



TOBY DOUGLAS
DIRECTOR

State of California—Health and Human Services Agency
Department of Health Care Services



EDMUND G. BROWN JR.
GOVERNOR

DATE: November 27, 2013

ALL PLAN LETTER 13-019

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: UTILIZATION DATA FILE TO BE PROVIDED TO MEDI-CAL MANAGED CARE HEALTH PLANS FOR TRANSITIONING LOW-INCOME HEALTH PROGRAM BENEFICIARIES

PURPOSE:

The purpose of this All Plan Letter (APL) is to provide Medi-Cal managed care health plans (MCPs) with the process of providing historical utilization data for the Low-Income Health Program (LIHP) enrollees transitioning into Medi-Cal managed care on January 1, 2014.

BACKGROUND:

LIHP is a county-based, optional health care services program under the California “Bridge to Reform” Section 1115 Medicaid Demonstration Waiver. The program is operational from July 1, 2011 through December 31, 2013, and its purpose is to provide coordinated, comprehensive health care coverage to low-income adults who are not eligible for Medi-Cal or the Healthy Families Program, and who have limited or no other health care coverage. To the extent possible, the Department of Health Care Services (DHCS) is required to provide LIHP beneficiaries with a seamless transition to Medi-Cal, specifically Medi-Cal managed care, or into subsidized health coverage through California’s health benefit exchange, Covered California, as authorized by the Affordable Care Act. Currently, there are over 600,000 individuals enrolled in the local LIHPs and it is projected that approximately 95 percent of this population will transition into Medi-Cal.

PROCESS:

DHCS will provide MCPs with a data file containing member-specific utilization data at least 15 days prior to January 1, 2014. See Attachment 1 for the data elements, definitions, and layouts for the LIHP utilization data file.

DHCS will identify the Client Index Numbers (CINS) and/or Social Security Numbers of LIHP beneficiaries who are to be newly enrolled into MCPs as of January 1, 2014. DHCS will provide the LIHP utilization data related to the identified CINS for up to the most recent 12 months available. This utilization data will be divided into separate files created for each health plan code (HPC). Each

HPC file will contain only the data for the LIHP beneficiaries that will be enrolled in that MCP.

DHCS will make the data file available via the Secure File Transfer Protocol (SFTP) site. The files will be placed in the "Member Spec File" folder on the SFTP site. DHCS will provide notification when the file is available, and MCPs must retrieve the files within 14 calendar days of the email notification. After the files have been available on the SFTP site for 14 calendar days, they will be deleted from the folder.

DHCS is committed to supporting MCP care coordination activities by providing this member-specific data in preparation for the transition date. Nonetheless, for the most accurate and complete information, DHCS highly encourages MCPs to work directly with the local LIHPs to obtain current and ongoing utilization data.

If you have any questions regarding this APL, please contact your Medi-Cal Managed Care Division Contract Manager.

Sincerely,

Original Signed by Margaret Tatar

Margaret Tatar, Assistant Deputy Director
Health Care Delivery Systems

CLAIMS DATA

Field Number	Variable Name	Description	Values
1	CIN		
2	SSN		
3	County		
4	Claim_id	A unique record identification number is assigned to each specific service event (e.g. each Inpatient Stay).	LHP specific
5	LineNum	Claims data typically include multiple lines or records for each service event. This field is used to group record lines into a single service event to which they are associated.	
6	place_cd	Standard "Place Codes" indicating the location of care for the service reported (e.g., Inpatient Acute Care, Inpatient Long-Term Care, Outpatient Hospital, Emergency Room, Clinic, Physician, etc.)	"Place of Service Codes for Professional Claims" codes in the CPT manual in the "Coding and Billing Issues" section
7	prov_id	Unique ID number for the provider of service (rendering provider). If available, National Provider Identifier (NPI) number was requested	NPI numbers
8	svc_dt	The first date of service for the record (i.e. Fill date for pharmacy records)	YYYYMMDD
9	last_svc_dt	The last date of service for the record -- (discharge date for inpatient stays; either blank or the same as the first date of service for one-day services such as outpatient care)	YYYYMMDD
10	lcd_dx1	ICD-9 Diagnosis Code for the specific medical diagnosis. The first code listed should be the principal procedure code.	
11	lcd_dx2	ICD-9 Diagnosis Code for the specific medical diagnosis.	
12	lcd_dx3	ICD-9 Diagnosis Code for the specific medical diagnosis.	
13	lcd_dx4	ICD-9 Diagnosis Code for the specific medical diagnosis.	
14	lcd_dx5	ICD-9 Diagnosis Code for the specific medical diagnosis.	
15	lcd_dx6	ICD-9 Diagnosis Code for the specific medical diagnosis.	

16	lcd_dx7	ICD-9 Diagnosis Code for the specific medical diagnosis.	
17	lcd_dx8	ICD-9 Diagnosis Code for the specific medical diagnosis.	
18	lcd_dx9	ICD-9 Diagnosis Code for the specific medical diagnosis.	
19	lcd_dx10	ICD-9 Diagnosis Code for the specific medical diagnosis.	
20	lcd_dx11	ICD-9 Diagnosis Code for the specific medical diagnosis.	
21	lcd_dx12	ICD-9 Diagnosis Code for the specific medical diagnosis.	
22	lcd_dx13	ICD-9 Diagnosis Code for the specific medical diagnosis.	
23	lcd_dx14	ICD-9 Diagnosis Code for the specific medical diagnosis.	
24	lcd_dx15	ICD-9 Diagnosis Code for the specific medical diagnosis.	
25	proc1	CPT, HCPCS, CDT, Revenue Code, or ICD9 Procedure code. LIHPs were asked to provide all available fields for this data element to reflect maximum detail available for each visit/encounter.	
26	proctype	The type of code indicated in the proc1 field (field 25)	CPT_HCPCS, CPT_HCPCS Plus Modifier, RevCode, Other, ICD9_Procedure
27	DRG	For inpatient admissions, the discharge DRG code (if available)	
28	NDC1	NDC codes	
29	Days_supply1	The number of days of drug therapy covered by the dispensation recorded in the NDC1 code - field 28 (if applicable)	
30	adj_ind	Record Adjustment Code - Indication of a record that represents an adjustment to a previously reported unique Claim ID	
31	HCP	Plan Code of Intended January 2014 Enrollment	

ENROLLMENT DATA

Field Number	Variable Name	Description	Values
1	CIN	Enrollee CIN	
2	SSN	Enrollee SSN	
3	County	Enrollee county of residence	
4	Fname	Enrollee first name	
5	Lname	Enrollee last name	
6	DOB	Enrollee birth date	YYYYMMDD
7	Female	Enrollee gender	0- Male 1- Female 2- Other 9- Unknown
8	Race_ethnicity	Enrollee race/ethnicity as reported at the time of application/recertification	
9	Language	Enrollee primary language (primary spoken language is requested if available) as reported at the time of application/recertification	1- English 2- Spanish 3- European languages 4- Asian and Pacific Island languages 5- Other 9- Unknown
10	Medhome_npi	National Provider Identification for the enrollee's current medical home assignment (clinic or medical group).	
11	Medhome_name	Medical home facility name (clinic or medical group)	
12	Medhome_address	Medical home facility address (clinic or medical group)	
13	Medhome_city	Medical home facility city (clinic or medical group)	
14	Medhome_zip	Medical home facility zip code (clinic or medical group)	

15	Provider_NPI	National Provider Identification for the enrollee's current primary care physician, if available	
16	Provider_Fname	First name of primary care physician assigned to enrollee, if available	
17	Provider_Lname	Last name of primary care physician assigned to enrollee, if available	
18	aid_m1	July 2011 enrollment aid code	F6, F7, F8, F9, F0, 84
19	aid_m2	August 2011 enrollment aid code	F6, F7, F8, F9, F0, 84
20	aid_m3	September 2011 enrollment aid code	F6, F7, F8, F9, F0, 84
21	aid_m4	October 2011 enrollment aid code	F6, F7, F8, F9, F0, 84
22	aid_m5	November 2011 enrollment aid code	F6, F7, F8, F9, F0, 84
23	aid_m6	December 2011 enrollment aid code	F6, F7, F8, F9, F0, 84
24	aid_m7	January 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
25	aid_m8	February 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
26	aid_m9	March 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
27	aid_m10	April 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
28	aid_m11	May 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
29	aid_m12	June 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
30	aid_m13	July 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
31	aid_m14	August 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
32	aid_m15	September 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
33	aid_m16	October 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
34	aid_m17	November 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
35	aid_m18	December 2012 enrollment aid code	F6, F7, F8, F9, F0, 84
36	aid_m19	January 2013 enrollment aid code	F6, F7, F8, F9, F0, 84
37	aid_m20	February 2013 enrollment aid code	F6, F7, F8, F9, F0, 84
38	aid_m21	March 2013 enrollment aid code	F6, F7, F8, F9, F0, 84
39	aid_m22	April 2013 enrollment aid code	F6, F7, F8, F9, F0, 84
40	aid_m23	May 2013 enrollment aid code	F6, F7, F8, F9, F0, 84
41	aid_m24	June 2013 enrollment aid code	F6, F7, F8, F9, F0, 84
42	aid_m25	July 2013 enrollment aid code	F6, F7, F8, F9, F0, 84

Attachment 1

43	aid_m26	August 2013 enrollment aid code	F6, F7, F8, F9, F0, 84
44	aid_m27	September 2013 enrollment aid code	F6, F7, F8, F9, F0, 84
45	HCP	Plan Code of Intended January 2014 enrollment	