



Monthly Medicare Care Management Log 2.3 Instructions & Data Dictionary

Instructions: Submit a monthly report of Care Management completed in the reporting month. The Care Management activities that are being captured on this log are assessments, Individualized Care Plan (ICP) and referrals. Send records that are new or have an update from a previous submission (e.g. updated date of care goal discussion). Refer to the data dictionary for specifics on what each field should contain. Do not alter the templates in any way (e.g. adding or deleting columns or header rows). Always submit the most current template in Excel (.xlsx) format.

Column ID	Field Name	Field Type	Field Length	Description
A	Member First Name	CHAR Always Required	50	First Name of Member
B	Member Last Name	CHAR Always Required	50	Last Name of Member
C	IEHP Member ID #	14 digit numeric characters	14	Cardholder identifier used to identify the beneficiary. This is assigned by IEHP and is 14 digits long
D	Date of Birth	MM/DD/YYYY	10	Member's Date of Birth
E	Case Status	Drop Down		Status of the case: Open or Closed
F	Case Level	Drop Down		Level of risk: High, Rising, Low. Do NOT enter any other values (e.g. Complex, Medium, a numeric value)
G	Date Case Opened	MM/DD/YYYY	10	Date the case was opened to CM
H	Name of Care Coordinator/Manager Assigned	CHAR Always Required	50	List the name of the assigned Care Coordinator or Care Manager
I	Date ICP Created	MM/DD/YYYY	10	Date the Individual Care Plan was created
J	Date ICP Last Updated	MM/DD/YYYY	10	Date the Individual Care Plan was last updated, as defined in policy, 12A3 - Care Management Requirements - Individual Care Plan.
K	Care Plan Type	Drop Down		Participation: Care plan was developed/updated with the participation of the Member or their authorized representative. There should be a matching contact with the Member to match the date of care plan development/update. UTC: Care plan was developed/updated but without Member participation (e.g. unable to contact care plan)
L	Date ICP sent to PCP	MM/DD/YYYY	10	Date the Individual Care Plan was sent to the PCP
M	Date Care Goals Discussed with Member	MM/DD/YYYY	10	Date the Care Goals were discussed with the Member. Only populate this field if there was successful contact with the member or an authorized representative.
N	Date of Member Reassessment	MM/DD/YYYY	10	Date of reassessment completed by the IPA. Only populate this field if there was successful contact with the member or an authorized representative.
O	Last Date of Member Contact	MM/DD/YYYY	10	Date of last Member contact. Only populate this field if there was successful contact with the member or an authorized representative.
P	Referred to CBAS	Drop Down		Yes: Member was referred to CBAS No: Member has a potential need but wasn't referred to CBAS NA: Not Applicable, Member didn't have a need and wasn't referred to CBAS
Q	Referred to county for IHSS	Drop Down		Yes: Member was referred to IHSS No: Member has a potential need but wasn't referred to IHSS NA: Not Applicable, Member didn't have a need and wasn't referred to IHSS
R	Referred to MSSP	Drop Down		Yes: Member was referred to MSSP No: Member has a potential need but wasn't referred to MSSP NA: Not Applicable, Member didn't have a need and wasn't referred to MSSP
S	Completion of Annual Cognitive Assessment for Member 65 years and older	Drop Down		Yes No Declined Member Not Eligible: Members Under 65, Prior diagnosis of Mild Cognitive Impairment & Prior diagnosis of dementia

