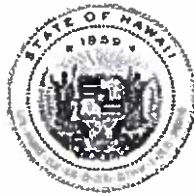


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March 6, 2020

**MEMORANDUM**

**MEMO NO.**  
**QI-2003**

**TO:** QUEST Integration (QI) Health Plans  
Community Care Services (CCS) Health Plan

**FROM:**  Judy Mohr Peterson, PhD  
Med-QUEST Division Administrator

**SUBJECT:** COMMUNITY INTEGRATION SERVICES (CIS) DATA REQUIREMENTS

The Department of Human Services, Med QUEST Division (MQD) is issuing this memo to provide guidance on tracking the status of QUEST Integration (QI) and Community Care Services (CCS) program members who are eligible for the Community Integration Services (CIS) program. This memo is the first of several memoranda expected to provide guidance to health plans on the implementation of the CIS program.

MQD is currently making system changes that will allow HPMMIS to receive and store CIS program beneficiary status updates, and present CIS information back to the health plans via the 834 Daily and Monthly files. Until these system changes are complete, health plans are expected to keep a historical record of CIS program beneficiary status internally. Once the system changes have been implemented, health plans will provide MQD an ad hoc "catch up" file containing historical CIS status updates. Subsequently, health plans will be able to submit updates via scheduled jobs to MQD. An error file will be returned to health plans if any errors are detected in the data sent. Beginning July 2020, Monthly and Daily 834 files sent to the health plans will contain CIS program status information. Health plans are expected to review CIS status codes in their 834 files and any error files received from MQD, and submit corrections using the formats specified in the memo.

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If you have any questions regarding system changes or technical implementation, please contact Ms. Haidee Shaw by email [hshaw@dhs.hawaii.gov](mailto:hshaw@dhs.hawaii.gov) or by phone at (808) 692-7963. If you have programmatic questions regarding CIS, please contact Ms. Madi Silverman at (808) 692-8166 or by email [msilverman@dhs.hawaii.gov](mailto:msilverman@dhs.hawaii.gov).

Attachment

# **CIS DATA REQUIREMENTS:**

## **1.1 OVERVIEW**

This memo is intended to provide guidance on how health plans should track CIS program beneficiary status and report the same to MQD. The CIS program beneficiary status code is a variable whose values allow for tracking of beneficiaries throughout their engagement with and participation in various aspects of the CIS program. The memo also provides information on how CIS program status code updates, as reported to MQD by health plans, will be presented back to health plans via their Daily and Monthly 834 reports.

Health plans are expected to upload files via MQD's SFTP site to provide routine updates on their CIS program beneficiaries' statuses. The information will then be presented back to the health plans by MQD via the Daily and Monthly 834 files. MQD is providing health plans until June 4, 2020 to (1) make system changes to capture CIS program beneficiary status, (2) submit the same to MQD using the automated protocol described in Section 1.3, and (3) receive CIS program beneficiary status error files from the state described in Section 1.4; and until June 30, 2020 to be fully prepared to receive modified 834 files containing CIS program status information described in Section 1.5. MQD staff is available to support health plans in testing their system changes between June 5, 2020 and June 15, 2020, although testing is considered optional.

Although health plans will not be required to provide MQD with updates on the status of CIS program beneficiaries until June 29, 2020, effective immediately upon receipt of this memo, health plans are advised that they are expected to begin tracking CIS program beneficiary statuses manually if necessary, and to the extent feasible, incorporate historical CIS status code information for CIS program beneficiaries as described in Section 1.2. Health plans will be expected to keep a historical record of CIS program beneficiaries' status as they move through various stages of the program (for example, moving from potentially homeless to pre-tenancy and then to tenancy).

On June 29, 2020, health plans are expected to upload a single ad hoc "catch up" file as described in Section 1.2 containing all historical CIS program beneficiary status information. Health plans may begin submitting regular CIS updates using scheduled jobs as described in Section 1.3 as soon as July 1, 2020. MQD will include CIS program beneficiaries' status information in the daily and Monthly 834 files beginning with the July 1, 2020 Monthly 834 file.<sup>1</sup>

The required contents for files containing CIS program beneficiaries' status updates from the health plans, and planned changes to the 834 file format, are described in the sections below.

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<sup>1</sup> Although CIS program beneficiaries enrolled in the CCS program will receive CIS services via their CCS plan, CIS program beneficiary status updates from MQD will be included in the 834 files of both the beneficiary's QI and CCS plans.

## 1.2 INITIAL FILE LOAD (AD HOC)

- Health plans will manually track their potential and enrolled CIS program beneficiaries immediately upon receipt of this memo, and to the extent feasible, include retrospective data for beneficiaries in the program.
- File formats used to track CIS program beneficiary statuses should match the file layout provided in Table 1.
- The CIS program status codes to be used, along with their descriptions, are provided in Table 2.
- The ad hoc file will include all status updates of all identified potential CIS program beneficiaries, including begin and end date for each status. The current status' end date should be left blank.
- Multiple CIS program status codes will be accepted, but the dates for each code cannot overlap.
- On June 29, 2020, health plans will provide the ad hoc CIS program beneficiaries status codes file, in text format, to MQD (see file layout below).
  - The file must be structured using the layout specified in Table 1.
  - The file must be uploaded to the respective health plan's SFTP PROD/IN folder.
  - File must follow the following filename format: **HPID\_CIS\_YYYYMMDD.txt** (date = today's date)
  - File must be uploaded to the SFTP by 7 PM on June 29, 2020.
- Records received, processed, and posted to HPMMIS will appear on the health plan's July 1, 2020 Monthly 834 file, as described in Section 1.5.
- Records that did not process, or are rejected, will appear on an error file sent back to the health plan. The contents of error files are described further in Section 1.4.

## 1.5 CIS PROGRAM STATUS DAILY UPDATE (SCHEDULED JOBS)

- After the initial file load on June 29, 2020, beginning July 1, 2020, health plans will be able to submit subsequent updates via a text file to MQD, up to once daily.
- HPMMIS will be unable to accept any scheduled jobs on June 30, 2020; therefore, any CIS program beneficiary status updates occurring on June 30, 2020 may be included in the file submitted on July 1, 2020 or the first submission thereafter.
- The file should be formatted using the layout provided in Table 1.
- Status updates should not be submitted as a full replace file. Rather, the file should only contain the following:
  - Newly identified potential CIS program beneficiaries
  - Changes to the beneficiaries' CIS program status since the previous file upload
  - Corrections to previously submitted erroneous information
- Multiple CIS program status codes will be accepted, but the dates for each code cannot overlap.
- Updates should be reported daily, if needed, or as often as they occur so that MQD's data always reflects the most current CIS program beneficiary status.
  - The file must be uploaded to the respective health plan's SFTP PROD/IN folder.
  - File must follow the following filename format: **HPID\_CIS\_YYYYMMDD.txt** (date = today's date)

- File must be uploaded to the SFTP by 7 PM.
- A scheduled job will run daily to pick and process any submitted files.
- Records received, processed, and posted to HPMMIS will appear the following day on the health plan's Daily 834, as described in Section 1.5.
- Records that did not process, or are rejected, will appear on an error file sent back to the health plan. The contents of error files are described further in Section 1.4.

#### 1.4 CIS STATE ERROR FILE

- The error report/file will be returned to each health plan's SFTP PROD/OUT folder.
  - Filename format: **HPID\_CIS\_ERR\_YYYYMMDD.txt**
  - The format of the error file received from the state is provided in Table 3.
- The health plan is responsible for correcting and resubmitting any errors to ensure that HPMMIS contains comprehensive information on CIS program beneficiary statuses.
- Health plans must review the Error Descriptions included in the file to determine appropriate remedial action. Table 4 lists the various Error Descriptions that will be used, along with an explanation for each type of Error Description.
- Corrections must be submitted by the health plan if (a) error files are returned to the health plan's SFTP PROD/OUT folder; or (b) the health plan notices any discrepancies while reviewing CIS program beneficiary status information included in its 834 files (see Section 1.5).
- Error corrections must be submitted via the daily update files, as described in Section 1.3.
- Rows of data where an error correction is being submitted must be accompanied by the Error Code 'ERR' as noted in the file layout in Table 1.
- No corrections are required to be submitted when a beneficiary transitions plans and/or is retroactively dis-enrolled from the plan. In these cases, the beneficiary's new health plan will receive the most recent CIS program status submitted by the previous health plan. Upon transition of care and provision of new services, the new health plan must only submit an end date for the beneficiary's current CIS program status code prior to submitting an updated status code.<sup>2</sup>
- Various error scenarios and examples to show how corrections must be submitted back to MQD are described in Appendix 1.

#### 1.5 STATE COMMUNICATION OF CIS PROGRAM STATUS TO HEALTH PLANS

- MQD will include CIS program beneficiary status information in the 834 Daily and Monthly files.
- In addition, new CIS information will also be added to the DHS Medicaid Online (DMO). The screen will identify the CIS code description, begin and end date based on the date search criteria entered.
- The Monthly 834 file will only contain the current CIS program beneficiary status code. The Daily 834 file will contain all CIS program beneficiary status codes submitted in the most recent file update.

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<sup>2</sup> For example, if a beneficiary has a current status of H5 during a plan transition, the new plan will not submit an update until the beneficiary has transitioned to a different status, for example H6.

- Changes to the 834 Daily and Monthly file structure, and location of CIS program beneficiary status information is presented in Appendix 2.
- Health plans are expected to configure their system to be able to receive and review CIS program beneficiary status information via the 834 files.
- The health plan is responsible for reconciling CIS information received via its 834 files. The reconciliation process will ensure that:
  - The plans are notified of any potentially new CIS program beneficiaries identified by MQD (the 834 Files will be the method of notification);
  - The plans are able to verify that any data or corrections submitted via the mechanism described in Section 1.4 were accepted by MQD; and
  - The plans are able to identify and correct any errors that were not automatically identified by the error file (e.g. cases where the wrong beneficiary was assigned a CIS program status code).

If you have any questions regarding this document, or to schedule system testing, please contact Ms. Haidee Shaw by email at [hshaw@dhs.hawaii.gov](mailto:hshaw@dhs.hawaii.gov) or by phone at (808) 692-7963 for urgent matters.

## TABLES

**Table 1: CIS HEALTH PLAN FILE LAYOUT (Fixed Width)**

FIELD NAME	TYPE/SIZE	BEGIN	END	NOTE
HEALTH PLAN ID	X(6)	1	6	
CLIENT ID	X(10)	7	16	
CIS STATUS CODE	X(2)	17	18	
BEGIN DATE	X(8)	19	26	YYYYMMDD
END DATE	X(8)	27	34	YYYYMMDD
ERROR CODE	X(3)	35	37	Use 'ERR'; only populate if correction is necessary

**Table 2: CIS PROGRAM STATUS CODES<sup>3</sup>**

CIS Status Code	Description	Notes
H1	CIS - POTENTIALLY ELIGIBLE	Use this code to designate beneficiaries who have been identified as potentially eligible for the CIS program based on ICD codes or other evidence, with fewer than 3 attempts by the health plan in the past 6 month period to

<sup>3</sup> Health Plans may evaluate all potentially eligible beneficiaries for inclusion in the CIS program. Once enrolled in CIS, the beneficiary's status must be tracked even if the beneficiary isn't receiving services paid by MQD. For example, if an eligible beneficiary consents to participate in CIS, but currently receiving pre-tenancy services through another program, then the beneficiary may be enrolled into CIS and assigned a status code of 'H5.'

		be contacted for an assessment to determine inclusion in the CIS program.
<b>H2</b>	CIS - CONTACTED – CONFIRMED ELIGIBLE	Use this code for beneficiaries who have been contacted and formally assessed for inclusion in the CIS program and found to be eligible but have not yet consented to participate in program services; beneficiaries may be receiving services related to obtaining consent.
<b>H3</b>	CIS - CONTACTED – NOT ELIGIBLE	Use this code for beneficiaries who have been contacted and formally assessed for inclusion in the CIS program but were found to not be eligible for the program.
<b>H4</b>	CIS - CONTACTED – ELIGIBLE REFUSED	Use this code for beneficiaries who have been formally assessed for inclusion in the CIS program and found to be eligible but have refused to participate in the program.
<b>H5</b>	CIS - HOUSING PRE-TENANCY	Use this code for beneficiaries who have been formally assessed for inclusion, found to be eligible, and consented to participate in the CIS program, who are now receiving Housing Pre-Tenancy Services.
<b>H6</b>	CIS - HOUSING TENANCY	Use this code for beneficiaries who have been formally assessed for inclusion, found to be eligible, and consented to participate in the CIS program, who are now receiving Housing Tenancy Supporting Services.
<b>H7</b>	CIS - BENEFICIARY LOST TO FOLLOW UP	Use this code for beneficiaries who have been formally assessed for inclusion, found to be eligible, and consented to participate in the CIS program, who have been lost to follow up (defined as 3 or more unsuccessful attempts by the health plans to reach the beneficiary in the past 3 months) following receipt of one or more Housing Pre-Tenancy or Tenancy Supporting Services.
<b>H8</b>	CIS - UNABLE TO CONTACT	Use this code to designate beneficiaries who have been identified as potentially eligible for the CIS program based on ICD codes or other evidence, with 3 or more unsuccessful attempts by the health plan in the past 6 month period to be contacted for an assessment to determine inclusion in the CIS program.

**Table 3: CIS STATE ERROR FILE LAYOUT:**

<b>Field</b>	<b>Type/Size</b>	<b>Begin</b>	<b>End</b>	<b>Notes</b>
Health Plan ID	X(6)	1	6	
CIS Status Code	X(2)	7	8	
CLIENT ID	X(10)	9	18	Medicaid Client ID
Last Name	X(20)	19	38	
First Name	X(10)	39	48	
Middle Initial	X(1)	49	49	
Begin Date	X(8)	50	57	Format YYYYMMDD
End Date	X(8)	58	63	Format YYYYMMDD
Error Description	X(50)	64	113	See table

**Table 4: ERROR DESCRIPTIONS AND EXPLANATIONS:**

<b>Error Description</b>	<b>Explanations</b>
HEALTH PLAN ID IS INVALID	The Health Plan ID is not a valid ID in HPMMIS or is spaces
CLIENT ID IS INVALID	The Client-ID is not a valid ID in HPMMIS or is spaces
NO ELIGIBILITY FOUND FOR REQUESTED PERIOD OF TIME	The Client-ID is a valid ID in HPMMIS and the member has no eligibility for the begin date of the CIS program status code.
CIS STATUS CODE IS REQUIRED	CIS program status code is spaces/blank
CIS STATUS CODE IS INVALID	CIS program status code not valid
OVERLAPPING DATES FOUND; RECORD CANNOT BE ADDED	CIS program status code already exists for the same period and an 'ERR' code is not present
BEGIN DATE IS INVALID	Begin date is not a valid date or spaces
BEGIN DATE MUST BE LESS THAN END DATE	Begin date is after the end date
END DATE IS INVALID	End date is populated with any value, and the end date is not a valid date, or spaces or 9s
ERROR CODE IS INVALID	Error code is populated, but it is not equal to 'ERR'
CIS STATUS RECORD DOES NOT EXISTS	'ERR' error code is populated but the CIS program status and begin, and/or end does not exist in HPMMIS



**APPENDIX 1**

**ERRONEOUS RECORDS SCENARIOS AND HOW TO SUBMIT CORRECTIONS**

Overall Scenario: On August 1, health plan submitted a record but in August 15 realized that the previous record was an error and needs to be corrected.

**Scenario 1:**

**Incorrect CIS Status Code initially sent**

**FILENAME: ABCDEF\_CIS\_20190801.txt**

HEALTH PLAN ID	CLIENT ID	CIS STATUS CODE	BEGIN DATE	END DATE	ERROR CODE
ABCDEF	0000001234	H2	20190701		

The correction record should look like this:

**FILENAME: ABCDEF\_CIS\_20190815.txt**

HEALTH PLAN ID	CLIENT ID	CIS STATUS CODE	BEGIN DATE	END DATE	ERROR CODE
ABCDEF	0000001234	H2	20190701		ERR
ABCDEF	0000001234	H1	20190701		

**Scenario 2:**

**Incorrect CIS Begin Date**

**FILENAME: ABCDEF\_CIS\_20190801.txt**

HEALTH PLAN ID	CLIENT ID	CIS STATUS CODE	BEGIN DATE	END DATE	ERROR CODE
ABCDEF	0000001234	H2	20190701		

The correction record should look like this:

**FILENAME: ABCDEF\_CIS\_20190815.txt**

HEALTH PLAN ID	CLIENT ID	CIS STATUS CODE	BEGIN DATE	END DATE	ERROR CODE
ABCDEF	0000001234	H2	20190701		ERR
ABCDEF	0000001234	H2	20190515		

**Scenario 3:**

**Incorrect CIS Period submitted.**

**FILENAME: ABCDEF\_CIS\_20190801.txt**

HEALTH PLAN ID	CLIENT ID	CIS STATUS CODE	BEGIN DATE	END DATE	ERROR CODE
ABCDEF	0000001234	H2	20190701	20190831	

The correction record should look like this:

**FILENAME: ABCDEF\_CIS\_20190815.txt**

HEALTH PLAN ID	CLIENT ID	CIS STATUS CODE	BEGIN DATE	END DATE	ERROR CODE
ABCDEF	0000001234	H2	20190701	20190831	ERR
ABCDEF	0000001234	H2	20190515	20190831	

**Scenario 4:**

**Incorrect Client.**

Initial file identified client 0000001234 with H2 but it should be client 0000005678 should have been identified instead.

**FILENAME: ABCDEF\_CIS\_20190801.txt**

HEALTH PLAN ID	CLIENT ID	CIS STATUS CODE	BEGIN DATE	END DATE	ERROR CODE
ABCDEF	0000001234	H2	20190701		

The correction record should look like this:

**FILENAME: ABCDEF\_CIS\_20190815.txt**

HEALTH PLAN ID	CLIENT ID	CIS STATUS CODE	BEGIN DATE	END DATE	ERROR CODE
ABCDEF	0000001234	H2	20190701		ERR
ABCDEF	0000005678	H2	20190701		

**Scenario 5:**

Client 0000001234 was incorrectly identified as potential CIS program beneficiary.

**FILENAME: ABCDEF\_CIS\_20190801.txt**

HEALTH PLAN ID	CLIENT ID	CIS STATUS CODE	BEGIN DATE	END DATE	ERROR CODE
ABCDEF	0000001234	H1	20190701		

The correction record should look like this:

**FILENAME: ABCDEF\_CIS\_20190815.txt**

HEALTH PLAN ID	CLIENT ID	CIS STATUS CODE	BEGIN DATE	END DATE	ERROR CODE
ABCDEF	0000001234	H1	20190701		ERR

## APPENDIX 2

### **834 DAILY AND MONTHLY FILE CHANGES**

#### **834 Daily File**

If present, the CIS code, BEGIN and END Dates will appear on the 2700 loop Elements N1 through DTP03.

#### **Add Transaction (New Enrollment) (Example)**

```
LX{1
N1{75{ACTION CODE
REF{ZZ{AA
LX{2
N1{75{RATE CODE
REF{9V{AM06
DTP{007{D8{20171025
LX{3
N1{75{RENEWAL DATE
DTP{007{D8{20181130
LX{4
N1{75{HOMELESS PROJECT
REF{PD{H2
DTP{007{D8{20190701
LE{2700
```

#### **New Action Code for Change Transaction**

A new action code: **CS** – CIS Homeless Change is created to inform health plans of any changes to the CIS Homeless Status.

#### **Change Transaction**

##### **Scenario 1: Adding CIS Status information to an existing beneficiary**

```
LX{1
N1{75{ACTION CODE
REF{ZZ{CS
LX{2
N1{75{ HOMELESS PROJECT
REF{PD{H1
DTP{007{D8{20191101
LE{2700
```

##### **Scenario 2: CIS was entered incorrectly and needs to be removed (See Scenario 5)**

LX{1  
N1{75{ACTION CODE  
REF{ZZ{LE  
N1{75{ HOMELESS CODE REMOVED  
REF{PD{H1  
DTP{007{D8{20190701  
LE{2700

**834 Monthly File**

If present, the CIS information, BEGIN and END dates will appear on the 2700 loop, Element N1 through DTP03.

LX{1  
N1{75{RATE CODE  
REF{9V{AM06  
DTP{007{D8{20171025  
LX{2  
N1{75{RENEWAL DATE  
DTP{007{D8{20181130  
LX{3  
N1{75{HOMELESS PROJECT  
REF{PD{H2  
DTP{007{D8{20190701  
LE{2700