Monthly California Children's Services Referral Log 2.0 Instructions & Data Dictionary

Instructions: Submit a monthly report of all newly identified California Children Services (CCS) cases referred to the County in the reporting month. Refer to the data dictionary for specifics on what each field should contain. 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 the Member
B	Member Last Name	CHAR Always Required	50	Last name of the 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	County	Drop Down		County Member was referred to for CCS services- Riverside or San Bernardino only.
F	Date Identified	MM/DD/YYYY	10	Date CCS-eligible condition was identified.
G	Date of CCS Referral	MM/DD/YYYY	10	Date of CCS referral to County for eligibity determination.
H	CCS Eligible Diagnosis	CHAR Always Required	50	ICD-10 code of CCS Eligible medical condition diagnosis used for referral.

IE♥HP
Inland Empire Health Plan

INLAND EMPIRE HEALTH PLAN	
MONTHLY CCS REPORT LOG	
Newly Referred CCS Cases Log	

Delegate Name: IPA NAME

Date Submitted:

Report for Month of:

Submitted By:

Member First Name	Member Last Name	IEHP Member ID #	DOB	*County	Date Identified	Date of Referral by IPA	CCS Eligible Diagnosis