Enhanced Care Management (ECM)
Data Sharing Quick Reference Guide (FORM G)

File Name and Description	Required?	Responsibility	Frequency	File Naming Convention
CenCal Health Member Information File To equip ECM Providers with data that reflects the total clinical and non-clinical picture for each Member. Please note that the data to be reported is limited to the data CenCal Health has access and availability to at the time of reporting.	Yes	CenCal Health to ECM Provider	**1st business day** of month; weekly for new member assignments	**Monthly Format:** MIF_NPI_PROVIDER NAME_M_MMYYYY_ MMDDYYYYHHMMSS.csv **Weekly Format:** MIF_NPI_PROVIDER NAME_W_MMDDYYYY_ MMDDYYYYHHMMSS.csv
ECM Provider Return Transmission File To standardize and streamline key information that CenCal Health will most commonly require about Members from ECM Providers beyond information contained in billing and invoicing.	Yes	ECM Provider to CenCal Health	**Monthly** Last business week of the month	**Format:** PRTF_NPI_PROVIDER NAME_MMYYYY_ MMDDYYYY.csv
ECM Provider Initial Outreach Tracker File To standardize provider outreach reporting of the total number of both successful and unsuccessful initial outreaches to Members occurring by ECM Providers.	Yes	ECM Provider to CenCal Health	**Monthly** Last business week of the month	**Format:** PIOTF_NPI_PROVIDER NAME_MMYYYY_ MMDDYYYY.csv
ECM Member Referral File To collect Member referral information from ECM Providers for consideration for enrollment into ECM as ECM Providers are encouraged to identify their patients and clients who may belong to an ECM Population of Focus and thus may benefit from ECM.	No	ECM Provider to CenCal Health	**As Needed**	**Format:** PEMRF_NPI_PROVIDER NAME_MMDDYYYY.csv