



**Cal MediConnect Data Sharing Workgroup**  
***Draft Recommendations***  
**7/30/18**

**Background**

The Cal MediConnect program was developed to provide better coordinated and integrated care to dual eligible beneficiaries in the participating counties. As a part of ongoing efforts to strengthen the program, the recent revision of the three-way contract between the participating Cal MediConnect plan, the Department of Health Care Services (DHCS) and the Centers for Medicare & Medicaid Services (CMS) created a new requirement to improve continuity of care as members transition between Cal MediConnect (CMC) plans.

Under this new requirement, CMC plans whose members are transferring to a new CMC plan will be required to share data for those members. The contract called for a workgroup of plan, DHCS, and CMS representatives to determine what data should be shared and how. This memo summarizes the recommendations reached by that workgroup. More information about the workgroup and its process can be found at the conclusion of this memo.

**Data Package Elements**

The goal of this data package is to promote continuity of care for CMC members moving between CMC plans. For all data elements, plans must include all currently available data. The definition of currently available is what the plan has access to during the 30-day window following the date of notification of a member's enrollment in the new plan. For some members, plans will not have data for all standard data elements. Plans will be responsible for compiling all this data into a zip file folder.

The standard data elements of the package will include:

- **Basic Member & Plan Data:** DHCS should create a simple template for plans to share the following information:
  - **Member's Risk Level:**
    - Based on the legacy plan's assessment, is the member high or low risk?
    - This will only be for the gaining plan's reference/information and will not serve as an initial risk stratification.
  - **Plan & Member Contact Information:**
  - Legacy plan contact information, for any follow-up questions the gaining plan may have.
  - Alternative member contact information, if available.

- **Open Authorizations:**
  - All open authorizations to ensure members continue to receive supplies and any active care.
  - DHCS will work with the plans to identify an existing data template to use to compile and share this data.
- **Claims Data, with 12-month Look Back:**
  - All currently available claims data for the member looking back over the 12 months prior to the date of notification of enrollment in the new plan.
  - 12-month period is consistent with claims data packages for members during passive enrollment.
  - DHCS will work with the plans to identify an existing data template to use to compile and share this data.
- **Health Risk Assessment (HRA):**
  - Most recent HRA, including date of assessment, if an HRA has been conducted.
  - The HRA should be in a PDF file format.
- **Individualized Care Plan (ICP)**
  - Most recent version of the provider-facing care plan, including any case manager notes or other data elements already included as part of that care plan.
  - The ICP should be in a PDF file format.
- **Data From Delegated Entities:** The plan should include any claims or other data available from their delegated entities in this package, in the file formats specified above.

### **Eligible CMC Members**

Legacy plans will develop data packages for all CMC members directly transferring between two CMC plans, regardless of the length of time the member spent in the legacy plan. The data package will include all currently available data for that member, as specified above.

While permitted, CMC plans are not required or expected to share data for members if there is a break in CMC plan enrollment. This process is designed for members directly transferring from one CMC plan to another.

### **Data Sharing Process**

The data package will be shared between CMC plans using a Secure File Transfer Protocol (SFTP) service provided by DHCS.

- Legacy plans will use the transaction reply code (TRC) 014 to identify members who are transferring to a new CMC plan, and which CMC plan is the gaining plan.

- DHCS/CMS has compiled a list of Plan H numbers for the CMC plans to ensure that legacy plans know which members are going into another CMC plan, and not a Medi-Cal or Medicare Advantage plan.
- Legacy plans will compile the data package for each transferring member, and upload these data packages to the SFTP site.
  - Member data packages will be uploaded into folders created for the gaining plan; the gaining plan will be able to go to their designated folder and download member data packages for all new members in one location, regardless of their legacy plan.
  - The data package (as outlined above) will be uploaded within 30-days of notice of disenrollment.
    - The workgroup recommends that the three-way contract be updated to strike the clause “and no later than the effective date of transfer” in Section 2.5.2.12.1 regarding the data sharing process. This requirement is inconsistent with the 30-day requirement and operationally challenging.
- CMC plans will need to sign data sharing agreements in order to share member data.
  - The workgroup recommends that DHCS develop a template data sharing agreement with data package and file specifications to facilitate implementation.
  - Based on a preliminary review by the DHCS Office of Legal Services, member consent for this specific process is not required.

### **Implementation Timeline**

Implementation timelines will depend on the final file specifications and development of the data sharing template.

As a part of implementation, DHCS and the plans will need to work through the following operational issues to develop a final set of file and SFTP specifications:

- *Identify templates for sharing claims and authorizations data.*
- *File naming conventions to allow plans to easily identify member files.*
- *A process for notifying plans when data is uploaded.* If legacy plans upload data on a flow basis to meet the 30-day requirement, how will gaining plans know when new data is uploaded?
- *Removing old data.* Can DHCS remove “old” data from the SFTP site after a set time period after upload, and what is the appropriate amount of time (60 to 90 days?).

**CMC Data Workgroup Summary Draft**

The workgroup was composed of representatives from Cal MediConnect (CMC) plans, the Department of Health Care Services (DHCS), and Centers for Medicaid and Medicare (CMS). Nine CMC plans participated in the workgroup, including: Anthem Blue Cross, Care1st, CareMore, Community Health Group, Health Net, Inland Empire Health Plan, L.A. Care, Molina, and Santa Clara Family Health Plan.

The workgroup met seven times over four months for discussion and deliberation. Participants reached consensus on the recommendation topics including data package elements, eligible CMC members, the data sharing process, and an implementation timeline to exchange information.