
Medicaid Managed Care Population Stream Data Submission Specifications as of January 1, 2017

**Appendix K, Medicaid Managed Care Provider Agreement
Effective: January 1, 2017**

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1. Introduction

As required in Appendix K of the *Medicaid Managed Care Plan Provider Agreement*, the Medicaid Managed Care Plan (MCP) must provide care management services as specified in the agreement. The MCP 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 MCP's population stream data. Quarterly, full replacement files must be submitted to the ODM by the 20th calendar day of the month. Prior to this date, the ODM will supply MCP-specific enrollment files containing all members by enrollment month; every member that appears in the enrollment file provided by the ODM must also appear in the MCP's population stream data file submission.

The population streams are: Women of Reproductive Age, Behavioral Health, Chronic Conditions, Healthy Adults, and Healthy Children. The five 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 a member was assigned to for the specified date span associated with that data row. For existing members, the enrollment effective date and initial population stream assignment date may not precede January 1, 2017; for new members, the initial population stream assignment date must be on or after the member's enrollment effective date. Members enrolling in new populations (i.e., Foster Care, Adoption Assistance, Bureau for Children with Medical Handicaps, 1915(i), and the DD waiver) may have an initial population stream assignment date that precedes their enrollment effective date. 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 population stream 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 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 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 the ODM. The ODM staff will 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 population stream data file contains unique characters identifying the file type, the submitter’s ID, and the month and year of submission.

4.1 Population Stream File

The population stream file should be submitted as a CSV file. The population stream file name has the following format:

MMCxxxmmyy.PS99

Position	Symbol	Description
1-3	MMC	MMC= Medicaid Managed Care
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.

Example: File name for the first population stream file submission for January 2017:

MMCxxx0117.PS00

5. Data Field Definitions and Submission Specifications

The following fields must be reported on the full replacement file:

Data Field	Definition	Submission Specifications	Field Type
Medicaid ID	Member's 12-digit Medicaid ID number	N/A	Character
Population Stream Assignment Date	<p>The population stream assignment date is the first calendar date the member is assigned to a particular population stream.</p> <p>The initial population stream assignment date must be on or after the member's enrollment effective date. Members enrolling in new populations (i.e., Foster Care, Adoption Assistance, Bureau for Children with Medical Handicaps, 1915(i), and the DD waiver) may have an initial population stream assignment date that precedes the enrollment effective date.</p>	Eight-digit date format: mm/dd/yyyy	Date
Population Stream End Date	<p>The population stream end date is the last calendar date that the member is assigned to a particular population stream.</p> <p>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 MCP, the disenrollment effective date is the population stream end date.</p>	Eight-digit date format: mm/dd/yyyy	Date

<p>Population Stream</p>	<p>A member must be assigned to one of the following population streams: Women of Reproductive Age, Behavioral Health, Chronic Conditions, Healthy Adults, or Healthy Children.</p> <p>Note: For every enrollment span listed in the verified enrollment file, members must have corresponding population stream assignment spans.</p>	<p>Place a 1 in the column if the member is assigned to the women of reproductive age population stream. Place a 2 in the column if the member is assigned to the behavioral health population stream. Place a 3 in the column if the member is assigned to the chronic conditions population stream. Place a 4 in the column if the member is assigned to the healthy adults population stream. Place a 5 in the column if the member is assigned to the healthy children population stream.</p>	<p>Character</p>
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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, 2017

MEDICAID ID: 999999999999

POPULATION STREAM ASSIGNMENT DATE: January 1, 2017

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	01/01/2017	12/31/2299	4

Second Submission:

Example:

Joe Smith was re-assigned to the chronic conditions population stream on March 1, 2017

MEDICAID ID: 999999999999

POPULATION STREAM ASSIGNMENT DATE: March 1, 2017

POPULATION STREAM END DATE: The first population stream span is closed with an end date of February 28, 2017. 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	01/01/2017	02/28/2017	4
999999999999	03/01/2017	12/31/2299	3

Appendix B: MCP Submitter IDs

MCP Submitter ID	MCP
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 pursuant to 42 CFR 438.604 and 438.608 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):

- | | |
|---|--|
| <input type="checkbox"/> Risk Stratification Data File | <input type="checkbox"/> Primary Care Provider Data File |
| <input type="checkbox"/> Care Management Status Data File | <input type="checkbox"/> Population Stream Data File |

Indicate if this file is a:

- | | |
|--|---|
| <input type="checkbox"/> First-time submission | <input type="checkbox"/> 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) ()