Sample Workflow for Continuums of Care and Managed Care Plans to Conduct a Client Data Match

Homebase
with the support of the California Health Care Foundation

A critical component of cross-system care coordination is identifying people who are clients of or accessing the resources of each system. Comparing member and client lists manually can be both time consuming and may compromise the privacy of the individuals on the lists. Client information databases that can communicate directly to identify people who appear in both is ideal. However, managed care plans (MCPs) and Continuums of Care (CoCs) maintain their own client management and information systems and although some of the information contained in each system is similar, the differences in the technology and the way information is collected and stored in each make that kind of direct information exchange difficult, if not impossible.

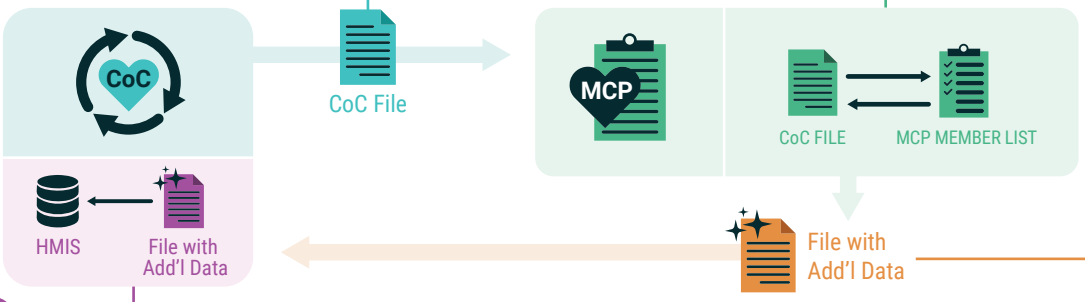
As an alternative, CoCs and MCPs can develop relatively simple protocols to exchange and compare data using technology rather than requiring someone to manually review the information. Below is a simple workflow that CoCs and MCPs can use to accomplish this kind of client data match, as well as a list of recommended data elements to include in the matching process.

The workflow and data element lists contained in this tool are intended to provide practical guidance only, not legal advice or guidance. Each CoC and partner MCP should discuss what data they need to share to accomplish their data match and care coordination goals and should consult with County, MCP, or other legal counsel. Data sharing agreements or new or updated Releases of Information may be necessary before data matching proceeds.

Member matching workflow:

1 CoC provides an electronic file with client list to the MCP
(see page 2 for data elements included)
File can be sent via Secure File Transfer Protocol (SFTP) or MCP can access file directly from HMIS with appropriate access. File format would likely be CSV but can be any file type the CoC and MCP agree upon.

2 MCP matches CoC client data with MCP member list.
Note: This document does not contain the details of how that match process happens, but MCPs should have the technological capability and staff to accomplish it.
- Non-member data is destroyed
- Member data is stored in MCP's data warehouse.



3 MCP sends the member list back to the CoC, with additional relevant information included.
(see page 2 for those additional data elements)

4 CoC uses additional information from MCP to update matched client records in HMIS

CoC HMIS administrator sets up data import tool to import data and update client records

For open members without an MCP program entry in HMIS:
- New program enrollment is created (prior living situation, project start/exit, exit destination are required as HUD Universal Data Elements)
- Date of program enrollment = MCP membership start date
- Include the following data fields (see table below for definitions)
  MCP, MCP Coverage/Plan Type, Member ID, Medi-Cal CIN

For closed members:
- Program Exit is created
- Date of Program Exit = MCP membership end date
- Exit Destination

CoC HMIS administrator uses a data import tool to import or update MCP program enrollments with CalAIM Enhanced Care Management (ECM) and Community Supports (CS) services

For each service in which a member is enrolled:
- New program-level service with service enrollment date as reported by MCP
- ECM and CS services should include Provider

For each service from which a member is discharged or discontinues:
- Program-level service end date is recorded as reported by MCP

The workflow and data element lists contained in this document are based in large part on a workflow and data element technical specifications sheet developed by the Santa Clara County, California Continuum of Care and Santa Clara Family Health Plan working together on HHIP Implementation. Homebase would like to thank them for their permission to build upon and share their work to create this resource for other communities to use.

Information to include in client and members lists when following the workflow above

The following lists are examples for CoCs and MCPs to use to inform their own discussions and plans for conducting data matching. To protect client privacy, CoCs should only provide information that is necessary for MCPs to conduct the initial match. Similarly, MCPs should only send back additional information needed to achieve the CoC and MCP's agreed upon care coordination goals (and should take into account any applicable legal considerations). The lists below assume one such goal is coordination around CalAIM Enhanced Care Management (ECM) and Community Supports (CS) referrals and utilization.

Data elements to include in HMIS client list provided by the CoC to the MCP

The CoC should only include active clients on its list to the MCP. The CoC and MCP should also determine whether to limit the client list in any other way (e.g., to a certain date range) depending on the purposes for the data match (e.g., to meet a Homeless and Housing Incentive Program (HHIP) metric, specific kinds of care coordination, etc.).

- HMIS Client ID
- MCP Member ID (if known)
- First Name
- Middle Name
- Last Name
- Suffix
- Name Data Quality [options: full name reported; partial/street/code name; client doesn't know; client refused; data not collected]
- Date of Birth (DOB)
- DOB Data Quality [options: full DOB reported, approximate or partial DOB reported; client doesn't know; client refused; data not collected]
- Gender [options: female; male; a gender that is not singularly female or male; transgender; questioning; client doesn't know; client refused; data not collected]
- Information Date (date information was collected)

A CoC's HMIS may not contain fields for some of the information an MCP might send back for shared clients (e.g., whether the clients are enrolled in CalAIM Enhanced Care Management or even which MCP clients are enrolled with if the CoC covers a county with multiple Medi-Cal MCPs). Before the CoC can update client records with that information, changes may need to be made to accommodate it. CoCs should determine what would work best for them and their HMIS. This workflow assumes the CoC has created an MCP project within HMIS to enroll clients when they're confirmed to be an MCP member. That allows for ECM and CS information to be added as services within the project.

Data elements for the MCP to include for each matched client when sending the list back to the CoC

- HMIS Client ID
- First Name
- Middle Name
- Last Name
- Suffix
- Date of Birth
- MCP
- MCP Coverage/Plan Type [options: Medi-Cal; Dual Eligible Special Needs Plan]
- MCP Member ID
- CIN (Medi-Cal Client Identification Number)
- MCP Date of Enrollment (Effective Date)
- MCP Date of Exit (Termination Date)
- ECM [options: enrolled; not enrolled]
- ECM Provider
- Date of Enrollment for ECM
- Date of Discharge/Discontinuation for ECM
- For each CalAIM Community Support the MCP and CoC want to coordinate around (e.g., Housing Deposits, Housing Navigation, Housing Tenancy Support, and other housing-related supports):
  - Community Support [insert name of community support] [options: enrolled; not enrolled)
  - Community Support [insert name of community support] Provider
  - Date of Enrollment
  - Date of Discharge/Discontinuation