DHCS
CALIFORNIA DEPARTMENT OF HEALTH CARE SERVICES

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

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Version 1.3[1]

CONTENTS

[1] Please see Appendix A for version notes.

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 three types of exchanges:

1. MCP *Member Information File (updated December 2024)*
2. *ECM Provider Return Transmission File (updated December 2024)*
3. *ECM Provider Initial Outreach Tracker File*

(Removed December 2024) The previous "Potential ECM Member Referral File" has been removed from this guidance and replaced by DHCS ECM Referral Standards and Form Templates[3] effective January 1, 2025. The ECM Referral Standards are designed to standardize the information MCPs collect to assess Member eligibility and authorize ECM.

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[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] Please see here for ECM Referral Standards and Form Templates: ECM-Referral-Standards-and-Form-Templates.pdf (ca.gov)

MCPs are required to request the information outlined in the ECM Referral Standards from entities referring Members to ECM.

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.[4]

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.

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.

(Added December 2024) DHCS is integrating data requirements to support MCPs and ECM Providers in their implementation of Closed-Loop Referral (CLR) requirements. DHCS is also

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

enhancing contact information for Members that is shared with ECM Providers in connection with DHCS ECM Referral Standards. Starting July 1, 2025, MCPs must share the MIF and RTF files monthly with ECM Providers to support timely updates on Member participation and CLR tracking. For a detailed description of all updates and changes in Version 1.3 of this guidance, please see *Appendix A* Version Updates.

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 and Community Supports MCP Contract Template*,[5] 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 metrics[6]

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).

(Added December 2024) Beginning July 1, 2025, the MCP *Member Information File* will include a 'Referral Type' data element to support the implementation of Closed-Loop

[5] See *ECM and ILOS Standard Provider Terms and Conditions*, CA DHCS. Available here.

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

Referral (CLR) tracking requirements. For more information on CLR tracking requirements, please refer to the Closed-Loop Referral Implementation Guidance in the PHM Policy Guide.

The updated MIF also includes seven additional data elements with more robust Member and Referring Entity contact information to support Member outreach for engaging Members in ECM services that are collected effective January 1, 2025 through the ECM Referral Standards. These additions include elements such as the Best Contact Method for the Member, and Referring Individual Name and Phone Number. Finally, DHCS is making small wording adjustments to five data elements to align names across ECM Referral Standards, MIF and DHCS monitoring tools and removing the "Member Transitioned from Health Homes Program" and "Member Transitioned from Whole Person Care Pilot" variables since these transitions to ECM are now complete.

The full set of updates to the MIF must be implemented by MCPs by July 1, 2025.

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.

(Added December 2024) Beginning July 1, 2025, the ECM Provider Return Transmission File will include three additional data elements to support the implementation of Closed-Loop Referral (CLR) tracking requirements and the collection of more robust information on referral loop outcomes for Members. For more information on these fields and their intended use please refer to the Closed-Loop Referral Implementation Guide.

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 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*.

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.[7] 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 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.[8] MCPs must have alternative, legally compliant submission processes in place for when standard

[7] 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.

[8] See the CalAIM Data Sharing Authorization Guidance for additional information: https://www.dhcs.ca.gov/Documents/MCQMD/CalAIM-Data-Sharing-Authorization- Guidance.pdf

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

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.[98]

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

[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.

existing data sharing arrangements that may satisfy *Member Information File* data sharing 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
Medi-Cal Member Client Index Number (CIN)	*Yes*
Medical Record Number (MRN)	*Optional*
Member First Name	*Yes*
Member Last Name	*Yes*
Member Homelessness Indicator[11] *(Updated April 2023)*	*Yes*
Member Residential Address[12]	*Yes*
Member Residential City[13]	*Yes*
Member Residential Zip Code[14]	*Yes*
Member Mailing Address[15]	*Yes*
Member Mailing City[16]	*Yes*

[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] *(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".

[12] MCPs may complete data element as "No fixed current address" 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 "No fixed current address" if the Member is identified as homeless by the "Member Homelessness Indicator" and another address is not available.

[16] Ibid.

Data Element	Required
Member Mailing Zip Code[17]	*Yes*
Member Primary Phone Number[18] *(Updated December 2024)*	*Yes*
Member Email *(Updated December 2024)*	*Optional*
Member Dually Enrolled in Medicare[19] *(Added April 2023)*	*Yes*
Emergency/Alternate Contact Name[20] *(Added April 2023)*	*Optional*
Emergency/Alternate Contact Relation[21] *(Added April 2023)*	*Optional*
Emergency/Alternate Contact Phone Number[22] *(Added April 2023)*	*Optional*
Best Contact Method for Member/Caregiver (*Added December 2024)*[23]	*Optional*
Best Contact Time for Member/Caregiver *(Added December 2024)*	*Optional*
Member Date of Birth (MM/DD/YYYY)	*Yes*
Member Gender Code[24]	*Yes*
Member Preferred Language (Spoken)[25]	*Optional*

[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, character limit of ten. If number not available to the MCP from DHCS, MCP may report "0000000000".

[19] *(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.

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

[21] *(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.

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

[23] *(Added XX 2024)* Contact method options include phone or email.

[24] This will be limited to the Medi-Cal 834 file acceptable values, available here.

[25] This will be limited to the Medi-Cal 834 file acceptable values, available here.

Data Element	Required
Member Preferred Language (Written)[26] *(Added April 2023)*	*Optional*
Member Race or Ethnicity Code[27]	*Yes*
Medi-Cal Renewal Date (MM/DD/YYYY)[28]	*Yes*
ECM Benefit Authorization Effective Date by MCP (MM/DD/YYYY) *(Updated December 2024)*	*Yes*
ECM Benefit Authorization End Date (MM/DD/YYYY)[29] *(Updated December 2024)*	*Yes*
Member ECM Authorization Number[30] *(Added April 2023)*	*Optional*
ECM Population(s) of Focus *(Updated April 2023)*[31, 32] » Adult – Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness » Adult – Individuals Experiencing Homelessness: Homeless Families	*Yes*

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

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

[28] 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.

[29] (*Added April 2023*) Date that the authorization period for the Member's current authorization of ECM services will end.

[30] (*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.

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

[32] Each of the ECM Populations of Focus should be presented as an indicator completed with a "1" for "Yes", "0" for "No", or "NA" for "Unassessed or Not Enough Information for Reliable Assessment." Mark all applicable Populations of Focus that are known to the MCP to apply to the Member.

Data Element	Required
» 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	
» 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)[33]	*Yes*

[33] 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.

Data Element	Required
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*
Name of Skilled Nursing Facility[34] *(Added April 2023)*	*Yes, Conditional*[35]
Skilled Nursing Facility Phone Number[36] *(Added April 2023)*	*Yes, Conditional*

Table 2: Member Clinical Information

Data Element	Required[37]
Health indicators,[38] including: » Clinical chronic condition indicators[39], including: ○ Asthma ○ Bipolar disorder ○ Chronic congestive heart failure	*Yes*

[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".

[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: "1" for Yes, "0" for No, or "NA" for Unassessed or Not Enough Information for 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.

Data Element	Required[37]
○ 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 concern[40]	
» Social determinant of health indicators (claims-based)[41]	

[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.

[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.

Data Element	Required[37]
Health System Utilization indicators,[42] including: » Emergency Room indicators o Emergency Room admissions in previous six (6) months, count o Emergency Room admission, last date (MM/DD/YYYY) o Emergency Room admission, facility name » Inpatient indicators o Inpatient days in previous six (6) months, count o Inpatient admission, last date (MM/DD/YYYY) o Inpatient admission, facility name	*Yes*
Pharmacy information and indicators, including: » Pharmacy/drug listing from the prior 90 days[43] » Prescribing provider (most recent)	*Yes*

[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.

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*

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*
Member's Managed Care Plan *(Updated December 2024)*	*Yes*
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*

[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".

[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.

Data Element	Required
ECM Provider National Provider Identifier (NPI)[52] *(Updated December 2024)*	*Yes*
ECM Member Record: New/Continuing/Returned/Termed (final report)[53] *(Updated April 2023)*	*Yes*
Referring Organization Name *(Added December 2024)*	*Yes*
Referring Individual Name *(Added December 2024)*[54]	*Yes*
Referring Individual Phone Number[55] *(Added December 2024)*	*Yes*
Referring Individual Email Address *(Added December 2024)*	*Yes*
Referring Individual Relationship to Member[56] *(Added December 2024)*	*Yes*
Referral Type[57] (*Added December 2024)*	*Yes*

(3) File Format

[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.

[54] Last name, first name, title, separated by commas.

[55] Numbers only, no dashes, character limit of ten. If number not available to the referring individual may report "0000000000".

[56] Values from ECM Referral Standards: (1) Medical provider; (2) Social services provider; (3) Member/family; (4) Other. Please note that the ECM Referral Standards are not required for Member/family referrals.

[57] One code per Member, options include: (1) Community Referral; (2) Identified by the MCP (e.g., through available data).

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.[58]

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.[59]

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.

(6) File Receipt

MCPs must establish communication processes for ECM Providers to:

- acknowledge *Member Information File* receipt; and

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

[59] "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."

- 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.[60]

These transmissions will occur separately from the *ECM Provider Return Transmission File* and using 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 Return Transmission Files with MCPs unless an alternative method for information exchange is agreed to between the MCP and ECM provider.61 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.

(Added December 2024) To support Closed-Loop Referral tracking requirements, Table 7 has been updated with three new data elements for referral processing, and referral loop closure. The data elements are intended to provide MCPs with more robust information on a referral's status and referral loop closure reasons (e.g. Member unable to reach, Services received).

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.[62]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

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[60] "ECM and ILOS Standard Provider Terms and Conditions," ECM – 4.d.ii. Available here.

[61] 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.

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

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.[63] 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 5: ECM Provider Member and ECM Member Engagement Information

Data Element	Requirement[64]
Member Homelessness Indicator[65] *(Updated April 2023)*	*Yes*
Member New Address Indicator[66] *(Updated April 2023)*	*Yes*

[63] "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.

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

[65] *(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".

[66] *(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.

Data Element	Requirement[64]
Member Residential Address[67]	*Yes, Conditional*
Member Residential City[68]	*Yes, Conditional*
Member Residential Zip Code[69]	*Yes, Conditional*
Member New Phone Number Indicator[70] *(Updated April 2023)*	*Yes*
Member Primary Phone Number[71] *(Updated December 2024)*	*Yes, Conditional*
Member Preferred Language (Spoken)[72] *(Added April 2023)*	*Optional*
Member Preferred Language (Written)[73] *(Added April 2023)*	*Optional*
New Population of Focus *(Added April 2023)*[74],[75]	*Yes*

[67] ECM providers must complete data element if "1" is selected for New Address Indicator. MCPs should complete data element as "No fixed current address" if the member is identified as homeless by the "Member Homelessness Indicator."

[68] 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."

[69] Ibid.

[70] *(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.

[71] ECM Providers must complete data element if "1" is selected for Member New Phone Number Indicator. Numbers only, no dashes, character limit of ten. If number not available to the referring individual may report "0000000000".

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

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

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

[75] *(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", "0" for "No", or "NA" for "Unassessed or Not Enough Information for Reliable Assessment."

Data Element	Requirement[64]
» 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	
» 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	

Data Element	Requirement[64]
» Child/Youth – Birth Equity Population of Focus	
ECM Benefit Start Date (MM/DD/YYYY)[76] *(Updated April 2023)*	*Yes*
Status of Member Engagement[77]	*Yes*
ECM Benefit End Date (Disenrollment Date as MM/DD/YYYY)[78]	*Yes*
ECM Lead Care Manager Name[79]	*Yes*
ECM Lead Care Manager Phone Number[80]	*Yes*
ECM Lead Case Manager Phone Number Extension[81]	*Optional*
Recommendation for Discontinuation Date (MM/DD/YYYY)[82]	*Yes*[83]

[76] (*Updated December 2024*) ECM Benefit Start Date is the date when billable ECM services were first provided to the Member. This does not include outreach services.

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

[78] 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.

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

[80] Numbers only, no dashes, character limit of ten. If number not available, report "0000000000".

[81] Numbers only, no dashes, up to six characters.

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

[83] Required if applicable.

Data Element	Requirement[64]
Discontinuation Reason Code[84] *(Updated April 2023)*	*Yes*[85]
Discontinuation Reason[86]	*Optional*

Table 6: ECM Service Information

Data Element	Requirement
(Updated April 2023) Number of ECM interactions the Member received during the reporting period.[87] » ECM In Person » ECM Phone/Telehealth » ECM Outreach In Person » ECM Outreach Telephonic/Electronic	*Yes (Updated April 2023)*

[84] 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.

[85] Required if applicable.

[86] Free text comment field; limited to 250 characters.

[87] 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.

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[88]	*Yes*
ECM Provider Name	*Yes*
ECM Provider National Provider Identifier (NPI)[89]	*Yes*
ECM Provider Phone Number[90]	*Yes*
Referral Status[91] *(Added December 2024)*	*Yes*
Date of Referral Status (MM/DD/YYYY) *(Added December 2024)*	*Yes*
Reason for Referral Loop Closure[92] *(Added December 2024)*	*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

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

[89] "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.

[90] Numbers only, no dashes.

[91] Status codes include: (1) Accepted; (2) Declined (by Service Provider); (3) Pending; (4) Outreach Initiated; (5) Referral Loop Closed. For additional detail on how to use the codes above, please see the DHCS Closed-Loop Referral Implementation Guidance.

[92] Required if selecting "5. Referral Loop Closed" in the Referral Status field. One reason code per Member. Reason codes will include (1) Services Received; (2) Service Provider Declined; (3) Unable to Reach Member; (4) Member No Longer Eligible for Services; (5) Member No Longer Needs Services or Declines Services; (6) Other. Some closure reasons will be provided by the MCP.

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

(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.[93]

(5) Transmission Frequency

(Updated December 2024) Effective July 1, 2025, MCPs must request *ECM Provider Return Transmission Files* from ECM Providers at least monthly. MCPs may wish to align reporting due dates from ECM Providers with DHCS requirements to submit the *monthly JSON files for ECM and Community Supports.*.

(6) File Receipt

MCPs must establish communication processes to:

- acknowledge ECM Provider Return Transmission File receipt; and

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

- 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.

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.[94] 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

[94] "ECM and Community Supports HCPCS Coding Guidance," DHCS. Available here.

Provider uses to populate the data elements in Table 8, the ECM Provider is still required 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[95]	*Yes*
Date of Outreach Attempt (MM/DD/YYYY)	*Yes*

[95] 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.

Data Element	Requirement
Outreach Attempt Method[96]	*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 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

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

- 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.
- **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.
- **Member Transitioned from Health Homes Program** removed as a data element.
- **Member Transitioned from Whole Person Care Pilot** removed as a 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.

Version 1.3

Listed below are the substantive edits made to this data guidance document in December 2024.

MCP Member Information File

Table 1:

- Updated the instructions for how the **Member Residential Address** field should be reported.
- Updated the instructions for how the **Member Mailing Address** field should be reported.

- Changed the name of the Member Phone Number field to **Member Primary Phone Number**.
- Changed the name of the Member Email Address field to **Member Email**.
- **Best Contact Method for Member/Caregiver** added as an optional data element.
- **Best Contact Time for Member/Caregiver** added as an optional data element.
- Changed the name of the ECM Service Authorization Date by MCP (MM/DD/YYYY) field to **ECM Benefit Authorization Effective Date by MCP (MM/DD/YYYY).**
- Changed the name of the ECM Authorization End Date (MM/DD/YYYY) field to **ECM Benefit Authorization End Date (MM/DD/YYYY).**
- Updated the instructions for how the **ECM Population(s) of Focus** fields should be reported.

Table 2:

- Updated the instructions for how the **Health Indicator** fields should be reported.

Table 4:

- Changed the name of the MCP Name field to **Member's Managed Care Plan**; changed the field from optional to required.
- Changed the name of the ECM Provider National Provider Indicator (NPI) field to **ECM Provider National Provider Identifier (NPI)**.
- **Referring Organization Name** added as a required data element.
- **Referring Individual Name** added as a required data element.
- **Referring Individual Title** added as an optional data element.
- **Referring Individual Phone Number** added as a required data element.
- **Referring Individual Email Address** added as a required data element.
- **Referring Individual Relationship to Member** added as a required data element.
- **Referral Type** added as a required data element.

ECM Provider Return Transmission File

Table 5:

- Updated the instructions for how the **Member Residential Address** field should be reported.
- Changed the name of the Member Phone Number field to **Member Primary Phone Number**.
- Updated the instructions for how the **New Population of Focus** fields should be reported.
- The definition of the **ECM Benefit Start Date** has been updated to align with the ECM Referral Standards. Previous definition was: "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."

Table 7:

- **Referral Status** added as a required data element.
- **Date of Referral Status (MM/DD/YYYY)** added as a required data element.
- **Reason for Referral Loop Closure** added as a required data element.

Transmission Frequency

- Added requirement that the ECM Provider Return Transmission File must be exchanged on a monthly cadence between ECM Provider and MCP.