab 3 - MCP master attribution payment member-level file

Tab 3 - MCP master attribution payment member-level file must include the following header.

Table 31. Header for Tab 3 - MCP master attribution payment member-level file

File Header
Payer, Enrollment Period, Practice Medicaid ID, Practice Name, Practice NPI, Practice CPC Kids Participation Flag(Y/N), Rendering Provider Medicaid ID, Rendering Provider Name, Rendering Provider NPI, Member Medicaid ID, Member First Name, Member Last Name, Member DOB, Exclnoelig, Excludual, Excltpl, Excllimitedben, Excltransition, FosterCare, ExclAny, Risk Band, Total Quarterly PMPM Amount (is equal to Quarterly CPC Regular PMPM plus Quarterly CPC Kids Enhanced PMPM Amount), Quarterly CPC Regular PMPM Amount, Quarterly CPC Kids Enhanced PMPM Amount

### 8.3 Data File Format for the MCP Payment and Attribution Validation File (File D)

The file format for the MCP Payment and Attribution Validation File **must** be in an excel format.

### 8.4 Data Field Definitions and submission Specifications for the MCP Payment and Attribution Validation File (File D)

The MCP Payment and Attribution Validation File consist of **three separate tabs** with-in the single excel file. Below sub-sections will illustrate the Field Definitions and submission specification for each tab.

**Below Sub-Sections also include the updated fields for CPC Kids Attribution**

#### 8.4.1 Tab 1 - MCP PMPM payment provider-level data

Table 32. MCP PMPM payment provider-level data

Data File Field Name	Description	Field Type	Submission Specifications
Payer	Name of one of the MCPs that created attribution for the member	Text	CARESOURCE/ BUCKEYE / PARAMOUNT / MOLINA / UNITED
Enrollment Period	Period in which the practice enrolled in the program.  0 - Not enrolled;	Number	1-5

Data File Field Name	Description	Field Type	Submission Specifications
	1 - Early entry CPC practices; 2 - Cohort of practices entering the program in June 2017; 3 - Cohort of practices entering the program in Jan 2018 4 – Cohort of practices entering the program in Jan 2019 5 – Cohort of practices entering the program in Jan 2020		
Practice Medicaid ID	7-digit Medicaid identification number of the practice	Number	0000001-9999999
Practice Name	Name of the practice	Text	N/A
Practice Tax ID	9-digit tax identification number of the practice	Number	000000001-999999999
Practice NPI	10-digit national identification number of the practice	Number	0000000001-9999999999
Practice CPC Kids Participation Flag(Y/N)	must be set to Y if the Practice Medicaid ID is enrolled in CPC for Kids program (as flagged in the Ohio CPC Practices List)	Text	Y / N
Total Quarterly PMPM Amount (is equal to Quarterly CPC Regular PMPM plus Quarterly CPC Kids Enhanced PMPM Amount)	Aggregated amount of Quarterly CPC Regular PMPM Amount and Quarterly CPC Kids Enhanced PMPM Amount	Number	>= 0.00
Quarterly CPC Regular PMPM Amount	Regular quarterly PMPM payment amount for CPC practices	Number	>= 0.00
Quarterly CPC Kids Enhanced PMPM Amount	Enhanced PMPM amount for CPC Kids (the additional dollar per member) if applicable (only applies when the practice is enrolled in the CPC for Kids program and the member is under the age of 21 at the point in attribution date).	Number	>= 0.00

## 8.4.2 Tab 2 - MCP PMPM payment member-level data

Table 33. MCP PMPM payment member-level data

Data File Field Name	Description	Field Type	Submission Specifications
Member Medicaid ID	12-digit Medicaid identification number of the member	Number	000000000001-999999999999
Payer	FFS or name of one of the MCPs that created attribution for the member	Text	CARESOURCE/ BUCKEYE / PARAMOUNT / MOLINA / UNITED
Member First Name	First name of the attributed member	Text	N/A
Member Last Name	Last name of the attributed member	Text	N/A
Member DOB	Report the Date of Birth of the member.	Date	Eight-digit date format: mm/dd/yyyy
Enrollment Period	Period in which the practice enrolled in the program.  0 - Not enrolled; 1 - Early entry CPC practices; 2 - Cohort of practices entering the program in June 2017; 3 - Cohort of practices entering the program in Jan 2018 4 – Cohort of practices entering the program in Jan 2019 5 – Cohort of practices entering the program in Jan 2020	Number	1-5
Practice Medicaid ID	7-digit Medicaid identification number of the practice attributed for the member	Number	0000001-9999999
Practice NPI	10-digit national identification number of the practice attributed for the member	Number	0000000001-9999999999

Data File Field Name	Description	Field Type	Submission Specifications
Practice CPC Kids Participation Flag(Y/N)	must be set to Y if the Practice Medicaid ID is enrolled in CPC for Kids program (as flagged in the Ohio CPC Practices List)	Text	Y / N
Rendering Provider Medicaid ID	7-digit Medicaid identification number of the rendering provider attributed for the member	Number	0000001-9999999
Rendering Provider NPI	10-digit national identification number of the rendering provider attributed for the member	Number	0000000001-9999999999
Risk Band	Bands 0-9, based on the first digit of the 44 risk groups generated by CRG risk adjustment tool	Number	0-9
Total Quarterly PMPM Amount (is equal to Quarterly CPC Regular PMPM plus Quarterly CPC Kids Enhanced PMPM Amount)	Aggregated amount of Quarterly CPC Regular PMPM Amount and Quarterly CPC Kids Enhanced PMPM Amount	Number	>= 0.00
Quarterly CPC Regular PMPM Amount	Regular quarterly PMPM payment amount for CPC practices	Number	>= 0.00
Quarterly CPC Kids Enhanced PMPM Amount	Enhanced PMPM amount for CPC Kids (the additional dollar per member) if applicable (only applies when the practice is enrolled in the CPC for Kids program and the member is under the age of 21 on the point in attribution date).	Number	>= 0.00

### 8.4.3 Tab 3 - MCP master attribution payment member-level file

Table 34. MCP master attribution payment member-level file

Data File Field Name	Description	Field Type	Submission Specifications
Payer	Name of one of the MCPs that created attribution for the member	Text	CARESOURCE/ BUCKEYE / PARAMOUNT / MOLINA / UNITED
Enrollment Period	Period in which the practice enrolled in the program.  0 - Not enrolled; 1 - Early entry CPC practices; 2 - Cohort of practices entering the program in June 2017; 3 - Cohort of practices entering the program in Jan 2018 4 – Cohort of practices entering the program in Jan 2019 5 – Cohort of practices entering the program in Jan 2020	Number	0-5
Practice Medicaid ID	7-digit Medicaid identification number of the practice attributed for the member	Number	0000001-9999999
Practice Name	Name of the practice attributed for the member	Text	N/A
Practice NPI	10-digit national identification number of the practice attributed for the member	Number	0000000001- 9999999999
Practice CPC Kids Participation Flag(Y/N)	must be set to Y if the Practice Medicaid ID is enrolled in CPC for Kids program (as flagged in the Ohio CPC Practices List)	Text	Y / N
Rendering Provider Medicaid ID	7-digit Medicaid identification number of the rendering provider attributed for the member	Number	0000001-9999999

Data File Field Name	Description	Field Type	Submission Specifications
Rendering Provider Name	Name of the rendering provider attributed for the member	Text	N/A
Rendering Provider NPI	10-digit national identification number of the rendering provider attributed for the member	Number	0000000001-9999999999
Member Medicaid ID	12-digit Medicaid identification number of the attributed member	Number	000000000001-999999999999
Member First Name	First name of the attributed member	Text	N/A
Member Last Name	Last name of the attributed member	Text	N/A
Member DOB	Report the Date of Birth of the member.	Date	Eight-digit date format: mm/dd/yyyy
Exclnoelig	Whether the attributed member was excluded for missing eligibility information on the attribution date	Text	Yes/No
Excludual	Whether the attributed member was excluded for being categorized as Dual member	Text	Yes/No
Excltpl	Whether the attributed member was excluded for being categorized as TPL member	Text	Yes/No
Excllimitedben	Whether the attributed member was excluded for being categorized as member with limited benefits	Text	Yes/No
Excltransition	Whether the attributed member was excluded for being categorized as member in transition between programs	Text	Yes/No
FosterCare	Foster Care children shall not be excluded effective Q1 2020.	Text	Yes/No
ExclAny	Whether the member was excluded from the file	Text	Yes/No



Data File Field Name	Description	Field Type	Submission Specifications
Risk Band	Bands 0-9, based on the first digit of the 44 risk groups generated by CRG risk adjustment tool	Number	0-9
Total Quarterly PMPM Amount (is equal to Quarterly CPC Regular PMPM plus Quarterly CPC Kids Enhanced PMPM Amount)	Aggregated amount of Quarterly CPC Regular PMPM Amount and Quarterly CPC Kids Enhanced PMPM Amount	Number	>= 0.00
Quarterly CPC Regular PMPM Amount	Regular quarterly PMPM payment amount for CPC practices	Number	>= 0.00
Quarterly CPC Kids Enhanced PMPM Amount	Enhanced PMPM amount for CPC Kids (the additional dollar per member) if applicable (only applies when the practice is enrolled in the CPC for Kids program and the member is under the age of 21 on the point in attribution date).	Number	>= 0.00

## 8.5 File Submission for the MCP Payment and Attribution Validation File (File D)

Transfer the MCP Payment and Attribution Validation File to the appropriate Managed Care Plans. For example, send the file containing recipients in the Buckeye Managed Care Plan to Buckeye.

DXC will sent email to the specific MCPs when the MCP Payment and Attribution Validation File is sent to the specific MCPs. Refer to **Section 1.5, Table 2** for Distribution list of MCPs.

## 8.6 Pickup location for MCP Payment and Attribution Validation File (File D)

The pickup locations on DXC's server is as follow:

*Table 35. Pickup Folder Location for MCPs*

File Name	File label	Naming convention	Pickup folder location
MCP-Payment and Validation File	File D	D_payment_and_attribution_validation_YYYY_Q<n>_<MCP-name>.xlsx Where YYYY = Year of File creation Q<n> = Quarter number <MCP-name> = Name of corresponding MCP	/admind/export/FTP/mcp/<mcp-name>/prod/plan/pickup/CP C

## 9 APPENDIX

### 9.1 Appendix A: Example of Addition/Deletion Records

#### First Submission:

Example: Joe Smith's enrollment span is not on Medicaid's Medicaid Managed Care Plan Quarterly Enrollment File but is enrolled in the MCP as follows:

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

MEDICAID ID: 999999999999

ENROLLMENT EFFECTIVE DATE: January 1, 2016

ENROLLMENT END DATE: The member is currently assigned to the MCP at the time of submission, therefore this field is 12/31/2299

*Table 36. Example of MCP enrollment Addition/Deletion record*

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

#### Second Submission:

Example: Joe Smith's enrollment span was on Medicaid's Medicaid Managed Care Plan Quarterly Enrollment File as January 1, 2016 to March 31, 2016, but the MCP would like to attest to his enrollment as follows:

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

Joe Smith disenrolled from an MCP on June 30, 2016

MEDICAID ID: 999999999999

ENROLLMENT EFFECTIVE DATE: APRIL 1, 2016

ENROLLMENT END DATE: June 30, 2016

*Table 37. Example of MCP enrollment Addition/Deletion record*

Medicaid Recipient ID	Addition/Deletion Indicator	Enrollment Effective Date	Enrollment End Date
999999999999	D	01/01/2016	03/31/2016

Medicaid Recipient ID	Addition/Deletion Indicator	Enrollment Effective Date	Enrollment End Date
999999999999	A	04/01/2016	06/30/2016

## 9.2 Appendix B: Example of Full Replacement Records for the MCP Primary Care Practice Attribution Data File

### First Submission:

Example:

Joe Smith selected PCP rendering provider 1 who is associated with PCP billing provider 2 as of his enrollment effective date of January 1, 2016

MEDICAID ID: 999999999999

PCP RENDERING PROVIDER START DATE: January 1, 2016

PCP RENDERING PROVIDER END DATE: The member is currently assigned to PCP rendering provider, therefore this field is blank

MEDICAID PROVIDER ID/PROVIDER REPORTING NUMBER: 1111111

PCP BILLING PROVIDER START DATE: January 1, 2016

PCP BILLING PROVIDER END DATE: The member is currently assigned to PCP billing provider, therefore this field is blank

PCP BILLING PROVIDER REPORTING NUMBER: 2222222

Table 38. Example of PCP Attribution Data File First Submission

Medicaid Recipient ID	Primary Care Provider (Rendering Provider) Start Date	Primary Care Provider (Rendering Provider) End Date	Primary Care Provider (Rendering Provider) Medicaid Provider/Reporting ID	Primary Care Provider (Rendering Provider) NPI	Primary Care Provider (Billing Provider) Start Date	Primary Care Provider (Billing Provider) End Date	Primary Care Provider (Billing Provider) Medicaid Provider/Reporting ID	Primary Care Provider (Billing Provider) NPI	PCP Assignment Method
999999999999	01/01/2016		1111111	1111111111	01/01/2016		2222222	2222222222	C

**Second Submission**

Example:

The member called and selected different PCP rendering and billing providers. Joe Smith selected PCP rendering provider 2 and PCP billing provider 2 on March 20, 2016.

MEDICAID ID: 999999999999

PRIMARY CARE PROVIDER START DATE: March 20, 2016

PRIMARY CARE PROVIDER END DATE: The first PCP rendering provider span is closed with an end date of March 19, 2016. The member is currently assigned to PCP rendering provider 2, therefore this field is left blank

MEDICAID PROVIDER ID/PROVIDER REPORTING NUMBER: 3333333

PCP BILLING PROVIDER START DATE: March 20, 2016

PCP BILLING PROVIDER END DATE: The first CPC span is closed with an end date of March 19, 2016. The member is currently assigned to CPC 2; therefore, this field is left blank

PCP BILLING PROVIDER REPORTING NUMBER: 4444444

*Table 39. Example of PCP Attribution Data File Second Submission*

Medicaid Recipient ID	Primary Care Provider (Rendering Provider) Start Date	Primary Care Provider (Rendering Provider) End Date	Primary Care Provider (Rendering Provider) Medicaid Provider/Reporting ID	Primary Care Provider (Rendering Provider) NPI	Primary Care Provider (Billing Provider) Start Date	Primary Care Provider (Billing Provider) End Date	Primary Care Provider (Billing Provider) Medicaid Provider/Reporting ID	Primary Care Provider (Billing Provider) NPI	PCP Assignment Method
999999999999	01/01/2016	03/19/2016	1111111	11111111111	01/01/2016	03/19/2016	2222222	2222222222	C
999999999999	03/20/2016		3333333	3333333333	03/20/2016		4444444	4444444444	C

### 9.3 Appendix C: MCP Submitter IDs

The submitter IDs for corresponding MCPs.

*Table 40. MCP submitter IDs*

<b>MCP Submitter ID</b>	<b>MCP</b>
420	Buckeye Community Health Plan
315	CareSource
731	Molina
325	Paramount
761	United

## 9.4 Appendix D: 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.

_____ <b>Signature of CEO, CFO, or delegated authority</b>	_____ <b>Date</b>
_____ <b>Print Name</b>	

File Name (please check all that apply):

- Risk Stratification Data File       MCP Primary Care Practice Attribution Data File  
 Care Management Status Data File       Population Stream Data File  
 Recipient Addition and Deletion Enrollment Data File

Indicate if this file is a:

- First-time submission       Resubmission/Replacement

**Name of MCP Submitted for:**

<b>Electronic Media Submitter Name</b>	<b>MCP Submitter ID (3-digit)</b> ____ _
Street Address, City, State, and Zip Code	Telephone Number (include area code) (    )

## 10 QUICK REFERENCE GUIDE

### 10.1 DXC TIBCO server information for pickup and drop off

Starting January 1, 2019, MCPs must pick up and drop off all files related to CPC Attribution as referenced in this document to DXC's MFT TIBCO server. DXC Technology is a contracted service provider with the ODM (Ohio Department of Medicaid) and supporting the CPC program. Please send questions regarding the file pickup and drop off to: Ohio\_CPC@medicaid.ohio.gov

For connecting to DXC server, use the following IP address:

**192.85.128.28** (when connecting from outside of state network) or

66.145.46.128 (when connecting from State Network)

The pickup and drop-off folder locations on DXC's server are as follows:

### 10.2 Pickup Location for CPC Files

Table 41. Pickup location for CPC Files

File Name	File label	Naming convention	Pickup folder location
MCP-specific enrollment file	File R	CPC_Medicaid_Managed_Care_Plan_Quarterly_Enrollment_File_YYYY_Q<n>_<MCP-name>.csv  Where YYYY = Year of File creation  Q<n> = Quarter number  <MCP-name> = Name of corresponding MCP	/admind/export/FTP/mcp/<mcp-name>/prod/plan/pickup/CPC
MCP-specific enrollment file (Revised File R)	Revised File R	CPC_Medicaid_Managed_Care_Plan_Quarterly_Enrollment_File_YYYY_Q<n>_<MCP-name>_v2.csv  Where YYYY = Year of File creation  Q<n> = Quarter number  <MCP-name> = Name of corresponding MCP  v2 = Indicator to specify corresponding addition and deletion span has been applied.	/admind/export/FTP/mcp/<mcp-name>/prod/plan/pickup/CPC
MCP-Payment and Validation File	File D	D_payment_and_attribution_validation_YYYY_Q<n>_<MCP-name>.xlsx  Where YYYY = Year of File creation  Q<n> = Quarter number  <MCP-name> = Name of corresponding MCP	/admind/export/FTP/mcp/<mcp-name>/prod/plan/pickup/CPC



## 10.3 Dropoff Location for CPC Files

Table 42. Dropoff location for CPC Files

File Name	File Label	Naming Convention	Drop-off Folder location
MCP Add/Delete Enrollment File	Add/Delete file	<b>MMC</b> xxxmmyy.REnn.csv  Where xxx = MCP submitter id  mm = month of submission  yy = year of submission  RE = Recipient Enrollment  nn = Number of file submissions in a quarter	<b>/admind/export/FTP/mcp/&lt;mcp- name&gt;/prod/plan/dropoff/</b>
Letter of Certification for Add/Delete file	Certification for Add/Delete	CERTIFICATION_ <b>MMC</b> xx xmmyy.REnn.pdf	<b>/admind/export/FTP/mcp/&lt;mcp- name&gt;/prod/plan/dropoff/</b>
MCP Attribution File	File Q	<b>MMCP</b> CPxxxmmyy.nn.csv  where xxx = MCP submitter id  mm = month of submission  yy = year of submission  nn= revision number, e.g. 00 for first revision	<b>/admind/export/FTP/mcp/&lt;mcp- name&gt;/prod/plan/dropoff/</b>
Letter of Certification for Attribution File	Certification for Attribution File	CERTIFICATION_ <b>MMCP</b> <b>CP</b> xxxmmyy.00.pdf	<b>/admind/export/FTP/mcp/&lt;mcp- name&gt;/prod/plan/dropoff/</b>