



Oregon

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**BULLETIN NO. 247 (Rev.)
Sept. 22, 2009**

TO: Certified managed care organizations (MCOs) and other interested parties

SUBJECT: MCO quarterly reports

EFFECTIVE: These reporting requirements apply beginning fourth quarter 2009 (October through December), and are due Feb. 16, 2010. Submit subsequent reports within 45 days of the end of each calendar quarter.

This bulletin describes the format for certified MCOs to submit quarterly reports to the Department of Consumer and Business Services under OAR 436-015-0040(4). The division revised this bulletin to add the following sentence on page 3 under Technical Specifications no. 3: "If a provider does not have an NPI number, insert 9's in this data element field." We also updated division contact information. No other changes were made. This bulletin replaces Bulletin 247 issued Sept. 24, 2008.

The department uses information about each MCO's provider panel to make sure there is adequate provider access and coverage in each MCO's authorized geographic service area (GSA). Other uses for the provider panel data may include medical outcome studies and reports to the Oregon Legislature.

Format each quarterly report as described in the attached "RECORD LAYOUT FOR DATA EXCHANGE" and "Technical Specifications." Submit the data by file transfer protocol (FTP), or e-mail to: mcob247data.wcd@state.or.us. If you would like to discuss other data submission options, call the Information Management Division at 503-378-8254.

If you have questions about information reporting, call 503-934-6018.

/s/ Jerry Managhan for

John L. Shilts, Administrator
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Attachments: Record layout for data exchange
MCO provider panel membership
Technical Specifications
MCO Certification Numbers

Distribution: WCD-BT, MC, ME, ML, S0, S1, S4, S7, LY

**RECORD LAYOUT FOR DATA EXCHANGE
MCO PROVIDER PANEL MEMBERSHIP
(File: MEXXXXXX.YYQ)**

Required:

The data file must have the following record layout and meet the technical specifications to comply with OAR 436-015-0040(4) reporting requirements:

- Records for providers with multiple categories or with offices in more than one GSA must be repeated for each provider/category/GSA combination (see Technical Specifications 1 and 4)
- All data should be character or alphanumeric
- Left justify data and fill empty spaces with blanks
- All field items listed below are required

Note: MSP stands for “medical service provider.”

DESCRIPTION	POSITION	LENGTH
MSP category ¹	@ 1	2
MSP specialty ²	@ 3	3
MSP NPI ³	@ 6	10
MSP last name	@ 16	30
MSP first name	@ 46	25
MSP middle initial	@ 71	2
MSP address ⁴	@ 73	30
MSP city	@ 103	25
MSP ZIP code ⁵	@ 128	9
MSP telephone no. ⁶	@ 137	10
MSP attending physician status ⁷	@ 147	1
MSP FEIN ⁸	@ 148	9
Quarter reported (CCYYQ) ⁹	@ 157	5
MCO certification number ¹⁰	@ 162	6
Record length		167

Technical Specifications

- ¹ Use provider category code from Table 1 on page 4. Report only individual providers; exclude hospital inpatient and outpatient facilities, laboratories, clinics, classes, etc. If provider is licensed and actively practicing in more than one category, create a new record (new line) for each provider/category/specialty combination and repeat all the information about the provider on each line.
- ² Report the provider specialty code if the provider category is MD. Use code list from Table 2 on page 4.
- ³ Report the national provider identifier (NPI) of the individual medical service provider. *If a provider does not have an NPI number, insert 9's in this data element field.*
- ⁴ Street address of provider's office. If provider has offices in more than one GSA, create a new record (new line) for each provider/address combination and repeat all the information about the provider on each line. If provider has multiple offices in the same GSA and provides services under the same provider category, list only one address in each GSA. If unsure about whether two offices are in the same GSA, call the MCO program at **503-934-6018**.
- ⁵ Use ZIP+4 where known. If last 4 digits are not known, leave the spaces blank. Do not include a dash or parentheses in the ZIP code.
- ⁶ The telephone number includes the area code. Do not include a dash or parentheses in the telephone number.
- ⁷ Code Y if the provider is an attending physician under OAR 436-010-0005; otherwise code N.
- ⁸ Federal tax identification number.
- ⁹ CenturyYearQuarter: for example, the 3rd quarter of 2008 (July-Sept.) would be coded as 20083.
- ¹⁰ MCO certification numbers are provided below.

The submitted data should contain a plain ASCII text file for the membership data according to the record layout on page 2 of this bulletin. Please do **not** compress the file. Name the membership data file MEXXXXXX.YYQ where XXXXXX is the MCO's WCD MCO certification number as listed below, YY is the last two digits of the year, and Q is the quarter reported. For example, if the MCO is Oregon Health Systems, Inc. and the 3rd quarter of 2008 is being reported, the membership file name would be ME910205.083.

MCO Certification Numbers¹

<u>MCO</u>	<u>Certification Number</u>
Kaiser On-The-Job MCO.....	910206
Managed Healthcare Northwest, Inc.....	900102
Oregon Health Systems, Inc.....	910205
Providence MCO.....	900103

Table 1

Provider Category Codes

Required on all records

CATEGORY	CODE
Acupuncturist	AC
Chiropractor	CH
Dentist	DE
Medical Doctor	MD
Naturopath	NA
Occupational Therapist	OT
Optometrist	OP
Osteopath	OS
Physical Therapist	PT
Physician's Assistant	PA
Podiatrist	PO
Psychologist	PS
Registered Nurse Practitioner	NP
Other Medical Provider	OM

Table 2

Provider Specialty Codes

Required if provider is MD

SPECIALTY	CODE
Anesthesiologist	ANE
Dermatologist	DER
Emergency Medicine	EMM
Family Practice	FPR
General Practice	GPR
General Surgeon	GSU
Internist	INT
Neurologist	NEU
Neurosurgeon	NSU
Occupational Medicine	OCC
Ophthalmologist	OPH
Oral Surgeon	OSU
Orthopedist / Orthosurgeon	ORS
Otolaryngologist	OTO
Pathologist	PTH
Physiatrist	PMR
Plastic Surgeon	PSU
Psychiatrist	PSY
Radiologist	RAD
Urologist	URO
Other Surgical / Non-surgical Specialist	OTH
Unknown Specialist ¹	UNK

¹ Any specialty not listed above or if provider's specialty is unknown to the MCO.