

Version 1.2¹

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Overview

Enhanced Care Management (ECM) is a whole-person, interdisciplinary approach to care that addresses the clinical and nonclinical needs of high-need and/or high-cost Medi-Cal Managed Care Members through systematic coordination of services and comprehensive care management that is community-based, interdisciplinary, high-touch and person-centered. ECM launched on January 1, 2022 and is an important component of the Department of Health Care Services' (DHCS) statewide Population Health Management (PHM) program.

To ensure that ECM is provided in a community-based fashion, Medi-Cal Managed Care Plans (MCPs) are required to contract with ECM Providers, defined as "community-based entities with experience and expertise providing intensive, in-person care management." ECM Providers may include (but are not limited to) Primary Care Physician groups, Federally Qualified Health Centers, county behavioral health Providers, and substance use disorder treatment Providers.²

This guidance defines standards for MCPs and ECM Providers to exchange information about Members in four types of exchanges:

1. *MCP Member Information File*
2. *ECM Provider Return Transmission File*
3. *ECM Provider Initial Outreach Tracker File*
4. *Potential ECM Member Referral File*

For each file, this guidance defines a standardized set of "minimum necessary" data elements, as well as standard file formats, transmission methods, and suggested transmission frequencies. MCPs may not impose additional reporting requirements on ECM Providers that exceed those "required" and "mandatory" elements listed in this guidance unless mutually agreed upon with the ECM Provider.³

² See list of potential providers at *CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions*, DHCS, ECM Section 3, available [here](#).

³ "CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions," DHCS, ECM Section 14cii, available [here](#).

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Now that ECM and Community Supports have been implemented for one year, DHCS has prioritized updating the existing data guidance documents based on stakeholder input. In Q3 2022, DHCS launched a survey, and over 200 MCPs and ECM and Community Supports Providers responded with feedback about which updates should be considered. DHCS has since analyzed all survey data and made updates to the ECM and Community Supports guidance documents based on this feedback. The updates that have been made to this guidance document are labeled throughout and include corresponding footnotes. The updates are also catalogued in the Appendix.

Statewide standardization, which continues to be requested by stakeholders, supports bi-directional reporting between MCPs and ECM Providers to:

- maximize the comprehensiveness of information flowing to ECM Providers to support care management;
- prioritize key information that should flow back to MCPs; and
- mitigate MCP and provider burden associated with ECM, especially in counties with more than one MCP.

Based on stakeholder feedback, DHCS seeks to standardize information flow between MCPs and ECM Providers to the greatest extent possible to mitigate the administrative burden on ECM Providers. **(Added April 2023)** Thus, MCPs and ECM Providers **must** adopt the common standards described in this document unless there is a strong rationale mutually agreed to by both organizations for departing from these standards. DHCS is not establishing templates for the files contained in this guidance but reserves the right to do so in the future. DHCS strongly recommends MCPs, especially those operating in the same county, work collaboratively to establish common specifications for data elements where not otherwise defined and maintain common templates for the communication of this information.

MCP Member Information File

To perform whole-person care management, ECM Providers need to be equipped with data beyond their four walls that reflect the total clinical and nonclinical picture for each Member in ECM, including behavioral health data and pharmacy data as received from DHCS, DHCS vendors, and other sources. The MCP Contract Template, the *CalAIM ECM*

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and *Community Supports MCP Contract Template*,⁴ requires that MCPs provide ECM Providers with the following data at the time of assignment and periodically thereafter:

- i. Member assignment files, defined as a list of Medi-Cal Members authorized for ECM and assigned to the ECM Provider
- ii. Encounter and/or claims data
- iii. Physical, behavioral, administrative, and social determinants of health (SDOH) data (e.g., Homelessness Management Information System (HMIS) data) for all assigned members; and
- iv. Reports of performance on quality measures and/or metrics⁵

The *Member Information File* contains standards for the sharing of items i. and iii. above, and highlights key clinical information from item ii. (encounter and/or claims data). MCPs must use the *Member Information File* to share information with ECM Providers about each assigned Member at the time of assignment and at least monthly thereafter (or at a different cadence by agreement). At this time, DHCS is not defining standards for sharing encounter and/or claims data files (item ii. above) or quality measures and performance metrics (item iv. above) but reserves the right to do so subsequently.

ECM Provider Return Transmission File

As ECM Providers will generally hold the primary relationship with Members receiving ECM, DHCS recognizes that certain information will need to flow regularly from ECM Providers to MCPs, separate from and supplemental to claims and invoices. The purpose of the *ECM Provider Return Transmission File* is to standardize and streamline key information that MCPs most commonly require about Members from ECM Providers beyond the information contained in billing and invoicing.

ECM Provider Initial Outreach Tracker File

Initial outreach to MCP Members who have been identified as meeting ECM Populations of Focus criteria is considered part of the ECM benefit, and assumptions about the cost of that outreach are included in capitation payments paid to MCPs. MCPs must provide

⁴ See *ECM and ILOS Standard Provider Terms and Conditions*, CA DHCS. Available [here](#).

⁵ See *CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions*, DHCS, ECM Section 12, available [here](#).

supplemental, aggregate reporting to DHCS on ECM outreach efforts via the *ECM & Community Supports Quarterly Implementation Monitoring Report*. In addition to this quarterly report, MCPs will, upon DHCS request, provide information regarding ECM outreach for rate-setting purposes by way of the Supplemental Data Request (SDR) process. To equip MCPs with adequate information about outreach occurring by ECM Providers, DHCS is standardizing provider outreach reporting that MCPs must require from ECM Providers in the *ECM Provider Initial Outreach Tracker File*.

Potential ECM Member Referral File

ECM Providers are encouraged to identify their patients and clients who may belong to an ECM Population of Focus and thus may benefit from ECM. The *Potential ECM Member Referral File* provides a standardized format and method for MCPs to collect referral information from ECM Providers for consideration for enrollment into ECM.

Training and Technical Assistance

MCPs must provide contracted ECM Providers with instruction, training, and technical assistance to support effective data sharing using the files covered in this guidance.⁶ DHCS strongly recommends that MCPs in a single county work collaboratively on their approach to training and technical assistance. MCPs may also develop common templates and transaction portals for common use. MCPs may use Incentive Payment Program (IPP) funding to support such activities.

Secure Transmission of Member-Level Information

Throughout the data transmission processes discussed in this guidance, MCPs and ECM Providers receiving, storing, using, or transmitting personal identifiable information (PII) and protected health information (PHI) must have processes for using, storing, and

⁶ Provider training for ECM Providers is a requirement under the DHCS MCP Contract. Technical assistance to support this guidance may include, but not be limited to, how to receive, import, and understand *Member Information File* data; how to use file information to guide Member outreach and engagement and support care management activities (e.g., how to interpret clinical indicator fields, how to incorporate information into workflows); and how to properly report Member information in *Return Transmission Files* or *Initial Outreach Tracker Files*. MCPs must ensure ECM Providers have contact information for staff who can answer questions about files and their use and/or to elevate potential errors in transmission or contents.

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sharing data in accordance with federal and state laws, and agency data privacy and security standards, including but not limited to the Health Insurance Portability and Accountability Act (HIPAA), 42 CFR Part II, the Confidentiality of Medical Information Act (CMIA), and state law.⁷ MCPs must have alternative, legally compliant submission processes in place for when standard secure transmission protocols are not available and must provide ECM Providers with contact information for staff who can provide timely and responsive technical support.

Next Steps and Further Information

Questions and notifications regarding concerns about compliance with the standards established in this guidance document may be directed to the ECM and Community Supports inbox: CalAIMECMILOS@dhcs.ca.gov

⁷ See the CalAIM Data Sharing Authorization Guidance for additional information: <https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization-Guidance.pdf>

1. MCP Member Information File

(1) Overview

ECM Providers need information about their Members' clinical and non-clinical needs, though many will not immediately have the technical capacity to derive such information from standard file exchanges (e.g., ANSI ASC x12N 834/837 files). To address this information need, MCPs are required to create *Member Information Files* and share them with contracted ECM Providers. Files must include consolidated demographic, utilization and other information about all Provider-assigned ECM Members in accordance with the following specifications and using the most timely and accurate data available to the MCP, which may be from DHCS from the Plan Data Feed or other sources to which MCPs may have access. MCPs may not exclude ECM Providers from their networks due to an inability to consume, use, or exchange Member assignment and clinical data beyond what is included in the *Member Information File*. MCPs and ECM Providers may mutually agree to an alternative method for information exchange to meet these requirements.⁸

As stated below, MCPs must share Member Engagement information (Table 1 and Table 4) with ECM Providers no later than ten business days after new Members are authorized for the benefit. Additionally, MCPs must share complete and updated *Member Information Files* (Table 1, Table 2, Table 3, and Table 4) at least monthly with ECM Providers for all new and continuing Members unless another mutually agreed-to cadence for updates is established between the MCP and ECM Providers. MCPs must ensure responsibilities outlined in this guidance's specified requirements are satisfied by delegated entities.

(2) Data Elements

MCPs must produce **properly formatted (Added April 2023)** *Member Information Files* with the following data elements for ECM Providers to the extent MCP data allow. Data

⁸ ECM Providers may presently be serving as an ECM Member's Primary Care Provider and have existing data sharing arrangements that may satisfy *Member Information File* data sharing requirements.

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elements are defined by DHCS encounter data reporting standards unless otherwise specified.⁹ Data must be shared with ECM Providers in the following sequence unless otherwise agreed to by MCP and ECM Provider.

Table 1: Member Engagement Information

Data Element	Required
Medi-Cal Member Client Index Number (CIN)	Yes
Medical Record Number (MRN)	Optional
Member First Name	Yes
Member Last Name	Yes
Member Homelessness Indicator ¹⁰ (Updated April 2023)	Yes
Member Residential Address ¹¹	Yes
Member Residential City ¹²	Yes
Member Residential Zip Code ¹³	Yes
Member Mailing Address ¹⁴	Yes
Member Mailing City ¹⁵	Yes
Member Mailing Zip Code ¹⁶	Yes

⁹ *Medi-Cal Managed Care Encounter Data Reporting*, DHCS, available [here](#). Where data elements are not in the DHCS Companion Guide and not otherwise defined in this guidance, MCPs must provide ECM Providers with clear specifications that promote standardized submission while minimizing administrative burden.

¹⁰ (Updated April 2023) Identifier for if the Member is experiencing “homelessness,” as defined in the *ECM Policy Guide* (pgs. 11-12), available [here](#). If “homeless,” enter “1”, if not or unknown, enter “0”.

¹¹ MCPs may complete data element as “HOMELESS” if the Member is identified as homeless by the “Member Homelessness Indicator” and another address is not available.

¹² Ibid.

¹³ MCPs may complete data element as “99999” if the Member is identified as homeless by the “Member Homelessness Indicator” and another zip code is not available.

¹⁴ MCPs may complete field as “HOMELESS” if the Member is identified as homeless by the “Member Homelessness Indicator” and another address is not available.

¹⁵ Ibid.

¹⁶ MCPs may complete data element as “99999” if the Member is identified as homeless by the “Member Homelessness Indicator” and another zip code is not available.

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Data Element	Required
Member Phone Number ¹⁷	Yes
Member Email Address	<i>Optional</i>
Member Dually Enrolled in Medicare ¹⁸ <i>(Added April 2023)</i>	Yes
Emergency/Alternate Contact Name ¹⁹ <i>(Added April 2023)</i>	<i>Optional</i>
Emergency/Alternate Contact Relation ²⁰ <i>(Added April 2023)</i>	<i>Optional</i>
Emergency/Alternate Contact Phone Number ²¹ <i>(Added April 2023)</i>	<i>Optional</i>
Member Date of Birth (MM/DD/YYYY)	Yes
Member Gender Code ²²	Yes
Member Preferred Language (Spoken) ²³	<i>Optional</i>
Member Preferred Language (Written) ²⁴ <i>(Added April 2023)</i>	<i>Optional</i>
Member Race or Ethnicity Code ²⁵	Yes
Medi-Cal Renewal Date (MM/DD/YYYY) ²⁶	Yes
ECM Service Authorization Date by MCP (MM/DD/YYYY)	Yes

¹⁷ Numbers only, no dashes, character limit of ten. If number not available to the MCP from DHCS, MCP may report "0000000000".

¹⁸ *(Added April 2023)* If the Member is dually enrolled in Medicare, complete field as "1". If the Member is not dually enrolled in Medicare based on plan data, complete field as "0". This field should be reported irrespective of which ECM Population(s) of Focus a Member may meet.

¹⁹ *(Added April 2023)* MCP to provide an alternate or emergency contact for the Member if available. Last name, first name, title, separated by commas.

²⁰ *(Added April 2023)* Response Options: 1. Spouse; 2. Partner; 3. Parent; 4. Sibling; 5. Legal Guardian; 6. Grandparent; 7. Child; 8. Other Family Member; 9. Friend; 10. Other.

²¹ *(Added April 2023)* Numbers only, no dashes, character limit of ten.

²² This will be limited to the Medi-Cal 834 file acceptable values, available [here](#).

²³ This will be limited to the Medi-Cal 834 file acceptable values, available [here](#).

²⁴ *(Added April 2023)* This will be limited to the Medi-Cal 834 file acceptable values, available [here](#).

²⁵ Codes are defined by DHCS encounter data reporting standards; if no data available, please leave blank.

²⁶ Date member needs to renew their Medi-Cal membership. If unknown by the MCP, the MCP must notify DHCS of such missing information and input "00/00/0000" in the field for ECM Providers.

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Data Element	Required
ECM Authorization End Date (MM/DD/YYYY) ²⁷ <i>(Added April 2023)</i>	Yes
Member ECM Authorization Number ²⁸ <i>(Added April 2023)</i>	Optional
ECM Population(s) of Focus <i>(Updated April 2023)</i> ^{29, 30} <ul style="list-style-type: none"> ▪ Adult – Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness ▪ Adult – Individuals Experiencing Homelessness: Homeless Families ▪ Adult – Individuals at Risk for Avoidable Hospital or ED Utilization ▪ Adult – Individuals with Serious Mental Health or Substance Use Disorder (SUD) Needs ▪ Adult – Individuals Transitioning from Incarceration ▪ Adult – Individuals Living in the Community and at Risk for LTC Institutionalization ▪ Adult – Nursing Facility Residents Transitioning to Community ▪ Adult – Birth Equity Population of Focus ▪ Child/Youth – Individuals Experiencing Homelessness: Unaccompanied Children/Youth Experiencing Homelessness ▪ Child/Youth – Individuals Experiencing Homelessness: Homeless Families 	Yes

²⁷ *(Added April 2023)* Date that the authorization period for the Member’s current authorization of ECM services will end.

²⁸ *(Added April 2023)* MCP-generated code that may be used to expedite invoice approval and/or processing. For use by ECM Providers as instructed by and agreed with MCPs.

²⁹ *(Updated April 2023)* Note, terminology for all populations of focus has been updated as of April 2023.

³⁰ Each of the ECM Populations of Focus should be presented as an indicator completed with a “1” for “Yes” and “0” for “No” or “Not Enough Information.” Mark all applicable Populations of Focus that are known to the MCP to apply to the Member.

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Data Element	Required
<ul style="list-style-type: none"> ▪ Child/Youth – Individuals at Risk for Avoidable Hospital or ED Utilization ▪ Child/Youth – Individuals with Serious Mental Health or Substance Use Disorder (SUD) Needs ▪ Child/Youth – Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition ▪ Child/Youth – Involved in Child Welfare ▪ Child/Youth – Individuals Transitioning from Incarceration ▪ Child/Youth – Birth Equity Population of Focus 	
Member Assignment to ECM Provider (MM/DD/YYYY) ³¹	Yes
Member Transitioned from Health Homes Program ³²	Yes
Member Transitioned from Whole-Person Care Pilot ³³	Yes
Member Guardian or Conservator First Name (if applicable)	<i>Optional</i>
Member Guardian or Conservator Last Name (if applicable)	<i>Optional</i>
Member Guardian or Conservator Phone Number (if applicable)	<i>Optional</i>
Name of Skilled Nursing Facility ³⁴ (Added April 2023)	Yes, Conditional ³⁵
Skilled Nursing Facility Phone Number ³⁶ (Added April 2023)	Yes, Conditional

³¹ This field allows for tracking of the requirement that assignment to an ECM Provider occurs within ten business days of ECM Service Authorization, based on *CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions*, DHCS, ECM Section 9c, available [here](#).

³² Indicate with "1" for Yes, "0" for No.

³³ Indicate with "1" for Yes, "0" for No.

³⁴ (Added April 2023) Required for individuals who meet the "Adult – Nursing Facility Residents Transitioning to Community" ECM Population of Focus. Name of Skilled Nursing Facility must be shared using the same convention the MCP uses in other data exchange with DHCS.

³⁵ "Conditional" indicates the field is only required if other criteria are met.

³⁶ (Added April 2023) Required for individuals who meet the "Adult – Nursing Facility Residents Transitioning to Community" ECM Population of Focus. Numbers only, no dashes, character limit of ten. If number not available to the MCP from DHCS, MCP may report "0000000000".

Table 2: Member Clinical Information

Data Element	Required ³⁷
Health indicators, ³⁸ including: <ul style="list-style-type: none"> ▪ Clinical chronic condition indicators³⁹, including: <ul style="list-style-type: none"> ○ Asthma ○ Bipolar disorder ○ Chronic congestive heart failure ○ Chronic kidney disease ○ Chronic liver disease ○ Coronary artery disease ○ Chronic obstructive pulmonary disease ○ Dementia ○ Diabetes ○ Hypertension ○ Major depression disorder ○ Psychotic disorders ○ Serious Mental Illness (SMI), Substance Use Disorder (SUD), Serious Emotional Disturbance (SED) ○ Traumatic brain injury ▪ Other clinical chronic conditions or conditions of concern⁴⁰ 	Yes

³⁷ MCPs must communicate measure definitions and results to ECM Providers in an accessible and easily understood manner (e.g., transmitting outputs with easily interpretable field names).

³⁸ Each indicator must be individually populated with one of the following values: "Y" for Yes or "X" for No or where MCP data do not allow for a reliable assessment. DHCS understands that MCPs may not have data to complete all data elements, especially at program launch.

³⁹ At least two separate services on different dates with relevant diagnosis codes for the specified condition on each claim within the past two years; SMI/SUD/SED may be identified within previous 12 months.

⁴⁰ Listing of other identified chronic conditions the MCP wishes to highlight that are not otherwise specified, which may include population (e.g., children, pregnant women) or condition-specific (e.g., cancer treatment) conditions. Conditions must be specified in a text string, separated by semicolons and presented with interpretable information, including ICD-10 code, ICD-10 code descriptor, and date of observation (DD/MM/YYYY). Data element may be left blank.

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Data Element	Required ³⁷
<ul style="list-style-type: none"> ▪ Social determinant of health indicators (claims-based)⁴¹ 	
Health System Utilization indicators, ⁴² including: <ul style="list-style-type: none"> ▪ Emergency Room indicators <ul style="list-style-type: none"> ○ Emergency Room admissions in previous six (6) months, count ○ Emergency Room admission, last date (MM/DD/YYYY) ○ Emergency Room admission, facility name ▪ Inpatient indicators <ul style="list-style-type: none"> ○ Inpatient days in previous six (6) months, count ○ Inpatient admission, last date (MM/DD/YYYY) ○ Inpatient admission, facility name 	Yes
Pharmacy information and indicators, including: <ul style="list-style-type: none"> ▪ Pharmacy/drug listing from the prior 90 days⁴³ ▪ Prescribing provider (most recent) 	Yes

Table 3: Primary Care Provider/Clinic Information

Data Element	Requirement
Primary Care Provider/Clinic Name (Assigned PCP)	Yes
Primary Care Provider/Clinic National Provider Identifier (NPI)	Yes
Primary Care Provider/Clinic Phone Number ⁴⁴	Yes
Last Visit Date (MM/DD/YYYY) ⁴⁵	Yes

⁴¹ ICD-10 Z-codes 55-65 identified within prior 12 months. DHCS has also released guidance on priority SDOH ICD-10 Z-codes, available [here](#). Identified SDOH diagnoses must be listed with the code and code descriptor, with multiple diagnoses separated by semicolons. Data element may be left blank.

⁴² Each indicator must be individually populated.

⁴³ List must comprise National Drug Code, prescription date (MM/DD/YYYY), and indicator for prescribed but not received medications, each delimited by commas, with each unique prescription (i.e., NDC, Rx date, filled indicator) separated by a semicolon.

⁴⁴ Numbers only, no dashes, character limit of ten. If number not available to the MCP from DHCS, MCP may report "0000000000".

⁴⁵ As known by the MCP; if no visits on record, MCP should enter "00/00/0000".

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Table 4: Administrative and Plan Information

Data Element	Required
Member Information File Production Date (MM/DD/YYYY)	Yes
Member Information File Reporting Period ⁴⁶	Yes
Primary Payer (MCP) Identifier ⁴⁷	Yes
MCP Name	Optional
MCP Provider Services Phone Number ⁴⁸	Yes
MCP ECM Contact Person ⁴⁹ (if applicable)	Optional
MCP ECM Contact Person Phone Number (if different from MCP Member Services Phone Number) ⁵⁰	Optional
ECM Provider Organization Name ⁵¹ (Added April 2023)	Yes
ECM Provider National Provider Indicator (NPI) ⁵² (Added April 2023)	Yes
ECM Member Record: New/Continuing/Returned/Termed (final report) ⁵³ (Updated April 2023)	Yes

⁴⁶ Start and end dates reported as two sets of numbers separated by a period delimiter (i.e., MM/DD/YYYY.MM/DD/YYYY).

⁴⁷ As provided by the MCP for ECM Provider reporting purposes.

⁴⁸ Numbers only, no dashes, character limit of ten. If number not available to the MCP from DHCS, MCP may report "0000000000".

⁴⁹ Last name, first name, title, separated by commas.

⁵⁰ Numbers only, no dashes, character limit of ten.

⁵¹ (Added April 2023) Name of the Member's assigned ECM Provider Organization.

⁵² "National Provider Identifier (NPI) Application A Step-by-Step Guide for Providers Participating in the ECM and Community Supports Programs," DHCS. Available [here](#). If the rendering Provider does not have an NPI, the reported NPI may be that of the associated billing provider.

⁵³ (Updated April 2023) Response options: "New" to indicate Members who are newly authorized to receive ECM services since the previous reporting period; "Continuing" to indicate Members who are continuing to receive ECM services since the previous reporting period; "Returned" to indicate Members who are returning to reinitiate ECM services since any previous reporting period; "Termed" to indicate Members who are no longer receiving ECM services during this reporting period.

(3) File Format

MCPs should send *Member Information Files* to ECM Providers as an Excel-based workbook or another file format agreed to with the ECM Provider. MCPs may use the Member Information File template to support *ECM Provider Return Transmission File*, *ECM Provider Initial Outreach Tracker File*, and *Potential ECM Member Referral File* reporting as described in this guidance (e.g., blank cells/tabs). MCPs may share “partial” or “complete” *Member Information Files* with ECM Providers depending on purpose (see “(5) Transmission Frequency”). “Partial” information exchange (Tables 1 and 4) is only needed for “Termed” Members to notify providers of their discontinuation.

MCPs are encouraged to develop a common, consolidated template for sharing all information described in this guidance. For example, an MCP may produce an Excel-based template wherein:

- One tab has all previously described *MCP Member Information File* data elements. The tab may be:
 - partially completed and shared with essential information to support Member outreach (e.g., Tables 1 and 4), within ten business days after new members are authorized for the ECM benefit;
 - completed and shared with all previously described information about the Member (e.g., Tables 1-4) on a less frequent basis.
- The MCP may, in its transmitted *Member Information File*, include blank data elements for each Member that comprise the elements outlined for the *ECM Provider Return Transmission File* and *ECM Provider Initial Outreach Tracker File*, which ECM Providers can be expected to populate and send back to the MCP to meet reporting requirements.
- A second tab may comprise blank *Potential ECM Member Referral File* fields for ECM Provider use.

(4) Transmission Methods

MCPs can share files with ECM Providers through one of the following methods:

- Web-based portals

- SFTP transmission
- Secure email (if no other option is available)
- Another method, as mutually agreed to with the ECM Provider

(Added April 2023) DHCS strongly encourages MCPs and ECM Providers to establish regional agreements for the exchange of the *ECM Member Information File* to align the data sharing method or platform to reduce administrative burden. These could include via Health Information Exchanges, Community Information Exchanges, or referral platforms from other vendors.⁵⁴

DHCS reserves the right to further standardize file formats and transmission methods in the future.

(5) Transmission Frequency

Section 9c of the *ECM Contract Template* requires MCPs to assign every Member authorized for ECM to an ECM Provider and to ensure that communication of the Member assignment occurs within ten business days of authorization. As such, MCPs must share Member Engagement Information (Table 1 and Table 4) with ECM Providers no later than ten business days after new Members are authorized for the benefit.⁵⁵

Additionally, MCPs must share complete and updated *Member Information Files* (Table 1, Table 2, Table 3, and Table 4) at least monthly with ECM Providers for all new and continuing Members, unless another mutually agreed-to cadence for updates is established between the MCP and ECM Providers.

⁵⁴ MCPs cannot require ECM Providers to participate in such platforms or exclude providers that do not opt into such platforms.

⁵⁵ "CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template and Provisions," ECM – Section 9c, DHCS. Available [here](#): "Contractor shall ensure communication of Member assignment to the designated ECM Provider occurs within ten business days of authorization."

(6) File Receipt

MCPs must establish communication processes for ECM Providers to:

- acknowledge *Member Information File* receipt; and
- notify the MCP if the ECM Provider is unable to accept the Member due to capacity constraints or other reasons specified in the *ECM and ILOS Standard Provider Terms and Conditions*.⁵⁶

These transmissions will occur separately from the *ECM Provider Return Transmission File* and using a format, transmission method, and frequency established by the MCP.

⁵⁶ "ECM and ILOS Standard Provider Terms and Conditions," ECM – 4.d.ii. Available [here](#).

2. ECM Provider Return Transmission File

(1) Overview

MCPs must require contracted ECM Providers to create and share *ECM Provider Transmission Files* with MCPs unless an alternative method for information exchange is agreed to between the MCP and ECM provider.⁵⁷ Files must include information on Member ECM status and ECM service information and information on the ECM Provider using the most timely and accurate data available to the ECM Provider.

MCPs may not impose additional reporting requirements on ECM Providers that exceed those “required” and “mandatory” elements listed in this guidance, unless mutually agreed to with the ECM Provider.⁵⁸ If a MCP and an ECM Provider mutually agree to share data using a different format, standard or transmission method for this information, they may do so, though MCPs may not exclude ECM Providers from their networks due to an inability to consume, use, or exchange Member data beyond what is described in this guidance. Data received by MCPs from ECM Providers will be used to support MCPs’ submission of the *ECM and Community Supports Quarterly Implementation Report* to DHCS. MCPs must ensure responsibilities outlined in this guidance’s specified requirements are satisfied by delegated entities.

(2) Data Elements

MCPs must request *ECM Provider Return Transmission Files* from ECM Providers with the following data elements. Data elements are defined by DHCS encounter data reporting standards, unless otherwise specified.⁵⁹ Data must be reported in the following

⁵⁷ ECM Providers may presently be serving as an ECM Member’s Primary Care Provider and have existing data sharing arrangements that may satisfy *Return Transmission File* data sharing requirements.

⁵⁸ “CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions,” DHCS, ECM Section 14cii, available [here](#).

⁵⁹ “Medi-Cal Managed Care Encounter Data Reporting,” DHCS. Available [here](#). Where data elements are not in the DHCS Companion Guide and not otherwise defined in this guidance, MCPs shall provide ECM Providers with clear specifications that promote standardized submission while minimizing administrative burden.

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sequence unless otherwise agreed to by MCP and ECM Provider. MCP data requests may not extend beyond what is required in this guidance unless mutually agreed to with the ECM Provider.

Table 5: ECM Provider Member and ECM Member Engagement Information

Data Element	Requirement ⁶⁰
Member Homelessness Indicator ⁶¹ (Updated April 2023)	Yes
Member New Address Indicator ⁶² (Updated April 2023)	Yes
Member Residential Address ⁶³	Yes, Conditional
Member Residential City ⁶⁴	Yes, Conditional
Member Residential Zip Code ⁶⁵	Yes, Conditional
Member New Phone Number Indicator ⁶⁶ (Updated April 2023)	Yes
Member Phone Number ⁶⁷	Yes, Conditional

⁶⁰ MCPs will not require ECM Providers to resubmit information that is otherwise unchanged from the previous report.

⁶¹ (Updated April 2023) Indicator if the Member is experiencing “homelessness,” as defined in the *ECM Policy Guide* (pgs. 11-12), available [here](#). If “homeless,” enter “1”, if not or unknown, enter “0”.

⁶² (Updated April 2023) Indicator if the Member has a new address. Enter “1” for new address; “0” for no change. ECM Providers are expected to seek and share up-to-date addresses, where possible, particularly for individuals experiencing “homelessness,” as defined in the *ECM Policy Guide*, available [here](#). MCPs may follow up with members to verify.

⁶³ ECM providers must complete data element if “1” is selected for New Address Indicator. MCPs should complete data element as “HOMELESS” if the member is identified as homeless by the “Member Homelessness Indicator.”

⁶⁴ ECM Providers must complete data element if “1” is selected for New Address Indicator. ECM Providers may leave blank if the Member is identified as homeless by the “Member Homelessness Indicator.”

⁶⁵ Ibid.

⁶⁶ (Updated April 2023) Indicate with “1” for new phone number, “0” for no change. After engaging with Members, ECM Providers are expected to seek and share up-to-date phone numbers, where possible. MCPs may follow up with Members to verify.

⁶⁷ ECM Providers must complete data element if “1” is selected for Member New Phone Number Indicator. Numbers only, no dashes, character limit of ten.

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Data Element	Requirement ⁶⁰
Member Preferred Language (Spoken) ⁶⁸ <i>(Added April 2023)</i>	<i>Optional</i>
Member Preferred Language (Written) ⁶⁹ <i>(Added April 2023)</i>	<i>Optional</i>
New Population of Focus <i>(Added April 2023)</i> ^{70, 71} <ul style="list-style-type: none"> ▪ Adult – Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness ▪ Adult – Individuals Experiencing Homelessness: Homeless Families ▪ Adult – Individuals at Risk for Avoidable Hospital or ED Utilization ▪ Adult – Individuals with Serious Mental Health or Substance Use Disorder (SUD) Needs ▪ Adult – Individuals Transitioning from Incarceration ▪ Adult – Individuals Living in the Community and at Risk for LTC Institutionalization ▪ Adult – Nursing Facility Residents Transitioning to Community ▪ Adult – Birth Equity Population of Focus ▪ Child/Youth – Individuals Experiencing Homelessness: Unaccompanied Children/Youth Experiencing Homelessness ▪ Child/Youth – Individuals Experiencing Homelessness: Homeless Families 	Yes

⁶⁸ *(Added April 2023)* This will be limited to the Medi-Cal 834 file acceptable values, available [here](#).

⁶⁹ *(Added April 2023)* This will be limited to the Medi-Cal 834 file acceptable values, available [here](#).

⁷⁰ *(Added April 2023)* Note, terminology for all populations of focus has been updated as of April 2023.

⁷¹ *(Added April 2023)* The ECM Provider may indicate or update which ECM Population(s) of Focus a Member may belong to. Each ECM Population of Focus should be presented as an indicator completed with a "1" for "Yes" and "0" for "No" or "Not Enough Information."

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Data Element	Requirement ⁶⁰
<ul style="list-style-type: none"> ▪ Child/Youth – Individuals at Risk for Avoidable Hospital or ED Utilization ▪ Child/Youth – Individuals with Serious Mental Health or Substance Use Disorder (SUD) Needs ▪ Child/Youth – Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition ▪ Child/Youth – Involved in Child Welfare ▪ Child/Youth – Individuals Transitioning from Incarceration ▪ Child/Youth – Birth Equity Population of Focus 	
ECM Benefit Start Date (MM/DD/YYYY) ⁷² (<i>Updated April 2023</i>)	Yes
Status of Member Engagement ⁷³	Yes
ECM Benefit End Date (Disenrollment Date as MM/DD/YYYY) ⁷⁴	Yes
ECM Lead Care Manager Name ⁷⁵	Yes
ECM Lead Care Manager Phone Number ⁷⁶	Yes
ECM Lead Case Manager Phone Number Extension ⁷⁷	<i>Optional</i>
Recommendation for Discontinuation Date (MM/DD/YYYY) ⁷⁸	Yes ⁷⁹

⁷²(*Updated April 2023*) Defined as the date of the first billed claim when ECM services were rendered once the member is enrolled in ECM; this is not intended to capture initial ECM Provider outreach efforts.

⁷³ One reason code per Member. Reason code: 1. Pending Outreach; 2. Currently in Outreach; 3. Enrolled; 4. Declined; 5. Excluded.

⁷⁴ Leave blank if Member was receiving ECM through the end of the reporting period. Members who cease to receive ECM should not be reported in subsequent reports unless ECM is reinitiated.

⁷⁵ May be a centralized care management liaison, allowing MCPs a direct contact for Member questions.

⁷⁶ Numbers only, no dashes, character limit of ten. If number not available, report "0000000000".⁷⁷ Numbers only, no dashes, up to six characters.

⁷⁸ Date ECM Provider decided to exclude the Member from further outreach; numeric only to represent month/day/year (e.g., 01312023)

⁷⁹ Required if applicable

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Data Element	Requirement ⁶⁰
Discontinuation Reason Code ⁸⁰ (<i>Updated April 2023</i>)	Yes ⁸¹
Discontinuation Reason ⁸²	Optional

Table 6: ECM Service Information

Data Element	Requirement
(<i>Updated April 2023</i>) Number of ECM interactions the Member received during the reporting period. ⁸³ <ul style="list-style-type: none"> ▪ ECM In Person ▪ ECM Phone/Telehealth ▪ ECM Outreach In Person ▪ ECM Outreach Telephonic/Electronic 	Yes (<i>Updated April 2023</i>)

Table 7: ECM Provider Information

Data Element	Requirement
Member Information Return Transmission File Production Date (MM/DD/YYYY)	Yes

⁸⁰ One reason code per Member. Reason codes will include: 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. Incarcerated (*Added April 2023*); 6. Declined to participate (*Added April 2023*); 7. Duplicative program (*Added April 2023*); 8. Lost Medi-Cal coverage (*Added April 2023*); 9. Switched health plans (*Added April 2023*); 10. Moved out of the county (*Added April 2023*); 11. Moved out of country (*Added April 2023*); 12. Unsafe behavior or environment (*Added April 2023*); 13. Member not reauthorized for ECM services (*Added April 2023*); 14. Deceased; (*Added April 2023*); 15. Other.

⁸¹ Required if applicable.

⁸² Free text comment field; limited to 250 characters.

⁸³ Reporting should capture the delivery of all ECM core services, including outreach, that occurred during the reporting period and should align with encounter/claims data. The number of in-person visits, telephonic/video visits, and outreach attempts should all be separately reported.

Data Element	Requirement
Member Information Return Transmission File Reporting Period ⁸⁴	Yes
ECM Provider Name	Yes
ECM Provider National Provider Identifier (NPI) ⁸⁵	Yes
ECM Provider Phone Number ⁸⁶	Yes

(3) File Format

MCPs can require ECM Providers to report *ECM Provider Return Transmission Files* as an Excel-based workbook or in another file format as agreed to with the ECM Provider.

(Updated April 2023) MCPs must allow ECM Providers to submit one Excel-based workbook containing information for **all** Members served during the previous reporting period, as previously described.

MCPs may use the *Member Information File* template to support ECM Provider reporting as previously described (see “MCP Member Information File: (3) File Format”).

(4) Transmission Methods

MCPs must request that *ECM Provider Return Transmission Files* be transmitted from ECM Providers to MCPs through one of the following methods:

- Web-based portals
- SFTP transmission
- Secure email (if no other option is available)
- Another method as agreed to with the ECM Provider

⁸⁴ Start and end dates reported as two sets of numbers separated by a period delimiter (e.g., MM/DD/YYYY.MM/DD/YYYY).

⁸⁵ “National Provider Identifier (NPI) Application A Step-by-Step Guide for Providers Participating in the ECM and Community Supports Programs,” DHCS. Available [here](#). If the rendering Provider does not have an NPI, the reported NPI may be that of the associated billing provider.

⁸⁶ Numbers only, no dashes.

(Added April 2023) DHCS strongly encourages MCPs and ECM Providers to establish regional agreements for the exchange of the *ECM Provider Return Transmission Files* to align the data sharing method or platform to reduce administrative burden. These could include via Health Information Exchanges, Community Health Information Exchanges or referral platforms from other vendors.⁸⁷

(5) Transmission Frequency

MCPs may request *ECM Provider Return Transmission Files* from ECM Providers at a frequency mutually agreed to between the MCP and ECM Provider. MCPs may wish to align reporting due dates from ECM Providers with DHCS requirements to submit the *Quarterly Implementation Report*.

(6) File Receipt

MCPs must establish communication processes to:

- acknowledge *ECM Provider Return Transmission File* receipt; and
- notify the ECM Provider if there are errors in the file that must be resolved before submission.

These transmissions will occur using a format, transmission method, and frequency established by the MCP.

⁸⁷ MCPs cannot require ECM Providers to participate in such platforms or exclude providers that do not opt into such platforms.

3. ECM Provider Initial Outreach Tracker File

(1) Overview

The ECM benefit is defined as including outreach, and the capitation payment rate to MCPs for ECM includes a component for outreach efforts. As such, DHCS is requiring MCPs to track outreach efforts to understand the level of initial outreach being undertaken by ECM Providers.

MCPs will be required to report on outreach efforts to DHCS through compliant encounters to the greatest extent possible, using DHCS' standardized Healthcare Common procedure Coding System (HCPCS) codes, specifically those codes that pertain to ECM outreach.⁸⁸ As with all other ECM and Community Supports services, MCPs must provide supplemental, aggregate reporting to DHCS on ECM outreach efforts via the *ECM & Community Supports Quarterly Implementation Monitoring Report*. In addition to this quarterly report, MCPs will, upon DHCS request, provide information regarding ECM outreach for rate-setting purposes by way of the Supplemental Data Request (SDR) process.

(Updated April 2023) Described below are the standardized data elements that MCPs should obtain from ECM Providers to track each outreach attempt to initiate enrollment in ECM. MCPs must allow ECM Providers to submit the data elements below in Table 8 using either of these methods:

- If ECM Providers are creating compliant encounters for outreach using the HCPCS codes (preferred), they may be able to run reports to produce the elements of Table 8.
- If automated electronic reporting is not possible, ECM Providers should populate data elements manually.

Separate entries must be reported for each outreach attempt, including if there were multiple outreach attempts during the same day. Regardless of the method the ECM Provider uses to populate the data elements in Table 8, the ECM Provider is still required

⁸⁸ "ECM & Community Supports Coding Options," DHCS. Available [here](#).

to submit compliant encounters or invoices, using DHCS' HCPCS codes and modifiers to report ECM services.

MCPs should use the data reported by ECM Providers in Table 8 to inform the outreach data reporting requirements in the *ECM & Community Supports Quarterly Implementation Monitoring Report* and complete the SDR process.

(2) Data Elements

The table below contains a standard list of fields for ECM Providers to report to MCPs. For the purposes of this reporting:

- Outreach efforts should only be tracked for **all Members who have been identified as eligible for ECM, prior to their enrollment in ECM**. Any outreach involved in communicating with Members once the initiation of ECM services has begun should not be included.
- An "outreach attempt" is defined as an in-person or telephonic/electronic attempt to connect with an individual Member for the purpose of enrolling the Member in the ECM benefit.
- "Telephonic/electronic" can include text messaging or a secure individualized email to the Member; however, mass communications (e.g., mass mailings, distribution emails, and text messages) would not count as "outreach" and should not be included.

Table 8: Outreach for Initiation into ECM

Data Element	Requirement
Member Client Index Number (CIN)	Yes
Provider Type ⁸⁹	Yes
Date of Outreach Attempt (MM/DD/YYYY)	Yes
Outreach Attempt Method ⁹⁰	Yes

⁸⁹ Indicate the code that corresponds with the Provider type responsible for performing the outreach: 1 – Outreach performed by clinical staff, 2 – Outreach performed by nonclinical staff.

⁹⁰ Indicate whether the outreach attempt was "In-Person" or "Telephonic/electronic" (including text messaging or secure email).

(3) File Format

MCPs must require ECM Providers to report *ECM Provider Initial Outreach Tracker Files* as an Excel-based workbook or in another file format as agreed to with the ECM Provider.

(4) Transmission Methods

MCPs must request that *ECM Provider Initial Outreach Tracker Files* be transmitted from ECM Providers to MCPs through one of the following methods:

- Web-based portals
- SFTP transmission
- Secure email (if no other option is available)
- Another method as agreed to with the ECM Provider

(5) Transmission Frequency

MCPs may request *ECM Provider Initial Outreach Tracker Files* from ECM Providers at a frequency mutually agreed to between the MCP and ECM Provider. MCPs may wish to align reporting from ECM Providers with *ECM & Community Supports Quarterly Implementation Report* requirements.

(6) File Receipt

MCPs must establish communication processes to:

- acknowledge *ECM Provider Initial Outreach Tracker Files* receipt; and
- notify the ECM Provider if there are errors in the file that must be resolved before submission.

These transmissions will occur using a format, transmission method, and frequency established by the MCP.

4. Potential ECM Member Referral File

(1) Overview

MCP Members may be identified by ECM Providers as belonging to an ECM Population of Focus, during their performance of duties outside the ECM benefit (e.g., primary care). The *Potential ECM Member Referral File* provides a standardized format and method for how MCPs must collect referral information from ECM Providers for consideration for enrollment into ECM.

(2) Data Elements

MCPs may request *Potential ECM Member Referral Files* from ECM Providers with the following data elements as defined by DHCS encounter data reporting standards, unless otherwise specified.⁹¹ Data must be reported in the following sequence unless otherwise agreed to by MCP and ECM Provider. MCP data requests may not extend beyond what is required in this guidance unless mutually agreed to with the ECM Provider.

Table 9: Potential ECM Member Information

Data Element	Requirement⁹²
Member Client Index Number (CIN)	<i>Optional</i>
Member First Name	<i>Optional</i>
Member Last Name	<i>Optional</i>
Member Date of Birth (MM/DD/YYYY)	<i>Optional</i>
Member Phone Number ⁹³	<i>Optional</i>

⁹¹ "Medi-Cal Managed Care Encounter Data Reporting," DHCS. Available [here](#). Where data elements are not in the DHCS Companion Guide and not otherwise defined in this guidance, MCPs shall provide ECM providers with clear specifications that promote standardized submission while minimizing administrative burden.

⁹² If this reporting process is agreed to by the MCP and ECM Provider, all fields would be required.

⁹³ Numbers only; no dashes; ten (10) characters

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Data Element	Requirement ⁹²
<p>Potential ECM Population(s) of Focus <i>(Updated April 2023)</i>^{94, 95}</p> <ul style="list-style-type: none"> ▪ Adult – Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness ▪ Adult – Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness ▪ Adult - Individuals at Risk for Avoidable Hospital or ED Utilization ▪ Adult – Individuals with Serious Mental Health or Substance Use Disorder (SUD) needs ▪ Adult – Individuals Transitioning from Incarceration ▪ Adult – Individuals Living in the Community and at Risk for LTC Institutionalization ▪ Adult – Nursing Facility Residents Transitioning to Community ▪ Adult – Birth Equity Population of Focus ▪ Child/Youth – Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness ▪ Child/Youth – Individuals Experiencing Homelessness: Homeless Families ▪ Child/Youth – Individuals at Risk for Avoidable Hospital or ED Utilization ▪ Child/Youth – Individuals with Serious Mental Health or Substance Use Disorder (SUD) Needs ▪ Child/Youth – Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition 	<p><i>Optional</i></p>

⁹⁴ Note, the terminology for all ECM Populations of Focus has been updated as of April 2023.

⁹⁵ Code intended to share standardized information back with the MCP for further investigation; it is not intended to be a definitive assessment. Each of the ECM Populations of Focus should be presented as an indicator completed with a “1” for “Yes” and “0” for “No” or “Not Enough Information.”

Data Element	Requirement ⁹²
<ul style="list-style-type: none"> ▪ Child/Youth – Involved in Child Welfare ▪ Child/Youth – Individuals Transitioning from Incarceration ▪ Child/Youth – Birth Equity Population of Focus 	
Potential ECM Population of Focus Explanation ⁹⁶	<i>Optional</i>
Preferred ECM Provider Assignment Name ⁹⁷ (Added April 2023)	<i>Optional</i>
Preferred ECM Provider Assignment NPI ⁹⁸ (Added April 2023)	<i>Optional</i>

(3) File Format

If reporting is agreed to by the ECM Provider, MCPs must require ECM Providers to report *Potential ECM Member Referral Files* as an Excel-based workbook or in another file format as agreed to with the ECM Provider. MCPs may use the *Member Information File* template to support ECM Provider reporting as previously described (see “MCP *Member Information File: (3) File Format*”).

(4) Transmission Methods

If reporting is agreed to by the ECM Provider, MCPs must request that *Potential ECM Member Referral Files* be transmitted from ECM Providers to MCPs through one of the following methods:

- Web-based portals
- SFTP transmission
- Secure email (if no other option is available)
- Another method as agreed to with the ECM Provider

⁹⁶ Free text comment field; limited to 250 characters.

⁹⁷ (Added April 2023) Optional data element for ECM Provider to indicate if the prospective ECM Member has a preference to be assigned to a specific provider if they are authorized to receive ECM services. Free text field for the name of the ECM Provider practice name, maximum of 40 characters.

⁹⁸ (Added April 2023) “National Provider Identifier (NPI) Application A Step-by-Step Guide for Providers Participating in the ECM and Community Supports Programs,” DHCS. Available [here](#). If the rendering Provider does not have an NPI, the reported NPI may be that of the associated billing provider.

(5) Transmission Frequency

MCPs may request *Potential ECM Member Referral Files* from ECM Providers at a frequency mutually agreed to between the MCP and ECM Provider.

(6) File Receipt

MCPs must establish communication processes to:

- acknowledge *Potential ECM Member Referral Files* receipt; and
- notify the ECM Provider if there are errors in the file that must be resolved before submission.

These transmissions will occur using a format, transmission method, and frequency established by the MCP.

Appendix A. Version Updates

Version 1.1

Listed below are the substantive edits made to this data guidance document in late December 2021.

- Required field status updated as *Optional* for **Member Preferred Language (Spoken)** data element—see Table 1.
- New footnote added to **Member Race or Ethnicity Code** data element to clarify the response codes—see Table 1.
- **Provider Type** data element response codes updated in footnote 89 to align with HCPCS codes—see Table 8.

Version 1.2

Listed below are the substantive edits made to this data guidance document in April 2023.

Overview

- Updated language to emphasize that MCPs and ECM Providers must adopt the common standards described in this document unless there is a strong rationale mutually agreed to by both organizations for departing from these standards.

MCP Member Information File

- Added language to emphasize that MCPs must produce **properly formatted Member Information Files** for ECM Providers.

Table 1:

- Updated the instructions for how the **Member Homelessness Indicator** field should be reported: If the Member is not experiencing homelessness or if their status is unknown, enter "0"; previous instructions said to leave the field blank.

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- **Member Dually Enrolled in Medicare** added as a required data element if applicable.
- **Emergency/Alternate Contact Name** added as an optional data element.
- **Emergency/Alternate Contact Relation** added as an optional data element.
- **Emergency/Alternate Contact Phone Number** added as an optional data element.
- **Member Preferred Language (Written)** added as an optional data element.
- **ECM Authorization End Date** added as a required data element.
- **Member ECM Authorization Number** added as an optional data element.
- The response options for **ECM Population(s) of Focus** are updated to reflect the updated Populations of Focus as outlined in the ECM Policy Guide.
- **Name of Skilled Nursing Facility** added as a conditionally required data element if applicable.
- **Skilled Nursing Facility Phone Number** added as a conditionally required data element if applicable.

Table 4:

- **ECM Provider Organization Name** added as a required data element.
- **ECM Provider National Provider Indicator** added as a required data element.
- Added “**Returned**” as a response option for the **ECM Member Record** field and additional detail on each response option included in the footnote.

Transmission Methods

- Added language about how DHCS strongly encourages MCPs and ECM Providers to establish regional agreements for the exchange of the *ECM Member*

Information File to align the data sharing method or platform to reduce administrative burden.

ECM Provider Return Transmission File

Table 5:

- Updated the instructions for how the **Member Homelessness Indicator** field should be reported; changed the field from optional to required.
- Updated instructions for how the **Member New Address Indicator** field should be reported; changed the field from optional to required.
- Changed the **Member Residential Address** field from optional to conditionally required.
- Changed the **Residential City** field from optional to conditionally required.
- Changed the **Residential Zip** field from optional to conditionally required.
- Updated the instructions for how the **Member New Phone Number Indicator** field should be reported; changed the field from optional to required.
- Changed the **Member Phone Number** field from optional to conditionally required.
- **Member Preferred Language (Spoken)** added as an optional data element.
- **Member Preferred Language (Written)** added as an optional data element.
- **New Population of Focus** added as a required data element.
- The definition of the **ECM Benefit Start Date** has been updated in response to stakeholder feedback. Previous definition was: "Defined as the date upon which the MCP enrolls the Member in ECM."
- Additional response options for the **Discontinuation Reason Code** data elements have been provided in the footnote.

Table 6:

- The **ECM Service Information** field and the corresponding footnote have been updated.

File Format

- Clarifying language added that MCPs must allow ECM Providers to **submit one Excel-based workbook** containing information for all Members served during the previous reporting period.

Transmission Methods

- Added language about how DHCS strongly encourages MCPs and ECM Providers to establish regional agreements for the exchange of the *ECM Provider Return Transmission File* to align the data sharing method or platform to reduce administrative burden.

ECM Provider Initial Outreach Tracker File

- Language has been added to clarify that separate entries must be reported for each outreach attempt, including if there were multiple separate outreach attempts during the same day.
- Updated language to reflect that coding is still required even if automated electronic reporting on outreach is not possible, and ECM Providers are reporting the *Initial Outreach Tracker File* manually.

Potential ECM Member Referral File

Table 9:

- **Potential ECM Population(s) of Focus** added as an optional data element.
- **Preferred ECM Provider Assignment Name** added as an optional data element.
- **Preferred ECM Provider Assignment NPI** added as an optional data element.