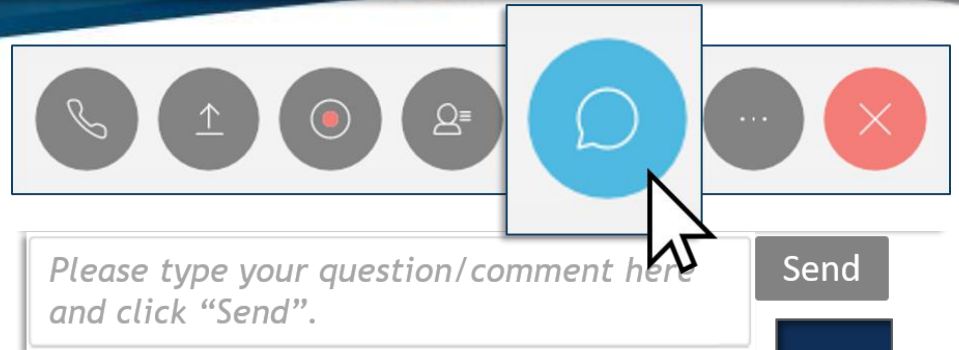# WELCOME

ECM Webinar Fridays
Member Information File (MIF) Webinar

Everyone is *automatically* MUTED. . .
Please communicate via the CHAT feature

Please type your question/comment here and click "Send".

Send

We will begin at 12:03p.m.

Thank you

Enhanced Care Management

Member Information File (MIF) Webinar

January 28, 2022

L.A. Care
HEALTH PLAN®

For All of L.A.

LA3785 0222

Housekeeping

- This webinar is being recorded

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- Send a message to the host if you cannot hear or see the slides

- Post the webinar you will get a copy of the PowerPoint

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Webinar Overview

Topic	Time
Introduction & Objectives	5 minutes
Purpose & Process Overview	5 minutes
Member Information File (MIF) Walkthrough	10 minutes
Return Transmission File (RTF) Walkthrough & Data Validations	25 minutes
Outreach Tracker File (OTF) Walkthrough & Data Validations	5 minutes
Questions	10 minutes

Speakers

Anuj Patel

Clinical Data Analyst, Enhanced Care Management

L.A. Care Health Plan

Kristin Mendoza

Manager, Enhanced Care Management

L.A. Care Health Plan

Learning Objectives

1. Understand the ECM data exchange process and differences between the Member Information File (MIF), Return Transmission File (RTF), and Outreach Tracker File (OTF)

2. Articulate the MIF, RTF, and OTF content and response file requirements

3. Demonstrate how to adequately report patient information and status to ensure successful RTF and OTF submissions

4. Learn how to validate RTF and OTF content to ensure successful submissions

ECM Data Exchange Overview

- Purpose of the monthly ECM data exchange files is to provide ECM Providers with information about members potentially eligible and members enrolled in the ECM benefit and a way to report back on these members' ECM eligibility, enrollment status, and case information

File Name	Acronym	Description
Member Information File	MIF	File sent from health plan to ECM Provider containing member demographic and clinical information and ECM benefit status
Return Transmission File	RTF	File sent from ECM Provider to health plan containing updates to member ECM benefit status
Outreach Tracker File	OTF	File sent from ECM Provider to health plan detailing outreach attempts conducted to ECM authorized members

ECM Data Exchange Process

L.A. Care updates the Member Information File (MIF) for ECM Providers to download/extract

ECM Provider downloads/extracts the MIF and conducts outreach and service delivery

ECM Provider updates the Return Transmission File (RTF) and Outreach Tracker File (OTF) submits them to L.A. Care

Key MIF Data Elements

- **Member Homelessness Indicator** (column E)
  - Indicates whether the member is homeless according to L.A. Care data

- **ECM Eligibility Date** (column Y)
  - Indicates the date when L.A. Care first determined the member is eligible to receive ECM services

Key MIF Data Elements

- Population of Focus (PoF) Indicators
  - **Adult – Experiencing Homelessness** (column Z)
  - **Adult – High Utilizer** (column AA)
  - **Adult – SMI or SUD** (column AB)
  - **Adult – Transitioning from Incarceration** (column AC)
  - **Adult – LTC Eligible At-Risk for Institutionalization** (column AD)
  - **Adult – NF Residents Transitioning to Community** (column AE)
  - **Child/Youth – Experiencing Homelessness** (column AF)
  - **Child/Youth – High Utilizer** (column AG)
  - **Child/Youth – SED or CHR or Psychosis** (column AH)
  - **Child/Youth – CCS or WCM** (column AI)
  - **Child/Youth – Child Welfare** (column AJ)
  - **Child/Youth – Transitioning from Incarceration** (column AK)

- **Population of Focus Priority** (column AL)
  - L.A. Care will not be populating this. Other LA County plans may use this to indicate which PoF to prioritize if a member is in multiple PoFs.

Key MIF Data Elements

- **Member Transitioned from Health Homes Program** (column AN)
  - Indicates if a member was transitioned into ECM from HHP.

- **Member Transitioned from Whole Person Care Pilot** (column AO)
  - Indicates if a member was transitioned into ECM from WPC.

- **MCP ECM Contact Person** (column CC)
  - L.A. Care will not be populating this. ECM Providers will each have their dedicated primary ECM Program Manager.

- **MCP ECM Contact Person Phone Number** (column CD)
  - L.A. Care will not be populating this. ECM Providers will each have their dedicated primary ECM Program Manager.

- **ECM Member Record: New/Continuing/Termed** (column CE)
  - In a given reporting month, indicates whether the member is new to a provider's MIF, continuing in a provider's MIF from the previous month, or is to be removed from the provider's MIF going forward.

Key MIF Data Elements

- **Member ECM Status** (column CF)
  - Indicates the member's status in the ECM benefit
  - "1" means the member pending outreach. In other words, the member is eligible for ECM, has not been enrolled, and has not been outreached to
  - "2" means the member is currently in outreach. In other words, the member is eligible for ECM and at least one successful outreach attempt has been made, but the member has not yet been enrolled.
  - "3" means the member is currently enrolled in ECM.
  - "4" means the member declined to participate in ECM.
  - "5" means the member was excluded from ECM by the provider.

- **Member Acuity Level** (column CG)
  - When the member is not yet enrolled, this indicates the member's outreach priority as determined by L.A. Care.
  - When the member is enrolled, this indicates the member's acuity level as reported by the provider.

Key MIF Data Elements

- **ECM Enrollment Start Date** (column CH)
  - Indicates the start date of the member's enrollment, if applicable

- **ECM Enrollment End Date** (column CI)
  - Indicates the end date of the member's enrollment, if applicable

- **ECM Lead Care Manager Name** (column CO)
  - Indicates the full name of the provider-reported ECM Lead Care Manager

- **ECM Lead Care Manager Name Phone Number** (column CP)
  - Indicates the phone number of the provider-reported ECM Lead Care Manager

- **ECM Lead Care Manager Name Phone Number Extension** (column CQ)
  - Indicates the phone number extension of the provider-reported ECM Lead Care Manager

- **ECM Lead Care Manager Email** (column CR)
  - Indicates the email address of the provider-reported ECM Lead Care Manager

MIF Data Elements from Return Transmission File (RTF)

- Member ECM Status

- Member Acuity Level

- ECM Enrollment Start Date

- ECM Enrollment End Date

- Date of Latest Care Plan Revision

- Date of Most Recent Care Conference

- Date Assessment Started

- Date of Most Recent Completed Assessment

- Date of Most Recent Encounter with Member

- ECM Lead Care Manager Name

- ECM Lead Care Manager Name Phone Number

- ECM Lead Care Manager Name Phone Number Extension

- ECM Lead Care Manager Email

- Discontinuation Date

- Discontinuation Reason Code

- Discontinuation Reason

Other MIF Data Elements

- There are various other data elements included in the MIF, including:
  - Member demographic information
  - Member clinical diagnoses
  - Member PCP & IPA information
  - ECM provider information
  - Health Plan information
- Additional column details included in the Appendix slides
- The ECM Member Information Sharing Data Dictionary file shared by L.A. Care was included in the ECM Provider Welcome Packet

Return Transmission File: RTF File Layout

Return Transmission File (RTF) Template				
Data Element	**Required Inclusion on Outbound File (from ECM Provider)**	**Field Size**	**Sample Data**	**Notes**
Primary Payer (MCP) Identifier	*Yes*	3	304	Member's HCP Plan Code
MCP Name	*Yes*	110	L.A. CARE	
Member Client Index Number (CIN)	*Yes*	9	123456789	
		60		*The following note applies to all Member Demographic data:* *If ECM Provider Determines the information is different than what was provided by the Health Plan. ECM Provider shall contact the member's County to update their system.*
Member Last Name	*Yes*		Smith	*Updates will flow downstream to Health Plan.*
Member First Name	*Yes*	35	John	
Member New Address Indicator	*Yes - When Available*	1	1	1 for Yes; "0" for No.
Member Homelessness Indicator	*Yes - When Available*	1	0	1 for Yes; "0" for No.
Member Residential Address	*Yes - When Available*	110	123 1ST AVE	Update if Member New Address Indicator is a "1"
Member Residential City	*Yes - When Available*	30	LOS ANGELES	Update if Member New Address Indicator is a "1"
Member Residential State	*Optional*	2	CA	Update if Member New Address Indicator is a "1"
Member Residential Zip	*Yes - When Available*	9	90000	Update if Member New Address Indicator is a "1"
Member New Phone Number Indicator	*Yes - When Available*	1	1	1 for Yes; "0" for No. 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.
Member Phone Number	*Yes - When Available*	10	1234567890	Update if Member New Phone Number Indicator

Return Transmission File: RTF File Layout

Return Transmission File (RTF) Template				
Data Element	**Required Inclusion on Outbound File (from ECM Provider)**	**Field Size**	**Sample Data**	**Notes**
Member POF Indicator	*Yes - When Available*	1	1	1 for Yes; "0" for No. Yes = POF identification for Member is different from what the MCP identified
Member POF	*Yes - When Available*	14	1,3,4	Update if Member POF Indicator is a "1". ECM Providers may indicate a change for Members after engagement or enrollment; they are expected to share any new and/or different POFs that may apply to ECM enrolled members, where possible. All Valid POFs applicable to the Member should be identified in this reporting data element with multiple PoFs separated by commas. Valid responses: "1" = Adult - Experiencing Homelessness "2" = Adult - High Utilizer "3" = Adult - SMI or SUD "4" = Adult - Transitioning from Incarceration "5" = Adult - LTC Eligible At-Risk for Institutionalization "6" = Adult - NF Residents Transitioning to Community "7" = Child/Youth - Experiencing Homelessness "8" = Child/Youth - High Utilizer "9" = Child Youth - SED or CHR or Psychosis "10" = Child/Youth - CCS or WCM "11" = Child/Youth - Child Welfare "12" = Child/Youth - Transitioning from Incarceration

Return Transmission File: RTF File Layout

Return Transmission File (RTF) Template				
Data Element	**Required Inclusion on Outbound File (from ECM Provider)**	**Field Size**	**Sample Data**	**Notes**
Member ECM Status	**Yes**	1	1	Valid status values are: 1 - Pending Outreach; 2 - Currently in Outreach; 3 - Enrolled; 4 - Declined; 5 - Excluded
Member Acuity Level	*Optional*	8	Low	*Valid Values: Low, Moderate, High*
ECM Enrollment Start Date	***Yes - When Available***	10	01/01/2021	This is the date that the member enrolled or opted in to ECM. This date should match the ECM providers documentation of a member's verbal &/or written consent into ECM within the ECM Providers care management documentation system.
ECM Enrollment End Date	***Yes - When Available***	10	01/01/2021	This is the Member Disenrollment Date from ECM.

Return Transmission File: RTF File Layout

Return Transmission File (RTF) Template				
Data Element	**Required Inclusion on Outbound File (from ECM Provider)**	**Field Size**	**Sample Data**	**Notes**
Date of Latest Care Plan Revision	*Optional*	10	01/01/2021	
Date of Most Recent Care Conference	*Optional*	10	01/01/2021	
Date Assessment Started	*Optional*	10	01/01/2021	
Date of Most Recent Completed Assessment	*Optional*			
Date of Most Recent Encounter with Member	*Optional*	10	01/01/2021	
ECM Lead Care Manager Name	*Yes - When Available*	110	SMITH, JANE	
ECM Lead Care Manager Name Phone Number	*Yes - When Available*	10	2078712411	
ECM Lead Care Manager Name Phone Number Extension	*Yes - When Available*	10	1234567890	
ECM Lead Care Manager Email	*Optional*	50	ABCDEFG@PROVIDER.COM	

Return Transmission File: RTF File Layout

Return Transmission File (RTF) Template				
Data Element	**Required Inclusion on Outbound File (from ECM Provider)**	**Field Size**	**Sample Data**	**Notes**
Discontinuation Date	*Yes - When Available*	10	01/01/2021	This date is only populated when member is discontinued from further outreach. This only applies when member has never enrolled in ECM.
Discontinuation Reason Code	*Yes - When Available*	1	3	Valid Reason Codes: 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
Discontinuation Reason	*Yes - When Available*	250	Member does not want to participate in ECM.	if "5" (which means Other) is identified for Discontinuation Code, this field is to be used to detail the Discontinuation reason. Plans recommend using one of the following: -Unsafe Behavior/Environment -Member is Deceased -No longer with Health Plan -Member on hold/termed w Medi-Cal -ECM Prov at Full Capacity -Outreach not enrolled -Member does not meet ECM PoF eligibility criteria or member meets an exclusionary criteria or duplicative program -Unable to serve member's Population of Focus

Return Transmission File: RTF File Layout

				Return Transmission File (RTF) Template	
Data Element	**Required Inclusion on Outbound File (from ECM Provider)**	**Field Size**	**Sample Data**	**Notes**	
In Person	Yes	5	10	*Number of in-person and telephonic/telehealth encounters Member received during the reporting period.*	
Telephonic/Video	Yes	5	5	*Number of in-person and telephonic/telehealth encounters Member received during the reporting period.*	
Member Information Return Transmission File Production Date	No	10	01/01/2021	*Date File was submitted to Health Plan.*	
Member Information File Reporting Period	No	17	01012021.01312021	Start and end dates reported as two sets of numbers separated by a period delimiter (e.g., MMDDYYYY.MMDDYYYY).	
ECM Provider Name	No	110	ABC ECM PROVIDER		
ECM Provider National Provider Identifier (NPI)	No	10	1234597890		
ECM Provider Tax ID Number (TIN)	*Yes*	9	123456789		
ECM Provider Phone Number	No	10	2078712411	Contact Number for ECM Provider	

Member ECM Status Data Validation

Member ECM Status Value	Member ECM Status Description	RTF Data Reporting Requested
1	Pending Outreach	• None
2	Currently in Outreach	• None*
3	Enrolled	• ECM Enrollment Start Date (column R) • Date of Latest Care Plan Revision (column T) • Date of Most Recent Care Conference (column U) • Date Assessment Started (column V) • Date of Most Recent Encounter with Member (column X)

*** Outreach attempt data is required for reporting within the Outreach Tracker File (OTF)**

Member ECM Status Data Validation

Member ECM Status Value	Member ECM Status Description	RTF Data Reporting Requested
3	Enrolled	• ECM Lead Care Manager Name (column Y) • ECM Lead Care Manager Name Phone Number (column Z) • ECM Lead Care Manager Name Phone Number Extension (column AA), if applicable • ECM Lead Care Manager Email (column AB) • In Person (column AF) • Telephonic/Video (column AG)

Member ECM Status Data Validation

Member ECM Status Value	Member ECM Status Description	RTF Data Reporting Requested
4 or 5	Declined or Excluded	If member was enrolled in ECM prior to disenrolling: • ECM Enrollment Start Date (column R) • ECM Enrollment End Date (column S) • Discontinuation Reason Code (column AD) If member was <u>not</u> enrolled in ECM: • Discontinuation Date (column AC) • Discontinuation Reason Code (column AD)

Return Transmission File Data Validation

Discontinuation Scenario	Discontinuation Reason Code	Valid Member ECM Status	Suggested Discontinuation Comment
Member has graduated from ECM. No longer requires ECM.	1. The Member has met all care plan goals	5 - Excluded	Member has graduated from ECM.
Member no longer qualifies for ECM and requires warm handoff to lower level CM	2. The Member is ready to transition to a lower level of care	5 - Excluded	Member no longer qualifies for ECM and requires warm handoff to lower level CM
Member was enrolled in ECM and does not want to participate any longer.	3. The Member no longer wishes to receive ECM	4 - Declined	Member no longer wishes to receive ECM
Provider was unable to engage and enroll member. Provider has decided to exclude from outreach after multiple attempts.	4. The ECM Provider has not been able to connect with the Member after multiple attempts	5 - Excluded	Unable to connect with member.
Member presented unsafe behavior/environment.	5. Other	5 - Excluded	Unsafe Behavior/Environment
Member is deceased.	5. Other	5 - Excluded	Member is Deceased
Member is no longer with the Health Plan the provider is reporting to.	5. Other	5 - Excluded	No longer with Health Plan
Member is no longer in Medi-Cal or on hold with Medi-Cal.	5. Other	5 - Excluded	Member on hold/termed w Medi-Cal
ECM Provider is at full capacity and cannot serve additional members.	5. Other	5 - Excluded	ECM Prov at Full Capacity
ECM Provider is unable to serve member's Population of Focus	5. Other	5 - Excluded	Unable to serve member's Population of Focus
Member was outreached to and member declined to enroll in ECM.	5. Other	5 - Excluded	Outreach not enrolled
Member does not meet ECM PoF eligibility criteria or member meets an exclusionary criteria or duplicative program	5. Other	5 - Excluded	Member does not meet ECM PoF eligibility criteria or member meets an exclusionary criteria or duplicative program

Outreach Tracker File: OTF File Layout

Data Element	Required Inclusion on Inbound File (to Health Plan)	Field Size	Sample Data	Notes
Primary Payer (MCP) Identifier	*Yes*	3	304	Member's HCP Plan Code; LA Care is 304
MCP Name	*Yes*	110	LA Care	
ECM Provider Name	*Yes*	110	ABC ECM PROVIDER	
ECM Provider National Provider Identifier (NPI)	*Yes*	10	1234597890	
ECM Provider Tax ID Number (TIN)	*Yes*	9	123456789	
Member Client Index Number	*Yes*	9	123456789	*Member CIN ID*
Provider Type	*Yes*	1	1	*Valid Values: 1 - Outreach performed by clinical staff; 2- Outreach performed by non-clinical staff*
Date of Outreach Attempt	*Yes*	10	01/01/2021	
Outreach Attempt Method	*Yes*	30	In-Person	*Valid Values: "In-Person, Telephonic/Electronic*
Outreach Attempt Successful	*Optional*	2	Y	Valid Values = "Y" or "N" Per DHCS, a successful attempt is defined as an actual interaction with the individual
Time Spent Performing Outreach	*Optional*	2	15	In minutes; include time spent on preparing for member outreach and travel/commute time spent for face-to-face member outreach

Outreach Tracker File Data Validation & Rules

Data Element	
Primary Payer (MCP) Identifier	304 for L.A. Care
MCP Name	LA Care
ECM Provider Name	This data element must match the ECM Provider Name provided on the monthly file to ECM Providers for each member.
ECM Provider National Provider Identifier (NPI)	This data element must match the ECM Provider National Provider Identifier (NPI) provided on the monthly file to ECM Providers for each member.
ECM Provider Tax ID Number (TIN)	This data element must match the ECM Provider Tax ID Number (TIN) provided on the monthly file to ECM Providers for each member.
Member Client Index Number	10 digits. CINs included on the OTF must be members assigned, authorized by L.A. Care, &/or enrolled with the ECM Provider. Given that some members will experience multiple outreach attempts within a reporting period, MCPs anticipate there to be duplicate members in this report.
Provider Type	Valid Values: 1 - Outreach performed by clinical staff; 2- Outreach performed by non-clinical staff
Date of Outreach Attempt	This must identify the date of the outreach attempt.
Outreach Attempt Method	Valid Values: "In-Person", "Telephonic/Electronic"
Outreach Attempt Successful	Valid Values = "Y or N" Per DHCS, a successful attempt is defined as an actual interaction with the individual
Time Spent Performing Outreach	In exact minutes. Do not round up.

Next Steps for ECM Provider MIF, RTF, OTF

MIF availability

Current State: SFTP

Future State: SyntraNet

RTF & OTF submission to L.A. Care

Current State: SFTP

Future State: SyntraNet

RTF & OTF Timeline

Monthly, TBD on exact date

Q&A – Chat in!

Summary
What We've Covered Today

Overview of the Member Information File (MIF)

Identification of what ECM activities and services are required in ECM provider reporting back to MCPs

Review of the Return Transmission File (RTF) and Outreach Tracker File (OTF)

From all of us…

Questions? E-mail us at ECM@lacare.org

Coming Up Next

ECM Outreach Protocol

When: Friday, February 11, 2022

Time: 12:00 p.m.

Appendix – MIF File Specifications

Data Element	Required Inclusion on Outbound File (from Health Plan)	Field Size	Sample Data	Notes
Member Client Index Number (CIN)	Yes	9	123456789	
Medical Record Number (MRN)	Optional	30	123456789	This may be used by Health Plans. It would be our internal ID #
Member Last Name	Yes	60	Smith	The following note applies to all Member Demographic data: If ECM Provider Determines the information is different than what was provided by the Health Plan. ECM Provider shall contact the member's County to update their system. Updates will flow downstream to Health Plan.
Member First Name	Yes	35	John	
Member Homelessness Indicator	Yes	1	1	1 for Yes; "blank" for No, or unknown.
Member Residential Address Line 1	Yes - When Available	110	706 LARAMIE ST	Health Plans will leave field as blank if address is unknown.
Member Residential Address Line 2	Yes - When Available	110	APT 2	Health Plans will leave field as blank if address is unknown.
Member Residential City	Yes - When Available	30	SALINAS	Health Plans will leave field as blank if address is unknown.
Member Residential State	Yes - When Available	2	CA	Health Plans will leave field as blank if address is unknown.
Member Residential Zip	Yes - When Available	9	939053018	Health Plans will leave field as blank if address is unknown.
Member Mailing Address Line 1	Yes - When Available	110	706 LARAMIE ST	Health Plans will leave field as blank if address is unknown.
Member Mailing Address Line 2	Yes - When Available	110	APT 2	Health Plans will leave field as blank if address is unknown.
Member Mailing City	Yes - When Available	30	SALINAS	Health Plans will leave field as blank if address is unknown.
Member Mailing State	Yes - When Available	2	CA	Health Plans will leave field as blank if address is unknown.
Member Mailing Zip	Yes - When Available	9	939053018	Health Plans will leave field as blank if address is unknown.
Member Phone Number	Yes - When Available	10	8888888888	Health Plans will leave field blank if unknown
Member Email Address	Optional	35	ABCDEFG@HEALTHNET.COM	Health Plans will leave field blank if unknown
Member Date of Birth	Yes	10	01/01/2021	
Member Gender Code	Yes	1	F	Current Valid Values = "M" or "F"
Member Preferred Language (Spoken)	Optional	40	ENGLISH	
Member Preferred Language (Written)	Yes	40	ENGLISH	
Member Preferred Alternate Format	Yes - When Available	40	BRAILLE	
Member Race or Ethnicity	Yes - When Available	60	CHINESE	
Medi-Cal Renewal Date	Yes	10	01/01/2021	

Appendix – MIF File Specifications

Data Element	Required Inclusion on Outbound File (from Health Plan)	Field Size	Sample Data	Notes
ECM Eligibility Date	*Yes*	10	01/01/2021	Date when Health Plan first determined member was eligible for ECM. Members who transition from HHP and WPC will default to 01/01/2022 date.
Adult – Experiencing Homelessness	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Adult – High Utilizer	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Adult – SMI or SUD	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Adult – Transitioning from Incarceration	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Adult – LTC Eligible At-Risk for Institutionalization	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Adult – NF Residents Transitioning to Community	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Child/Youth – Experiencing Homelessness	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Child/Youth – High Utilizer	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Child/Youth – SED or CHR or Psychosis	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Child/Youth – CCS or WCM	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Child/Youth – Child Welfare	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Child/Youth – Transitioning from Incarceration	*Yes*	1	1	1 for Yes; "0" for No or not enough information
Population of Focus Priority	*Optional*	60	Adult – SMI or SUD	Health Plans may indicate Population of Focus that ECM Provider shall prioritize.
Member Assignment to ECM Provider	*Yes*	10	01/01/2021	*Date member was assigned to their most recent ECM Provider.*
Member Transitioned from Health Homes Program	*Yes - When Available*	1	0	1 for Yes; "0" for No.
Member Transitioned from Whole Person Care Pilot	*Yes - When Available*	1	1	1 for Yes; "0" for No.
Member Guardian or Conservator First Name	*Optional*	60	Smith	
Member Guardian or Conservator Last Name	*Optional*	35	John	
Member Guardian or Conservator Phone Number	*Optional*	9	8181234567	
Asthma	*Yes*	1	0	1 for Yes; "0" for No.
Bipolar disorder	*Yes*	1	1	1 for Yes; "0" for No.
Chronic congestive heart failure	*Yes*	1	0	1 for Yes; "0" for No.
Chronic kidney disease	*Yes*	1	1	1 for Yes; "0" for No.

Appendix – MIF File Specifications

Data Element	Required Inclusion on Outbound File (from Health Plan)	Field Size	Sample Data	Notes
Chronic liver disease	*Yes*	1	0	1 for Yes; "0" for No.
Coronary artery disease	*Yes*	1	1	1 for Yes; "0" for No.
Chronic obstructive pulmonary disease	*Yes*	1	0	1 for Yes; "0" for No.
Dementia	*Yes*	1	1	1 for Yes; "0" for No.
Diabetes	*Yes*	1	0	1 for Yes; "0" for No.
Hypertension	*Yes*	1	1	1 for Yes; "0" for No.
Major depression disorder	*Yes*	1	0	1 for Yes; "0" for No.
Psychotic disorders	*Yes*	1	1	1 for Yes; "0" for No.
SMI or SUD or SED	*Yes*	1	0	1 for Yes; "0" for No.
Traumatic brain injury	*Yes*	1	1	1 for Yes; "0" for No.
Other Clinical Chronic Conditions	*Optional*	255	Pregnant	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.**
Social determinant of health indicators	*Optional*	255	Z55.0;Z59.0	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.**
Emergency Room admissions in previous six (6) months	*Yes - When Available*	3	5	
Emergency Room admission - Last Date	*Yes - When Available*	10	01/01/2021	
Emergency Room admission - Facility name	*Yes - When Available*	110	Hospital Name	
Inpatient days in previous six (6) months	*Yes - When Available*	3	5	
Inpatient admission - Last date	*Yes - When Available*	10	01/01/2021	
Inpatient admission - Facility name	*Yes - When Available*	110	Hospital Name	
Medical Group/IPA Name	*Yes*	110	HEALTH CARE LA, IPA	
Primary Care Provider/Clinic Name	*Yes*	110	AJHAYES, M.D. VICTORIA MM	
Primary Care Provider/Clinic National Provider Identifier (NPI)	*Yes*	10	1234597890	
Primary Care Provider/Clinic Phone Number	*Yes*	10	2078712411	
Last Visit Date	*Yes - When Available*	10	01/01/2021	Health Plans will capture date of last wellness visit/physical check-up. If no physical/wellness check visit found - will be left blank.
Primary Care Provider Group TIN	*Yes*	9	123456789	

Appendix – MIF File Specifications

Data Element	Required Inclusion on Outbound File (from Health Plan)	Field Size	Sample Data	Notes
Member Information File Production Date	*Yes*	10	01/01/2021	Date the extract was generated.
Member Information File Reporting Period	*Yes*	17	01012021.01312021	Start and end dates reported as two sets of numbers separated by a period delimiter (e.g., MMDDYYYY.MMDDYYYY).
Primary Payer (MCP) Identifier	*Yes*	3	352	Member's HCP Plan Code
MCP Name	*Yes*	110	HEALTH NET	
MCP Member Services Phone Number	*Yes*	10	2078712411	Health Plan's Member Services Contact Number
ECM Provider Name	*Yes*	110	ABC ECM PROVIDER	
ECM Provider Tax ID Number (TIN)	*Yes*	9	123456789	
ECM Provider National Provider Identifier (NPI)	*Yes*	10	1234597890	
MCP ECM Contact Person	*Optional*	110	SMITH, JANE, CM	This is an optional field. Information may be provided separately from the monthly Exchange File.
MCP ECM Contact Person Phone Number	*Optional*	10	2078712411	This is an optional field. Information may be provided separately from the monthly Exchange File.
ECM Member Record: New/Continuing/Termed	*Yes*	10	New	New, Continuing, Termed **MCPs may send "termed" Members in a separate file or "tab" within an Excel-based file.**
Member ECM Status	*Yes*	50	1	Valid status values are: 1 - Pending Outreach; 2 - Currently in Outreach; 3 - Enrolled; 4 - Declined; 5 - Excluded
Member Acuity Level	*Yes*	10	Low	*Valid Values: Low, Moderate, High*
ECM Enrollment Start Date	*Yes - When Available*	10	01/01/2021	
ECM Enrollment End Date	*Yes - When Available*	10	01/01/2021	
Date of Latest Care Plan Revision	*Yes - When Available*	10	01/01/2021	
Date of Most Recent Care Conference	*Yes - When Available*	10	01/01/2021	
Date Assessment Started	*Yes - When Available*	10	01/01/2021	
Date of Most Recent Completed Assessment	*Yes - When Available*	10	01/01/2021	
Date of Most Recent Encounter with Member	*Yes - When Available*	10	01/01/2021	
ECM Lead Care Manager Name	*Yes - When Available*	110	SMITH, JANE	
ECM Lead Care Manager Name Phone Number	*Yes - When Available*	10	2078712411	
ECM Lead Care Manager Name Phone Number Extension	*Yes - When Available*	10	1234567890	
ECM Lead Care Manager Email	*Yes - When Available*	35	ABCDEFG@HEALTHNET.COM	
Discontinuation Date	*Yes - When Available*	10	01/01/2021	
Discontinuation Reason Code	*Yes - When Available*	1	3	Valid Reason Codes: 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
Discontinuation Reason	*Yes - When Available*	250	Member does not want to participate in ECM.	