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# **MyCare Ohio Population Stream Data Submission Specifications as of July 1, 2020**

**Appendix L, MyCare Ohio Provider Agreement  
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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 population stream 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 population stream 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, 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 2020 must also appear in the MCOP's population stream data file submission.

The population streams are: women's health, behavioral health, chronic conditions, and healthy adults. The four population streams are mutually exclusive (i.e., a member cannot be assigned to more than one stream at a time), and for every enrollment span listed in the verified enrollment file, members must have corresponding population stream assignment spans. Separate data rows must be submitted each time a member changes population streams; simultaneous spans representing changes in population stream assignments may not overlap. Each row in the data submission should be representative of the unique population stream to which a member was assigned for the specified date span associated with that data row. For members enrolled as of January 1, 2020, the initial population stream assignment date may not precede January 1, 2020. If a member that is currently enrolled has a start date prior to January 1, 2020, their effective date must be January 1, 2020. For new members (enrolled after January 1, 2020), the initial population stream 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 population stream 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 population stream data file submission. A copy of the data file submission letter of certification is found in Appendix C of this document.

Only population stream 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 population stream data file contains unique characters identifying the file type, the submitter's ID, and the month and year of submission.

## Population Stream File

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

Table 1: Population Stream File Name Format: MCOxxxmmyy.PS99

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	.PS99	PS = Population stream 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.

MCOxxx0120.PS00

For example, the file name of the Population Stream file submission for January 2020 would be: MCOxxx0120.PS00

## 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

<b>Data Field</b>	<b>Definition</b>	<b>Submission Specifications</b>	<b>Field Type</b>
Medicaid ID	Member's 12-digit Medicaid ID number	N/A	Character
Population Stream Assignment Date	The population stream assignment date is the first calendar date the member is assigned to a particular population stream.  The initial population stream assignment date must be on or after the member's enrollment effective date.	Eight-digit date format: mm/dd/yyyy	Date
Population Stream End Date	The population stream end date is the last calendar date that the member is assigned to a particular population stream.  For a member who is still assigned to the current population stream at the time of data submission, enter 12/31/2299 to indicate an active population stream span. For a member who dis-enrolls from the MCOP, the disenrollment effective date is the population stream end date.	Eight-digit date format: mm/dd/yyyy	Date
Population Stream	A member must be assigned to one of the following population streams: women's health, behavioral health, chronic conditions, or healthy adults.  Note: For every enrollment span listed in the verified enrollment file, members must have corresponding population stream assignment spans.	Place the corresponding number in the column for the member based on population stream: 1 – Women's health population stream. 2 - Behavioral health population stream. 3 - Chronic conditions population stream. 4 - Healthy adults population stream.	Character

N/A = not applicable.

## Appendix A: Example of Full Replacement Records

### First Submission:

Example:

Joe Smith is assigned to the healthy adults population stream as of his enrollment effective date of January 1, 2020.

Medicaid ID: 999999999999

Population Stream Assignment Date: January 1, 2020

Population Stream End Date: 12/31/2299, because the member is currently assigned to the healthy adults population stream at the time of data submission.

Population Stream: 4, because the member is assigned to the healthy adults population stream.

Medicaid ID	Population Stream Assignment Date	Population Stream End Date	Population Stream
999999999999	01/01/2020	12/31/2299	4

### Second Submission:

Example:

Joe Smith was re-assigned to the chronic conditions population stream on March 1, 2020.

Medicaid ID: 999999999999

Population Stream Assignment Date: March 1, 2020

Population Stream End Date: The first population stream span is closed with an end date of February 28, 2019. The second stream is ended with 12/31/2299 because the member is currently assigned to the chronic conditions population stream at the time of data submission.

Population Stream: 3, because the member is assigned to the chronic conditions population stream.

Medicaid ID	Population Stream Assignment Date	Population Stream End Date	Population Stream
999999999999	01/01/2020	02/28/2020	4
999999999999	03/01/2020	12/31/2299	3



## 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) (    )