EC7810 Capitation Detail File enhancements and new reports

Quick reference guide

We're making changes to our capitation reports that should help simplify your workday. In the first section below, you'll see a list of new fields we're adding to the EC7810 Capitation Detail Files report, effective January 2025.

In the next section, we've identified reports that are currently available online at UHCProvider.com, plus a new report that will be introduced in 2025. Reports that you may receive as PDFs in the ECG will be available in the capitation package (CAPPKG).

How to access reports

From any page on **UHCprovider.com,** select Sign In at the top-right corner:

• Enter your One Healthcare ID

  – New users without a One Healthcare ID: Visit **UHCprovider.com/access** to get started

  – Click on "New User and User Access" for registration information and step-by-step instructions

To view reports after signing in to the portal:

• Select Documents & Reporting > Report Center

• Choose the reports from the dropdown list

New EC7810 fields

The following chart shows the new fields added to the end of EC7810 Capitation Detail File. Use the information to identify what each of the fields represent. Not all the fields in this chart will populate on your report. It depends on your contract terms and the lines of business you're reporting. **Note:** The reference letters in parentheses in the field description column refer to the corresponding fields on the EC7810 report.

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Reference	Field name	Field description	Field format	Characters
ET	CMS_SEGMENT	The segment number associated with CMS_CONTRACT_ID (reference CX) and PLAN_BENEFIT_PACKAGE_ID (CZ) for the enrollment beneficiary. 000 = Plan with no segments	Alpha characters	3
EU	MLP_NET_PREM_AMT	The member- or employer-paid premium amounts when included in the percentage of premium provider contract language	Decimal 9999999.99	11
EV	MLP_RATE	The percentage of premium rate applied to MLP_NET_PREM_AMT (EX)	Numeric 9999.999999	11
EW	REV_CARVEOUT_ GROSS_AMT	The contractual per member per month amount to be deducted from the premium on percentage of premium contracts, if applicable	Decimal 9999999.99	11
EX	REV_CARVEOUT_RATE	The percentage of premium rate applied to REV_CARVEOUT_GROSS_ AMT (EZ)	Numeric 9999.999999	11
EY	CMS_NON_RAF_ARC	The concatenated adjustment reason code sent by CMS, with the exception of codes 25 (Retro RA Recon Annual) or 26 (Retro RA Recon Mid-Year). Those are reported in CMS_RAF_ADUSTMENT_REASON_ CODE (EJ).	Alpha-numeric	20
EZ	CMS_RAF_NET_ PREM_AMT	The CMS net premium amounts due to risk adjustment factor changes. These are amounts related to CMS MMR adjustment reason codes 25 (Retro RA Recon Annual) or 26 (Retro RA Recon Mid-Year).	Decimal 9999999.99	11
FA	CMS_RAF_NET_CAP_ AMT	The capitation amounts due to risk adjustment factor changes. These are amounts related to CMS MMR adjustment reason codes 25 (Retro RA Recon Annual) or 26 (Retro RA Recon Mid-Year).	Decimal 9999999.99	11
FB	MEDICAID_ID	The state-issued Medicaid identification number for Medicaid members	Alpha-numeric	12
FC	MEDICAID_STATE_ PROGRAM/ REVENUE TYPE	1R RECORD_TYPE (D): State program for Medicaid member 1P RECORD_TYPE (D): State revenue category for percentage of premium contracts	Alpha characters	25
FD	ALT_PCP_IPA	If applicable, the independent physician associate (IPA) number from the UnitedHealthcare proprietary source system	Alpha-numeric	12
FE	OTHER_FEE_AMT	The fee or surcharge amount assessed by external agencies	Decimal 9999999.99	11

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Reports available online

The reports in the chart below are available in the UnitedHealthcare Provider Portal. Reports received through ECG are also included in the CAPPKG.

Report ID	Title	Description	Interval	Format
EC7040-A01 Medicare, Medicaid	Capitation Trend by Last 12 Months – Summary	A summary of member counts and capitation amounts at the provider and facility levels for the last 12 months of processing	Monthly	PDF
EC7040-A02 Medicare, Medicaid	Capitation Trend by Last 12 Months – Provider Level	A historical summary of member counts and capitation amounts at the provider level for the last 12 months of processing	Monthly	PDF
EC7050-A01 Medicare, Medicaid	Capitation History Matrix – Summary	A historical summary of capitation and member activity in the previous 7 months at the provider group and facility levels. The report excludes non-capitated adjustments and withholdings.	Monthly	PDF
EC7050-A02 Medicare, Medicaid	Capitation History Matrix – Provider Level	A historical summary of capitation and member activity in the previous 7 months at the provider level. The report excludes non-capitated adjustments and withholdings.	Monthly	PDF
EC7255-A01 Medicaid, Individual and Family plans (IFP)	Capitation Details – Primary Care Provider Report for Standard Services (for plan medical groups)	Member capitation detail report by primary care provider for all assigned eligible members in the current capitation period	Monthly	PDF
EC7285-A01 Medicaid, IFP	Member Changes Capitation Details – Primary Care Provider Report for Standard Services (for plan medical groups)	Detailed report of retroactive capitation changes during a specific time period for all eligible members assigned to a primary care provider	Monthly	PDF

In addition, the EC7815 CSV format Capitation Summary File, a summarized version of EC7810, will also be added and available in the **UHCProvider.com** portal in January 2025.

Questions?

Connect with us through chat 24/7 in the **UnitedHealthcare Provider Portal.**

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