
**Ohio Department of Medicaid
MyCare Ohio
Health Risk Assessment Submission Specifications**

January 1, 2023 – December 31, 2023

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Introduction

As required in Appendix K of the *MyCare Ohio Plan Provider Agreement*, the MyCare Ohio Program (MCOP) plans must submit an electronic file of health risk assessment data, on an annual basis, for all specified members to IPRO on behalf of 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 plans' health risk assessment data.

The HRA file must be submitted to ODM and must contain a record for each member actively enrolled for at least one day in the quarterly reporting period and as indicated on the plan's quarterly reconciled enrollment file. Files must be submitted quarterly to IPRO, on behalf of the ODM, by the last calendar day of the month following the end of the quarter (Q1: January 1–March 31, Q2: April 1–June 30, Q3: July 1–September 30, Q4: October 1–December 31).

The quarterly HRA data files must contain only one record and associated survey disposition status for each plan member, including both those who completed the HRA tool and those who did not. Please see Appendix A for additional information regarding survey disposition status codes. Records for those who completed the HRA include survey responses as well as variables that are not related to the assessment tool (items # R1–R6 in the file submission layout). Records for those who did not complete the HRA include items # R1–R6 but do not include survey responses.

When a member is eligible for more than one survey disposition code within a quarter, always use survey disposition code "1" (completed survey) when a survey was administered, and the respondent answered at least one question. Otherwise, use the most recent disposition code identified.

If a member has multiple reassessments within the quarterly data submission period, the MCOP plan should submit the HRA that is the most recent and the most complete. If there is no HRA occurring within 90 days of a newly enrolled member's effective enrollment date, the MCOP plan must submit the member's record with the appropriate survey disposition status.

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 health risk assessment 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 plan is required to certify the accuracy, completeness, and truthfulness of data and documents submitted to the ODM that may affect plan payment. The MCOP plan is required to provide a data certification form for each HRA data file submission. A copy of the data file submission letter of certification is found in Appendix C of this document.

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

Corrected Quarterly HRA File – Full Replacement Records

Quarterly HRA files may be re-submitted to replace or correct records, if applicable. A complete quarterly file must be submitted in accordance with the naming convention specified below.

File Name

The name of the HRA data file contains unique characters identifying the file type, the submitter’s ID, and the quarter and year of submission.

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

Table 1: Health Risk Assessment File Name Format: MCOPxxxqyy.RA99

Position	Symbol	Description
1–3	MMP	MMP = Medicare-Medicaid Plan
4–6	xxx	xxx = Submitter ID 145 – Aetna 420 – Buckeye Community Health Plan 315 – CareSource 731 – Molina 761 – United
7–10	qyy	q = Quarter of submission yy = Year of submission
11–15	.RA99	RA = Risk Assessment 99 = Number of quarterly file submission Note: The first file submission of the quarter should be denoted as “00.” This number should increase by 1 with each new file submission.

Example: File name for first health risk assessment file submission for January–March 2023:

MCOPxxx123.RA00

Data Field Definitions and Submission Specifications

The fields in Table 2 must be reported in the HRA data file. This file must contain a record and associated survey disposition code for all plan enrollees, including both survey respondents and non-respondents. Records for both survey respondents and non-respondents include survey items # R1–R6. Only survey respondents’ records will include data for survey items # 1–21.y, which correspond to survey responses.

Table 2: Data Field Definitions and Submission Specifications

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
R1	Member Medicaid ID	999999999999 NOTE: A valid value is required for every enrollee in the submission file.	Member’s 12-digit Medicaid ID number	Char	12
R2	Member Date of Birth	mm/dd/yyyy NOTE: A valid value is required for every enrollee in the submission file.		Date	Eight-digit date format
R3	Enrollment Effective Date	mm/dd/yyyy NOTE: A valid value is required for every enrollee in the submission file. For newly enrolled members, the effective date of enrollment is the first date of active enrollment in the plan. The initial date of a retroactive eligibility span would not be considered the effective date of enrollment.		Date	Eight-digit date format
R4	Survey Disposition Status	When a member is eligible for more than one survey disposition code within a quarter, always use survey disposition code “1” (completed survey) when a survey was administered and the respondent answered at least one question. Otherwise, use the most recent disposition code identified. 1 = Completed survey 2 = Deceased 3 = Refusal 4 = No response after maximum attempts 5 = Disenrolled, no assessment completed 6 = Initial survey pending 7 = Annual reassessment due but not yet attempted/completed 11 = No assessment due NOTE: A valid value is required for every enrollee in the submission file.	A complete listing of survey disposition codes can be found in Appendix A.	Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
R5	Completion Date	mm/dd/yyyy NOTE: A valid value is required for every enrollee in the submission file.	Date when survey is completed, partially completed, or when survey disposition status is determined.	Date	Eight-digit date format
R6	Survey Mode	1 = Telephonic 2 = Web-based 3 = Face-to-face 4 = Mail 5 = Not applicable NOTE: A valid value is required for every enrollee in the submission file.		Char	1
1	[1] Relationship with person answering survey	1 = Myself 2 = My child 3 = Another person for whom I provide care 4 = Other N = No response		Char	1
2.a	[2.a] Speak a language other than English	1 = Yes 2 = No C = Choose not to answer N = No response	Do you speak a language other than English at home?	Char	1
	Other languages: Survey Items # 2.b.1 to 2.b.12 †		If yes, what other languages are spoken? (select all that apply)		
2.b.1	[2.b.1] Other language – Arabic	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.2	[2.b.2] Other language – Creole	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.3	[2.b.3] Other language – French	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.4	[2.b.4] Other language – Mandarin	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.5	[2.b.5] Other language – Russian	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.6	[2.b.6] Other language – Somali	1 = Yes 0 = No		Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		U = Unknown C = Choose not to answer N = No response			
2.b.7	[2.b.7] Other language – Spanish	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.8	[2.b.8] Other language – Vietnamese	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.9	[2.b.9] Other language – Nepali	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.10	[2.b.10] Other language – Sign Language	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.11	[2.b.11] Other language – Other	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
2.b.12	[2.b.12] Other language – Not applicable	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
3	[3] Ethnicity	1 = Hispanic or Latino 2 = Not Hispanic or Latino U = Unknown C = Choose not to answer N = No response	How would you describe your ethnicity?	Char	1
	Race: Survey Items # 4.a to 4.f **		How would you describe your race? (select all that apply)		
4.a	[4.a] Race – American Indian or Alaska Native	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
4.b	[4.b] Race – Asian	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
4.c	[4.c] Race – Black or African American	1 = Yes 0 = No		Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		U = Unknown C = Choose not to answer N = No response			
4.d	[4.d] Race – Native Hawaiian or Other Pacific Islander	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
4.e	[4.e] Race – White	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
4.f	[4.f] Race – Some other race	1 = Yes 0 = No U = Unknown C = Choose not to answer N = No response		Char	1
5	[5] Highest level of education	1 = Less than first grade 2 = First through 8th grade 3 = Some high school, but no diploma 4 = High school graduate or equivalent (GED/ vocational/ trade school graduate) 5 = Some college, but no degree 6 = Associate degree (1-2 year occupational, technical or academic program) 7 = Four-year college graduate/bachelor's degree 8 = Advanced degree (including master's, professional degree, or doctorate) U = Unknown C = Choose not to answer N = No response	What is the highest level of school you have completed or the highest degree received?	Char	1
6	[6] Educational Plan	1 = Yes 2 = No 4 = Not applicable U = Unknown C = Choose not to answer N = No response	Do you currently have a 504 educational plan or individualized educational plan (IEP)?	Char	1
7	[7] Health Status	1 = Excellent 2 = Very good 3 = Good 4 = Fair 5 = Poor U = Unknown C = Choose not to answer N = No response	In general, would you say that your health is excellent, very good, good, fair or poor?	Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
8	[8] Emergency room visits over the last 12 months	1 = 0 times 2 = 1 time 3 = 2 or more times U = Unknown C = Choose not to answer N = No response	How many times have you received care in an emergency room (ER) over the last 12 months? Please do not count urgent care visits.	Char	1
9	[9] Living Situation	1 = I have a steady place to live 2 = I have a place to live today, but I am worried about losing it in the future 3 = I do not have a steady place to live (I am temporarily staying with others, in a hotel, in a shelter, living outside on the street, on a beach, in a car, abandoned building, bus or train station, or in a park) U = Unknown C = Choose not to answer N = No response	What is your living situation today?	Char	1
10	[10] Food Security	1 = Often true 2 = Sometimes true 3 = Never true U = Unknown C = Choose not to answer N = No response	In the past 12 months, the food you bought just didn't last and you didn't have money to get more.	Char	1
11	[11] Reliable Transportation	1 = Yes 2 = No U = Unknown C = Choose not to answer N = No response	In the past 12 months, has lack of reliable transportation kept you from medical appointments, meetings, work or from getting things needed for daily living?	Char	1
12	[12] Utility Disconnection Notice	1 = Yes 2 = No 3 = Already shut off U = Unknown C = Choose not to answer N = No response	In the past 12 months has the electric, gas, oil, or water company threatened to shut off services in your home?	Char	1
13.a	[13.a] Physical Abuse	1 = Never 2 = Rarely 3 = Sometimes 4 = Fairly often 5 = Frequently U = Unknown C = Choose not to answer N = No response	How often does anyone, including family and friends, physically hurt you?	Char	1
13.b	[13.b] Verbal Abuse	1 = Never 2 = Rarely 3 = Sometimes 4 = Fairly often	How often does anyone, including family and friends,	Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		5 = Frequently U = Unknown C = Choose not to answer N = No response	insult or talk down to you?		
14	[14] Employment Assistance	1 = Yes, help finding work 2 = Yes, help keeping work 3 = I do not need or want help 4 = Not applicable 5 = I am unable to work due to a disability U = Unknown C = Choose not to answer N = No response	Do you want help finding or keeping work or a job?	Char	1
15	[15] ADL Assistance	1 = I don't need any help 2 = I get all the help I need 3 = I could use a little more help 4 = I need a lot more help 5 = Not applicable U = Unknown C = Choose not to answer N = No response	If for any reason you need help with day-to-day activities such as bathing, etc., do you get the help you need?	Char	1
16	[16] Loneliness around people	1 = Never 2 = Rarely 3 = Sometimes 4 = Often 5 = Always U = Unknown C = Choose not to answer N = No response	How often do you feel lonely or isolated from those around you?	Char	1
17.a	[17.a] Little interest or pleasure in doing things	1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day U = Unknown C = Choose not to answer N = No response	Over the past 2 weeks, how often have you been bothered by any of the following problem? Little interest or pleasure in doing things?	Char	1
17.b	[17.b] Feeling down, depressed, or hopeless	1 = Not at all 2 = Several days 3 = More than half the days 4 = Nearly every day U = Unknown C = Choose not to answer N = No response	Over the past 2 weeks, how often have you been bothered by any of the following problem? Feeling down, depressed, or hopeless?	Char	1
18	[18] Stress	1 = Not at all 2 = A little bit 3 = Somewhat 4 = Quite a bit 5 = Very much U = Unknown C = Choose not to answer N = No response	Over the past 2 weeks, how often have you been bothered by stress?	Char	1
19.a	[19.a] Alcohol	1 = Never 2 = Once or twice	How many times in the past 12 months have	Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
		3 = Monthly 4 = Weekly 5 = Daily or almost daily U = Unknown C = Choose not to answer N = No response	you had 5 or more drinks in a day (males) or 4 or more drinks in a day (females)? One drink is 12 ounces of beer, 5 ounces of wine, or 1.5 ounces of 80-proof spirits.		
19.b	[19.b] Tobacco	1 = Never 2 = Once or twice 3 = Monthly 4 = Weekly 5 = Daily or almost daily U = Unknown C = Choose not to answer N = No response	How many times in the past 12 months have you used tobacco products (like cigarettes, cigars, snuff, chew, electronic cigarettes)?	Char	1
19.c	[19.c] Prescription drugs for non-medical reason	1 = Never 2 = Once or twice 3 = Monthly 4 = Weekly 5 = Daily or almost daily U = Unknown C = Choose not to answer N = No response	How many times in the past year have you used prescription drugs for non-medical reasons?	Char	1
19.d	[19.d] Illegal drugs	1 = Never 2 = Once or twice 3 = Monthly 4 = Weekly 5 = Daily or almost daily U = Unknown C = Choose not to answer N = No response	How many times in the past year have you used illegal drugs?	Char	1
20	[20] Pregnant	1 = Yes 2 = No 3 = Not applicable U = Unknown C = Choose not to answer N = No response	Are you or could you currently be pregnant?	Char	1
	Clinical Conditions: Survey Items # 21a to 21w ^{†††}		Have you ever been diagnosed with or told by a clinician that you had: (Select all that apply)		
21.a	[21.a] Clinical Conditions – ADHD	1 = Yes 0 = No N = No response		Char	1
21.b	[21.b] Clinical Conditions – Anxiety	1 = Yes 0 = No N = No response		Char	1
21.c	[21.c] Clinical Conditions –Asthma	1 = Yes 0 = No N = No response		Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
21.d	[21.d] Clinical Conditions –Autism	1 = Yes 0 = No N = No response		Char	1
21.e	[21.e] Clinical Conditions -Cancer	1 = Yes 0 = No N = No response		Char	1
21.f	[21.f] Clinical Conditions – Cystic Fibrosis	1 = Yes 0 = No N = No response		Char	1
21.g	[21.g] Clinical Conditions –Congestive Heart Failure	1 = Yes 0 = No N = No response		Char	1
21.h	[21.h] Clinical Conditions –Chronic Obstructive Pulmonary Disorder (COPD)	1 = Yes 0 = No N = No response		Char	1
21.i	[21.i] Clinical Conditions – Depression	1 = Yes 0 = No N = No response		Char	1
21.j	[21.j] Clinical Conditions –Developmental Delays	1 = Yes 0 = No N = No response		Char	1
21.k	[21.k] Clinical Conditions -Diabetes or High blood sugar levels	1 = Yes 0 = No N = No response		Char	1
21.l	[21.l] Clinical Conditions – Heart Failure	1 = Yes 0 = No N = No response		Char	1
21.m	[21.m] Clinical Conditions – Hemophilia	1 = Yes 0 = No N = No response		Char	1
21n	[21.n] Clinical Conditions – High blood pressure	1 = Yes 0 = No N = No response		Char	1
21o	[21.o] Clinical Conditions –HIV/AIDS	1 = Yes 0 = No N = No response		Char	1
21p	[21.p] Clinical Conditions –Kidney Failure (ESRD)	1 = Yes 0 = No N = No response		Char	1
21.q	[21.q] Clinical Conditions – Obesity	1 = Yes 0 = No N = No response		Char	1
21.r	[21.r] Clinical Conditions – Sickle Cell	1 = Yes 0 = No N = No response		Char	1
21.s	[21.s] Clinical Conditions – Substance Use Disorder	1 = Yes 0 = No N = No response		Char	1
21.t	[21.t] Clinical Conditions – Any other condition that you were born with	1 = Yes 0 = No N = No response		Char	1

Survey Item #	Data Field	Value/Code	Description	Field Type	Field Size
	that requires ongoing care				
21.u	[21.u] Clinical Conditions – Any behavioral health condition that requires care or therapy	1 = Yes 0 = No N = No response		Char	1
21.v	[21.v] Clinical Conditions – Delivered a baby too small, or too soon	1 = Yes 0 = No N = No response		Char	1
21.w	[21.w] Clinical Conditions – Other condition not listed	1 = Yes 0 = No N = No response		Char	1
21.x	[21.x] Clinical Conditions – Choose not to answer	1 = Yes 0 = No N = No response		Char	1
21.y	[21.y] Clinical Conditions – Unknown	1 = Yes 0 = No N = No response		Char	1

† For survey items # 2.b.1 to 2.b.12, treat each item as a Yes/No question.

- If the response to question 2.a is “No (0)”, then each language response can be left blank
- If a respondent does not reply “Yes (1)” or “No (0)” to a question, then code that question as “No Response (N),” or “Choose Not to Answer (C)” if the respondent indicates that they choose not to answer, or “Unknown (U)” if the respondent indicates that they do not know
- If a respondent does not know the answer to the entire question, then code each language as “Unknown (U)”
- If a respondent chooses not to answer the entire question, then code each language as “Choose Not to Answer (C)”
- If a respondent leaves all response options blank, then code each language as “No Response (N)” rather than “No (0)”

†† For survey items # 4.a to 4.f, treat each item as a Yes/No question.

- If a respondent does not reply “Yes (1)” or “No (0)” to a question, then code that question as “No Response (N),” or “Choose Not to Answer (C)” if the respondent indicates that they choose not to answer, or “Unknown (U)” if the respondent indicates that they do not know
- If a respondent does not know the answer to the entire question, then code each race as “Unknown (U)”
- If a respondent chooses not to answer the entire question, then code each race as “Choose Not to Answer (C)”
- If a respondent leaves all response options blank, then code each race as “No Response (N)” rather than “No (0)”

††† For survey items # 21.a to 21.w, treat each item as a Yes/No question.

- If a respondent chooses not to answer the entire question, then code answer option 21. x as “Yes (1).” All the other responses should be left blank
- If a respondent indicates that they do not know the answer to the question for each item (21. a to 21. w), then code option 21. y as “Yes (1)”. All the other responses should be left blank
- If a respondent does not provide a response for a specific condition (21. a to 21. w), then the response for that specific condition should be coded “No Response (N)”
- If a respondent leaves all response options blank (21. a to 21. w), then code each clinical condition as “No Response (N)” rather than “No (0)”

Appendix A: Survey Disposition Codes

When a member is eligible for more than one survey disposition code within a quarter, always use survey disposition code “1” (completed survey) when a survey was administered, and the respondent answered at least one question. Otherwise, use the most recent disposition code identified.

Code	Description
1	Completed survey Assign this code if the respondent answers at least one or more of the assessment questions.
2	Deceased Assign this code if the enrollee is reported as deceased during the assessment period.
3	Refusal Assign this code if a sampled enrollee indicates that he or she does not wish to participate in the survey.
4	No response after maximum attempts Assign this code if the enrollee does not respond to the survey or cannot be reached during the assessment period.
5	Disenrolled, no assessment completed Assign this code if the enrollee has disenrolled during the assessment period.
6	Initial survey pending Assign this code for enrollees who have not yet completed an HRA. – An initial survey is defined as a first-time administration of the new version of the HRA regardless of the presence of an HRA survey (old version) prior
7	Annual reassessment due but not yet attempted /completed Assign this code if an annual reassessment is due, but not yet attempted or completed.
11	No Assessment Due Assign this code if no assessment is due during the quarter.

Appendix B: Submitter IDs

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):

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

File Indicate if this file is a:

- | | |
|------------------------------------------------|---------------------------------------------------|
| <input type="checkbox"/> First-time submission | <input type="checkbox"/> Resubmission/Replacement |
|------------------------------------------------|---------------------------------------------------|

Name of MCOP Plan Submitted for:

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