

Medicaid Managed Care Plan's Addition and Deletion Enrollment Data File Specifications

Appendices K, L, M, O Medicaid Managed Care Provider Agreement

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1. Introduction

On a quarterly basis, the Ohio Department of Medicaid (ODM) will generate two managed care plan (MCP)-specific *Medicaid's Managed Care Plan Quarterly Enrollment Files*. The first file will be generated no later than the 10th of the last month of the calendar quarter. This first file is to be used to generate an attribution file for the CPC program. The specifications for the CPC Attribution file can be found in ODM's *Medicaid Managed Care Comprehensive Primary Care Practice Data Submission Specifications* document. The second file will be generated no later than the 10th of the first month of the subsequent quarter, and is to be used by the MCP to validate enrollment for calculation of quality and data quality metrics, as well as for the MCPs to use in submitting population stream, risk stratification, and care management status files. The second *Medicaid'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 MITS reporting system, for the previous year up through the most current enrollment month. Please see the submission schedule for SFY 2018 in Appendix E.

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, within one week of receipt of ODM's first enrollment file, and within two days of receipt of ODM's second enrollment file. The time period of enrollment validation should begin with 1/1/2016 and include through the first day of the last month of the quarter for the first enrollment file, and through the last day of the last month of the quarter for the second enrollment file. For example, the file due 9/13/2017 should include enrollments through 9/1/2017; the file due 10/13/2017 should include enrollments through 9/30/2017. 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.

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

ODM will use the final enrollment data set, including additions and deletions submitted by the MCP, to calculate: care management measures in Appendices K and O of the *Medicaid Managed Care Provider Agreement*; quality-based auto-assignment infant mortality related measures; clinical non-HEDIS quality measures in Appendix M of the *Medicaid Managed Care Provider Agreement*; encounter data quality measures in Appendix L of the *Medicaid Managed Care Provider Agreement*; and other quality-related metrics. In addition, the MCPs must use the final enrollment data set to submit full replacement population stream, risk stratification, and care management status data files on a quarterly basis. MCPs must also use the final enrollment dataset to generate a list of attributions for the Comprehensive Primary Care (CPC) initiative. If a plan chooses not to send ODM an agreed-upon member list as described in the document

above, ODM will use its recipient master file to generate managed care enrollment for the plan to use in measure calculation.

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

When submitting add/delete records:

- 1) A corresponding delete record must accompany any add record for a recipient with any overlapping span dates;
- 2) Add records without corresponding delete records should only exist for recipients and/or time spans where there is no enrollment in ODM's file.

2. HIPAA Security Measures

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

3. Data File Submission Certification Form

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

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

4. File Name

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

4.1 MMC's Recipient Addition and Deletion Enrollment File

The Recipient Enrollment file name has the following format:

zzzxxxmmyy.RE99

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

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

MMCxxx0716.RE00

5. Data Field Definitions and Submission Specifications

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

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

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

Medicaid Recipient ID	Addition/Deletion Indicator	Enrollment Start 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

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

Appendix B: MCP Submitter IDs

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

Appendix C: Data File Submission Letter of Certification

Data File Submission Letter of Certification

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

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

File Name (please check all that apply):

- Risk Stratification Data File
- Primary care provider and patient centered medical homes Data File
- Care Management Status Data File
- Population Stream Data File
- Recipient Addition and Deletion Enrollment File Data File

Indicate if this file is a:

- First-time submission
- Resubmission/Replacement

Name of MCP Submitted for:

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

Appendix D – Examples of Correct and Incorrect Addition and Deletion Spans

Example 1:

File From ODM:

Recipient ID	Enrollment Effective Date	Enrollment End Date
111111111111	01/01/2015	03/31/2016

Span in MCP’s records:

Recipient ID	Enrollment Effective Date	Enrollment End Date
111111111111	01/01/2015	02/29/2016

Correct submission on Add/Delete file:

Recipient ID	Addition/Deletion Indicator	Enrollment Effective Date	Enrollment End Date
111111111111	D	01/01/2015	03/31/2016
111111111111	A	01/01/2015	02/29/2016

Incorrect submission on Add/Delete file:

Recipient ID	Addition/Deletion Indicator	Enrollment Effective Date	Enrollment End Date
111111111111	D	03/01/2015	03/31/2016

Example 2:

File from ODM:

Recipient ID	Enrollment Effective Date	Enrollment End Date
222222222222	06/01/2015	12/31/2015

Span in MCP’s records:

Recipient ID	Enrollment Effective Date	Enrollment End Date
222222222222	04/01/2015	12/31/2015

Correct submission on Add/Delete file:

Recipient ID	Addition/Deletion Indicator	Enrollment Effective Date	Enrollment End Date
222222222222	D	06/01/2015	12/31/2015
222222222222	A	04/01/2015	12/31/2015

Incorrect submission on Add/Delete file:

Recipient ID	Addition/Deletion Indicator	Enrollment Effective Date	Enrollment End Date
222222222222	A	04/01/2015	05/31/2015

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

File Type	Q3 2017	Q4 2017	Q1 2018	Q2 2018
Original Enrollment from ODM Generated	9/4/2017	12/4/2017	3/5/2018	6/4/2018
Original Enrollment File sent to MCPs	9/6/2017	12/6/2017	3/7/2018	6/6/2018
Add/Delete file from MCPs to ODM	9/13/2017	12/13/2017	3/14/2018	6/13/2018
Final Enrollment File for CPC Attribution from ODM to MCPs	9/15/2017	12/15/2017	3/16/2018	6/15/2018
Second Enrollment File from ODM Generated	10/9/2017	1/8/2018	4/9/2018	7/9/2018
Second Enrollment File sent to MCPs	10/11/2017	1/10/2018	4/11/2018	7/11/2018
Add/Delete file from MCPs to ODM	10/13/2017	1/12/2018	4/13/2018	7/13/2018
Final Enrollment File for CM files from ODM to MCPs	10/17/2017	1/16/2018	4/15/2018	7/17/2018