
Medicaid Managed Care Risk Stratification Data Submission Specifications as of January 1, 2018

**Appendix K, Medicaid Managed Care Provider Agreement
Effective: January 1, 2018**

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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 risk stratification 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 risk stratification 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 risk stratification data file submission.

The risk stratification levels are: intensive, high, medium, low, and monitoring. The five risk stratification levels are mutually exclusive (i.e. a member cannot be assigned to more than one level at a time), and for every enrollment span listed in the verified enrollment file, members must have corresponding risk stratification level assignment spans. Separate data rows must be submitted each time a member changes their risk stratification level; simultaneous spans representing changes in risk stratification level assignments may not overlap. Each row in the data submission should be representative of the unique risk stratification level a member was assigned to for the specified date span associated with that data row. For existing members, the enrollment effective date and initial risk stratification level assignment date may not precede January 1, 2018; for new members, the initial risk stratification level 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.

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 risk stratification 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 risk stratification data file submission. A copy of the data file submission letter of certification is found in Appendix C of this document.

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

4.1 Risk Stratification File

The risk stratification file should be submitted as a CSV file. The risk stratification file name has the following format:

MMCxxxmmyy.RS99

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	.RS99	RS= Risk Stratification 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 risk stratification file submission for January 2018:

MMCxxx0118.RS00

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
Risk Stratification Level Assignment Date	<p>The risk stratification level assignment date is the first calendar date the member is assigned to a particular risk stratification level.</p> <p>The initial risk stratification level assignment date must be on or after the member's enrollment effective date.</p>	Eight-digit date format: mm/dd/yyyy	Date
Risk Stratification Level End Date	<p>The risk stratification level end date is the last calendar date that the member is assigned to a particular risk stratification level.</p> <p>For a member who is still assigned to the current risk stratification level at the time of data submission, enter 12/31/2299 to indicate an active risk stratification span. For a member who disenrolls from the MCP, the disenrollment effective date is the risk stratification level end date.</p>	Eight-digit date format: mm/dd/yyyy	Date
Risk Stratification Level	<p>A member must be assigned to one of the following risk stratification levels: intensive, high, medium, low, or monitoring.</p> <p>Note: For every enrollment span listed in the verified enrollment file, members must have corresponding risk stratification level assignment spans.</p>	<p>Place a 1 in the column if the member is assigned to the intensive risk stratification level. Place a 2 in the column if the member is assigned to the high risk stratification level. Place a 3 in the column if the member is assigned to the medium risk stratification level. Place a 4 in the column if the member is assigned to the low risk stratification level. Place a 5 in the column if the member is assigned to the monitoring risk stratification level.</p>	Character

Appendix A: Example of Full Replacement Records

First Submission:

Example:

Joe Smith is assigned to the high risk stratification level as of his enrollment effective date of January 1, 2018

MEDICAID ID: 999999999999

RISK STRATIFICATION LEVEL ASSIGNMENT DATE: January 1, 2018

RISK STRATIFICATION LEVEL END DATE: 12/31/2299, because the member is currently assigned to the high risk stratification level at the time of data submission

RISK STRATIFICATION LEVEL: 2, because the member is assigned to the high risk stratification level

Medicaid ID	Risk Stratification Level Assignment Date	Risk Stratification Level End Date	Risk Stratification Level
999999999999	01/01/2018	12/31/2299	2

Second Submission:

Example:

Joe Smith is re-assigned to the medium risk stratification level on July 2, 2018

MEDICAID ID: 999999999999

RISK STRATIFICATION LEVEL ASSIGNMENT DATE: July 2, 2018

RISK STRATIFICATION LEVEL END DATE: The first risk stratification span is closed with an end date of July 1, 2018. The current span is closed with 12/31/2299 because the member is currently assigned to the medium risk stratification level at the time of submission

RISK STRATIFICATION LEVEL: 3, because the member is assigned to the medium risk stratification level

Medicaid ID	Risk Stratification Level Assignment Date	Risk Stratification Level End Date	Risk Stratification Level
999999999999	01/01/2018	07/01/2018	2
999999999999	07/02/2018	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:

- 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) ()