



Enhanced Care Management PCP Panel File & Submission Specifications

**Ohio Department of Job & Family Services
Office of Ohio Health Plans
Bureau of Managed Health Care**

January 21, 2005
Version 1.2

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1. Introduction

Enhanced Care Management Plans (ECMPs) must submit information about the primary care physicians (PCPs) on its panel to the Ohio Department of Job & Family Services/Bureau of Managed Health Care (ODJFS/BMHC) monthly. The file should be sent to ODJFS no later than the 15th of each month. The information must be provided in a Microsoft Access file in the format listed below. **All fields, except the Date_PCP_Added field, must be formatted as text fields and any leading zeros must be preserved. The Date_PCP_Added field must be formatted as mm/dd/yyyy.**

2. File Name

The name of the file should be "xyz_provider panel_mmddyyyy.mdb"
where xyz is the name of the ECM provider submitting the file and mmddyyyy is the date of the file submission.

3. Fields

Field Name	Description
ECM_Plan_Name	Name of the ECMP
ECM_Plan_Provider_Number	The 7 digit Medicaid Provider Number of the ECMP.
First_Name	First Name of the PCP
Middle_Initial	Middle Initial of the PCP
Last_Name	Last Name of the PCP
Provno	The 7 digit Medicaid Provider Number of the PCP.
Address1	Primary address where the PCP provides care
Address2	Continuation of primary address where the PCP provides care
City	City of primary address where the PCP provides care
Zip	Zip code of primary address where the PCP provides care.
Provider_County	Name of the county associated with the primary address of the PCP
License_Number	License Number of the PCP as assigned by the Ohio State Medical Board. The entire license number should be provided (not just the last six digits) and the number should contain no dashes, periods, or spaces.
Specialty_Code	Code indicating the specialty of the PCP. Appendix A contains a list of acceptable values.
Provider_Type_Code	Code indicating the provider type of the PCP. Appendix A contains a list of acceptable values.
Group_Name	Name of the group of which the PCP is a member
Group_Number	The 7 digit Medicaid Provider Number of the group of which the PCP is a member.

Field Name	Description
Date_PCP_Added	The date on which the provider was added to the ECMP's panel. The field should be formatted as mm/dd/yyyy

Appendix A

PROVIDER SPECIALTY CODES

- 01-General Practice
- 11-Allergy
- 12-Cardiovascular Disease
- 15-Internal Medicine
- 16-Pediatrics
- 17-Physical Medicine & Rehab
- 18-Preventive Medicine
- 19-Pulmonary Diseases
- 22-Neurology
- 53-Obstetrics & Gynecology
- 71-Obstetrics & Gynecology (Osteopaths)
- 74-Peripheral Vascular Diseases or Surgery (Osteopaths)
- 99-Other-Unspecified

PROVIDER TYPES

- 20-Physician, Individual
- 21-Physician, Group
- 22-Osteopath, Individual
- 23-Osteopath, Group