We heal and inspire the human spirit.

To:	Medi-Cal IPAs
From:	IEHP – Provider Relations
Date:	May 1, 2023
Subject:	**UPDATES: Care Management Monthly Medi-Cal Log Templates**

The following Monthly Medi-Cal Log Templates have been updated:

- **Monthly Medi-Cal Care Management Log**

  o Added drop down options for responses within the log

- **2023 Monthly CCS Report Log**

  o Added drop down options for responses within the log

These additions will assist with IPA data collection. We require the updated log templates be incorporated into your workflows as soon as possible.

> **IEHP will begin auditing implementation of the updated templates for May 2023 logs submitted June 15, 2023.**

Updated log templates can be found in the IEHP Secure File Transfer Protocol (SFTP) server: /IPA Folder/IPA Oversight Reports/Template.

If you have any questions, please contact Juan Ortega, IEHP Delegation Oversight Director at Ortega-J2@iehp.org

All communications sent by IEHP can be found at: www.iehp.org > Providers > Plan Updates > Correspondences

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	Drop Down Options	Description
A	Member First Name	CHAR Always Required	50	-	First name of the Member
B	Member Last Name	CHAR Always Required	50	-	Last name of the 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	DOB	MM/DD/YYYY	10	-	Member's Date of Birth
E	Referral Source	CHAR Always Required	50	-	Source of referral for Member to be in care management program
F	Referral Reason	CHAR Always Required	50	-	Reason for referral for Member being enrolled into care management program
G	Case Status (Open or Closed)	CHAR Always Required	6	Open / Closed	At time of reporting month, is Member's care management program status Open or Closed
H	Case Level (High, Rising or Low)	CHAR Always Required	7	High / Rising/ Low	At time of reporting month, is Member's care management case level High, Rising or Low
I	Case Open Date (or Ref to waiver, CCS) community based services or BH	MM/DD/YYYY	10	-	Date of when care management case was opened
J	Individualized Care Plan Documented	CHAR Always Required	3	Yes / No	Is there documentation of an individualized care plan?
K	Diagnosis (ICD Codes / Description)	CHAR Always Required	3	-	Member's diagnosis code(s) or description
L	Problems/ Issues Identified	CHAR Always Required	3	Yes / No	Is there documentation of Member's identified problems and issues?
M	Goals Identified	CHAR Always Required	3	Yes / No	Are Member's goals identified within the individualized care plan?
N	Interventions Documented (ex. monthly follow up, transition in care)	CHAR Always Required	3	Yes / No	Is documentation shown within individualized care plan of interventions?
O	Care Plan Sent to PCP Documented	CHAR Always Required	3	Yes / No	Is documentation shown that Member's care plan was sent to the Member's PCP?
P	Case Notes Documented	CHAR Always Required	3	Yes / No	Is there documentation of case notes within the Member's individualized care plan?
Q	Communication w/ Member Documented	CHAR Always Required	3	Yes / No	Is documentation shown of successful contact with Member?
R	Case Closure Date	MM/DD/YYYY	10	-	If Case Status (column G) is 'Closed,' what is the date the care management case was closed?
S	Reason for Closure / Case Outcome Documented	CHAR Always Required	50	-	If Case Status (column G) is 'Closed,' what was the reason for closure or the case outcome?

INLAND EMPIRE HEALTH PLAN
Monthly Care Management Log

Delegate Name: _____

Report for Month of: _____

Submitted By: _____   Phone #: _____

Member First Name	Member Last Name	IEHP Member ID #	DOB	Referral Source	Referral Reason	Case Status (Open or Closed)	Case Level (High, Rising or Low)	Case Open Date (or Ref to waiver, CCS) community based services or BH	Individualized Care Plan Documented	Diagnosis (ICD Codes / Description)	Problems/ Issues Identified	Goals Identified	Interventions Documented (ex. monthly fowwlow up, transition in care)	Care Plan Sent to PCP Documented	Case Notes Documented	Communication w/Member Documented	Case Closure Date	Reason for Closure / Case Outcome Documented
John	Doe	12345678910111	XX/XX/XXXX	SOURCE	REASON	OPEN / CLOSED	HIGH / RISING / LOW	XX/XX/XXXX	YES / NO	ICD CODE	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	YES / NO	XX/XX/XXXX	REASON

Identify the number of:
New Opened Cases:
Previously Opened Cases:
Total Cases reported for this month:

Monthly California Children's Services Referral Log 2.0 Instructions & Data Dictionary

Instructions: Submit a monthly report of all newly identified California Children Services (CCS) cases referred to the County in the reporting month. Refer to the data dictionary for specifics on what each field should contain. 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 the Member
B	Member Last Name	CHAR Always Required	50	Last name of the 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	DOB	MM/DD/YYYY	10	Member's Date of Birth
E	County	Drop Down		County Member was referred to for CCS services- Riverside or San Bernardino only.
F	Date Identified	MM/DD/YYYY	10	Date CCS-eligible condition was identified.
G	Date of CCS Referral	MM/DD/YYYY	10	Date of CCS referral to County for eliglibity determination.
H	CCS Eligible Diagnosis	CHAR Always Required	50	ICD-10 code of CCS Eligible medical condition diagnosis used for referral.

IE♥HP
Inland Empire Health Plan

| INLAND EMPIRE HEALTH PLAN |
| MONTHLY CCS REPORT LOG |
| Newly Referred CCS Cases Log |

| Delegate Name: IPA NAME | | | | Date Submitted: | | |
| Report for Month of: | | | | Submitted By: | | |

Member First Name	Member Last Name	IEHP Member ID #	DOB	*County	Date Identified	Date of Referral by IPA	CCS Eligible Diagnosis