

## MCP-3 Report

The MCP-3 report shall provide service level information to managed care plans for clients covered by their respective plans and identified in the MMEF.

### Data Elements

The data will include the mental health services provided in a rolling 12-month period that are in a Show or Complete status. Additionally, the following procedure codes are excluded: Brief Contact Note (This is a non-billable procedure used to track successful follow-ups), Non-Billable Attempted Contact (This is a non-billable procedure used to track unsuccessful follow-ups), and Client non-billable Srvs Must Document (This is a non-billable procedure code used to track ). The file will include the following information:

Column	Data Type	Description
ClientId	INT	The unique identifier of the client
InsuredPolicyNumber	VARCHAR	The CIN of the client
MemberDateOfBirth	DATE	The date of birth of the client (yyyy-MM-dd)
MemberLastName	VARCHAR	The last name of the client
MemberFirstName	VARCHAR	The first name of the client
MemberAddress1	VARCHAR	The primary address information of the client
MemberAddress2	VARCHAR	The secondary address information of the client
MemberCity	VARCHAR	The city address of the client
MemberState	VARCHAR	The state address of the client
MemberZIPCode	VARCHAR	The zipcode address of the client
AdmissionDate	DATE	The date the client was enrolled into the program (yyyy-MM-dd)
DischargeDate	DATE	The date the client was discharged from the program (yyyy-MM-dd)
DischargeHour	VARCHAR	The hours and minutes the client was discharged from the program (HH:mm)
DateOfService	DATE	The start date the service was provided (yyyy-MM-dd)
EndDateOfService	DATE	The end date the service was provided (yyyy-MM-dd)
ServiceUnits	VARCHAR	The number of units for the service -
ServiceUnitType	VARCHAR	The type of unit that is being counted: - Minutes - Hours

		<ul style="list-style-type: none"> <li>- Days</li> <li>- Miles</li> </ul>
ChargeAmount	DECIMAL	The amount charged for the service
ProgramCode	VARCHAR	The program that provided the service
Phone	VARCHAR	The phone number of the program that provided the service
ProviderNPI	VARCHAR	The NPI of the provider
ProviderName	VARCHAR	The full name of the provider
ServiceId	INT	The unique identifier of the service
ProcedureCode	INT	The unique identifier of the procedure
ProcedureCodeName	VARCHAR	The name of the procedure code
PrincipalDiagnosis	VARCHAR	The primary diagnosis associated with the service
OtherDiagnosis1	VARCHAR	The 2 <sup>nd</sup> diagnosis associated with the service
OtherDiagnosis2	VARCHAR	The 3 <sup>rd</sup> diagnosis associated with the service
OtherDiagnosis3	VARCHAR	The 4 <sup>th</sup> diagnosis associated with the service
OtherDiagnosis4	VARCHAR	The 5 <sup>th</sup> diagnosis associated with the service
OtherDiagnosis5	VARCHAR	The 6 <sup>th</sup> diagnosis associated with the service
OtherDiagnosis6	VARCHAR	The 7 <sup>th</sup> diagnosis associated with the service
OtherDiagnosis7	VARCHAR	The 8 <sup>th</sup> diagnosis associated with the service
OtherDiagnosis8	VARCHAR	The 9 <sup>th</sup> diagnosis associated with the service
OtherDiagnosis9	VARCHAR	The 10 <sup>th</sup> diagnosis associated with the service
PresentOnAdmissionCode1	VARCHAR	Indicates if the primary diagnosis was present on admission
PresentOnAdmissionCode2	VARCHAR	Indicates if the 2 <sup>nd</sup> diagnosis was present on admission
PresentOnAdmissionCode3	VARCHAR	Indicates if the 3 <sup>rd</sup> diagnosis was present on admission
PresentOnAdmissionCode4	VARCHAR	Indicates if the 4 <sup>th</sup> diagnosis was present on admission
PresentOnAdmissionCode5	VARCHAR	Indicates if the 5 <sup>th</sup> diagnosis was present on admission

PresentOnAdmissionCode6	VARCHAR	Indicates if the 6 <sup>th</sup> diagnosis was present on admission
PresentOnAdmissionCode7	VARCHAR	Indicates if the 7 <sup>th</sup> diagnosis was present on admission
PresentOnAdmissionCode8	VARCHAR	Indicates if the 8 <sup>th</sup> diagnosis was present on admission
PresentOnAdmissionCode9	VARCHAR	Indicates if the 9 <sup>th</sup> diagnosis was present on admission
PresentOnAdmissionCode10	VARCHAR	Indicates if the 10 <sup>th</sup> diagnosis was present on admission

## File Distribution

The file will be provided in a tab-delimited CSV with the following naming convention: MCP-3\_{hcpname}-{month name}{year}\_Managed Care Client Service.csv. This file will be provided to Optum via the ECG portal who will then distribute the file to the appropriate MCPs. The file will be provided on the 20th of each month.

## Future Updates/Enhancements

1. Inclusion of Substance Use Disorder (SUD) Services
  - a. For clients enrolled in a Substance Use program, a Coordinated Consent Form (CCF) can be signed to consent to their data being shared to the entire network.
  - b. Only SUD services that were provided on or after the effective date of the CCF are included. Once a CCF expires, services rendered after the expiration date will not be included.
2. Inclusion of billable/non-billable flag
  - a. Procedure codes associated with the services are indicated as billable or non-billable.
3. Inclusion of enhanced Community Health Worker services
  - a. These should automatically pull in once they have been set up in SmartCare. A flag can be added to easily identify these services.
4. Inclusion of justice involved population
  - a. These should automatically pull in once they have been set up in SmartCare. A flag can be added to easily identify these programs or a key provided to indicate which programs are considered justice involved.