

# 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>Example: 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: (MM/DD/YYYY)
Member New Address	This determines if a member had a change in address during the reporting period. <ul style="list-style-type: none"> <li>• Yes = 1</li> <li>• No = 0</li> </ul> Providers should verify the address information on file to ensure accuracy.
Member Homeless Indicator	Identifier for if the member is experiencing homelessness (defined in ECM policy guide). <ul style="list-style-type: none"> <li>• Yes = 1</li> <li>• No = 0</li> </ul>
Member Phone Number	Utilize the following format: (0000000000)
Member Medi-Cal Assigned County <b>(New)</b>	The member's Medi-Cal assigned county, per the eligibility portal (should reflect assigned county and not the county member resides in, if different).
Member Guardian or Conservator Name <b>(New)</b>	The member's parent/guardian or conservator name, if applicable and if known.
Member Guardian or Conservator Phone Number <b>(New)</b>	The member's parent/guardian or conservator phone number, if applicable and if known. Utilize the following format: (0000000000)
Member ECM Authorization Number <b>(New)</b>	Generated number for Treatment Authorization Request (TAR) through the provider portal. Include the most recent TAR number if enrolled. <i>Example: PE1234567898</i>
ECM Benefit Start Date	Utilize the following format: (MM/DD/YYYY)

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Status of Member Engagement	<p>The following are the statuses of engagement:</p> <ul style="list-style-type: none"> <li>• <b>Pending Outreach:</b> the lead case manager/provider is in the process of connecting with a member</li> <li>• <b>Currently in Outreach:</b> the lead case manager/provider successfully outreached to the member</li> <li>• <b>Enrolled:</b> the member is enrolled in ECM</li> <li>• <b>Declined:</b> the member declined ECM services</li> <li>• <b>Excluded:</b> the ECM team/provider has excluded a member from ECM services</li> </ul>
ECM Benefit End Date	<p>Utilize the following format: <i>(Disenrollment MM/DD/YYYY)</i></p> <p>The end date is when there is no renewal of the ECM TAR or the member no longer wants to participate in ECM.</p>
ECM Lead Care Manager ( <b>New:</b> separated into two columns)	<p>This individual is the lead person responsible for coordinating the care of an ECM-eligible member. The person listed would be the point of contact for the member specifically and the contact number can be given to the member if asked. Should be included for all enrolled.</p> <p>Members First Name: Column AT Last Name: Column AU</p>
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>
ECM Lead Care Manager Email ( <b>New</b> )	The email address of the assigned lead care manager for Partnership to reach out with any inquiries. This will not be shared with members.
Referral Status ( <b>New</b> )	<p>The status of the new referral (different from the status of the member's engagement). Options include:</p> <ol style="list-style-type: none"> <li>1. <b>Accepted:</b> Provider is accepting the referral and will be reaching out to member.</li> </ol>

# Enhanced Care Management (ECM)

## Reporting Files and Definitions

	<ol style="list-style-type: none"> <li><b>Declined:</b> Provider is not accepting the referral and the member should be reassigned to another provider.</li> <li><b>Pending:</b> Provider needs more time to review the referral.</li> <li><b>Outreach Initiated:</b> Provider has accepted the referral and has begun outreach attempts.</li> <li><b>Referral Loop Closed:</b> Outreach to member has been performed, resulting in a closed referral. See "Reason for Referral Loop Closure" for closure reasons.</li> </ol>
Date of Referral Status <b>(New)</b>	The date of the referral status update. Utilize the following format: (MM/DD/YYYY)
Reason for Referral Loop Closure <b>(New)</b>	<p>Required if referral status is 2. Declined or 5. Referral Loop Closed. Closure reasons include:</p> <ol style="list-style-type: none"> <li><b>Services Received:</b> Member is enrolled and is receiving ECM.</li> <li><b>Service Provider Declined:</b> Provider is not accepting referral and member should be assigned to another provider.</li> <li><b>Unable to Reach Member:</b> Provider has made at least three attempts (including one in-person) to reach member.</li> <li><b>Member No Longer Eligible for Services:</b> Member no longer qualifies for ECM.</li> <li><b>Member No Longer Needs Services or Declines Services:</b> Member is not interested in receiving ECM services.</li> <li><b>Other:</b> Referral loop closed for additional reason. Utilize text column to provide details.</li> <li><b>Authorization Denied:</b> Treatment Authorization Request (TAR) was submitted and denied.</li> </ol>
Reason for Referral Loop Closure Text <b>(New)</b>	Required if Reason for Referral Loop Closure is "6. Other". Provide a written reason explaining why the referral is being closed.

# Enhanced Care Management (ECM) Reporting Files and Definitions

Recommendation for Discontinuation Date	<p>Utilize the following format: (MM/DD/YYYY)</p> <p>This date determines the recommended discontinuation date for when eligible ECM members will no longer be eligible for the benefit.</p>
Discontinuation Reason Code	<p>This indicates the reason why members are no longer eligible for the ECM benefit. Please choose one of the following:</p> <ol style="list-style-type: none"> <li>1. The member has met all care plan goals</li> <li>2. The member is ready to transition to a lower level of care</li> <li>3. The member no longer wishes to receive ECM</li> <li>4. The ECM provider has not been able to connect with the member after multiple attempts</li> <li>5. Incarcerated</li> <li>6. Declined to participate</li> <li>7. Duplicative program</li> <li>8. Lost Medi-Cal coverage</li> <li>9. Switched health plans</li> <li>10. Moved out of the county</li> <li>11. Moved out of the country</li> <li>12. Unsafe behavior or environment</li> <li>13. Member not reauthorized for ECM services</li> <li>14. Deceased</li> <li>15. Other</li> </ol> <p>Providers may use the number to indicate discontinuation reason.</p>
Discontinuation Reason (Written)	<p>Required if Discontinuation Reason is "15. Other". Provide a written reason explaining why the member is being discontinued.</p>
Number of ECM Visits During Reporting Period (In-Person)	<p>These are the number of successful <i>in-person</i> visits for <b>enrolled</b> members during the reporting period documented on the Return Transmission File (RTF)</p>

# Enhanced Care Management (ECM)

## Reporting Files and Definitions

Number of ECM Visits During Reporting Period ( <i>Phone/Telehealth</i> )	These are the number of successful <i>phone/telehealth</i> visits for <b>enrolled</b> members during the reporting period documented on the RTF.
Number of ECM Outreach Attempts During Reporting Period ( <i>In-Person</i> )	These are the number of unsuccessful <i>in-person</i> outreach attempts for <b>enrolled</b> members during the reporting period documented on the RTF.  Example: Member did not show up for appointment or went to member's location but was not there and you were unable to connect.
Number of ECM Outreach Attempts During Reporting Period ( <i>Telephonic/Electronic</i> )	These are the number of unsuccessful <i>telephonic/electronic</i> outreach attempts for <b>enrolled</b> members during the reporting period documented on the RTF.  Example: Called member and got their voicemail
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 that the members are assigned to.
ECM Provider National Provider Identifier ( <b>NPI</b> )	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: (0000000000)

# Enhanced Care Management (ECM) Reporting Files and Definitions

## Member Information File

<p>Member Information File (<b>MIF</b>)</p>	<p>The Partnership ECM team will create this file containing the newly referred or continuing member's details and compile relevant information as a reference guide and resource for providers.</p> <ul style="list-style-type: none"> <li>• 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.</li> <li>• 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.</li> <li>• Members being excluded based on Partnership ECM team findings after RTF submission.</li> <li>• <b>NEW:</b> As of July 1, 2025, the MIF will contain additional information for new community referrals including: <ul style="list-style-type: none"> <li>○ Referring Organization Name</li> <li>○ Referring Individual Name (Last Name, First Name)</li> <li>○ Referring Individual Phone Number</li> <li>○ Referring Individual Email Address</li> <li>○ Referring Individual Relationship to Member</li> <li>○ Referral Type</li> </ul> </li> </ul>
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## Targeted Engagement List

<p>Targeted Engagement List (<b>TEL</b>)</p>	<p>The Partnership ECM team will create and upload this file to the PointClickCare 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"> <li>• ECM pending outreach</li> <li>• ECM currently in outreach</li> <li>• ECM enrolled</li> </ul> <p>This scheduled report is to help the providers identify the list of members each month. Any members that have been uploaded into the PointClickCare portal by</p>
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# Enhanced Care Management (ECM) Reporting Files and Definitions

	providers can be viewed, which will help assist providers to check if the 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.
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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>Example: 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"> <li>1. Performed by clinical staff</li> <li>2. Performed by non-clinical staff</li> </ol>
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: <ul style="list-style-type: none"> <li>• In-person</li> <li>• Telephonic/electronic</li> </ul>
Outcome of Outreach	This indicates if the outreach to the member was successful or unsuccessful.