
5. CAPITATION PROCESSING PROCEDURES

A. Capitation Processing General Information

In order to facilitate capitation reconciliation, Capitated Providers will receive Summary and Member Detail files on the Secure File Transfer Protocol (SFTP) Server on a monthly basis. Medicare Capitation files are placed on the SFTP server by the 16th of each month for the mid-month capitation payment. End of month Capitation files are placed on the SFTP server by the 1st of each month for the prior month's capitation. Capitation is based on the Provider enrollment as of the 15th day of each month. Retro Member additions and deletions are reflected on the capitation files.

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B. Capitation Data File Transmission Schedule

1. Mid-Month

Mid-Month File Transmission Schedule

IEHP DualChoice and Medi-Cal files are placed on the Secure File Transfer Protocol (SFTP) server by the 16th of each month.

If you identify that the server is down, please contact the IEHP Help Desk at (909) 890-2025. If the server is down for forty-eight (48) hours, IEHP will contact you directly to establish an alternative methodology.

The following schedule outlines when capitation files are available to Providers for review.

Capitation Month	File Transferred (If the 15 th of the month falls on weekend, the file will be transferred by the following business day.)
January	January 16 th
February	February 16 th
March	March 16 th
April	April 16 th
May	May 16 th
June	June 16 th
July	July 16 th
August	August 16 th
September	September 16 th
October	October 16 th
November	November 16 th
December	December 16 th

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B. Capitation Data File Transmission Schedule

2. End of Month

End of Month File Transmission Schedule

Files are placed on the Secure File Transfer Protocol (SFTP) server by the 1st of each month for the prior month's capitation.

If you identify that the server is down, please contact the IEHP Help Desk at (909) 890-2025. If the server is down for forty-eight (48) hours, IEHP will contact you directly to establish an alternative methodology.

The following schedule outlines when capitation files are available to Providers for review.

Capitation Month	File Transferred (If the last business day of the capitation month falls on weekend, the file will be transferred by the next business day.)
January	February 1
February	March 1
March	April 1
April	May 1
May	June 1
June	July 1
July	August 1
August	September 1
September	October 1
October	November 1
November	December 1
December	January 1

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C. Capitation Data File Format and Element Descriptions

#	DATA ELEMENT	FORMAT	DESCRIPTION
1	Capitation Month	YYYYMM	Month capitation is being processed and paid.
2	Eligibility Month	YYYYMM	Eligibility month
3	Hospital Number		Hospital Number
4	Hospital Name		Hospital Name
5	IPA	AAA	IPA Code
6	IPA Name		IPA Name
7	Tax ID		Employer Identification Number
8	Provider Number		Provider Number
9	Provider Last Name		Provider Last Name
10	Provider First Name		Provider First Name
11	Member Last Name		Member Last Name
12	Member First Name		Member First Name
13	Member Middle Initial		Member Middle Initial
14	Member Number	12345678901234	This is the fourteen (14) digit IEHP assigned Member # (See note #14).
15	Member Age	999	Member Age
16	Member Aid Code	AA	Member's two (2) digit Aid Code (See note #16)
17	Member Gender	M or F or U	Member Gender
18	Member CIN	12345678X	The nine (9) digit alpha-numeric CIN # (See note #18)
19	Member SSN	123456789	This field consists of one of the following: SSN#, PSEUDO#, or CIN# (See note #19)
20	Member Group	AAA-AAA or IEHP DualChoice	Member Group (See note #20)
21	Member Category of Aid		Member Category of Aid (See note #21)
22	Member DOB	YYYYMMDD	Member date of birth
23	Plan Code		Identifies product line and county

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24	Paid	999.99	Capitation amount
25	Enrollment	1, -1 or 0	Enrollment (See note #25)
26	HCCA	99.9999	CMS Risk Score Part A
27	HCCB	99.9999	CMS Risk Score Part B
28	Band Begin	99	Age Band Begin
29	Band End	999.9999	Age Band End
30	LOB		Line of Business
31	Pay Code	P1, P2, or NULL	Identifies when the payment is made (See note #31).
32	ACG Risk Score	999.99	
33	Normalized Risk Score	999.99	
34	COA Base Rate	999.99	

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NOTES

Data Element

Element: 14

Note # 14: Member Number

The Member Number is the IEHP assigned number for each Member. An example of a Member Number is 19960900000100. Medi-Cal Members that became IEHP eligible in 9/96 have a Member Number that matches their original Medi-Cal #.

Element: 18

Note # 18: Member CIN

Client Index Number

A state assigned number to identify Medi-Cal Members. The first eight (8) characters are numeric and the last character is alpha.

Element: 19

Note # 19: Member SSN

A nine (9)-digit number that is the primary and unique Member identifier.

For Medi-Cal Members, this field consists of one of the two (2) numbers:

SSN - Member SSN, or

PSEUDO - This number appears in this field if no SSN is available as provided by 834 File. First digit begins with the number "8" or "9" and ends with a letter.

CIN – Member Client Index Number if no SSN is available.

The following aid codes are covered aid codes by IEHP.

Element: 16 & 21

Note # 16 & 21: Member Aid Code and Member Category of Aid

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MEDI-CAL								MEDICARE	
LTC	Child (Age Under 19) / Adult (Age 19 and over)				SPD (Aged/Disabled/BCCTP)		MCE	Dual Over-21 Medicare	Dual Under-21
13	01	87	4N	M5	10	6G	7U		
23	02	0A	4S	M7	14	6H	L1		
53	03	0E	4T	M9	16	6J	M1		
63	04	2C	4U	P5	17	6N			
	06	2P	4W	P7	20	6P			
	07	2R	5C	P9	24	6R			
	08	2S	5D	R1	26	6W			
	30	2T	5K	T1	27	6V			
	32	2U	5L	T2	36	6X			
	33	2V	5V	T3	60	6Y			
	34	3A	7A	T4	64	L6			
	35	3C	7J	T5	66				
	37	3E	7S		67				
	38	3F	7W		0L				
	39	3G	7X		0M				
	40	3H	8E		0N				
	42	3L	8P		0P				
	43	3M	8R		0R				
	44	3N	8U		0T				
	45	3P	E2		0U				
	46	3R	E5		0W				
	47	3U	E6		1E				
	49	3W	E7		1H				
	54	4A	H1		1X				
	59	4F	H2		1Y				
	72	4G	H3		2E				
	76	4H	H4		2H				
	82	4K	H5		6A				
	83	4L	K1		6C				
	86	4M	M3		6E				

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Element: 20
Note # 20: Member Group

<u>MEDI-CAL</u> RIVERSIDE	<u>MEDI-CAL</u> SAN BERNARDINO	<u>Medicare</u> RIVERSIDE	<u>Medicare</u> SAN BERNARDINO
RVC-MED RVC-MMD RVC-CCI RVC-DSNP	SBC-MED SBC-MMD SBC-CCI SBC-DSNP	IEHP DualChoice HMO DSNP	IEHP DualChoice HMO DSNP

Element: 25
Note # 25: Enrollment

Each Member that capitation is paid for is counted as an enrollment of one (1). If we have to take back capitation that we previously paid for a Member (decapitation) the enrollment count for that Member is -1. The field "Enrollment" stands for either a positive enrollment (1) or a negative enrollment count (-1) or enrollment of 0.

Element: 31
Note # 31: Pay Code

Pay Code consists of three possible values P1, P2 or Null. P1 is for payments made on the 16th for the paid Capitation month. P2 and Nulls are for payments made at the end of the Capitation month.

P1=Mid-Month
NULL, P2= End of Month