



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.?

