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

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The following Monthly Medicare Log Templates have been updated:

- **Monthly Medicare Care Management Log**
  - Added drop down options for responses within the log
- **Monthly Medicare Care Plan Outreach Log**
  - Added drop down options for responses within the log
- **Monthly Medicare Interdisciplinary Care Team Log**
  - Minor grammatical revisions made to Field Name and Description columns

**These additions will assist with IPA data collection.** We require that 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](mailto:Ortega-J2@iehp.org)

All communications sent by IEHP can also be found at: [www.iehp.org](http://www.iehp.org) > Providers > Plan Updates > Correspondences.



## 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





### Monthly Medicare Care Plan Outreach Log 1.1 Instructions & Data Dictionary

**Instructions:** This report must list all outreach attempts made to the Member or their Authorized Representative during the reporting month, for the purpose of developing or updating the Member's Individual Care Plan (ICP). If the IPA made multiple outreaches to the Member in one month, then there should be multiple rows for that Member in one reporting month. Each outreach attempt only needs to be submitted once. 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	DOB	MM/DD/YYYY	10	Member's Date of Birth
E	Date of Outreach Attempt	MM/DD/YYYY	10	Date outreach attempt was made
F	Time of Outreach Attempt	HH:MM	5	Time outreach attempt was made in military time (e.g., 23:59)
G	Outreach Method	Drop Down		List method used for outreach: email, fax, in person, mail, phone or text
H	Outreach Disposition	Drop Down		State outreach disposition: refused, successful, or unsuccessful
I	Outreach Care Team Member	CHAR Always Required	50	List the title of the Care Team Member who made the outreach
J	Clinical Care Team Member?	Drop Down		Answer Yes or No: Is the Care Team Member, who made the outreach attempt, Clinical such as a Licensed Clinical Social Worker (LCSW), Licensed Vocational Nurse (LVN) or Registered Nurse (RN), etc.?





## Monthly Medicare Interdisciplinary Care Team Log 1.0 Instructions and Data Dictionary

Instructions: Submit a monthly report of all Interdisciplinary Care Team (ICT) activities completed in the reporting month. Send records that are new or have an update from a previous submission. Refer to the data dictionary for specifics on what each file 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 ICT Was Assigned	MM/DD/YYYY	10	Date of Interdisciplinary Care Team Assigned
E	Date of ICT Meeting	MM/DD/YYYY	10	Date of Interdisciplinary Care Team meeting with ICT participants
F	PCP Attendance	Not Invited Invited Attended	Drop Down	PCP not invited PCP invited but didn't attend PCP invited and attended
G	IHSS SW Attendance	Not Invited Not Applicable Invited Attended	Drop Down	IHSS SW not invited Member does not have IHSS services IHSS SW invited but didn't attend IHSS invited and attended
H	MSSP SW Attendance	Not Invited Not Applicable Invited Attended	Drop Down	MSSP SW not invited Member does not have MSSP services MSSP SW invited but didn't attend MSSP invited and attended
I	Specialist Attendance	Not Invited Not Applicable Invited Attended	Drop Down	Specialist not invited Member does not have a Specialist Specialist invited but didn't attend Specialist invited and attended
J	Specialist Type	CHAR Free Text Optional	250	Specialist type that was invited and/or attended (e.g. Psychiatrist, Nephrologist, etc.)
K	Other Attendance	CHAR Free Text Optional	250	Any other persons who attended the ICT Meeting but does not fit into previous categories (e.g. Adult Protective Services Social Worker, Spiritual Leader, etc.)

