
MyCare Ohio Risk Stratification Data Submission Specifications

Provider Agreement Effective July 1, 2020, to June 30, 2021

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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 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 MCOP's risk stratification 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 2021 must also appear in the MCOP'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 to which a member was assigned for the specified date span associated with that data row. For members enrolled as of January 1, 2021, the initial risk stratification level assignment date may not precede January 1, 2021. If a member that is currently enrolled has a start date prior to January 1, 2021, their effective date must be January 1, 2021. For new members (enrolled after January 1, 2021), 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.

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

Risk Stratification File

The risk stratification file should be submitted as a comma separated values (CSV) file. The risk stratification file name has the format presented in **Table 1**:

Table 1: Risk Stratification File Name Format: MCOxxxmmyy.RS99

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	.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.

MCOxxx0121.RS00

For example, the file name of the first risk stratification file submission for January 2021 would be:
MCOxxx0121.RS00

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 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 dis-enrolls from the MCOP, 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 the corresponding number in the column for the member, based on risk stratification level:</p> <p>1 - Intensive risk stratification level. 2 - High risk stratification level. 3 - Medium risk stratification level. 4 - Low risk stratification level. 5 - Monitoring risk stratification level.</p>	Character

N/A = not applicable.

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, 2021.

Medicaid ID: 999999999999

Risk Stratification Level Assignment Date: January 1, 2021

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	01/01/2021	12/31/2299	2

Second Submission:

Example:

Joe Smith is re-assigned to the medium risk stratification level on July 2, 2021.

Medicaid ID: 999999999999

Risk Stratification Level Assignment Date: July 2, 2021

Risk Stratification Level End Date: The first risk stratification span is closed with an end date of July 1, 2021.

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	01/01/2021	07/01/2021	2
999999999999	07/02/2021	12/31/2299	3

Appendix B: MCOP Submitter IDs

MCOP Submitter ID	MCOP
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):

- Risk Stratification Data File Primary Care Provider Data File
- Care Management Status Data File Population Stream Data File

Indicate if this file is a:

- First-time submission Resubmission/Replacement

Name of MCOP Submitted for:

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