

**Medicaid Managed Care**

**Comprehensive Primary Care Practice  
Data Submission Specifications**

**Appendix K & L, Medicaid Managed Care Provider Agreement**

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## 1. Introduction

As required in Appendix L of 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 first Friday of the month following the end of the calendar year quarter (e.g., July 7<sup>th</sup>, 2017, October 6<sup>th</sup>, 2017, etc.). File delivery dates are specified under the section “7. Submission dates for the *MCP Primary Care Practice Attribution Data File*” of this document.

Prior to this date each quarter, the ODM will supply MCP-specific enrollment files containing all members by enrollment month; every 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. *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 calendar year up through the first day of the last month of the calendar quarter (e.g., June 1, 2017, September 1, 2017, 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 primary care providers; **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 A for an example of how to submit full replacement information.

## **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 via secure file transfer protocol.

## **3. 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.

### **3.1 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 as 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.

### **3.2 Definition of relevant provider type and specialty**

Only PCPs with both the relevant provider type and the associated relevant specialty type (referenced in Table 1 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 1: PCP definition by provider type and specialty*

<b>Provider Type</b>	<b>Provider Type Description</b>	<b>Provider Specialty</b>	<b>Provider Specialty Description</b>
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
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
72	Nurse Practitioner Individual	207	Family Practice
72	Nurse Practitioner Individual	216	Geriatric
72	Nurse Practitioner Individual	215	Pediatric
12	Federally Qualified Health Center	121	FQHC Medical

### **3.3 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.

<b>Code range</b>	<b>Description</b>
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

### **3.4 Logic for attribution of members to providers**

#### **3.4.1 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 match 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).

### **3.5 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), attribute members to a billing provider based on non-claims based criteria. The non-claims based criteria used to attribute members are at 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).

## **4. Data File Submission Certification Form**

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 homes data file submission. A copy of the data file submission certification form is found in Appendix C 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.

## 5. File Name and Format for the *MCP Primary Care Practice Attribution Data File*

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.

### 5.1 Data File Naming Convention for the *MCP Primary Care Practice Attribution Data File*

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

MMPCPxxxmmyy.99

Position	Symbol	Description
1-3	MMC	MMPCP= Medicaid Managed Care Primary Care Provider
4-6	xxx	xxx = Submitter ID
7-10	mmyy	mm = Month of submission yy = Year of submission
11-16	.99	99 = Number of monthly file submission.  Note: The first file submission of month should be denoted as "00." This number should increase by 1 with each new file submission.

For example, the file name for the first file submission for July 2017 would be:  
MMPCPxxx0717.00

### 5.2 Data File Format for the *MCP Primary Care Practice Attribution Data File*

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

## 6. Data Field Definitions and Submission Specifications for the *MCP Primary Care Practice Attribution Data File*

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:

Data Field	Definition	Submission Specifications	Field Type
Medicaid Recipient ID	Member's 12-digit Medicaid ID number	N/A	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
Primary Care Provider (Rendering Provider) NPI	The ten-digit NPI 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) NPI data field with each quarterly submission.	N/A	Character
Primary Care Provider (Billing Provider) Start Date	The start date is the date that the individual is attributed to a primary care practice associated with a particular billing provider (group practice). The initial primary care practice (billing provider) start date must be on or after the member's enrollment effective date.	Eight-digit date format: mm/dd/yyyy	Date
Primary Care Provider (Billing Provider) End Date	The primary care practice (billing provider) end date is the last calendar the member is attributed to a particular primary care practice by the MCP.  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	Eight-digit date format: mm/dd/yyyy	Date

	member who dis-enrolls from the MCP, the disenrollment effective date is the PCP end date.		
Primary Care Provider (Billing Provider) Medicaid Provider/Reporting ID	The seven-digit Medicaid provider ID/provider reporting number assigned to the primary care practice's associated billing provider (group practice).  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.	N/A	Character
Primary Care Provider (Billing Provider) NPI	The ten-digit NPI assigned to the primary care practice .  Note: For every month of enrollment, a member must have a value in the Primary Care Provider (Billing Provider) NPI data field with each quarterly submission.	N/A	Character
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

**7. Submission dates for the MCP Primary Care Practice Attribution Data File**

<b>Submission date</b>	<b>File to be delivered</b>	<b>Attribution date reflected in file</b>	<b>Quarter of Ohio CPC attribution and payment</b>
October 6, 2017	<i>MCP Primary Care Practice Attribution Data File</i>	September 1, 2017	Winter (Q1) 2018
January 5, 2018	<i>MCP Primary Care Practice Attribution Data File</i>	December 1, 2017	Spring (Q2) 2018
April 6, 2018	<i>MCP Primary Care Practice Attribution Data File</i>	March 1, 2018	Summer (Q3) 2018
July 6, 2018	<i>MCP Primary Care Practice Attribution Data File</i>	June 1, 2018	Fall (Q4) 2018
October 5, 2018	<i>MCP Primary Care Practice Attribution Data File</i>	September 1, 2018	Winter (Q1) 2019
January 4, 2019	<i>MCP Primary Care Practice Attribution Data File</i>	December 1, 2018	Spring (Q2) 2019
April 5, 2019	<i>MCP Primary Care Practice Attribution Data File</i>	March 1, 2019	Summer (Q3) 2019
July 5, 2019	<i>MCP Primary Care Practice Attribution Data File</i>	June 1, 2019	Fall (Q4) 2019
October 4, 2019	<i>MCP Primary Care Practice Attribution Data File</i>	September 1, 2019	Winter (Q1) 2020

## Appendix

**Appendix A: 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

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

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	1111111111	01/01/2016	03/19/2016	2222222	2222222222	C
999999999999	03/20/2016		3333333	3333333333	03/20/2016		4444444	4444444444	C

**Appendix B: MCP Submitter IDs**

<b>MCP Submitter ID</b>	<b>MCP</b>
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       MCP Primary Care Practice Attribution Data File
- Care Management Status Data File       Population Stream 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) (     )