

Enhanced Care Management (ECM) Reporting Files and Definitions

Return Transmission File Definitions

Member CIN #	Also known as client identification number, a unique 10-digit character for each enrollee under the State program <i>Ex. 12345678D9</i>
Member First Name	The first name of the member
Member Last Name	The last name of the member
Member Date of Birth	Utilize the following format <i>(MM/DD/YYYY)</i>
Member New Address	This determines if a member had a change in address during the reporting period. <ul style="list-style-type: none"> - Yes = 1 - No = 0 Providers should verify the address information on the files to be accurate.
Member Phone Number	Utilize the following format <i>(0000000000)</i>
ECM Benefit Start Date	Utilize the following format <i>(MM/DD/YYYY)</i>
Status of Member Engagement	The following are the status of engagement: <ul style="list-style-type: none"> - Pending Outreach: the lead case manager/provider is in the process of connecting with a member - Currently in Outreach: the lead case manager/provider successfully outreached to the member - Enrolled: the member is enrolled in ECM - Declined: the member or the ECM team declined the ECM services - Excluded: the ECM team/provider has excluded a member from ECM services
ECM Benefit End Date	Utilize the following format <i>(Disenrollment MM/DD/YYYY)</i> The end date is when there is no renewal of the ECM TAR or the member no longer wants to participate in ECM
ECM Lead Care Manager	This individual is the lead person responsible for coordinating the care of an ECM eligible member
ECM Lead Care Manager Phone Number	Utilize the following format <i>(0000000000)</i>
ECM Lead Care Manager Phone Number Extension	Utilize the following format <i>(000000)</i>

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<p>Recommendation for Discontinuation Date</p>	<p>Utilize the following format <i>(MM/DD/YYYY)</i></p> <p>This date determines the recommended discontinuation date for when eligible ECM members will no longer be eligible for the benefit</p>
<p>Discontinuation Reason Code</p>	<p>This indicates the reason why members are no longer eligible for the ECM benefit. Please choose one of the following:</p> <ul style="list-style-type: none"> • The member has met all care plan goals • The member is ready to transition to a lower level of care • The member no longer wishes to receive ECM • The ECM provider has not been able to connect with the member after multiple attempts • Incarcerated • Declined to participate • Duplicative program • Lost Medi-Cal coverage • Switched health plans • Moved out of the county • Moved out of the country • Unsafe behavior or environment • Member not reauthorized for ECM services • Deceased • Other <p>Providers may use the number to indicate Discontinuation Reason</p>
<p>Discontinuation Reason</p>	<p>This field allows for further descriptions of why the member is being discontinued if reason is not one of the 14 pre-populated by DHCS</p> <p>Example: Member is enrolled with another ECM provider</p>
<p>Number of ECM Visits During Reporting Period (In-Person)</p>	<p>These are the number of successful <i>in-person</i> visits for enrolled members during the reporting period documented on the Return Transmission File (RTF)</p>
<p>Number of ECM Visits During Reporting Period (<i>Phone/Telehealth</i>)</p>	<p>These are the number of successful <i>phone/telehealth</i> visits for enrolled members during the reporting period documented on the RTF</p>



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Number of ECM Outreach Attempts During Reporting Period (<i>In-Person</i>)	<p>These are the number of unsuccessful <i>in-person</i> outreach Attempts for enrolled members during the reporting period documented on the RTF</p> <p>Example: Member did not show up for appointment or went to member's location, but was not there and you were unable to connect</p>
Number of ECM Outreach Attempts During Reporting Period (<i>Telephonic/Electronic</i>)	<p>These are the number of unsuccessful <i>telephonic/electronic</i> Outreach Attempts for enrolled members during the reporting period documented on the RTF</p> <p>Example: Called member and got their voicemail</p>
Member Information Return Transmission File Production Date	<p>Utilize the following format (<i>MM/DD/YYYY</i>)</p> <p>Date ECM provider produces data for file or date of last data entry</p>
Member Information Return Transmission File Reporting Period	<p>Utilize the following format (<i>MM/DD/YYYY.MM/DD/YYYY</i>)</p> <p>Calendar month for the reporting period</p>
ECM Provider Name	The ECM provider which the members are assigned to
ECM Provider National Provider Identifier (NPI)	A unique identification number for covered health care providers. This is a requirement to provide the ECM benefit
ECM Provider Phone Number	Utilize the following format (<i>0000000000</i>)

Member Information File

Member Information File (MIF)	<p>The Partnership ECM team will create this file containing the newly referred/continuing members and compile information regarding these members as a reference guide and resource for providers</p> <ul style="list-style-type: none"> This file of information will include clinical and non-clinical information that will aid the provider in assisting the member with their care needs such as member information and demographics, chronic conditions, population of focus, social determinants of health, primary care physician, etc. As of August 1, 2023, the MIF will also contain information if a member is dually enrolled in Medicare, and name and phone number of skilled nursing facility if applicable for member
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	<ul style="list-style-type: none"> Members being excluded based on Partnership ECM Team findings after RTF submission
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Targeted Engagement List

<p>Targeted Engagement List (TEL)</p>	<p>The Partnership ECM team will create and upload this file to the Point Click Care Portal to populate your ECM groups.</p> <p>ECM members will be grouped as 1 of 3 tags</p> <ul style="list-style-type: none"> ECM pending outreach ECM currently in outreach ECM enrolled <p>This scheduled report is to help the providers identify the list of members each month. Any members that have been uploaded onto the Point Click Care Portal by providers can be viewed which will help assist providers to check if member is already engaged with another provider. The ECM provider will use this to attach the release of information and care plan in each enrolled member's profile</p>
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Potential ECM Member Referral File

<p>Potential ECM Member Referral File (<i>Optional</i>)</p>	<p>This is an <i>optional</i> file the ECM providers can complete and send to the Partnership ECM team for assistance regarding members that the provider believes could potentially be eligible for the ECM benefit but may not have all the information to make that decision definitely. Once file is filled out by providers and uploaded to secure folder the Partnership ECM team will research these members and determine eligibility for these members.</p> <p>*Note – if provider identifies member is eligible those members will be added directly to the RTF</p>
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Initial Outreach Tracker Definitions

Member CIN #	Also known as client identification number, a unique 10-digit character for each enrollee under the State program <i>Ex. 12345678D9</i>
Member First Name	Providers will indicate member's first name
Member Last Name	Providers will indicate member's last name
Member Date of Birth	Providers will indicate member's date of birth
Provider Type (Outreach Provider Type)	This indicates whether a clinical or non-clinical staff performed outreach to an ECM member. Please choose one of the following: <ol style="list-style-type: none">1. Performed by clinical staff2. Performed by non-clinical staff
Date of Outreach Attempt	This date indicates the date of the outreach to an ECM eligible member. Utilize the following format (<i>MM/DD/YYYY</i>)
Outreach Attempt Method	This indicates the type of outreach method to an ECM eligible member. Please utilize the following options: <ul style="list-style-type: none">- In-person- Telephonic/electronic
Outcome of Outreach	This indicates if the outreach to the member was successful or unsuccessful