ECM Provider Reporting Schedule

Report & Naming Convention	Due Date	Responsible Party
 Targeted Engagement List (TEL) (via Collective Medical) PHC Sends Member Information File (MIF) (via sFTP) Facility Name_MIF_Date Provider Capacity Survey (Google Forms survey via email link) Email sent to providers notifying upload has occurred. 	1 st Week of the Month	РНС
Provider Capacity Survey Due	2 nd Monday of the Month	ECM Provider
 ECM Provider Return Transmission File (RTF) (File sent via sFTP Folders) Facility Name_RTF_Date ECM Provider Initial Outreach Tracker File (IOT) (File sent via sFTP Folders) Facility Name_IOT_Date Potential ECM Member Referral File (Optional) 	2 nd Friday of the Month	ECM Provider
 Data Analysis, Review & Screening Communicate Discrepancies found on files (via email) 	3 rd Week of the Month	РНС
Create new MIFs and TELs and prepare next month's Capacity Survey	4 th Week of the Month	РНС

