



MMIS/HMIS PERMANENT SUPPORTIVE HOUSING DATA MATCH

**Social Determinants of Health:
Housing Solutions for Virginia's Vulnerable Citizens
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Project Overview

- ❑ Multi-state initiative of the Department of Housing and Urban Development (HUD) designed to:
 - Identify how health care utilization patterns and costs for homeless individuals with chronic disabilities change in relation to enrollment in permanent supportive housing (PSH), particularly for individuals with chronic disabilities who have been chronically homeless.
 - Help better engage housing and health care stakeholders at national, state, and local levels in discussions about strategies to improve health care for people experiencing homelessness.
 - Offer a proof of concept to inform development of a blueprint for other communities who wish to conduct a similar administrative data match.
- ❑ Includes all single adult clients who entered PSH between 1/1/2010 – 12/31/2014, with data on Medicaid and other homeless services contacts that occurred between 1/1/2008 – 12/31/2015.
- ❑ Data sharing/matching combines pertinent data elements from Medicaid Management Information System (MMIS) and Homeless Management Information System (HMIS) data.

Data Elements

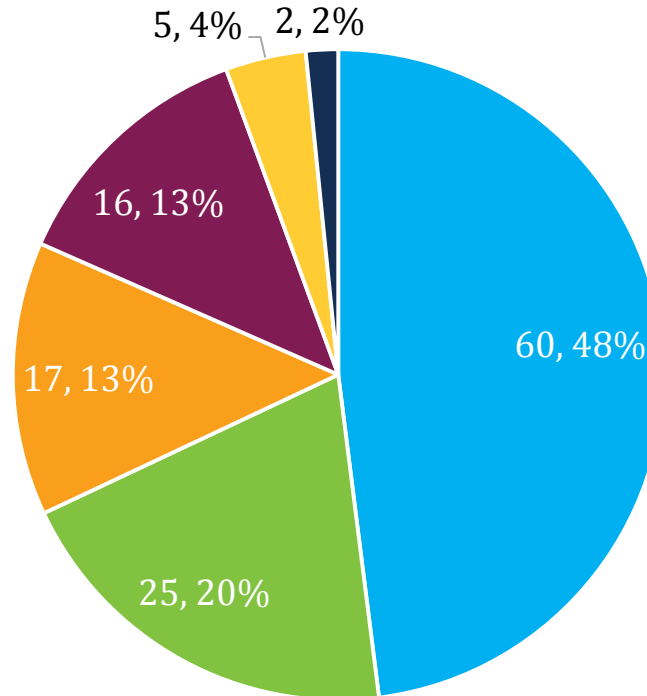
MMIS	HMIS
Medicaid Enrollment Dates	PSH Enrollment Dates
Eligibility Category	Chronic Homelessness Status
Age/Demographics	Special Needs Data
Service Dates	Enrollment Identifiers
Claim Description	Use of Other Homeless Services (shelter + outreach)
Diagnosis Code/Type (ICD-9/10)	
Diagnosis Related Grouping	
Service/Procedure (CPT/HCPC codes)	
Provider Classification	
Place of Service	

Data from HMIS

- ❑ 200 unique adult without children clients entered PSH during the five year period (204 cases)
- ❑ 66 (33.0%) reported Medicaid at project entry
- ❑ 173 (86.5%) have a disability, the most common being a mental health condition (76.9% of those with a disability, $n = 133$)
- ❑ 125 (62.5%) exited PSH at some point

Exit Destinations (HMIS)

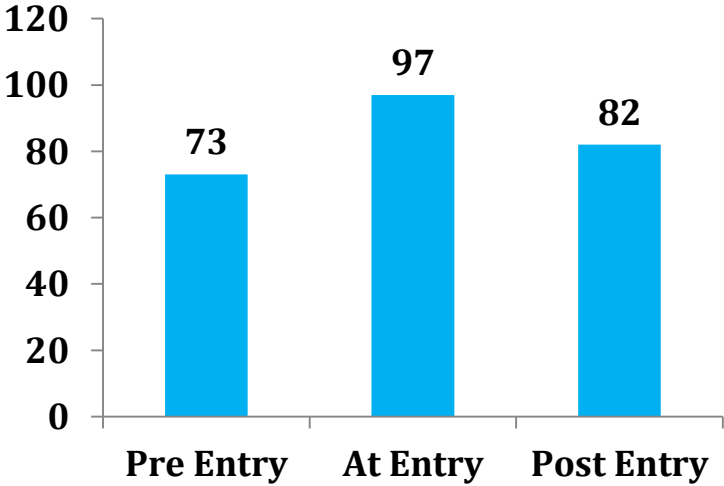
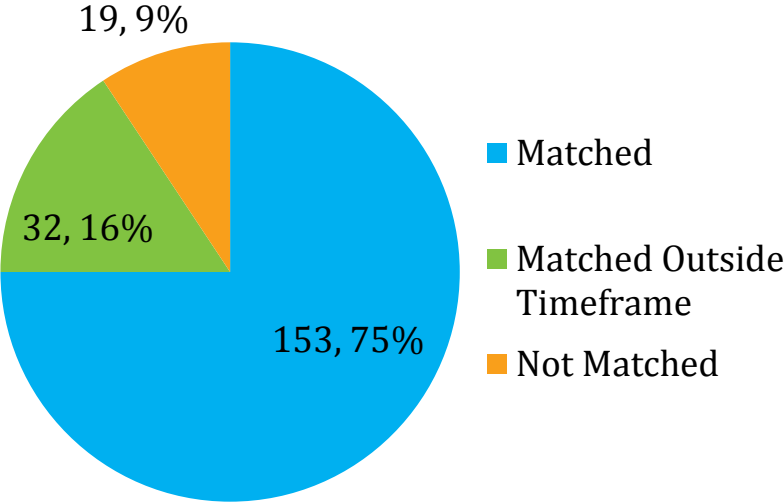
Exit Destinations



- Other housing
- Death
- Institution
- Unknown
- Homelessness
- Temporary

MMIS/HMIS Match and Eligibility Timeframes

Project timeframe: 2 years prior to project entry date and
1 year following project entry date



**91% successful
match rate
(n = 185)**

Eligibility Trends and Movement (MMIS)

Limited to 73 cases where individual has DMAS eligibility segments throughout analysis timeframe.

First Eligibility Grouping	<i>n</i>
Assessment	1
Blind & Disabled	40
Limited Benefits	6
Medicaid Child	4
Plan First	4
Temporary Detention Order	18

First Eligibility Grouping	Last Eligibility Grouping	<i>n</i>
Blind & Disabled	Aged	2
Blind & Disabled	Limited Benefits	2
Limited Benefits	Blind & Disabled	1
Limited Benefits	TDO	3
Medicaid Child	Blind & Disabled	2
Medicaid Child	Medicaid Adult	1
Plan First	Blind & Disabled	2
Plan First	TDO	1
Temporary Detention Order	Blind & Disabled	9
Temporary Detention Order	Limited Benefits	1
Temporary Detention Order	Plan First	1
No significant change	-	48

DMAS Medical Service Utilization

Analysis Description	2 Years Prior	1 Year Prior	1 Year Post
Overall Unique Population	74	102	121
Overall Claims/Encounters (<i>n</i>)	4,479	6,769	10,274
Average Estimated Service Cost Per Person*	\$10,332.91	\$13,317.09	\$20,324.15
SMI Unique Population	57	79	92
SMI Claims/Encounters (<i>n</i>)	1,187	1,556	1,803
SMI Average Estimated Service Cost*	\$6,126.02	\$6,120.99	\$7,735.98
ER Unique Population	45	81	88
ER Claims/Encounters (<i>n</i>)	230	412	455
ER Average Estimated Service Cost*	\$6,667.53	\$7,873.89	\$11,122.72
TDO Claims/Encounters (<i>n</i>)	51	90	23
TDO Average Estimated Service Cost*	\$644.58	\$434.53	\$715.81

*Note: Preliminary cost estimates based on fee-for-service pricing strategy.

Lessons Learned

- ❑ BAA/Data sharing agreements
 - Project timelines and the pace of government
 - Importance of data integrity and appropriate PHI/PII precautions
- ❑ Multi-agency communication
 - Transparency
 - Defining (or refining) business need
- ❑ High level support for data sharing

Additional Opportunities

- ❑ Earlier community intervention and support via SSI/SSDI.
- ❑ Medicare dual eligibility.
- ❑ Further investigation of chronic conditions and common medical services/procedures.
- ❑ Expansion to other Continuums of Care throughout the Commonwealth.
- ❑ Interstate comparisons and knowledge sharing.

Contact Information

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