

Department of Health Care Services  
2024 MCP Transition Policy Guide

Continuity of Care (CoC) Data Template - 2c) Special Populations Accompanying Data

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 in conjunction with the template 2a) *Special Populations Specifications* to prepare the accompanying data elements listed below to share with Receiving MCPs, in accordance with requirements outlined in Section VIII of the Policy Guide. Receiving MCPs will utilize the resulting member level Special Populations data to implement Continuity of Care policies in Section V. of the Policy Guide.

File	Required Naming Convention	Special Population	Field Description	Format	Notes
Transitioning Member Special Populations Information	M01_CCM	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 Phone Number	Numeric, 10-digit	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
Transitioning Member Special Populations Information	M02_TP	In the transplant evaluation process, or any waitlist to receive a transplant, undergoing a transplant, or received a transplant in the previous 12 months	Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text	
			Transplant Stage	Alpha-Numeric, Text	Indicates which phase of the transplant process the member is in ("CONSULTATION/PRE-SCREEN", "EVALUATION", "PRE-TRANSPLANT/WAITLIST", "TRANSPLANT EPISODE", "POST TRANSPLANT", or "UNKNOWN").
			Eligibility Plan Code	Alpha-Numeric, Text	
			Organ	Alpha-Numeric, Text	
			Transplant Date	MM/DD/YYYY, Date	
			Request Type (Outpatient, Inpatient)	Alpha-Numeric, Text	
			Facility Notify Date	MM/DD/YYYY, Date	
			Facility Name	Alpha-Numeric, Text	
			Facility NPI	Numeric, 10 digit, Text	
			Facility Phone Number	Numeric, 10 digit	
					Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
Transitioning Member Special Populations Information	M03_DIS	Post-discharge from inpatient hospital, SNF, ICF/DD, or sub-acute facility on or after December 1, 2023	Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text	
			Facility Name	Alpha-Numeric, Text	
			Facility Type	Numeric, 1 digit, Text	Indicates member facility type, ("INPATIENT", "SNF", "SUB-ACUTE").
			Facility NPI	Numeric, 10 digit, Text	
			Facility Phone Number	Numeric, 10 digit	Numbers only, no dashes, character limit of ten. If number not available to the MCP, MCP may report "0000000000".
Transitioning Member Special Populations Information	M04_IP	Receiving hospital inpatient care	Medi-Cal Member CIN	Alpha-Numeric 9-digit, Text	
			Facility Name	Alpha-Numeric, Text	
			Facility NPI	Numeric, 10 digit, Text	

Medi-Cal Member CIN	Reason for Care Management or Program type	Care Management Open Date	Plan Contact Name	Plan Phone Number
------------------------	--	---------------------------	----------------------	----------------------

Medi-Cal Member CIN	Transplant Stage	Eligibility Plan Code	Organ	Transplant Date	Request Type (Outpatient, Inpatient)	Facility Notify Date	Facility Name	Facility NPI	Facility Phone Number
------------------------	---------------------	--------------------------	-------	--------------------	--	----------------------------	------------------	-----------------	--------------------------

Medi-Cal Member CIN	Facility Name	Facility Type	Facility NPI	Facility Phone Number
------------------------	---------------	---------------	-----------------	-----------------------------

Medi-Cal Member CIN	Facility Name	Facility NPI	Facility Phone Number
------------------------	---------------	--------------	--------------------------

Medi-Cal Member CIN	Member's CS Provider Name	Member's CS Provider NPI	Member's CS Provider Phone	Member received Community Supports	Community Supports approved: Housing Transition/Navigation Services	Community Supports approved: Housing Deposits	Community Supports approved: Housing Tenancy and Sustaining Services	Community Supports approved: Short- Term Post- Hospitalization Housing	Community Supports approved: Recuperative Care (Medical Respite)	Community Supports approved: Respite Services	Community Supports approved: Day Habilitation Programs	Community Supports approved: Nursing Facility Transition/Diversi on to Assisted Living Facilities	Community Supports approved: Nursing Facility Transition to a Home	Community Supports: Personal Care and Homemaker Services	Community Supports: Environmental Accessibility Adaptations	Community Supports approved: Medically Supportive Food/Meals/Medically Tailored Meals	Community Supports approved: Asthma Remediation	Community Supports approved: Other
------------------------	------------------------------------	--------------------------------	----------------------------------	---	---	---	---	---	--	--	--	---	---	---	---	---	--	---

Medi-Cal Member CIN	Member's Assigned ECM Provider Name	Member's Assigned ECM Provider NPI	Member's Assigned ECM Provider Phone	ECM Population of Focus	ECM Benefit Date Assessed/Approved	ECM Benefit Start Date
---------------------------	--	---	---	-------------------------------	---------------------------------------	---------------------------

Medi-Cal Member CIN	Facility Name	Facility NPI	Facility Phone Number	Dates Authorized
------------------------	------------------	-----------------	-----------------------------	---------------------