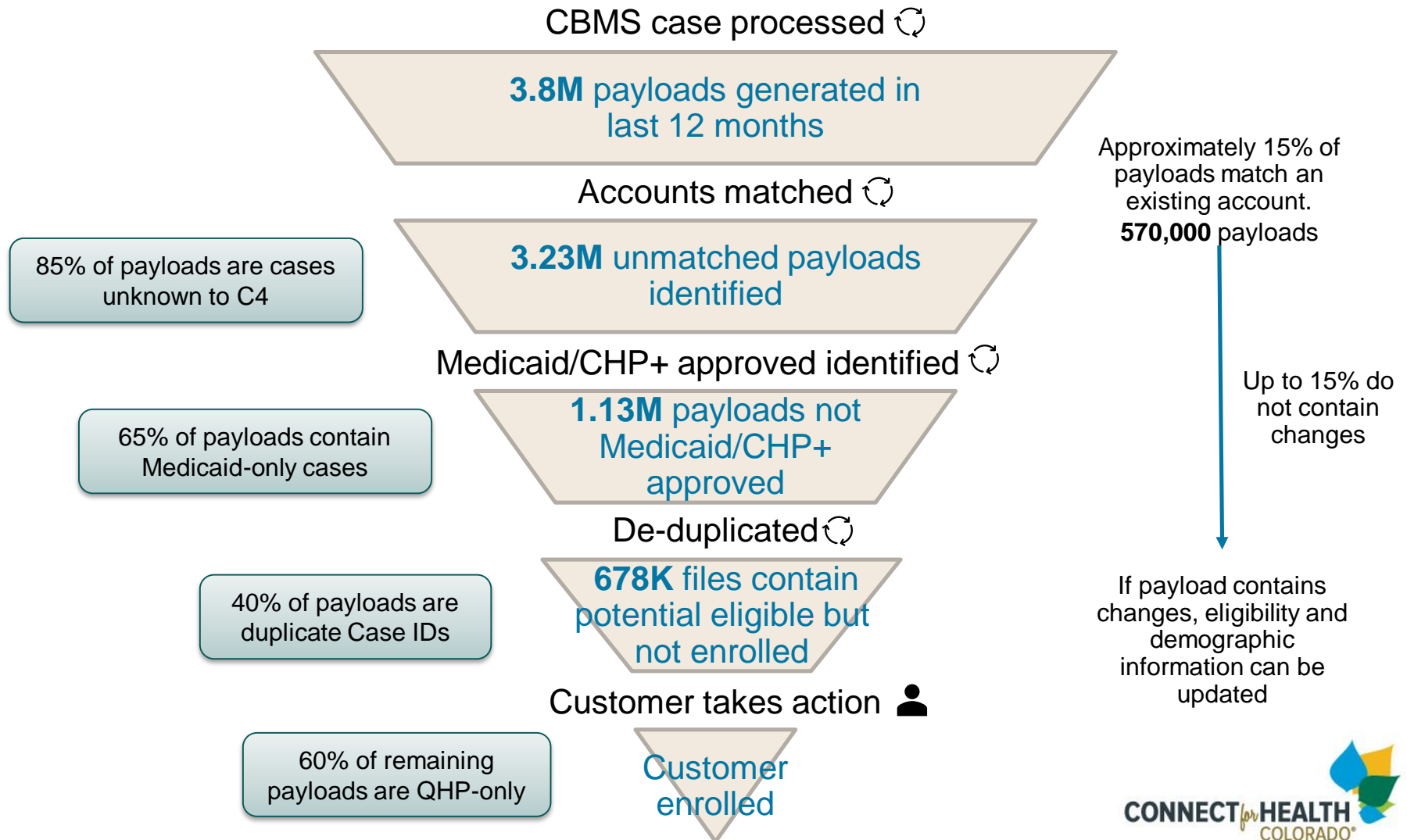# DATA TRANSFER FROM CBMS TO C4

Objective

As part of the Medicaid termination analysis C4 has been asked to evaluate what data is needed to support the transition of consumers and how our current data sources can support.

The primary current data transfer occurs via the Payload files sent from CBMS to C4.

Current Payload Processing
Data from September of 2019

CBMS case processed ⟳

3.8M payloads generated in last 12 months

Accounts matched ⟳

3.23M unmatched payloads identified

85% of payloads are cases unknown to C4

Medicaid/CHP+ approved identified ⟳

1.13M payloads not Medicaid/CHP+ approved

65% of payloads contain Medicaid-only cases

De-duplicated ⟳

678K files contain potential eligible but not enrolled

40% of payloads are duplicate Case IDs

Customer takes action 👤

Customer enrolled

60% of remaining payloads are QHP-only

Approximately 15% of payloads match an existing account. **570,000** payloads

Up to 15% do not contain changes

If payload contains changes, eligibility and demographic information can be updated

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Impacts to Medicaid Termination

- Total data received and individuals eligible for C4 programs is not a one to one match. As a result it is challenging to identify and accurately report metrics tied to conversion rates.

- Because all information is delivered with the same method (changes to existing enrolled accounts, changes to existing accounts with no enrollment and new accounts) the call to action for the customer is the same. There is not enough information in the payload to create targeted messaging.

- Enrollment and event dates are not currently communicated preventing C4 from differentiating on accounts to action vs accounts with existing statuses.

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Recommendation

- Do not rely on payload data to measure enrollment success or to take action for consumer outreach efforts.

- Partner with HCPF for projected termination numbers, accounts impacted and termination reason.

- Partner with HCPF for ongoing reporting through the termination process to support outreach and enrollment progress.

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