



Inland Empire Health Plan



**To:** Medicare IPAs  
**From:** IEHP – Provider Relations  
**Date:** April 26, 2019  
**Subject:** Updates to Cal MediConnect Reporting Requirements

On **February 28, 2019**, the Centers for Medicare & Medicaid (CMS) released a Memo, “Revised California-Specific Reporting Requirements and Value Sets Workbook.” The Memo summarizes changes and/or clarification to data elements, analysis, notes, etc. These updated specifications must be used for value sets for measures due on or after **May 31, 2019**.

Policy **MA\_21F- Medicare MMP Reporting Requirements – IEHP DualChoice Cal MediConnect Plan (Medicare – Medicaid Plan)** has been updated with the following:

1. Notice of Medicare Non-Coverage (NOMNC) Log has been **Retired**.
2. Medicare Care Management Log has been **Replaced** by Medicare Care Management Log V2.0.
3. Care Management Outreach Log V1.0 has been **Added**.
4. Enrollee Protection Reporting Template, CA2.1 has **New reporting measures** to include rows I-Q (see below). The updated CA2.1 reporting template is available on the SFTP in the *Templates* folder.

I.	Date of Occurrence	Date of the critical incident	Field Type: Date (YYYY/MM/DD)
J.	Report Type	Type of Reporting	Field Type: Text (Domestic Violence, Suspected Child Abuse/Neglect, Suspected Elder/Dependent Abuse/Neglect)
K.	Date Report was Filed	Date the critical incident was filed/reported	Field Type: Date (YYYY/MM/DD)
L.	Report Reference Number	Critical incident report reference number	Field Type: Numeric
M.	County	County critical incident reported	Field Type: Text (Riverside County, San Bernardino County, Other)
N.	First Name of Contact at the Agency	First name of the contact at the agency	Field Type: Text
O.	Last Name of Contact at the Agency	Last name of the contact at the agency	Field Type: Text
P.	Contact Phone Number	Phone number of the contact at the agency	Field Type: Numeric (XXX-XXX-XXXX) & extension if applicable
Q.	Brief Description of Reported Incident	Brief description of the reported incident	Field Type: Text

If you have any questions, please do not hesitate to contact the IEHP Provider Relations Team at (909) 890-2054.