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## **5. CAPITATION PROCESSING PROCEDURES**

### **A. General Information**

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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 16<sup>th</sup> of each month for the mid-month capitation payment. End of month Capitation files are placed on the SFTP server by the 1<sup>st</sup> of each month for the prior month's capitation. Capitation is based on the Provider enrollment as of the 15<sup>th</sup> day of each month. Retro Member additions and deletions are reflected on the capitation files but not the eligibility files.

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## 5. CAPITATION PROCESSING PROCEDURES

### B. Capitation Data File Transmission Schedule

#### 1. Mid-Month

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##### Mid-Month File Transmission Schedule

Medicare files are placed on the SFTP server by the 16<sup>th</sup> 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.

<b>Capitation Month</b>	<b>File Transferred</b>
January	January 16 <sup>th</sup>
February	February 16 <sup>th</sup>
March	March 16 <sup>th</sup>
April	April 16 <sup>th</sup>
May	May 16 <sup>th</sup>
June	June 16 <sup>th</sup>
July	July 16 <sup>th</sup>
August	August 16 <sup>th</sup>
September	September 16 <sup>th</sup>
October	October 16 <sup>th</sup>
November	November 16 <sup>th</sup>
December	December 16 <sup>th</sup>

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## 5. CAPITATION PROCESSING PROCEDURES

### B. Capitation Data File Transmission Schedule

#### 1. End of Month

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##### End of Month File Transmission Schedule

Files are placed on the SFTP server by the 1<sup>st</sup> 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.

<b>Capitation Month</b>	<b>File Transferred</b>
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

## CAPITATION Data File Format

#	DATA ELEMENT	T Y P E	P O S	B Y T E S	FORMAT	DESCRIPTION
1	Date	N	1	6	YYYYMM	The year and month capitation is being reported.
2	Hospital	A	7	2	XX	Hospital Code
3	Hospital Name	A	9	30		Hospital Name
4	IPA	A	39	1	A	IPA Code
5	IPA Name	A	40	30		IPA Name
6	PCP Code	A	70	12	00000AXX9999 (12)	IEHP assigned PCP #. A=IPA, XX=Hospital, 9999=PCP ID
7	Last Name	A	82	15		Member Last Name
8	First Name	A	97	10		Member First Name
9	Middle Initial	A	107	1		Member Middle Initial
10	Subscriber ID#	N	108	14	12345678901234	This is the 14 digit IEHP assigned Member # (see notes).
11	CIN #	A	122	9	12345678X-Non Healthy Kids	The 9 digit alpha-numeric CIN # - Healthy Families Member only
12	Social Security Number	N	131	9	123456789	This field consists of one of the following: SSN#, PSEUDO#, or CIN# (see notes)
13	Date of Birth	N	140	8	YYYYMMDD	Member date of birth
14	County Name	A	148	15		Name of the county that Member resides in.
15	County Code	N	163	2	99	2 digit county code
16	Aid Code	A	165	2	99	Member's 2 digit Aid Code (see notes)
17	Aid Category	A	167	10	XXX-AAAAAA	The Aid Category the Member belongs to (county and group) (see notes).
18	Riverside Capitation	C	177	15	\$999.99	Riverside county capitation paid
19	San Bernardino Capitation	C	192	15	\$999.99	San Bernardino county capitation paid
20	Sign	A	207	2	1, -1 or 0	Designates the sign of the enrollment count.

## CAPITATION Data File Format

21	Gender	A	209	1	M or F	Member Gender
22	Age_Years	N	210	9	123.456789	Member Age in years
23	HCCA	A	219	7	99.9999	CMS Risk Score Part A
24	HCCB	N	226	7	99.9999	CMS Risk Score Part B
25	Band Begin	N	233	2	99	Age Band Begin
26	Band End	N	235	9	999.9999	Age Band End
27	Pay Code	A	244	2	P1, P2 or NULL	Identify when the payment is made.
	<b>TOTAL RECORD SIZE</b>			<b>246</b>		

**All fields are left justified.**

## Capitation Data File Format Element Descriptions

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### NOTES

#### Data Element

**Element: 10**

**Note # 10:** SUBSCRIBER ID #

The Subscriber ID # is the IEHP assigned number for each Member. An example of a Subscriber ID # is 199609000001. Medi-Cal Members that became IEHP eligible in 9/96 have a Subscriber ID# that match their original Medi-Cal #.

**Element: 11**

**Note #11:** CIN #

Client Index Number.

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

**Element: 12**

**Note # 12:** SOCIAL SECURITY NUMBER

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

For Medi-Cal Members, this field consists of one of the two 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.

**Element: 16**

**Note # 16: AID CODE**

**The following aid codes are covered aid codes by IEHP**

## Capitation Data File Format Element Descriptions

**Element:** 17

**Note # 17:** AID CODE CATEGORY

LTC	MEDI-CAL						MEDICARE	
	Family			Disabled	Aged	Adult		TLICH
13	01	0A	5K	20	10	86	5C	MN MF MD
23	02	2P	7A	24	14	7U	5D	
53	03	2R	7J	26	16	L1	H1	
63	04	2S	7S	27	17	M1	H2	
	06	2T	7W	2E	1E		H3	
	07	2U	7X	2H	1H		H4	
	08	3A	8P	36	1X		H5	
	30	3C	8R	0N	1Y		E6	
	32	3E	E2	0P			E7	
	33	3F	E5	60			M5	
	34	3G	M3	64			T1	
	35	3H	M7	66			T2	
	37	3L	P5	67			T3	
	38	3M	P7	6A			T4	
	39	3N	P9	6C			T5	
	40	3P	K1	6E				
	42	3R		6G				
	43	3U		6H				
	45	3W		6J				
	46	4A		6N				
	47	4F		6P				
	49	4G		6R				
	54	4H		6W				
	59	4K		6V				
	72	4L		0W				
	82	4M		6X				
		4N		6Y				
		4S		7L				
		4T		L6				
		4U						





## Capitation Data File Format Element Descriptions

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**Note # 20:** Sign

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 "Sign" stands for either a positive enrollment (1) or a negative enrollment count (-1) or enrollment of 0.

**Element:** 27

**Note # 27:** PayCode

PayCode consists of three possible values P1, P2 or Null. P1 is for payments made on the 15<sup>th</sup> 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