

Department of Health Care Services  
2024 MCP Transition Policy Guide  
Continuity of Care (CoC) Data Template - 1) Data Elements for All Members

Last Updated: 8/7/2023  
Version: 1

This template is an attachment to the 2024 Managed Care Transition Policy Guide. MCPs must use this template to prepare member level data files for **all** transitioning members in accordance with requirements outlined in Sections VIII of the Policy Guide. Receiving MCPs will utilize the resulting member level data to implement Continuity of Care policies in Section V. of the Policy Guide.

File	Data Elements	Required Naming Convention	Field Description	Format	Notes
Transitioning Member Identifying Data	Transitioning Member Identifying Data	C01_INFO	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	This will be limited to the Medi-Cal 834 file acceptable values.
			Member Homelessness Indicator	Numeric, 1 digit, Text	Identifier for if the member is experiencing "homelessness," as defined in the ECM Policy Guide (pgs. 11-12). If "homeless," enter "2", if not, enter "1", if unknown, enter "0".
			Member Residential Address	Alpha-numeric, Text	MCPs may complete data element as "99999" if the member is identified as homeless by the "Member Homelessness Indicator" and another zip code is not available.
			Member Residential City	Alpha-numeric, Text	MCPs may complete data element as "99999" if the member is identified as homeless by the "Member Homelessness Indicator" and Residential City is not available.
			Member Residential Zip Code	Alpha-numeric, Text	MCPs may complete data element as "99999" if the member is identified as homeless by the "Member Homelessness Indicator" and another zip code is not available.
			Member Mailing Address	Alpha-numeric, Text	MCPs may complete field as "HOMELESS" if the member is identified as homeless by the "Member Homelessness Indicator" and another address is not available.
			Member Mailing City	Alpha-numeric, Text	MCPs may complete field as "HOMELESS" if the member is identified as homeless by the "Member Homelessness Indicator" and another address is not available.
			Member Mailing Zip Code	Numeric, 5-digit	MCPs may complete data element as "99999" if the member is identified as homeless by the "Member Homelessness Indicator" and another zip code is not available.
			Member Phone Number	Numeric, 10-digit	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
			Member Email Address	Alpha-Numeric, Text	
			Member's Preferred Form of Contact	Alpha-Numeric, Text	Member's Preferred Form of Contact, as known by MCP (e.g., "CALL", "TEXT", "EMAIL", "MAIL"). If not known, MCP may report "UNKNOWN".
			Description of Member's Selected Alternative Format	Alpha-Numeric, Text	If applicable, member's selected alternative format, as known by MCP (e.g., "LARGE PRINT", "AUDIO CD", "DATA CD", "BRAILLE"). If not known, MCP may report "UNKNOWN".
Transitioning Member Identifying Data	Primary Care Provider Information	C02_PCP	Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text	
			Primary Care Provider/Clinic Name (Assigned PCP)	Alpha-numeric, Text	
			Primary Care Provider/Clinic National Provider Identifier (NPI)	Numeric, 10-digit, Text	
			Primary Care Provider/Clinic Phone Number	Numeric, 10-digit	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
			Medical Group	Alpha-numeric, Text	
			Medical Group TIN	Numeric, 9-digit	
			Last Visit Date	MM/DD/YYYY, Date	As known by the MCP; if no visits on record, MCP should enter "00/00/0000".
Transitioning Member Utilization Data	Transitioning Member Claims / Encounter Information	C03_CLAIMS	Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text	
			Detail Service Date	MM/DD/YYYY, Date	
			Procedure Code and Description	Alpha-Numeric, Text	
			HCPCS Modifier	Alpha-Numeric, Text	
			Revenue Code and Description	Alpha-Numeric, 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	
			National Provider Identifier (NPI)	Numeric, 10-digit, Text	
			Provider First Name	Alpha-Numeric, Text	
			Provider Last Name	Alpha-Numeric, Text	
			Provider Phone Number	Numeric, 10-digit	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
			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	
Transitioning Member Authorization Data	Transitioning Member Authorization Information	C04_PA	Medi-Cal Member CIN	Alpha-Numeric 9-digit,	
			Referring Provider Name	Alpha-numeric, Text	
			Referring Provider NPI	Numeric, 10-digit, Text	
			Referring Provider Phone Number	Numeric, 10-digit	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
			Authorization Begin Date	MM/DD/YYYY, Date	
			Authorization End Date	MM/DD/YYYY, Date	
			Units (as applicable)	Numeric 7-digit, Text	
			Level of Service	Alpha-Numeric, Text	
			Service Code	Alpha-Numeric, 5-digit,	
			Service Code Description	Alpha-Numeric, Text	
			Diagnosis Code	Alpha-Numeric, Text	
			Diagnosis Description	Alpha-Numeric, Text	
			Prior Authorization Status	Alpha-Numeric, Text	
			Authorization Type	Alpha, 2-digit, Text	
Transitioning Member NEMT/NMT Schedule and Physician Certification Statement Data	NEMT/NMT Schedule Data	C05_NEMTNMT	Medi-Cal Member CIN	Alpha-Numeric 9-digit,	
			Level Of Service	Alpha-Numeric, Text	
			Days of Week of Scheduled Service	Alpha-Numeric, Text	
			Time of Scheduled Service	Alpha-Numeric, Text	
			Member Phone Number	Numeric, 10-digit	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
			Pickup Location	Alpha-Numeric, Text	Indicates NEMT/NMT pickup locations (e.g., "MEMBER HOME", "SNF", "LTC").
			Pickup Address	Alpha-Numeric, Text	
			LTC/SNF Phone Number	Numeric, 10-digit	If applicable. Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
			Mode of Transport	Alpha-Numeric, Text	Member's Mode of Transportation, as known by MCP (e.g., "AMBULANCE", "ADVANCED LIFE SUPPORT AMBULANCE", "BASIC SUPPORT AMBULANCE", "GURNEY VAN/LITTER VAN", "WHEELCHAIR VAN", "AIR TRANSPORT").
			Transportation Provider Name	Alpha-Numeric, Text	
			Transportation Provider Phone Number	Numeric, 10-digit	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
			Dropoff Provider Name	Alpha-Numeric, Text	
			Dropoff Provider Phone Number	Numeric, 10-digit	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
			Current NMT/NEMT Vendor	Alpha-Numeric, Text	
			Transportation Notes	Alpha-Numeric, Text	
Transitioning Member NEMT/NMT Schedule Data and Physician Certification Statement Data	Physician Certification Statement (PCS) Data	C06_PCS	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	
			Standing Orders	Alpha-Numeric, Text	
			Mode of Transportation	Alpha-Numeric, Text	Member's Mode of Transportation, as known by MCP (e.g., "AMBULANCE", "ADVANCED LIFE SUPPORT AMBULANCE", "BASIC SUPPORT AMBULANCE", "GURNEY VAN/LITTER VAN", "WHEELCHAIR VAN", "AIR TRANSPORT").
			Requesting Provider Name	Alpha-Numeric, Text	
			Requesting Provider NPI	Numeric, 10-digit, Text	
			Requesting Provider Phone Number	Numeric, 10-digit	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".

Medi-Cal Member CIN	Member First Name	Member Last Name	Member Date of Birth	Member Gender Code	Member Homelessness Indicator	Member Residential Address	Member Residential City	Member Residential Zip Code	Member Mailing Address	Member Mailing City	Member Mailing Zip Code	Member Phone Number	Member Email Address	Member's Preferred Form of Contact	Description of Member's Selected Alternative Format
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Medi-Cal Member CIN	Primary Care Provider/Clinic Name (Assigned PCP)	Primary Care Provider/Clinic National Provider Identifier (NPI)	Primary Care Provider/Clinic Phone Number	Medical Group	Medical Group TIN	Last Visit Date
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Medi-Cal Member CIN	Detail Service Date	Procedure Code and Description	HCPCS Modifier	Revenue Code and Description	Place of Service	Bill Type	Billed Units	Tax Identification Number	National Provider Identifier (NPI)	Provider First Name	Provider Last Name	Provider Phone Number	Provider Specialty Type	Admittance Low Service Date	Discharge High Service Date	Diagnosis Code 1	Diagnosis Code 2	Diagnosis Code 3	Diagnosis Code 4
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Medi-Cal Member CIN	Referring Provider Name	Referring Provider NPI	Referring Provider Phone Number	Authorization Begin Date	Authorization End Date	Units (as applicable)	Level of Service	Service Code	Service Code Description	Diagnosis Code	Diagnosis Description	Prior Authorization Status	Authorization Type
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Medi-Cal Member CIN	Level Of Service	Days of Week of Scheduled Service	Time of Scheduled Service	Member Phone Number	Pickup Location	Pickup Address	LTC/SNF Phone Number	Mode of Transport	Transportation Provider Name	Transportation Provider Phone Number	Dropoff Provider Name	Dropoff Provider Phone Number	Current NMT/NEMT Vendor	Transportation Notes
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Medi-Cal Member Client Index Number (CIN)	Level Of Service	Authorization Begin Date	Authorization End Date	Standing Orders	Mode of Transportation	Requesting Provider Name	Requesting Provider NPI	Requesting Provider Phone Number
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