Return Transmission File Definitions

Member CIN #	Also known as Client Identification Number, a unique 10-digit character for each enrollee under the state program *Ex. 12345678D9*
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 *(MM/DD/YYYY)*
Member New Address	This determines if a member had a change in address during the reporting period. - Yes = 1 - No = 0 Providers should verify the address information on the files to be accurate.
Member Phone Number	Utilize the following format *(0000000000)*
ECM Benefit Start Date	Utilize the following format *(MM/DD/YYYY)*
Status of Member Engagement	The following are the status of engagement: - **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 *(Disenrollment MM/DD/YYY)* 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 *(0000000000)*

ECM Lead Care Manager Phone Number Extension	Utilize the following format (*000000*)
Recommendation for Discontinuation Date	Utilize the following format *(MM/DD/YYYY)* This date determines the recommended discontinuation date for when eligible ECM members will no longer be eligible for the benefit
Discontinuation Reason Code	This indicates the reason why members are no longer eligible for the ECM benefit. Please choose one of the following: 1. The member has met all care plan goals 2. The member is ready to transition to a lower level of care 3. The member no longer wishes to receive ECM 4. The ECM Provider has not been able to connect with the member after multiple attempts 5. Other Providers may use the number or the text.
Discontinuation Reason	This field allows for further descriptions of why the member is being discontinued. Ex. Member is in jail; Member moved out of area
# of ECM Encounters During Reporting Period	These are the number of successful *In-Person* encounters during the reporting period
# of ECM Encounters During Reporting Period	These are the number of successful *Telephonic/Video* encounters during the reporting period
Member Information Return Transmission File Production Date	Utilize the following format *(MM/DD/YYYY)* Date ECM Provider produces data for file or date of last data entry
Member Information Return Transmission File Reporting Period	Utilize the following format (MM/DD/YYYY.MM/DD/YYYY) Calendar month for the reporting period
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 in order to provide the ECM benefit
ECM Provider Phone Number	Utilize the following format (*0000000000*)

Initial Outreach Tracker Definitions

Member CIN #	Also known as Client Identification Number, a unique 10-digit character for each enrollee under the state program *Ex. 12345678D9*
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: 1. Performed by Clinical Staff 2. 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 *(MM/DD/YYYY)*
Outreach Attempt Method	This indicates the type of outreach method to an ECM eligible member. Please utilize the following options: - In-Person - Telephonic/Electronic