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# **MyCare Ohio Care Management Status Data Submission Specifications**

**Provider Agreement Effective July 1, 2021, to June 30, 2022**

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## Introduction

As required in Appendix K of the *MyCare Ohio Provider Agreement*, the MyCare Ohio Plan (MCOP) must provide care management services as specified in the agreement. The MCOP should refer to Appendix K and Section 2.5 of the *Three-Way Agreement* for specific details on care management program requirements. As required in Appendix L of the *MyCare Ohio Provider Agreement*, the MCOP must submit an electronic file of care management status data for all specified members to the Ohio Department of Medicaid (ODM).

This document describes the file layout, data field definitions, and submission procedures to be used for the reporting of the MCOP's care management status data. Quarterly (Q1: January 1–March 31, Q2: April 1–June 30, Q3: July 1–September 30, and Q4: October 1–December 31), full replacement files must be submitted to IPRO, on behalf of the ODM, by the last calendar day of the month following the end of a quarter (January, April, July, and October). Prior to this date, the ODM/IPRO will supply MCOP-specific enrollment files containing all members by enrollment month; every member that appears in the enrollment file provided by the ODM with an enrollment span that includes dates within calendar year 2022 must also appear in the MCOP's care management status data file submission.

The care management statuses are: outreach and coordination, engaged, and inactive. The three care management statuses are mutually exclusive (i.e., a member cannot be assigned to more than one status at a time), and for every enrollment span listed in the verified enrollment file, members must have corresponding care management status assignment spans. Separate data rows must be submitted each time a member changes their care management status; simultaneous spans representing changes in care management status assignments may not overlap. Each row in the data submission should be representative of the unique care management status to which a member was assigned for the specified date span associated with that data row. For members enrolled as of January 1, 2022, the initial care management status assignment date may not precede January 1, 2022. If a member that is currently enrolled has a start date prior to January 1, 2022, their effective date must be January 1, 2022. For new members (enrolled after January 1, 2022), the initial care management status assignment date must be on or after the member's enrollment effective date. Please see Appendix A for an example of how to submit full replacement information.

## **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 care management status data file submitted to IPRO on behalf of the ODM—must be submitted via secure file transfer protocol.

## **Data File Submission Certification Form**

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

Only care management status data files submitted with a data file submission certification form will be accepted by IPRO on behalf of the ODM. IPRO staff will follow up with the MCOP if a form has not been submitted with the initial file due on the last calendar day of the month.

## File Name

The name for the care management status file contains unique characters identifying the file type, the submitter's ID, and the month and year of submission.

## Care Management Status File

The care management status file should be submitted as a comma separated value (CSV) file. The care management status file name has the format presented in **Table 1**:

Table 1: Care Management Status File Name Format: MCOxxxmmyy.CM99

Position	Symbol	Description
1-3	MCO	MCO = MyCare Ohio
4-6	xxx	xxx = Submitter ID
7-10	mmyy	mm = Month of submission yy = Year of submission
11-15	.CM99	CM = Care management 99 = Number of monthly file submission  Note: The first file submission of the month should be denoted as "00." This number should increase by 1 with each new file submission.

MCOxxx0122.CM00

For example, the file name of the Population Stream file submission for January 2022 would be: MCOxxx0122.CM00

## Data Field Definitions and Submission Specifications

The fields in **Table 2** must be reported on the full replacement file.

Table 2: Data Field Definitions and Submission Specifications

Data Field	Definition	Submission	Field
Medicaid ID	Member's 12-digit Medicaid ID number	N/A	Character
Care Management Status Start Date	<p>The care management status start date is the first calendar date the member is assigned to a particular care management status.</p> <p>The initial care management status start date must be on or after the member's enrollment effective date.</p>	Eight-digit date format: mm/dd/yyyy	Date
Care Management Status End Date	<p>The care management status end date is the last calendar date the member is assigned to a particular care management status.</p> <p>For a member who is still assigned to the current care management status at the time of data submission, enter 12/31/2299 to indicate an active care management status span. For a member who dis-enrolls from the MCOP, the disenrollment effective date is the care management status end date.</p>	Eight-digit date format: mm/dd/yyyy	Date
Outreach and Coordination	<p>This indicator is used when the MCOP performs one or more of the following activities for a member:</p> <ul style="list-style-type: none"> <li>• Conducts outreach</li> <li>• Educates the member</li> <li>• Makes referrals for physical, behavioral, or social services</li> <li>• Provides service coordination (defined as a planned, active interaction between the MCOP and any provider involved with the member).</li> </ul>	Place a 1 in the column if the member is assigned to the outreach and coordination care management status. Place a 0 in the column if the member is assigned to an alternate care management status.	Character
Engaged	A member is classified as engaged after the MCOP completes an assessment and develops an individualized care plan. Ongoing, the engaged status can be used when the MCOP is able to meet the frequency requirements for the member's contact schedule.	Place a 1 in the column if the member is assigned to the engaged care management status. Place a 0 in the column if the member is assigned to an alternate care management status.	Character
Inactive	A member is regarded as inactive if the MCOP has assigned a population stream and risk level but is unable to engage the member in care management and/or is not performing outreach and coordination activities for the member.	Place a 1 in the column if the member is assigned to the inactive participation care management status. Place a 0 in the column if the member is assigned to an alternate care management status.	Character

N/A = not applicable.

## Appendix A: Example of Full Replacement Records

### First Submission:

Example:

The MCOP has been unable to make contact with new member Joe Smith, but is conducting outreach as of his enrollment effective date of January 1, 2022.

Medicaid ID: 999999999999

Care Management Status Start Date: January 1, 2022

Care Management Status End Date: 12/31/2299, because the member is currently assigned to the outreach and coordination care management status at the time of data submission.

Outreach and Coordination: 1, because the member is currently assigned to the outreach and coordination care management status.

Engaged: 0, because a member can only be assigned to one care management status at a time.

Inactive: 0, because a member can only be assigned to one care management status at a time.

Medicaid ID	Care Management Status Start Date	Care Management Status End Date	Outreach and Coordination	Engaged	Inactive
999999999999	01/01/2022	12/31/2299	1	0	0

### Second Submission:

Example:

On March 1, 2022, the MCOP was able to reach Joe Smith, and the care manager has completed an assessment and one goal has been developed and documented in Joe Smith's care plan.

Medicaid ID: 999999999999

Care Management Status Start Date: March 1, 2022

Care Management Status End Date: The first care management span is closed with an end date of February 28, 2022. The second span is closed with 12/31/2299 because the member is currently assigned to the engaged care management status at the time of data submission.

Outreach and Coordination: 0, because a member can only be assigned to one care management status at a time.

Engaged: 1, because the member is currently assigned to the engaged care management status.

Inactive: 0, because a member can only be assigned to one care management status at a time.

Medicaid ID	Care Management Status Start Date	Care Management Status End Date	Outreach and Coordination	Engaged	Inactive
999999999999	01/01/2022	02/28/2022	1	0	0
999999999999	03/01/2022	12/31/2299	0	1	0

## Appendix B: MCOP Submitter IDs

<b>MCOP Submitter ID</b>	<b>MCOP</b>
145	Aetna
420	Buckeye Community Health Plan
315	CareSource
731	Molina
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 pursuant to 42 CFR 438.604 and 438.608, the data contained in the file submission are accurate, truthful, and complete.

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

File Name (please check all that apply):

- MyCare Risk Stratification Data File       MyCare Population Stream Data File
- MyCare Care Management Status Data File

Indicate if this file is a:

- First-time submission       Resubmission/Replacement

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