



CalAIM Data Guidance: Member-Level Information Sharing Between MCPs and ECM Providers November 2021



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Overview

Enhanced Care Management (ECM) is a whole-person, interdisciplinary approach to care that addresses the clinical and non-clinical 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 is a new Medi-Cal benefit launching on January 1, 2022.¹

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; and
- (4) Potential ECM Member Referral File.

For each file, this guidance defines a set of standard “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 to with the ECM Provider.³

Statewide standardization, as requested by stakeholders during the ramp-up to ECM launch, will support 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

¹ See Populations of Focus for children/youth up to age 21 at *CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions*, DHCS, ECM Section 2, available [here](#).

² See full list of 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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- Mitigate MCP and provider burden associated with ECM, especially in counties with more than one MCP.

Although this guidance sets a common standards for information exchange, MCPs and ECM Providers may adopt changes by mutual consent, as described below. DHCS is not establishing templates for the files contained in this guidance. 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.

This guidance does not define standards for Member information exchange that will occur between MCPs and Community Supports Providers. DHCS may consider developing similar Member information file standards for Community Supports Providers in future. The separate *Billing and Invoicing Guidance* applies to both ECM and Community Supports Providers.

MCP Member Information File

To perform whole-person care management, ECM Providers need to be equipped with data beyond their four walls that reflects the total clinical and non-clinical picture for each Member in ECM, including behavioral health data and pharmacy data as received from DHCS, DHCS-vendors, and other sources. The *CalAIM ECM 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 SDOH data (e.g. Homelessness Management Information System (HMIS) data) for all assigned members; and
- iv. Reports of performance on quality measures and/or metrics.⁵

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 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

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 13, available [here](#).



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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 apart and supplemental to claims and invoices. The purpose of the *ECM Provider Return Transmission File* is to standardize and streamline key information that MCPs will most commonly require about Members from ECM Providers, beyond information contained in billing and invoicing.

ECM Provider Initial Outreach Tracker File

Initial outreach to MCP Members who have been identified as meeting ECM Population 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 are required to report the total number of both successful and unsuccessful initial outreaches to Members using compliant encounter data and as part of their *ECM & Community Supports Quarterly Implementation Report* to DHCS. 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 the approach to training and technical assistance. MCPs may also develop common

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, their use, and/or to elevate potential errors in transmission or contents.



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templates and transaction portals for common use. MCPs may use Year 1 Incentive Payment Infrastructure 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 doing so in accordance with federal and state laws, and agency data privacy and security standards, including but not limited to *Health Insurance Portability and Accountability Act (HIPAA)*, *42 CFR Part II, 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

This guidance has been developed to address an identified CalAIM need, confirmed by MCP and Provider feedback in public comments.⁸ **DHCS may revise guidance in response to market experience after launch.**

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

⁷ See the DHCS Enhanced Care Management and In Lieu of Services [website](#) for the latest information.

⁸ A draft version of this guidance was released for a two-week public comment period on August 25, 2021.



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to meet these requirements.⁹ MCPs must ensure responsibilities outlined in this guidance specified requirements are satisfied by delegated entities.

(2) Data Elements

MCPs must produce *Member Information Files* with the following data elements for ECM Providers to the extent MCP data allow. Data elements are defined by DHCS encounter data reporting standards, unless otherwise specified.¹⁰ 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
Member Client Index Number (CIN)	Yes
Medical Record Number (MRN)	Optional
Member First Name	Yes
Member Last Name	Yes
Member Homelessness Indicator ¹¹	Yes
Member Residential Address ¹²	Yes
Member Residential City ¹³	Yes
Member Residential Zip ¹⁴	Yes
Member Mailing Address ¹⁵	Yes
Member Mailing City ¹⁶	Yes

⁹ 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.

¹⁰ *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.

¹¹ Identifier for if the Member does not have an address and is experiencing "homelessness," as defined in the *ECM Policy Guide* (pgs. 11-12), available [here](#). If "homeless," enter "1", if not or unknown, leave blank.

¹² 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.

¹³ Ibid.

¹⁴ 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.

¹⁵ MCPs may complete field as "HOMELESS" if the Member is identified as homeless by the "Member Homelessness Indicator" and another address is not available.

¹⁶ Ibid.



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Data Element	Required
Member Mailing Zip ¹⁷	Yes
Member Phone Number ¹⁸	Yes
Member Email Address	Optional
Member Date of Birth (MM/DD/YYYY)	Yes
Member Gender Code ¹⁹	Yes
Member Preferred Language (Spoken)	
Member Race or Ethnicity Code	Yes
Medi-Cal Renewal Date (MM/DD/YYYY) ²⁰	Yes
ECM Service Authorization Date by MCP (MM/DD/YYYY)	Yes
ECM Population(s) of Focus ²¹ <ul style="list-style-type: none"> ▪ Adult – Experiencing Homelessness ▪ Adult – High Utilizer ▪ Adult – Serious Mental Illness (SMI) or Substance Use Disorder (SUD) ▪ Adult – Transitioning from Incarceration ▪ Adult – LTC Eligible At-Risk for Institutionalization ▪ Adult – NF Residents Transitioning to Community ▪ Child/Youth – Experiencing Homelessness ▪ Child/Youth – High Utilizer ▪ Child/Youth – Serious Emotional Disturbance (SED) or Identified to be At Clinical High Risk (CHR) for Psychosis or Experiencing a First Episode of Psychosis ▪ Child/Youth – Enrolled in California Children’s Services (CCS)/CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Qualifying Condition ▪ Child/Youth – Involved in, or with a History of Involvement in, Child Welfare 	Yes

¹⁷ 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.

¹⁸ Numbers only; no dashes; no character limit of ten (10). If number not available to the MCP from DHCS, MCP may report “0000000000”.

¹⁹ This will be limited to the Medi-Cal 834 file acceptable values.

²⁰ 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.

²¹ 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, based on the Populations of Focus that are eligible for ECM in the county during the reporting period.



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Data Element	Required
▪ Child/Youth – Transitioning from Incarceration	
Member Assignment to ECM Provider (MM/DD/YYYY) ²²	Yes
Member Transitioned from Health Homes Program ²³	Yes
Member Transitioned from Whole Person Care Pilot ²⁴	Yes
Member Guardian or Conservator First Name (if applicable)	Optional
Member Guardian or Conservator Last Name (if applicable)	Optional
Member Guardian or Conservator Phone Number (if applicable)	Optional

Table 2: Member Clinical Information

Data Element	Required ²⁵
Health indicators, ²⁶ including: <ul style="list-style-type: none">▪ Clinical chronic condition indicators²⁷, 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	Yes

²² This field allows 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](#).

²³ Indicator with: “1” for Yes; “0” for No.

²⁴ Indicator with: “1” for Yes; “0” for No.

²⁵ 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).

²⁶ Each indicator must be individually populated with one of the following values: “Y” for Yes; or “X” for No or where MCP data does not allow for a reliable assessment. DHCS understands that MCPs may not have data to complete all data elements, especially at program launch.

²⁷ 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.



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Data Element	Required ²⁵
<ul style="list-style-type: none">○ Serious Mental Illness (SMI), Substance Use Disorder (SUD), Serious Emotional Disturbance (SED)○ Traumatic brain injury▪ Other clinical chronic conditions or conditions of concern²⁸▪ Social determinant of health indicators (claims-based)²⁹	
Health System Utilization indicators, ³⁰ 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 days³¹▪ 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

²⁸ 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 semi-colons and presented with interpretable information, including ICD-10 code, ICD-10 code descriptor, and date of observation (DDMMYYYY). Data element may be left blank.

²⁹ ICD-10 Z-codes 55-65 identified within prior 12 months. DHCS has also released guidance on priority social determinant of health ICD-10 Z-codes available [here](#). Identified SDOH diagnoses must be listed with the code and code descriptor, with multiple diagnoses separated with semicolons. Data element may be left blank.

³⁰ Each indicator must be individually populated.

³¹ 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 semi-colon.



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Data Element	Requirement
Primary Care Provider/Clinic Phone Number ³²	Yes
Last Visit Date (MM/DD/YYYY) ³³	Yes

Table 4: Administrative and Plan Information

Data Element	Required
Member Information File Production Date (MM/DD/YYYY)	Yes
Member Information File Reporting Period ³⁴	Yes
Primary Payer (MCP) Identifier ³⁵	Yes
MCP Name	Optional
MCP Provider Services Phone Number ³⁶	Yes
MCP ECM Contact Person ³⁷ (if applicable)	Optional
MCP ECM Contact Person Phone Number (if different than MCP Member Services Phone Number) ³⁸	Optional
ECM Member Record: New / Continuing / Termed (final report)	Yes

(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 upon 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, a MCP may produce an Excel-based template wherein:

- One tab has all previously described *MCP Member Information File* data elements. The tab may be:

³² Numbers only; no dashes; character limit of ten (10)

³³ As known by the MCP; if no visits on record, MCP should enter “00/00/0000”

³⁴ Start and end dates reported as two sets of numbers separated by a period delimiter (i.e., MM/DD/YYYY.MM/DD/YYYY).

³⁵ As provided by the MCP for ECM Provider reporting purposes

³⁶ Numbers only; no dashes; character limit of ten (10)

³⁷ Last name, first name, title, separated by commas

³⁸ Numbers only; no dashes; character limit of ten (10)



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- Partially completed and shared with essential information to support Member outreach (e.g., Tables 1 and 4), within 10 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); or by
- Another method as mutually agreed to with the ECM Provider.

(5) Transmission Frequency

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 an otherwise mutually agreed-to cadence for updates is established between the MCP and ECM Providers.

Additionally, the *ECM Contract Template*, section 9c, 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 10 business days after new Members are authorized for the benefit.³⁹

(6) File Receipt

MCPs must establish communication processes for ECM Providers to:

- Acknowledge Member Information File receipt; and

³⁹ “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.”



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- 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*.⁴⁰

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

2. ECM Provider Return Transmission File

(1) Overview

MCPs must require contracted ECM Providers to create and share *ECM Provider Transmission Files* back with MCPs unless an alternative method for information exchange is otherwise agreed to between the MCP and ECM Provider.⁴¹ 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.⁴² 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 MCP’s submission of the *ECM and Community Supports Quarterly Implementation Report* to DHCS. MCPs must ensure responsibilities outlined in this guidance 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.⁴³ Data must be reported in the

⁴⁰ “ECM and ILOS Standard Provider Terms and Conditions,” ECM – 4.d.ii. Available [here](#).

⁴¹ 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.

⁴² “CalAIM Enhanced Care Management (ECM) and In Lieu of Services (ILOS) Contract Template Provisions,” DHCS, ECM Section 14cii, available [here](#).

⁴³ “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,



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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 5: ECM Provider Member and ECM Member Engagement Information

Data Element	Requirement ^{44 45}
Member New Address Indicator ⁴⁶	<i>Optional</i>
Member Homelessness Indicator ⁴⁷	<i>Optional</i>
Member Residential Address ⁴⁸	<i>Optional</i>
Member Residential City ⁴⁹	<i>Optional</i>
Member Residential Zip ⁵⁰	<i>Optional</i>
Member New Phone Number Indicator ⁵¹	<i>Optional</i>
Member Phone Number ⁵²	<i>Optional</i>
ECM Benefit Start Date (Enrollment Date as MM/DD/YYYY) ⁵³	<i>Yes</i>
Status of Member Engagement ⁵⁴	<i>Yes</i>

MCPs shall provide ECM Providers with clear specifications that promote standardized submission while minimizing administrative burden.

⁴⁴ MCPs will not require ECM Providers to re-submit information that is otherwise unchanged from the previous report

⁴⁵ MCPs may choose to collect “optional” fields from ECM Providers.

⁴⁶ ECM Providers may indicate a new address for Members after engagement; they 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.

⁴⁷ Identifier for if the Member does not have an address and is experiencing “homelessness,” as defined in the ECM Policy Guide (pgs. 11-12), available [here](#). If “homeless,” enter “1”, if not or unknown leave blank.

⁴⁸ ECM Providers may complete data element as “HOMELESS” if the Member is identified as homeless by the “Member Homelessness Indicator.”

⁴⁹ ECM Providers may leave blank if the Member is identified as homeless by the “Member Homelessness Indicator.”

⁵⁰ Ibid.

⁵¹ ECM Providers may indicate a new phone number for Members after engagement; they are expected to seek and share up-to-date phone numbers, where possible. MCPs may follow-up with Members to verify.

⁵² Numbers only; no dashes; character limit of ten (10)

⁵³ Defined as the date upon which the MCP enrolls the Member in ECM.

⁵⁴ One reason code per Member. Reason code: 1. Pending Outreach; 2. Currently in Outreach; 3. Enrolled; 4. Declined; 5. Excluded



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Data Element	Requirement ^{44 45}
ECM Benefit End Date (Disenrollment Date as MM/DD/YYYY) ⁵⁵	Yes
ECM Lead Care Manager Name ⁵⁶	Yes
ECM Lead Care Manager Phone Number ⁵⁷	Yes
ECM Lead Case Manager Phone Number Extension ⁵⁸	Optional
Recommendation for Discontinuation Date (MM/DD/YYYY) ⁵⁹	Yes ⁶⁰
Discontinuation Reason Code ⁶¹	Yes ⁶²
Discontinuation Reason ⁶³	Optional

Table 6: ECM Service Information

Data Element	Requirement
Number of ECM Encounters During Reporting Period <ul style="list-style-type: none">▪ In-Person▪ Telephonic/Video⁶⁴	Optional

Table 7: ECM Provider Information

Data Element	Requirement
Member Information Return Transmission File Production Date (MM/DD/YYYY)	Yes
Member Information Return Transmission File Reporting Period ⁶⁵	Yes

⁵⁵ 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.

⁵⁶ May be a centralized care management liaison, allowing MCPs a direct contact for Member questions.

⁵⁷ Numbers only; no dashes; ten (10) characters.

⁵⁸ Numbers only; no dashes; up to six (6) characters.

⁵⁹ Date ECM Provider decided to exclude the Member from further outreach; numeric only to represent month/day/year (e.g., 01312023)

⁶⁰ Required if applicable

⁶¹ 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. Other

⁶² Required if applicable

⁶³ Free text comment field; limited to 250 characters.

⁶⁴ Number of in-person and telephonic/video encounters during the reporting period, separately reported.

⁶⁵ Start and end dates reported as two sets of numbers separated by a period delimiter (e.g., MM/DD/YYYY.MM/DD/YYYY).



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Data Element	Requirement
ECM Provider Name	Yes
ECM Provider National Provider Identifier (NPI) ⁶⁶	Yes
ECM Provider Phone Number ⁶⁷	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. 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 *ECM Provider Return Transmission Files* are 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); or by
- Another method as agreed to with the ECM Provider.

(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 by a format, transmission method, and frequency established by the MCP.

⁶⁶ “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.

⁶⁷ Numbers only; no dashes



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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. HCPCS codes were updated in November 2021 to include outreach HCPCS codes and are available on the CalAIM website.⁶⁸ 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.

Described below are the standardized data elements that MCPs should obtain from ECM Providers to track each outreach attempt to initiate ECM. If ECM Providers are creating compliant encounters for outreaching using the HCPCS codes (preferred), they may be able to run reports to produce the elements of Table 8. If coding is not being used and/or automation is not possible, ECM Providers should be asked to populate the data elements manually. MCPs should use the data reported by ECM Providers in Table 8 to both 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:

⁶⁸ "ECM & Community Supports Coding Options," DHCS. Available [here](#).



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- Outreach efforts should only be tracked for **all Members who have been identified as eligible for ECM, prior to their enrollment into 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 ⁶⁹	Yes
Date of Outreach Attempt (MM/DD/YYYY)	Yes
Outreach Attempt Method ⁷⁰	Yes

(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 *ECM Provider Initial Outreach Tracker Files* are 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); or by
- 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

⁶⁹ Indicate the code that corresponds with the Provider type responsible for performing the outreach: 1 - Community Health Worker; 2 - Care Manager (Licensed Clinical Social Worker (LCSW)/Registered Nurse; 3 - Other

⁷⁰ Indicate whether the outreach attempt was: “In-Person”; or “Telephonic/electronic” (including text messaging or secure email).



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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 by a format, transmission method, and frequency established by the MCP.



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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.⁷¹ 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	Requirement ⁷²
Member Client Index Number (CIN)	Optional
Member First Name	Optional
Member Last Name	Optional
Member Date of Birth (MM/DD/YYYY)	Optional
Member Phone Number ⁷³	Optional
Potential ECM Population(s) of Focus ⁷⁴ <ul style="list-style-type: none">▪ Adult – Experiencing Homelessness▪ Adult – High Utilizer▪ Adult – Serious Mental Illness (SMI) or Substance Use Disorder (SUD)	Optional

⁷¹ “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.

⁷² If this reporting process agreed-to by the MCP and ECM Provider, all fields would be required.

⁷³ Numbers only; no dashes; ten (10) characters

⁷⁴ 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.”



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Data Element	Requirement ⁷²
<ul style="list-style-type: none">▪ Adult – Transitioning from Incarceration▪ Adult – LTC Eligible At-Risk for Institutionalization▪ Adult – NF Residents Transitioning to Community▪ Child/Youth – Experiencing Homelessness▪ Child/Youth – High Utilizer▪ Child/Youth – Serious Emotional Disturbance (SED) or Identified to be At Clinical High Risk (CHR) for Psychosis or Experiencing a First Episode of Psychosis▪ Child/Youth – Enrolled in California Children’s Services (CCS)/CCS Whole Child Model (WCM) with Additional Needs Beyond the CCS Qualifying Condition▪ Child/Youth – Involved in, or with a History of Involvement in, Child Welfare▪ Child/Youth – Transitioning from Incarceration	
Potential ECM Population of Focus Explanation ⁷⁵	<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 *Potential ECM Member Referral Files* are 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); or by
- Another method as agreed to with the ECM 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

⁷⁵ Free text comment field; limited to 250 characters.



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- Notify the ECM Provider if there are errors in the file that must be resolved before submission.

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