

## READ ME

TITLE OF FILE: VBP\_(PLANID)\_(MY)  
 EXAMPLE: VBP\_123456\_2024.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:

Submit CSV file via:	Health Commerce System (HCS) <a href="https://commerce.health.state.ny.us">https://commerce.health.state.ny.us</a>	To: OHSQA VBP Evaluation	All files must be received electronically by 11:59 p.m. EST <b>Friday, July 25, 2025.</b>
<b>All Fields are mandatory - do not leave it blank!</b>			

Element #	Name	Direction	Allowed Values	Data Type	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	6	1	6
2	Product_Line	A member's product line at the end of the measurement period.	01 = MEDICAID 02 = SNP 11 = HARP	NUMBER	2	7	8
3	Unique_Member_ID#	Medicaid Client ID Number (CIN) *The field is alphanumeric and should be treated as a text field.		VARCHAR	8	9	16
4	Practice_Tax_ID#	Populate with valid TINs only.	#####	NUMBER	9	17	25
5	Provider_NPI	National Provider Identifier – 10 Digit ID.	#####	NUMBER	10	26	35
6	VBP_Contractor_Tax_ID#	Populate with <b>valid</b> 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	9	36	44
7	VBP_Contractor_DBA_Name	Enter the DBA name listed on your VBP contract/arrangement.		VARCHAR	50	45	94
8	VBP_Contractor_Type	Enter the entity type of the contractor:	1 = Provider/Hospital 2 = IPA 3 = ACO 9 = Unknown	NUMBER	1	95	95
9	VBP_Arrangement_Type	Refer to Section C, #2b of the DOH 4255 – <i>Provider Contract Statement and Certification</i> form.	1 = TCGP 3 = HARP 4 = HIV/AIDS 5 = Maternity 6 = Children's 7 = Off-Menu	NUMBER	1	96	96
10	DOH_VBP_Contract_ID#	The number provided by DOH in the Agreement approval letter begins with DOH ID ####.	####	NUMBER	4	97	100
11	MCO_Unique_Contract_ID#	Plan generated ID used to submit contract to DOH; Section A, #3 of the 4255.		VARCHAR	50	101	150
12	Prov_Att_start_date	MMDDYYYY – <b>Must be between 1/1/2024 and 12/31/2024</b>	MMDDYYYY	DATE	8	151	158
13	Prov_Att_end_date	MMDDYYYY – <b>Must be between 1/1/2024 and 12/31/2024</b>	MMDDYYYY	DATE	8	159	166

	A	B	C	D	E	F	G	H	I	J	K	L	M
1	FILE LAYOUT EXAMPLES												
2													
3													
4													
5													
	Example 1: Member data submission.												
6	Plan_ID#	Product_Line	Unique_Member_ID#	Practice_Tax_ID#	Provider_NPI	VBP_Contractor_Tax_ID#	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
7	123456	01	WA12345X	123456789	N987654321	123456789	Health Clinic NY	1	1	9876	ABC.Health.Clinic.4.12.23	01012024	12312024
8	Example 2: Member data submission with one member attributed to two difference providers in the same VBP arrangement.												
9													
10													
11	Plan_ID#	Product_Line	Unique_Member_ID#	Practice_Tax_ID#	Provider_NPI	VBP_Contractor_Tax_ID#	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
12	123456	01	WA12345X	123456789	N987654321	123456789	Health Clinic NY	1	1	9876	ABC.Health.Clinic.4.12.23	01012024	04302024
13	123456	01	WA12345X	123456789	N123456789	123456789	Health Clinic NY	1	1	9876	ABC.Health.Clinic.4.12.23	05012024	12312024