DHCS

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

TOBY DOUGLAS
Director

EDMUND G. BROWN JR.
Governor

DATE: January 3, 2014

POLICY LETTER 14-001

TO: ALL MEDI-CAL MANAGED CARE HEALTH PLANS

SUBJECT: CHANGES TO THE HISTORICAL UTILIZATION DATA PROVIDED TO
MEDI-CAL MANAGED CARE HEALTH PLANS FOR SENIORS AND
PERSONS WITH DISABILITIES EFFECTIVE FEBRUARY 1, 2014

PURPOSE:
The purpose of this Policy Letter (PL) is to provide Medi-Cal managed care health plans
(MCPs) with information about changes to the historical utilization data provided for
Seniors and Persons with Disabilities (SPDs). The changes will be effective
February 1, 2014. This PL supersedes PL 11-003, dated February 10, 2011.[1]

The Department of Health Care Services (DHCS) maintains a single set of file layouts
for the historical utilization data for all DHCS initiatives. The file layout for the Medi-Cal
fee-for-service (FFS) claims data is being expanded, which is resulting in changes to
the files for the historical utilization data for SPDs.

BACKGROUND:
Welfare and Institutions (W&I) Code Section (§) 14182 and the "California's Bridge to
Reform" Section 1115 Medicaid Demonstration Waiver, approved by the Centers for
Medicare and Medicaid Services (CMS), permit DHCS to require SPDs who do not
have other health coverage (Medi-Cal only) to enroll in contracted MCPs. In
conjunction with this mandatory enrollment of Medi-Cal only SPDs, DHCS is required to
provide MCPs with historical FFS claims data for beneficiaries upon their enrollment into
an MCP. This data assists MCPs with risk stratification and assessment of these
beneficiaries in accordance with PL 11-001, the development of care coordination plans
for high-risk beneficiaries, and the initiation of other care management activities
necessary to assure timely access to appropriate care for the SPD population.

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[1] All Plan, Policy, and Duals Plan Letters are available at:
http://www.dhcs.ca.gov/formsandpubs/Pages/MMCDPlanPolicyLtrs.aspx

PROCESS:
Upon renewal of the Medi-Cal Eligibility Data System (MEDS), DHCS will identify the Client Index Numbers (CINs) of SPD beneficiaries who are to be newly enrolled in MCPs as of the coverage date. DHCS will then extract the utilization data related to the identified CINs for up to the most recent 12 months available. This utilization data will then be divided into separate files created for each health plan code (HPC) and based on the type of data extracted. Each HPC file will contain only the data for the SPD beneficiaries that will be enrolled in that MCP in a single county. For an MCP that operates in multiple counties, DHCS will create separate data files for each county in the MCP's service areas.

Attachment 1 provides the data elements, definitions, and layout for the claims data file.

MCPs should refer to Medi-Cal Managed Care Division (MMCD) All Plan Letter 12-005 (December 27, 2012), regarding the MEDS renewal schedule for 2013-2014 and then to subsequent annual updates to the annual letter providing the MEDS renewal schedule.

In addition to the claims data file created for each HPC for the current month, DHCS will also create a separate file containing information on any currently approved FFS Treatment Authorization Requests (TARs) for the identified Medi-Cal only SPD beneficiaries. As with the claims data, a separate TARs file will be created for each HPC.

Attachment 2 provides the data elements, definitions, and layout for the TARs file.

DHCS will make both the claims data files and the TARs files available to MCPs via a Secure File Transfer Protocol (SFTP) site. The files will be placed in specific plan folders established for this purpose on the SFTP site. DHCS will notify each MCP's designated point of contact (see Designated Contacts section below) via e-mail that the new month's files are available. This email also will contain a statistical report related to the claims data for each MCP's HPC indicating the time period covered (by service date), the total number of CINs in the file, the number of CINs for which no FFS claims are available, the number of CINs with FFS claims, and the total claim records in the file.

MCPs must retrieve the files within 14 calendar days of the email notification. After the current month's files have been available on the SFTP site for 14 calendar days, they will be deleted from the folders on the SFTP site. If an MCP experiences any problems retrieving the files or is having issues with the files, the MCP should immediately alert MMCD at the electronic mailbox identified below.

TIMELINE:
Starting February 1, 2014, the Medi-Cal FFS utilization data file for SPD beneficiaries will include six new fields and the file length will increase from 311 bytes to 500 bytes. The Medi-Cal TAR data file will *not* change.

DESIGNATED CONTACTS:
Each MCP has already identified a designated contact to access the SFTP folder(s). Any updates to existing designated contacts should be sent to:
MMCDdata@dhcs.ca.gov.

Questions or comments about the claims or TAR data files or the monthly process should be directed to the electronic mailbox at MMCDdata@dhcs.ca.gov. Designated MMCD staff responsible for coordinating this data exchange will monitor this mailbox and be available to work with the MCPs to resolve issues related to the data.

Technical difficulties accessing the SFTP folders, such as lost or expired passwords, must be directed to the DHCS Service Desk at (916) 440-7000.

Providing historical FFS claims and TAR data for Medi-Cal only SPD beneficiaries will support the MCPs' risk stratification, risk assessment and care coordination activities for SPDs. MMCD will continue to work with MCPs on the implementation procedures and issues related to the changes related to this data exchange.

If you have any questions regarding this PL, please contact your MMCD Contract Manager.

Sincerely,

ORIGINAL SIGNED BY MARGARET TATAR

Margaret Tatar
Assistant Deputy Director
Health Care Delivery Systems

Attachment

Attachment 1 - Medi-Cal FFS Claim Record Layout

Table 1 Member Specific Paid Claims Data File Record Layout

Field Id	Field Name	Description	Table/Field Name	Length	Start	End	Data Type
1	CIN	Client Identification Number is the	Input file	9	1	9	A
2	Plan Code	MEDS assigned health care plan code.	Input File	3	10	12	A
3	Admission Date	The date the member was admitted to the facility	CLAIMS_HDR/ INPAT_ADMISSION_DT	8	13	20	A
4	Discharge Date	The date the member was discharged from the facility	CLAIMS_HDR/ INPAT_DISCHARGE_DT	8	21	28	A
5	From Date of Service	Start date of service on detail (CCYYMMDD format).	CLAIMS_DTL/ DTL_SRV_FROM_DT	8	29	36	A
6	To Date of Service	End date of service on detail (CCYYMMDD format).	CLAIMS_DTL/ DTL_SRV_FROM_DT	8	37	44	A
7	ICD-9 Primary Diagnosis Codes	Identifies the diagnosis code for the principal condition requiring medical	CLAIMS_HDR/ PRIMARY_DIAG_CD	7	45	51	A
8	ICD-9 Diagnosis Code Description	ICD-9 short description of the diagnosis codes.	ICD9_VOL_1_DIAG_CD/ SHORT_DESC	50	52	101	A
9	ICD-9 Secondary Diagnosis Codes	Identifies the patient's secondary diagnosis which requires supplementary medical treatment.	CLAIMS_HDR/ SEC_DIAG_CD	7	102	108	A
10	ICD-9 Diagnosis Code Description	ICD-9 short description of the diagnosis codes.	ICD9_VOL_1_DIAG_CD/ SHORT_DESC	50	109	158	A
11	Discharge Status	Status of patient on last day of service on inpatient claim. See **Table 6** for code description.	CLAIMS_HDR/ INPAT-DISCHARGE-CD	1	159	159	A
12	Admission Type	Admission type used for inpatient claims for admission to a hospital. See **Table 2** for code description.	CLAIMS_HDR/ INPAT_ADMIT-TYPE-CD	1	160	160	A
13	Admission Source	Reason why patient was admitted to a hospital. See **Table 3** for code description.	CLAIMS_HDR/ ADMIT_SOURCE	1	161	161	A
14	Claim Type	Identifies the general type of service that was rendered. See **Table 7** for code description.	CLAIMS_HDR/ CLAIM_TYPE_CD	1	162	162	A

Field Id	Field Name	Description	Table/Field Name	Length	Start	End	Data Type
15	Claim Control Number (CCN)	For Non-Medicare claims, Uniquely identifies a claim or encounter. For Medicare claims, the CCN and the CCN Line number (see Field 40) uniquely identify a claim.	CLAIMS_HDR/ CCN	13	163	175	A
16	Adjustment Indicator	Identifies the record as an adjustment. See **Table 9** for code description.	CLAIMS_HDR/ ADJ_IND	1	176	176	A
17	Adjustment Claim Control Number	Identifies the CCN of the original claim being adjusted.	CLAIMS_HDR/ ADJ_CCN	13	177	189	A
18	CPT / HCPCS Procedure Codes	Procedure Code billed on the claim line. Can be CPT, HCPCS, Revenue or State Codes.	CLAIMS_DTL/ PROC_CD	5	190	194	A
19	Procedure Code Modifier 1	Procedure Indicator identifies the type of procedure code or drug code present in the procedure code field.	CLAIMS_DTL/ TOOTH_OR_ MODIFIER_1	2	195	196	A
20	Procedure Code Modifier 2	Place holder for future use – the Procedure Indicator which identifies the type of procedure code or drug code present in the procedure code field.	CLAIMS_DTL/ TOOTH_OR_ MODIFIER_2	2	197	198	A
21	Procedure Code Modifier 3	Place holder for future use – the Procedure Indicator which identifies the type of procedure code or drug code present in the procedure code field.	CLAIMS_DTL/ TOOTH_OR_ MODIFIER_3	2	199	200	A
22	Procedure Code Modifier 4	Place holder for future use – the Procedure Indicator which identifies the type of procedure code or drug code	CLAIMS_DTL/ TOOTH_OR_ MODIFIER_4	2	201	202	A
23	Emergency Code	Identifies that the service was performed in an emergency situation. N Non-emergency Y Emergency	CLAIMS_HDR/ EMERGENCY_IND	1	203	203	A
24	Place of Service (POS) Code	Identifies where the service was rendered – DHCS codes. See **Table 4** for code description.	CLAIMS_DTL/ POS_CD	1	204	204	A
25	Original Place of Service Code	Identifies where the service was rendered provided on the claim form. See **Table 5** for code description.	CLAIMS_DTL/ ORIG_POS_CD	2	205	206	A

Field Id	Field Name	Description	Table/Field Name	Length	Start	End	Data Type
26	Medical Supply	Indicates whether the drug code is for a medical supply. N Non medical supply Y Medical Supply	CLAIMS_DTL/ MEDICAL_SUPPLY_IND	1	207	207	A
27	NDC Code	National Drug Code of the drug filled. See Field ID 44 if full UPN is required otherwise only the first 11 of the UPN is stored in Field ID 27.	CLAIMS_DTL/ NDC_UPC_HRI_CD	11	208	218	A
28	Provider NPI	Billing Provider NPI number	CLAIMS_HDR/ NPI	10	219	228	A
29	Provider number	Billing Provider on claim	CLAIMS_HDR/ PROV_NUM	10	229	238	A
30	Provider Name	Provider's Legal Name	PROV_MSTR/ PROV_LEGAL_NAME	28	239	266	A
31	Provider Telephone	Provider's telephone number	PROV_MSTR/ PROV_TEL_NBR	10	267	276	A
32	Provider Type from the claim	Provider type represents the type of provider for this service rendering health and medical services. See **Table 8** for code description.	CLAIMS_HDR/ FI_PROV_TYPE_CD	3	277	279	A
33	Provider Type from the Provider file	Provider type represents the type of provider for this service rendering health and medical services. See **Table 8** for code description.	PROV_TYPE_DATA/ FI_PROV_TYPE_CD	3	280	282	A
34	Provider Specialty Code	Identifies specialization for physician, medical and outpatient from the claims. See **Table 10** for code description.	CLAIMS_HDR/ PROV_SPEC_CD	2	283	284	A
35	Refill Quantity	The number of refills per prescription.	PHARMACY_CLAIMS/ DRUG_REFILL_NBR	2	285	286	A
36	Drug Supply Days	The number of days the prescription is covered.	PHARMACY_CLAIMS/ DRUG_SUPPLY_DAYS	3	287	289	A
37	Drug Quantity Dispensed	Number of units dispensed	PHARMACY_CLAIMS/ DRUG_UNITS	11	290	300	A
38	Rendering Provider	Prescribing/Referring/Rendering Provider Number	CLAIMS_DETAIL/ PRESC_REF_REND_ PROV_NUM	10	301	310	A
39	Claim History Indicator	Indicator that recipient has no claim history (Only CIN and Plan will be contained on the record). N = No claim history in the last 12 months	None	1	311	311	A

Field Id	Field Name	Description	Table/Field Name	Length	Start	End	Data Type
40	Claim Control Number (CCN) Line Number	The last 3 characters of the CCN are the claim line number and are unique for each service	CLAIMS_HDR/ CCN-LINENUM	3	312	314	A
41	Revenue Code	National revenue code that a provider bills on an inpatient claim	REVENUE_CD	4	315	318	A
42	Accommodation Code	Identify type of accommodation or ancillary service being billed for inpatient claims only	INPAT_ACCOM_CD	3	319	321	A
43	Diagnosis Related Group Code	The DRG code that the inpatient claim was paid under.	DRG-CD	5	322	326	A
44	Universal Product Number (UPN)	The number used for billing surgical and medical products	UPN	19	327	345	A
45	FILLER	Reserved for later use	FILLER	155	346	500	A

Table 2 Inpatient Admit Type Code Values

Valid Values:

0	Unknown
1	Emergency
2	Elective
3	Delivery
4	Emergency (transfer)
5	Elective (transfer)
6	Delivery (transfer)
7-9	Unknown
A-Z	Unknown

Table 3 Admit Source Code Values

Valid Values:

0	Unknown
1	Physician referral
2	Clinic referral
3	HMO referral
4	Transfer from a hospital
5	Transfer from a skilled nursing facility
6	Transfer from another health care facility
7	Emergency Room
8	Court/Law enforcement
9	Information not available
A-Z	Unknown

Table 4 Place of Service (POS) Code Values

Valid Values:

0	Emergency Room
1	Inpatient Hospital
2	Outpatient Hospital
3	Nursing Facility, Level A/B
4	Home
5	Office, Lab, Clinic
6	ICF-DD
7	Other
8	Transitional Inpatient

Table 5 Original Place of Service Code Values

Value	Description
01	Pharmacy
03	School
04	Homeless Shelter
05	Indian Health Service Free-Standing Facility
06	Indian Health Provider-based Facility
07	Tribal 638 Free-standing Facility
08	Tribal 638 Provider-based Facility
09	Prison-Correctional Facility
11	Office
12	Patient's home
13	Assisted Living Facility
14	Group Home
15	Mobile Unit
2	Home
20	Urgent Care
21	Inpatient hospital
22	Outpatient hospital
23	Emergency room (hospital)
24	Ambulatory surgical center
25	Birthing center
26	Military treatment center (Not Valid for Medi-Cal Billing)
31	Skilled nursing facility
32	Nursing home/nursing facility
33	Custodial care facility (Not Valid for Medi-Cal Billing)
34	Hospice (Not Valid for Medi-Cal Billing)
41	Ambulance (land)
42	Ambulance (air or water)
49	Independent Clinic
50	Federally Qualified Health Center
51	Inpatient psychiatric facility (Not Valid for Medi-Cal Billing)
52	Day care facility/psyche. Facility (Not Valid for Medi-Cal Billing)
53	Community Mental Health Center
54	Specialized Treatment Center/Intermediate Care
55	Residential Treatment Center/Substance Abuse
56	Psychiatric Residential Treatment Center (Not Valid for Med-Cal Billing)
57	Non-residential Substance Abuse Treatment Center
60	Mass Immunization Center
61	Comprehensive Inpatient Rehabilitation Facility (Not Valid for Med-Cal Billing)
62	Comprehensive Outpatient rehabilitation Facility
65	Independent Kidney Disease Treatment Center
71	State or Local Public Health Clinic
72	Rural Health Clinic
81	Independent Laboratory
91	Nursing Facility Level B (Adult Subacute)
92	Intermediate Care Facility (Developmentally Disabled, (ICF/DD))
93	Intermediate Care Facility (Developmentally Disabled habilitative, ICF/DD-H)
95	Mobile Van
96	Pediatric Subacute
97	Transitional Inpatient Care (effective 1/1/96)
99	Other
A	Surgery clinic
B	Emergency room

Value	Description
C	Nursing facility level A (ICF) F
G	Intermediate Care facility-Developmentally Disabled
H	Intermediate Care facility-Developmentally Disabled-habilitative
I	Intermediate Care facility-Developmentally Disabled-Nursing
J	Non-home
K	Mobile Van
M	Pediatric Subacute
N	Non-ICF/SNF for drug claims only

Table 6 Inpatient Discharge Code Values

Value	Description
0	Unknown
1	Transfer to another hospital
2	Transfer to Transitional Inpatient Care (effective 4/1/96) and Transfer to long term care (prior 4/1/96)
3	Transfer to long term care
4	Discharged - deceased
5	Discharge to home
6	Still a patient
7	Transfer to long term care (obsolete)
8	Leave of absence
9	Transfer to board (obsolete)

Table 7 Claim Type Code Values

Value	Description
0	Unknown
1	Outpatient
2	Inpatient
3	Pharmacy
4	Medical/Physician
5	Dental
6	EPSDT/CHDP

Table 8 Provider Type Code Values

Value	Description
0	Unknown
00	Unknown
000	Unknown
001	Adult Day Hlth Care Cntrs
002	Assist Device and Sick Rm Supp
003	Audiologists
004	Blood Banks
005	Certified Nurse Midwife
006	Chiropractors
007	Certified Pediatric/Family NP
008	Christian Science Practitioners

Value	Description
009	Clinical Laboratories
01	Unknown
010	Group Cert. Pediatric/Family NP
011	Fabricating Optical Laboratory
012	Dispensing Opticians
013	Hearing Aid Dispensers
014	Home Health Agencies
015	Community Hosp Outpatient
016	Community Hosp Inpatient
017	Long Term Care
018	Nurse Anesthetists
019	Occupational Therapists
02	Unknown
020	Optometrists
021	Orthotists
022	Physicians Group
023	Optometric Group
024	Pharmacies
025	Physical Therapists
026	Physicians
027	Podiatrists
028	Portable X-ray Laboratory
029	Prosthetists
03	Unknown
030	Ground Medical Transportation
031	Psychologists
032	Certified Acupuncturists
033	Genetic Disease Testing
034	LSW Crossovers Only
035	RHC / FQHC
036	HCB - Cert Home Health Agency
037	Speech Therapists
038	Air Ambulance Transporation Svcs
039	Certified Hospice Service
04	Unknown
040	Free Clinics
041	Community Clinics
042	Chronic Dialysis Clinics
043	Multispecialty Clinics
044	Surgical Clinics
045	Exempt from Licensure Clinics
046	Rehabilitation Clinics
047	Employer / Employee Clinics
048	County Clinics not assoc w/hosp
049	Birthing Centers - Prim Care Clinic
05	Unknown
050	Clinic - otherwise undesignated
051	Outpatient Heroin Detox
052	Alternative Birth Centers
053	Breast Cancer Early Det Pgm
054	Expanded Access to Prim Care
055	Local Education Agency
056	Respiratory Care Practitioner
057	EPSDT Suppl Services Provider
058	Health Access Program

Value	Description
059	HCBS Congregate Living Facility
06	Unknown
060	County Hospital Inpatient
061	County Hospital Outpatient
062	Group Respiratory Care Practitioner
063	Licensed Building Contractors
064	Employment Agency
065	Pediatric Subacute Care - LTC
066	Personal Care Agency
067	Individual Nurse Providers (Waivers)
068	HCBS Benefit Provider
069	Professional Corporation
07	Unknown
070	Acute Psych Hosp
071	Unknown
072	Mental Health Inpatient
073	AIDS Waiver Provider
074	Multi-Purpose Senior Services Pgm
075	Tribal Health Plan
076	Unknown
077	Unknown
078	Unknown
079	Unknown
08	Unknown
080	CCS / GHPP Non Inst
081	CCS / GHPP Institution
082	Licensed Midwife Program
083	Unknown
084	Independent Diagnostic Testing Fac (Cross)
085	CNS Crossover Provider Only
087	Unknown
089	Unknown
09	Unknown
090	Out-of-State
092	Resid. Care Fac. For the Elderly (RCFE)
093	Care Coordinator (CCA)
094	CHDP Provider
095	Private Non-Profit Proprietary Agency
098	Miscellaneous
099	Dentists

Table 9 Adjustment Indicator Values

Value	Description
<blank>	Not an Adjustment
1	Positive Supplemental
2	Negative Supplemental (negative only)
3	Refund to Medi-Cal (negative only)
4	Positive side of void and reissue
5	Negative side of void and reissue
6	Cash disposition (obsolete)

Table 10 Provider Specialty Code Values

Value	Description
00	General Practioner (Dentists Only)
01	General Practice
02	General Surgery
03	Allergy
04	Otology, Laryngology, Rhinology
05	Anesthesiology
06	Cardiovascular Disease (M.D. only)
07	Dermatology
08	Family Practice
09	Gynecology (D.O. only)
10	Gastroenterology (M.D. only), Oral Surgeon (Dentists Only)
11	Aviation (M.D. only)
12	Manipulative Therapy (D.O. only)
13	Neurology (M.D. only)
14	Neurological Surgery
15	Obstetrics (D.O. only), Endodontist (Dentists Only)
16	OB-Gynecology (M.D. only)
17	Ophthalmology, Ototolaryngology, Rhinology (D.O.only)
18	Ophthalmology
19	Dentists (DMD and DDS)
2	Nurse Practitioner (non-physician medical practitioner)
20	Orthopedic Surgery, Orthodontist (Dentists Only)
21	Pathologic Anatomy: Clinical Pathology (D.O. only)
22	Pathology (M.D. only)
23	Peripheral Vascular Disease or Surgery (D.O. only)
24	Plastic Surgery
25	Physical Medicine and Rehabilitation, Certified Orthodontist (Dentists Only)
26	Psychiatry (child)
27	Psychiatry Neurology (D.O. only)
28	Proctology (colon and rectal)
29	Pulmonary Diseases (M.D. only)
3	Physician Assistant (non-physician medical practitioner)
30	Radiology, Pedodontist (Dentists Only)
31	Roentgenology, Radiology (M.D. only)
32	Radiation Therapy (D.O. only)
33	Thoracic Surgery
34	Urology and Urological Surgery
35	Pediatric Cardiology (M.D. only)
36	Psychiatry
37	Unknown
38	Geriatrics
39	Preventive (M.D. only)
4	Nurse Midwife (non-physician medical practitioner)
40	Pediatrics, Periodontist (Dentists Only)
41	Internal Medicine
42	Nuclear Medicine
43	Pediatric Allergy
44	Public Health
45	Nephrology
46	Hand Surgery
47	Miscellaneous
50	Prosthodontist (Dentists Only)
60	Oral Pathologist (Dentists Only)

Value	Description
66	Emergency Medicine
67	Endocrinology
68	Hematology
70	Clinic (mixed specialty), Public Health (Dentists Only)
77	Infectious Disease
78	Neoplastic Diseases/Oncology
79	Neurology-Child
80	Full-Time Facility (Dentists Only)
83	Rheumatology
84	Surgery-Head and Neck
85	Surgery-Pediatric
89	Surgery-Traumatic
90	Pathology-Forensic
91	Pharmacology-Clinical
99	Unknown (on EDS claims)

Attachment 2 – TAR Record Layout

Type	Contents	Start	End	Length
Header	H000000000	1	10	10
Header	spaces	11	348	338
Detail	Service Indicator Description	1	40	40
Detail	TAR Control Number (TCN)	41	50	10
Detail	Recipient ID	51	59	9
Detail	Service Description	60	99	40
Detail	Service Code	100	126	27
Detail	Procedure Modifier Code 1	127	128	2
Detail	Procedure Modifier Code 2	129	130	2
Detail	Procedure Modifier Code 3	131	132	2
Detail	Procedure Modifier Code 4	133	134	2
Detail	Sub-Service Indicator Code	135	138	4
Detail	Sub-Service Indicator Description	139	183	45
Detail	Diagnosis Code	184	191	8
Detail	Diagnosis Description	192	231	40
Detail	Units Approved Number	232	236	5
Detail	Service Quantity	237	246	10
Detail	Day Approved Number	247	256	10
Detail	Submitting Provider Name	257	284	28
Detail	Submitting Provider Number	285	294	10
Detail	Rendering Provider Name	295	322	28
Detail	Rendering Provider Number	323	332	10
Detail	Service From Date (DDMMYYYY)	333	340	8
Detail	Service Through Date (DDMMYYYY)	341	348	8
Footer	F	1	1	1
Footer	*Counts of total detail records; Right-justified with leading zero(es)*	2	10	9
Footer	spaces	11	348	338