

**READ ME**

**TITLE OF FILE:** VBP\_(PLANID)\_(MY)  
**EXAMPLE:** VBP\_123456\_2023.CSV

**RECORD:** To be submitted in standard ASCII format as the first row on the VBP Attribution File. **Save as a CSV format.**

**Submission Guidelines:**

|                        |  |                                       |  |
|------------------------|--|---------------------------------------|--|
| <b>Submit CSV file</b> | Health Commerce System (HCS)<br>via: <a href="https://commerce.health.state.ny.us">https://commerce.health.state.ny.us</a> | To: OHSQA <sup>1</sup> VBP Evaluation | <b>Submission Date:</b> All files must be received electronically by 11:59 p.m. EST<br><b>Friday, July 26, 2024.</b> |
|------------------------|--|---------------------------------------|--|

| Element # | Name                      | Direction   | Allowed Values  | Data Type | Required/Optional | Length | Start | End |
|-----------|---------------------------|---|---|-----------|-------------------|--------|-------|-----|
| 1         | Plan_ID#                  | Organization ID is used to submit the IDSS to NCQA. This ID is consistent across all Lines of Business.   | #####   | VARCHAR   | R                 | 6      | 1     | 6   |
| 2         | Product_Line              | A member's product line at the end of the measurement period.   | 1 = MEDICAID<br>2 = SNP<br>11 = HARP  | NUMBER    | R                 | 2      | 7     | 8   |
| 3         | Unique_Member_ID#         | Medicaid Client ID Number (CIN) *The field is alphanumeric and should be treated as a text field.<br><b>This field is mandatory – do not leave it blank!</b>                          |   | VARCHAR   | R                 | 8      | 9     | 16  |
| 4         | County_of_Residence       | Enter the 3-digit county FIPS code for each member's county of residence.   | ###   | NUMBER    | R                 | 3      | 17    | 19  |
| 5         | Zip_Code_of_Residence     |   | #####   | NUMBER    | R                 | 5      | 20    | 24  |
| 6         | Practice_Tax_ID#          | Populate with valid TINs only. This field is mandatory – do not leave it blank!   | #####   | NUMBER    | R                 | 9      | 25    | 33  |
| 7         | PCMH_Site_ID#             | PCMH Site ID# - NCQA generated ID   |   | NUMBER    | O                 | 11     | 34    | 44  |
| 8         | Practice_Site_ID#         | Internal plan practice site ID#   |   | VARCHAR   | O                 | 13     | 45    | 57  |
| 9         | Practice_Name             | This field is mandatory – do not leave it blank!  |   | TEXT      | R                 | 50     | 58    | 107 |
| 10        | Practice_Address_Line_1   |   |   | TEXT      | R                 | 35     | 108   | 142 |
| 11        | Practice_Address_Line_2   |   |   | TEXT      | O                 | 35     | 143   | 177 |
| 12        | Practice_Address_Line_3   |   |   | TEXT      | O                 | 35     | 178   | 212 |
| 13        | Practice_Address_City     |   |   | TEXT      | R                 | 25     | 213   | 237 |
| 14        | Practice_Address_State    |   |   | TEXT      | R                 | 2      | 238   | 239 |
| 15        | Practice_Address_Zip_Code |   | #####   | NUMBER    | R                 | 5      | 240   | 244 |
| 16        | Practice_Telephone_Number |   | #####   | NUMBER    | O                 | 10     | 245   | 254 |
| 17        | Provider_NPI              | National Provider Identifier – 10 Digit ID  | #####   | NUMBER    | R                 | 10     | 255   | 264 |
| 18        | Provider_First_Name       |   |   | TEXT      | R                 | 15     | 265   | 279 |
| 19        | Provider_Middle_Initial   |   |   | TEXT      | O                 | 1      | 280   | 280 |
| 20        | Provider_Last_Name        |   |   | TEXT      | R                 | 35     | 281   | 315 |
| 21        | VBP_Contractor_Tax_ID#    | Populate with valid TINs only. Please include the <b>TIN of the VBP Contractor (not the provider)</b> If the member is NOT in a VBP level 1 or higher arrangement set to '999999999'. | #####   | NUMBER    | R                 | 9      | 316   | 324 |
| 22        | VBP_Contractor_DBA_Name   | Enter the DBA name listed on your VBP contract/arrangement.   |   | VARCHAR   | R                 | 50     | 325   | 374 |
| 23        | VBP_Contractor_Type       |   | 1 = Provider/Hospital<br>2 = IPA<br>3 = ACO<br>9 = Unknown  | NUMBER    | R                 | 1      | 375   | 375 |
| 24        | VBP_Arrangement_Type      | Refer to Section C, #2b of the DOH 4255 – <i>Provider Contract Statement and Certification</i> form.  | 1 = TCGP<br>3 = HARP<br>4 = HIV/AIDS<br>5 = Maternity<br>6 = Children's<br>7 = Off-Menu   | NUMBER    | R                 | 1      | 376   | 376 |
| 25        | DOH_VBP_Contract_ID#      | <b>The number provided by DOH in the Agreement approval letter begins with DOH ID ###</b>   | ####  | NUMBER    | R                 | 4      | 377   | 380 |
| 26        | MCO_Unique_Contract_ID#   | <b>Plan generated ID used to submit contract to DOH; Section A, #3 of the 4255.</b>   |   | VARCHAR   | R                 | 50     | 381   | 430 |
| 27        | Prov_Att_start_date       | MMDDYYYY – <b>Must be between 1/1/2023 and 12/31/2023</b>   | MMDDYYYY  | DATE      | R                 | 8      | 431   | 438 |
| 28        | Prov_Att_end_date         | MMDDYYYY – <b>Must be between 1/1/2023 and 12/31/2023</b>   | MMDDYYYY  | DATE      | R                 | 8      | 439   | 446 |
| 29        | MBR_Race                  | Enter the member's race   | 1 = White<br>2 = Black or African American<br>3 = American Indian/Alaskan Native<br>4 = Asian<br>5 = Native Hawaiian/Pacific Islander<br>6 = Some Other Race<br>7 = Two or More Races<br>8 = Asked But No Answer<br>9 = Unknown | NUMBER    | R                 | 1      | 447   | 447 |

| Element # | Name            | Direction   | Allowed Values   | Data Type | Required/Optional | Length | Start | End |
|-----------|-----------------|---|--|-----------|-------------------|--------|-------|-----|
| 30        | Asian_Subgroup  | If member is Asian then identify the specific subgroup:                     | 01 = Chinese<br>02 = Japanese<br>03 = Filipino<br>04 = Korean<br>05 = Vietnamese<br>06 = Asian Indian<br>07 = Laotian<br>08 = Cambodian<br>09 = Bangladeshi<br>10 = Hmong<br>11 = Indonesian<br>12 = Malaysian<br>13 = Pakistani<br>14 = Sri Lankan<br>15 = Taiwanese<br>16 = Nepalese<br>17 = Burmese<br>18 = Thai<br>19 = Unknown<br>20 = Declined<br>00 = Not Asian | NUMBER    | R                 | 2      | 448   | 449 |
| 31        | NH_ISL_Subgroup | If member is Native Hawaiian or Pacific Islander then identify the subgroup | 1 = Hawaiian<br>2 = Guamanian/Chamorro<br>3 = Samoan<br>4 = Fijian<br>5 = Tongan<br>6 = Unknown<br>7 = Declined<br>0 = Not Native Hawaiian/Pacific Islander  | NUMBER    | R                 | 1      | 450   | 450 |
| 32        | MBR_Ethnicity   | Enter the Member's ethnicity  | 1 = Hispanic or Latino<br>2 = Non-Hispanic or Latino<br>9 = Unknown<br>0 = Asked but not answered  | NUMBER    | R                 | 1      | 451   | 451 |

<sup>1</sup> Office of Quality and Patient Safety (OQPS) has changed to Office of Health Services Quality and Analytics (OHSQA)

|    | A   | B            | C                 | D                   | E                     | F                | G             | H                 | I                      | J                       | K                       |
|----|---|--------------|-------------------|---------------------|-----------------------|------------------|---------------|-------------------|------------------------|-------------------------|-------------------------|
| 1  | <b>FILE LAYOUT EXAMPLES</b>   |              |                   |                     |                       |                  |               |                   |                        |                         |                         |
| 2  |   |              |                   |                     |                       |                  |               |                   |                        |                         |                         |
| 3  |   |              |                   |                     |                       |                  |               |                   |                        |                         |                         |
| 4  |   |              |                   |                     |                       |                  |               |                   |                        |                         |                         |
| 5  | <b>Example 1: Member data submission.</b>   |              |                   |                     |                       |                  |               |                   |                        |                         |                         |
| 6  | Plan_ID#  | Product_Line | Unique_Member_ID# | County_of_Residence | Zip_Code_of_Residence | Practice_Tax_ID# | PCMH_Site_ID# | Practice_Site_ID# | Practice_Name          | Practice_Address_Line_1 | Practice_Address_Line_2 |
| 7  | 123456  | 1            | WA12345X          | 123                 | 12110                 | 123456789        | ABC001234-5   | ABC1234567-89     | ABC Health Clinic West | 123 Health Highway      | Medical Arts Building   |
| 8  |   |              |                   |                     |                       |                  |               |                   |                        |                         |                         |
| 9  |   |              |                   |                     |                       |                  |               |                   |                        |                         |                         |
| 10 | <b>Example 2: Member data submission with one member attributed to two different providers in the same VBP arrangement.</b> |              |                   |                     |                       |                  |               |                   |                        |                         |                         |
| 11 | Plan_ID#  | Product_Line | Unique_Member_ID# | County_of_Residence | Zip_Code_of_Residence | Practice_Tax_ID# | PCMH_Site_ID# | Practice_Site_ID# | Practice_Name          | Practice_Address_Line_1 | Practice_Address_Line_2 |
| 12 | 123456  | 1            | WA12345X          | 123                 | 12110                 | 123456789        | ABC001234-5   | ABC1234567-89     | ABC Health Clinic West | 123 Health Highway      | Medical Arts Building   |
| 13 | 123456  | 1            | WA12345X          | 123                 | 12110                 | 123456789        | ABC001234-5   | ABC1234567-89     | ABC Health Clinic West | 123 Health Highway      | Medical Arts Building   |

|    | L                           | M                     | N                      | O                         | P                         | Q            | R                   | S                       | T                  | U                      |
|----|-----------------------------|-----------------------|------------------------|---------------------------|---------------------------|--------------|---------------------|-------------------------|--------------------|------------------------|
| 1  | <b>FILE LAYOUT EXAMPLES</b> |                       |                        |                           |                           |              |                     |                         |                    |                        |
| 2  |                             |                       |                        |                           |                           |              |                     |                         |                    |                        |
| 3  |                             |                       |                        |                           |                           |              |                     |                         |                    |                        |
| 4  |                             |                       |                        |                           |                           |              |                     |                         |                    |                        |
| 5  |                             |                       |                        |                           |                           |              |                     |                         |                    |                        |
| 6  | Practice_Address_Line_3     | Practice_Address_City | Practice_Address_State | Practice_Address_Zip_Code | Practice_Telephone_Number | Provider_NPI | Provider_First_Name | Provider_Middle_Initial | Provider_Last_Name | VBP_Contractor_Tax_ID# |
| 7  | Suite 632                   | Your Town             | NY                     | 12345                     | 1234567890                | N987654321   | John                | N                       | Doe                | 123456789              |
| 8  |                             |                       |                        |                           |                           |              |                     |                         |                    |                        |
| 9  |                             |                       |                        |                           |                           |              |                     |                         |                    |                        |
| 10 |                             |                       |                        |                           |                           |              |                     |                         |                    |                        |
| 11 | Practice_Address_Line_3     | Practice_Address_City | Practice_Address_State | Practice_Address_Zip_Code | Practice_Telephone_Number | Provider_NPI | Provider_First_Name | Provider_Middle_Initial | Provider_Last_Name | VBP_Contractor_Tax_ID# |
| 12 | Suite 632                   | Your Town             | NY                     | 12345                     | 1234567890                | N987654321   | John                | N                       | Doe                | 123456789              |
| 13 | Suite 632                   | Your Town             | NY                     | 12345                     | 1234567890                | N987654321   | Jones               | E                       | Madison            | 123456789              |

|    | V                           | W                   | X                    | Y                    | Z                         | AA                  | AB                | AC       | AD             | AE              | AF            |
|----|-----------------------------|---------------------|----------------------|----------------------|---------------------------|---------------------|-------------------|----------|----------------|-----------------|---------------|
| 1  | <b>FILE LAYOUT EXAMPLES</b> |                     |                      |                      |                           |                     |                   |          |                |                 |               |
| 2  |                             |                     |                      |                      |                           |                     |                   |          |                |                 |               |
| 3  |                             |                     |                      |                      |                           |                     |                   |          |                |                 |               |
| 4  |                             |                     |                      |                      |                           |                     |                   |          |                |                 |               |
| 5  |                             |                     |                      |                      |                           |                     |                   |          |                |                 |               |
| 6  | VBP_Contractor_DBA_Name     | VBP_Contractor_Type | VBP_Arrangement_Type | DOH_VBP_Contract_ID# | MCO_Unique_Contract_ID#   | Prov_Att_start_date | Prov_Att_end_date | MBR_Race | Asian_Subgroup | NH_ISL_Subgroup | MBR_Ethnicity |
| 7  | Health Clinic NY            | 1                   | 1                    | 9876                 | ABC.Health.Clinic.4.12.23 | 1/1/2023            | 12/31/2023        | 2        | 2              | 0               | 2             |
| 8  |                             |                     |                      |                      |                           |                     |                   |          |                |                 |               |
| 9  |                             |                     |                      |                      |                           |                     |                   |          |                |                 |               |
| 10 |                             |                     |                      |                      |                           |                     |                   |          |                |                 |               |
| 11 | VBP_Contractor_DBA_Name     | VBP_Contractor_Type | VBP_Arrangement_Type | DOH_VBP_Contract_ID# | MCO_Unique_Contract_ID#   | Prov_Att_start_date | Prov_Att_end_date | MBR_Race | Asian_Subgroup | NH_ISL_Subgroup | MBR_Ethnicity |
| 12 | Health Clinic NY            | 1                   | 1                    | 9876                 | ABC.Health.Clinic.4.12.23 | 1/1/2023            | 4/30/2023         | 2        | 2              | 0               | 2             |
| 13 | Health Clinic NY            | 1                   | 1                    | 9876                 | ABC.Health.Clinic.4.12.23 | 5/1/2023            | 12/31/2023        | 2        | 2              | 0               | 2             |