MPCP2014 – A Continuity of Care Data Sharing Information: Successful data sharing among DHCS, Previous MCPs, and Receiving MCPs, will be critical to effectuate 2024 MCP Transition. Receiving MCPs must have access to ingestible, complete, accurate, and timely data from Previous MCPs and DHCS. Receiving MCPs must receive confirmation from Previous MCP to ensure that they completed all data transfer sharing activities. DHCS will require Previous MCPs to transmit utilization data, authorization data, member information, including preferred form of communication, supplemental accompanying data for Special Populations, and any additional data elements identified by DHCS for data transfer directly to Receiving MCPs.

I.   DHCS Provided Data Files
Partnership HealthPlan of California (Partnership) must utilize information provided in the standard monthly Plan Data Feed to implement COC protections. DHCS will share the data outlined below which represents a subset of all Special Populations that can be identified by DHCS held data in eligibility and claims/encounters data.

Figure A: Summary of DHCS Provided Data Files

File	Description	Data Recipient	Refresh Frequency	Data Elements
Plan Transfer Status Report	Pending MCP enrollment for transitioning members.	Previous MCPs	Weekly, Beginning October 20, 2023	Refer to Figure 1: Plan Transfer Status Report Data Elements

Figure A.1: Plan Transfer Status Report Data Elements

Data Element	Format
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Member Date of Birth	MM/DD/YYYY, Date
Member First Name	Alpha-Numeric, Text
Member Last Name	Alpha-Numeric, Text
Choice Plan	Alpha-Numeric, Text
Default Plan	Alpha-Numeric, Text

Figure B: Member Level Data

File	Description	Data Recipient	Refresh Frequency
Member Level Data	For transitioning members in November 2023: 1. Plan Data Feed historical utilization data 2. Treatment Authorization Request (TAR) data	Receiving MCPs	One-Time in November

Figure C: Plan Data Feed

File	Description	Data Recipient	Refresh Frequency
Plan Data Feed	Utilization information for all enrolled members	Receiving MCPs	Monthly (First of Each Month)

Figure D: Special Populations Member File

File	Description	Data Recipient	Refresh Frequency
Special Populations Member File	Member-level information, specifically CINs for transitioning members who meet Special Populations criteria (see MPCP2014 Continuity of Care (Medi-	Receiving MCPs must use both the DHCS-provided Special Populations Member File and the Previous MCP-provided Transitioning Member Special Population	Monthly for All Special Population Members from November 2023 through March 2024

	Cal) Policy for details), indicating the members' Special Population group(s)	Information Data file to identify Special Populations members' providers and begin outreach, a key tenet of the COC policies for Special Populations.	

II.   Previous MCP Provided Data Files

DHCS is requiring Previous MCPs to share data with Receiving MCPs to ensure access to the most timely, accurate, and comprehensive member-level information to effectuate COC protections. The Previous MCP must complete all data sharing requirements outlined below (Figure E) that reflects a standardized set of "minimum necessary" data elements for data shared from the Previous MCP to Receiving MCPs, as well as standard file formats, transmission methods, and transmission frequencies.

Figure E: Summary of MCP Provided Data Files

File	Description	Data Recipient	Refresh Frequency
Transitioning Member Identifying Data	Identifying information (e.g., name, date of birth) and contact information for transitioning members	Receiving MCPs and DHCS	Initial transfer November 2, weekly refreshes beginning in December
Transitioning Member Utilization Data	Claims and encounter information for transitioning members	Receiving MCPs and DHCS	Initial transfer November 2, weekly refreshes beginning in December
Transitioning Member Authorization Data	Prior authorization information for transitioning members	Receiving MCPs and DHCS	Initial transfer November 2, weekly refreshes beginning in December
Transitioning Member NEMT/NMT Schedule and Physician Certification Statement Data	Scheduled transportation information for transitioning members	Receiving MCPs and DHCS	Initial transfer November 2, weekly refreshes beginning in December
Transitioning Member Special Populations Information Data	Transitioning members who meet Special Populations criteria and relevant accompanying data elements	Receiving MCPs and DHCS	Initial transfer November 2, weekly refreshes beginning in December
Special Populations Member Supportive Information Data	Transitioning member screening and assessment findings, and member Care Management Plans	Receiving MCPs and DHCS	Within 15 days of member changing to a new Care Manager or by January 1, 2024, whichever is later

Figure F: Accompanying Excel Attachments for Previous MCP Provided Data

DHCS has compiled the outlined data elements into four accompanying Excel workbooks for Previous MCPs to prepare data files to transmit to Receiving MCPs to enable implementation of Continuity of Care policies. Refer to Figure F table for details. Refer to policy MPCP2014 – Continuity of Care (Medi-Cal) for attachment details.

Excel Attachment File	Description
Continuity of Care (CoC) Data Template - 1) Data Elements for All Members	Previous MCPs must use this template to prepare member level data files for transitioning members outlined in Figures G-J

Continuity of Care (CoC) Data Template - 2a) Special Populations Specifications	Previous MCPs must use these specifications to identify relevant members and prepare Transitioning Member Special Populations Data files
Continuity of Care (CoC) Data Template – 2b) Special Population Member File	Previous MCPs must use this template to prepare a file identifying members that meet the outlines criteria
Continuity of Care (CoC) Data Template – 2c) Special Populations Accompanying Data	Previous MCPs must use this template to prepare Special Populations accompanying data for certain Special Population groups for transmittal to Receiving MCPs

Figure G: Transitioning Member Identifying Data
Previous MCPs will share Transitioning Member Identifying Data files with Receiving MCPs and DHCS in accordance with the required transmission method and frequency outlined below in Figure G.1 and G.2.

Figure G.1: Transitioning Member Identifying Data

Data Element	Format
Medi-Cal Member CIN	Alpha-Numeric 9 digit, Text
Member First Name	Alpha-Numeric, Text
Member Last Name	Alpha-Numeric, Text
Member Date of Birth	MM/DD/YYYY, Date
Member Gender Code	Numeric 3-digit, Text
Member Homelessness Indicator	Numeric, 1 digit, Text
Member Residential Address	Alpha-numeric, Text
Member Residential City	Alpha-numeric, Text
Member Residential Zip Code	Alpha-numeric, Text
Member Mailing Address	Alpha-numeric, Text
Member Mailing City	Alpha-numeric, Text
Member Mailing Zip Code	Numeric, 5-digit
Member Phone Number	Numeric, 10-digit
Member Email Address	Alpha-Numeric, Text
Member's Preferred Form of Contact	Alpha-Numeric, Text
Description of Member's Selected Alternative Format	Alpha-Numeric, Text
Member's Preferred Language (Spoken)	Alpha-Numeric, Text
Member's Preferred Language (Written)	Alpha-Numeric, Text

Figure G.2: Transitioning Member Primary Care Provider Information

Data Element	Format
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Primary Care Provider/Name (Assigned PCP)	Alpha-numeric, Text
Primary Care Provider/National Provider Identifier (NPI)	Numeric, 10-digit, Text
Primary Care Provider/Phone Number	Numeric, 10-digit
Primary Care Facility Name	Alpha-numeric, Text
Primary Care Facility NPI	Numeric, 10-digit, Text
Primary Care Facility Phone Number	Numeric, 10-digit
Primary Care Facility Address	Alpha-numeric, Text
Medical Group	Alpha-numeric, Text
Medical Group TIN	Numeric, 9-digit
Last Visit Date	MM/DD/YYYY, Date

Figure H: Transitioning Member Utilization Data

Previous MCPs must share Transitioning Member Utilization Data files directly with Receiving MCPs and DHCS in accordance with the required transmission method and frequency outlined in Section I (A-D) and Section II (E-F). Previous MCPs must share Transitioning Member Utilization Data files with Receiving MCPs and DHCS in accordance with the required data elements and format outlined in the transitioning member claims/encounter information outlined below in Figure H.1.

Figure H.1: Transitioning Member Claims / Encounter Information

Data Element	Format
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Detail Service Date	MM/DD/YYYY, Date
Procedure Code	Alpha-Numeric, Text
HCPCS Modifier	Alpha-Numeric, Text
Revenue Code	Numeric, 4-digit, Text
Place of Service	Numeric, 2-digit, Text
Bill Type	Alpha-Numeric, Text
Billed Units	Numeric, 6-digit, Text
Tax Identification Number	Numeric, 9-digit, Text
Billing Provider NPI	Numeric, 10-digit, Text
Billing Provider First Name	Alpha-Numeric, Text
Billing Provider Last Name	Alpha-Numeric, Text
Billing Provider Phone Number	Numeric, 10-digit
Rendering Provider Taxonomy Code	Alpha-Numeric 9-digit, Text
Rendering Provider NPI	Alpha-Numeric, Text
Rendering Provider First Name	Alpha-Numeric, Text
Rendering Provider Last Name	Numeric, 10-digit
Rendering Provider Phone Number	Alpha-Numeric, Text
Rendering Provider Specialty Type	Alpha-Numeric, Text
Admittance Low Service Date	MM/DD/YYYY, Date
Discharge High Service Date	MM/DD/YYYY, Date
Diagnosis Code 1	Alpha-Numeric, Text
Diagnosis Code 2	Alpha-Numeric, Text
Diagnosis Code 3	Alpha-Numeric, Text
Diagnosis Code 4	Alpha-Numeric, Text

Figure I: Transitioning Member Authorization Data

Previous MCPs will share Transitioning Member Authorization Data files with Receiving MCPs and DHCS in accordance with the required transmission method and frequency outlined below in Figure I.1.

Figure I.1: Transitioning Member Authorization Information

Data Element	Format
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Requesting Provider Name	Alpha-numeric, Text
Requesting Provider NPI	Numeric, 10-digit, Text
Requesting Provider Phone Number	Numeric, 10-digit
Requesting Facility Name	Alpha-numeric, Text
Requesting Facility NPI	Numeric, 10-digit, Text
Requesting Facility Phone Number	Numeric, 10-digit
Rendering Provider Name	Alpha-numeric, Text
Rendering Provider NPI	Numeric, 10-digit, Text
Rendering Provider Phone Number	Numeric, 10-digit

Rendering Facility Name	Alpha-numeric, Text
Rendering Facility NPI	Numeric, 10-digit, Text
Rendering Facility Phone Number	Numeric, 10-digit
Authorization Begin Date	MM/DD/YYYY, Date
Authorization End Date	MM/DD/YYYY, Date
Units (as applicable)	Numeric 7-digit, Text
Service Code	Alpha-Numeric, 5-digit, Text
Service Code Description	Alpha-Numeric, Text
Diagnosis Code	Alpha-Numeric, Text
Diagnosis Description	Alpha-Numeric, Text
Authorization Status	Alpha-Numeric, Text
Authorization Type	Alpha, 2-digit, Text
Previous MCP Authorization Number	Alpha-Numeric, Text
Discharge Status	Alpha-Numeric, Text

Figure J: Transitioning Member NEMT/NMT Schedule and Physician Certification Statement Data

Receiving MCPs must identify scheduled NEMT/NMT services for which there is no provider scheduled or the provider is OON and either schedule a Network provider or an OON provider to transport the member. See policy MPCP2014 – Continuity of Care (Medi-Cal) for details and refer to Figure J.1 and J.2 for outlined data elements and format.

Figure J.1: Transitioning Member NEMT/NMT Schedule Data

Data Element	Format
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Level Of Transportation Service	Numeric, 1 digit, Text
Date of Scheduled Transportation Service	MM/DD/YYYY, Date
Time of Scheduled Transportation Service	hh:mm:ss, Time
Recurring Transportation Service Indicator	Numeric, 1 digit, Text
Member Phone Number	Numeric, 10-digit
Pickup Location	Alpha-Numeric, Text
Pickup Address	Alpha-Numeric, Text
LTC/SNF Phone Number	Numeric, 10-digit
Mode of Transport	Alpha-Numeric, Text
Transportation Provider Name	Alpha-Numeric, Text
Transportation Provider Phone Number	Numeric, 10-digit
Dropoff Provider Name	Alpha-Numeric, Text
Dropoff Provider Address	Alpha-Numeric, Text
Dropoff Provider Phone Number	Numeric, 10-digit
Current NMT/NEMT Vendor	Alpha-Numeric, Text
Transportation Notes	Alpha-Numeric, Text

Figure J.2: Transitioning Member PCS Information

Data Element	Format
Medi-Cal Member Client Index Number (CIN)	Alpha-Numeric 9-digit, Text
Level Of Service	Alpha-Numeric, Text
Authorization Begin Date	MM/DD/YYYY, Date
Authorization End Date	MM/DD/YYYY, Date
Start Date of Standing Order	MM/DD/YYYY, Date
Mode of Transportation	Alpha-Numeric, Text
Requesting Provider Name	Alpha-Numeric, Text
Requesting Provider NPI	Numeric, 10-digit, Text
Requesting Provider Phone Number	Numeric, 10-digit
Rendering Provider Name	Alpha-numeric, Text

Rendering Provider NPI	Numeric, 10-digit, Text
Rendering Provider Phone Number	Numeric, 10-digit
PCS Notes	Alpha-numeric, Text

Figure K: Transitioning Member Special Populations Information Data

Previous MCPs must share Transitioning Member Special Populations Information Data files with Receiving MCPs in accordance with the required transmission method and frequency outlined in Section I (A-D) and Section II (E-F). Previous MCPs must also share a copy of this data to DHCS to facilitate DHCS' oversight of the transition. For transitioning members not captured in the subset of members included in the *Special Populations Member File* provided by DHCS, including transitions involving subcontracted MCP terminations, the MCP and its subcontracted MCP are required to identify **both** Figure K.1 and Figure K.2 members and share all data elements outlined in this section.

Figure K.1: Special Populations for which DHCS Data is Primary Source of Information

Members Who Are:
• Children and youth receiving foster care and former foster youth through age 25
• Children and youth enrolled in CCS/CCS Whole Child Model
• Enrolled in Assisted Living Waiver
• Enrolled in HIV/AIDS waiver
• Enrolled in Home and Community-Based Services (HCBS) Waiver for Developmental Disabilities (DD)
• Enrolled in in Home and Community-Based Alternatives (HCBA) Waiver
• Enrolled in Multipurpose Senior Services Program MSSP
• Enrolled in Self-determination program for intellectual and DD
• Receiving In Home Supportive Services (IHSS)
• Residing in Intermediate Care Facilities for individuals with Developmental Disabilities (ICF/DD)
• Receiving Community-Based Adult Services

Figure K.2: Special Populations for which Previous MCP Data is Primary Source of Information

Members Who Are:
• In active treatment for the following chronic communicable diseases: HIV/AIDS, tuberculosis, hepatitis B and C
• Living with an Intellectual or Developmental Disability (I/DD) diagnosis
• Newly prescribed DME (within 3 months prior to January 1, 2024)
• Accessing the transplant benefit
• Post-discharge from inpatient hospital, SNF, or sub-acute facility on or after December 1, 2023
• Receiving hospital inpatient care
• Receiving treatment with pharmaceuticals whose removal risks serious withdrawal symptoms or risk of mortality
• Taking immunosuppressive medications, immunomodulators and biologics
• Adults and children with authorizations to receive Enhanced Care Management services
• Adults and children with authorizations to receive Community Supports
• Living with a dementia diagnosis
• Pregnant or post-partum (within 12 months of the end of a pregnancy or maternal mental health diagnosis)
• Receiving home health
• Receiving hospice care
• Receiving Specialty Mental Health Services (adults, youth, and children)
• Receiving treatment for End Stage Renal Disease (ESRD)
• Residing in Skilled Nursing Facilities (SNF)
• Adults and children receiving Complex Care Management

Figure K.3: Previous MCP-Provided Special Population Accompanying Data Elements

Data Element	Format
Adults and children receiving Complex Care Management	
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Reason for Care Management or Program type	Alpha-Numeric, Text
Care Management Open Date	MM/DD/YYYY, Date

Plan Contact Name	Alpha-Numeric, Text
Plan Contact Phone Number	Numeric, 10-digit
Assessment Completion Date	MM/DD/YYYY, Date
Care Plan Date	MM/DD/YYYY, Date
Members accessing the transplant benefit	
Medi-Cal Member CIN	Alpha-Numeric 9 digit, Text
Transplant Stage	Alpha-Numeric, Text
Eligibility Plan Code	Alpha-Numeric, Text
Organ	Alpha-Numeric, Text
Transplant Date	MM/DD/YYYY, Date
Request Type	Alpha-Numeric, Text
Authorization Begin Date	MM/DD/YYYY, Date
Authorization End Date	MM/DD/YYYY, Date
Transplant Waitlisting Date	MM/DD/YYYY, Date
Transplant Evaluation Date	MM/DD/YYYY, Date
Transplant Date	MM/DD/YYYY, Date
Request Type	Alpha-Numeric, Text
Facility Name	Alpha-Numeric, Text
Facility NPI	Numeric, 10-digit, Text
Facility Phone Number	Numeric, 10-digit
Living Donor Indicator	Numeric, 1 digit, Text
Transplant SAR Number	Numeric, 10 digit
Post-discharge from inpatient hospital, SNF, or sub-acute facility on or after December 1, 2023	
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Admission Date	MM/DD/YYYY, Date
Admission Diagnosis	Alpha-Numeric, Text
Discharge Date	MM/DD/YYYY, Date
Discharge Disposition	Numeric, 2 digit, Text
Facility Name	Alpha-Numeric, Text
Facility Type	Numeric, 1 digit, Text
Facility NPI	Numeric, 10 digit, Text
Facility Phone Number	Numeric, 10 digit
Receiving hospital inpatient care	
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Admission Date	MM/DD/YYYY, Date
Admission Diagnosis	Alpha-Numeric, Text
Authorization Determination	Alpha-Numeric, Text
Authorization Status	Alpha-Numeric, Text
Bed Type Code	Alpha-Numeric, Text
Level of Care	Alpha-Numeric, Text
Facility Name	Alpha-Numeric, Text
Facility NPI	Numeric, 10-digit, Text
Facility Phone Number	Numeric, 10-digit
Adults and children with authorizations to receive Community Supports	
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Member's Servicing CS Provider Name	Alpha-Numeric, Text
Member's Servicing CS Provider NPI	Numeric, 10-digit, Text
Member's Servicing CS Provider Phone Number	Numeric, 10-digit
Authorization Begin Date	MM/DD/YYYY, Date
Authorization End Date	MM/DD/YYYY, Date
Member received Community Supports	Numeric, 1 digit, Text

Community Supports approved: **Housing Transition/Navigation Services**	Numeric, 1 digit, Text
Community Supports approved: **Housing Deposits**	Numeric, 1 digit, Text
Community Supports approved**: Housing Tenancy and Sustaining Services**	Numeric, 1 digit, Text
Community Supports approved**: Short-Term Post-Hospitalization Housing**	Numeric, 1 digit, Text
Community Supports approved**: Recuperative Care (Medical Respite)**	Numeric, 1 digit, Text
Community Supports approved: **Respite Services**	Numeric, 1 digit, Text
Community Supports approved: **Day Habilitation Programs**	Numeric, 1 digit, Text
Community Supports approved: **Nursing Facility Transition/Diversion to Assisted Living Facilities**	Numeric, 1 digit, Text
Community Supports approved: **Nursing Facility Transition to a Home**	Numeric, 1 digit, Text
Community Supports: **Personal Care and Homemaker Services**	Numeric, 1 digit, Text
Community Supports: **Environmental Accessibility Adaptations**	Numeric, 1 digit, Text
Community Supports approved: **Medically Supportive Food/Meals/Medically Tailored Meals**	Numeric, 1 digit, Text
Community Supports approved: **Asthma Remediation**	Numeric, 1 digit, Text
Community Supports approved: **Other**	Numeric, 1 digit, Text
Adults and children with authorizations to receive Enhanced Care Management services	
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Member's Assigned ECM Provider Name	Alpha-Numeric, Text
Member's Assigned ECM Provider NPI	Numeric, 10-digit, Text
Member's Assigned ECM Provider Phone Number	Numeric, 10-digit
Member's Servicing ECM Provider Name	Alpha-Numeric, Text
Member's Servicing ECM Provider NPI	Numeric, 10-digit, Text
Member's Servicing ECM Provider Phone	Numeric, 10-digit
ECM Population of Focus: Individuals Experiencing Homelessness: Adults without Dependent Children/Youth Living with Them Experiencing Homelessness	Numeric, 1 digit, Text
ECM Population of Focus: Individuals Experiencing Homelessness: Homeless Families or Unaccompanied Children/Youth Experiencing Homelessness	Numeric, 1 digit, Text
ECM Population of Focus: Individuals At Risk for Avoidable Hospital or ED Utilization	Numeric, 1 digit, Text
ECM Population of Focus: Individuals with Serious Mental Health and/or SUD Needs	Numeric, 1 digit, Text
ECM Population of Focus: Individuals Transitioning from Incarceration	Numeric, 1 digit, Text
ECM Population of Focus: Adults Living in the Community and At Risk for LTC Institutionalization	Numeric, 1 digit, Text
ECM Population of Focus: Adult Nursing Facility Residents Transitioning to the Community	Numeric, 1 digit, Text

ECM Population of Focus: Children and Youth Enrolled in CCS or CCS WCM with Additional Needs Beyond the CCS Condition	Numeric, 1 digit, Text
ECM Population of Focus: Children and Youth Involved in Child Welfare	Numeric, 1 digit, Text
ECM Population of Focus: Birth Equity Population of Focus	Numeric, 1 digit, Text
ECM Benefit Date Assessed/Approved	MM/DD/YYYY, Date
ECM Benefit Start Date	MM/DD/YYYY, Date
Residing in Skilled Nursing Facilities (SNF)	
Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text
Facility Name	Alpha-Numeric, Text
Facility NPI	Numeric, 10-digit, Text
Facility Phone Number	Numeric, 10-digit, Text
Level of Care	Alpha-Numeric, Text
Authorization Start Date	MM/DD/YYYY, Date
Authorization End Date	MM/DD/YYYY, Date

III.   Continuity of Care Coordination and Management Information

Transitioning members in Special Populations who are receiving care management services from their Previous MCP will change to a new Care Manager on January 1, 2024, upon transitioning to Receiving MCPs. The Previous MCP must transfer supportive information that includes, but is not limited to, results of available member screening and assessment findings, and member Care Management Plans. Transitioning members receiving CCM services are expected to continue receiving these services from Receiving MCPs. To facilitate the sharing of supportive information important for members' care coordination and management for these transitioning members, the Previous MCP shall designate key staff with appropriate training and experience to serve as the plan-level contact(s). The Previous MCP must provide to Receiving MCPs, by November 2, 2023, contact information for plan-level staff and for the Care Managers (program level contact information) who served transitioning members. Receiving MCPs must proactively contact the Previous MCP's point of contact(s) for Care Managers in order to obtain information to mitigate gaps in members' care. Previous MCPs must share supportive data for these members before January 1, 2024 or within 15 calendar days of the member changing to a new Care Manager, whichever is later.

Figure L:

Members in Inpatient Hospital Care	Members Accessing the Transplant Benefit
The Previous MCP must inform the Receiving MCP of members known to be receiving inpatient care by December 22, 2023, and must refresh that information daily through January 9, 2024, including holidays and weekends. It is possible that Previous MCPs may stop receiving ADT feeds after December 31, 2023. MCP must also contact inpatient member's Primary Care Physician responsible for the member's care while they are admitted. Refer to MPCP2014 Continuity of Care (Medi-Cal) Policy for more details.	For members accessing the transplant benefit on January 1, 2024, Receiving MCPs are responsible for ensuring coordination of care between all providers, organ donation entities, and Transplant Programs. Receiving MCPs must ensure that members accessing the transplant benefit are provided services and/or treatments as expeditiously as possible.