DHCS Health Enrollment Navigators Project
Monthly Data Reporting Instructions

	#	Field Name	Description	When to Indicate
INFORMATIONAL DATA	1	Partner Name	Name of the Partner submitting the Monthly Data Report.	This field must be completed.
	2	County Name	Name of the county where services are rendered.	This field must be completed.
	3	Reporting Period	Month and Year for which the Monthly Data Report is being submitted.	This field must be completed.
	4	Eligibility Date (MM/DD/YY)	If DP 1 Enrolled is marked, this is the effective eligibility date of the individual. If DP 2 Retained is marked, this is application renewal date.	This field must be completed.
	5	Person Encountered (Last Name)	This is the last name of the individual encountered as part of the approved Project activities.	This field must be completed.
	6	Person Encountered (First Name)	This is the first name of the individual encountered as part of the approved Project activities.	This field must be completed.
	7	CIN #	This is the Client Identification Number (CIN) of the individual encountered as part of the approved Project activities. Enter the full 9 character CIN (XXXXXXXXX) without dashes or spaces.	This field must be completed. If left blank, Social Security Number needs to be provided.
	8	Social Security Number (XXXXXXXXX)	This is the Social Security Number (XXXXXXXXX) of the individual encountered as part of the approved Project activities. Enter without dashes or spaces.	This field may be left blank if CIN # is provided. The individual's MEDS ID may be provided in place of the Social Security Number.
	9	Date of Birth	This is the actual date of birth (MM/DD/YYYY) of the individual encountered as part of the approved Project activities.	This field must be completed.
	10	Street Address	This is the current (or last known) home street address of the individual encountered as part of the approved Project activities.	This field must be completed.
	11	City Address	This is the current (or last known) home city of the individual encountered as part of the approved Project activities.	This field must be completed.
	12	Zip Code Address	This is the current (or last known) home zip code of the individual encountered as part of the approved Project activities. Please enter the first 5 digits (XXXXX).	This field must be completed.
AGE DATA	13	**A 1:** Children: Ages 0-18	This range is used to indicate the age range of the individual being assisted as part of the approved Project activities.	This field may be left blank if the Date of Birth field is filled out. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	14	**A 2:** Adults: Ages 19-64	This range is used to indicate the age range of the individual being assisted as part of the approved Project activities.	This field may be left blank if the Date of Birth field is filled out. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
	15	**A 3:** Adults: Ages 65+	This range is used to indicate the age range of the individual being assisted as part of the approved Project activities.	This field may be left blank if the Date of Birth field is filled out. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.

#	Field Name	Description	When to Indicate
DATA POINT (DP)			
16	**DP 1:** Enrolled	This field is used to indicate if the individual encountered was enrolled into/approved for Medi-Cal as a result of submitting their application package. For purposes of this Project, *"enrolled"* is defined as *"Individuals enrolled into Medi-Cal as a direct result of being educated by or receiving assistance from the Navigators Project."*	If the individual encountered was assisted for this purpose, then all applicable informational data and TPs 1-11 should be filled out with all available data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
17	**DP 2:** Retained	This field is used to indicate if the individual encountered was approved for re-enrollment within the 90 cure period, or able to continue their enrollment in Medi-Cal by proactively submitting the required documents, as part of the annual redetermination process. For purposes of this Project, *"retained"* is defined as *"Individuals continued to be enrolled for on-going Medi-Cal benefits as a direct result of the Navigators Project."*	If the individual encountered was assisted for this purpose, then all applicable informational data and TPs 1-11 should be filled out with all available data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
18	**DP 3:** Direct Outreach	This field is used to indicate if the individual was directly encountered as part of the outreach activities. For purposes of this Project, *"outreach"* is defined as *"Individuals being informed or educated about Medi-Cal Program including how to apply for and keep Medi-Cal benefits, if eligible."* Example activities include community events, handing out flyers, and direct calls.	If the individual encountered only for outreach purposes, include the information in the table aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
19	**DP 4:** Media Outreach	This field is used to indicate if the individual was encountered through various media platforms as part of the outreach activities. For purposes of this Project, *"outreach"* is defined as *"Individuals being informed or educated about Medi-Cal Program including how to apply for and keep Medi-Cal benefits, if eligible."* Example activities include radio ads, bill board ads, and an Instagram post.	If the individual encountered only for outreach purposes, include the information in the Quarterly Progress Report as aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
20	**DP 5:** Assisted with Application	This field is used to indicate if the individual encountered was assisted in completing any or all parts of the Medi-Cal application package. For purposes of this Project, *"assisted with application"* is defined as *"Individuals receiving assistance on how to apply for Medi-Cal, fill out an application, and/or submit required substantiating documentation."*	If the individual encountered was assisted for this purpose, include the information in the Quarterly Progress Report as aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
21	**DP 6:** Assisted with Accessing & Utilizing Health Care Services	This field is used to indicate if the individual encountered was assisted with resolving any problems or requesting assistance in order to utilize their existing Medi-Cal benefits. For purposes of this Project, *"assisted with accessing & utilizing health care services"* is defined as *"Medi-Cal recipients receiving assistance in accessing and utilizing health care services such as dental or medical office visits or routine medical care."*	If the individual encountered was assisted for this purpose, include the information in the Quarterly Progress Report as aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
22	**DP 7:** Assisted with Troubleshooting	This field is used to indicate if the individual encountered was assisted with resolving any problems or issues associated with their being enrolled into or keeping their existing Medi-Cal benefits. For purposes of this Project, *"assisted with troubleshooting"* is defined as *"Individuals receiving assistance on Medi-Cal eligibility problems or case management issues in order to keep their on-going Medi-Cal benefits."*	If the individual encountered was assisted for this purpose, include the information in the Quarterly Progress Report as aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
23	**DP 8:** Assisted with Redetermination	This field is used to indicate if the individual encountered was assisted with resolving any problems or issues associated with keeping their existing Medi-Cal benefits. For purposes of this Project, *"assisted with redetermination"* is defined as *"Individuals receiving assistance on Medi-Cal eligibility problems or case management issues in order to keep their on-going Medi-Cal benefits. This assistance is exclusively for Medi-Cal renewal or re-determination related services provided by the Navigators Project."* Example activities include assistance with renewal application, obtaining the required documents for renewal, and reminding beneficiaries of an upcoming renewal.	If the individual encountered was assisted for this purpose, include the information in the Quarterly Progress Report as aggregate data. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.

#	Field Name	Description	When to Indicate
TARGET POPULATION DATA (TP)			
24	**TP 1:** Mental Health Disorders	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
25	**TP 2:** Substance Use Disorders	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
26	**TP 3:** Other Disabilities	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
27	**TP 4:** Aged Persons	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
28	**TP 5:** Homeless	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
29	**TP 6:** Young People of Color	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
30	**TP 7:** Immigrants & Families of Mixed Immigration Status	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
31	**TP 8:** Limited English Proficiency	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
32	**TP 9:** Low-Wage Workers and their Families or Dependents	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
33	**TP 10:** Uninsured Children or Youth Formerly Enrolled in Medi-Cal	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.
34	**TP 11:** Persons who are in County Jail, State Prison, on State Parole, on County Probation, or under Post-Release Community Supervision	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.

#	Field Name	Description	When to Indicate
35	**TP 12:** Populations affected by the Medi-Cal eligibility expansions	This field indicates that an individual encountered belongs to this target population.	If there is a reasonable indication that this individual is part of this target population; or if the individual self-identifies (verbally, on the Medi-Cal application, or in their MEDS profile) that they belong to this target population. When indicating, enter "1". Value of "0" or a blank field indicates this field is not applicable.

Health Enrollment Navigators
Monthly Self-Reported (Soft) Data

Partner Name: _____

County Name: _____

Reporting Period: _____

Normal Operations		
DP 1:	Enrolled	0
DP 2:	Retained	0
DP 3:	Direct Outreach	0
DP 4:	Media Outreach	0
DP 5:	Assisted with Application	0
DP 6:	Assisted with Accessing & Utilizing Health Care Services	0
DP 7:	Assisted with Troubleshooting	0
DP 8:	Assisted with Redetermination	0

Focused Activities For PHE		
DP 2:	Retained	0
DP 3:	Direct Outreach	0
DP 4:	Media Outreach	0
DP 8:	Assisted with Redetermination	0

Health Enrollment Navigators
Monthly Data Report

#	Eligibility Date	Person Encountered (Last Name)	Person Encountered (First Name)	Social Security Number	CIN #	Date of Birth	Street Address	City	Zip Code	A 1	A 2	A 3

DP 1	DP 2	TP 1	TP 2	TP 3	TP 4	TP 5	TP 6	TP 7	TP 8	TP 9	TP 10	TP 11	TP 12