Master Client Index (MCI) Interface — *FACT SHEET*

WHAT IS THE MASTER CLIENT INDEX (MCI) INTERFACE?

The Division's new client data management system (CDMS) will allow for a seamless interface between an individual's Master Client Index (MCI) number their Oversight ID in Therap ensuring the two systems are in communication and an individual's unique identity travels with them across these platforms. In the new CDMS, Therap will automatically cross-reference names of DDDS applications for service with the MCI database and enter their MCI number into the MCI ID field of their profile. In cases where an MCI number for an individual does not exist, designated Therap users within DDDS will be able to create a new MCI number for that individual.

WHAT IS THE NEW FEATURE BEING DEVELOPED BY THERAP?

Following are the main features of the MCI Interface:

- **Auto-Generated Oversight ID:** Prior to the implementation of the MCI Interface, Therap and DDDS will be implementing the use of auto-generated IDs in the Oversight ID field. This will require the change of current Oversight IDs for all IDF records in Therap from existing MCI number to an auto-generated number. This will aid in report reading as the Oversight ID, MCI number, and Medicaid ID were all the same value.
- **Search-Link-Create an MCI record:** It will enable Applicant Services and Pathways to Employment SMEs to perform an *IDF Search* to identify any pre-existing service recipient's record. After carefully matching the individual's demographics, if no record exists, the user will create a Therap record for the service recipient based on the MCI search results. If a match is not identified in the MCI search results, the Applicant Services or Pathways to Employment user can generate an MCI number and the IDF creation will take place at the time of eligibility determination.
- **Unlink IDF Record from MCI**: Currently, when an IDF record is identified as being linked to an incorrect MCI record, DDDS System Administrators can unlink the record by removing the populated Oversight ID number from the associated IDF record. By using system generated oversight ID numbers, the need to link and unlink IDF records to modify the Oversight ID, will be eliminated. You will continue to see the Individual's name and MCI number in the search field.

WHAT ARE THE BENEFITS OF THIS NEW FEATURE?

Following are some of the benefits of this new feature:

- The MCI number is a unique identifier for all members receiving services throughout the State of Delaware. Linking member records with the MCI number database will provide authentication and credibility to the existing records in Therap.
- The MCI interface will eliminate the need for designated DDDS users to log into two separate systems to create, modify or delete an MCI number. Once the development of this feature is complete, importing a current MCI number for a newly eligible service recipient or creating a new MCI number for those who do not currently exist in MCI system will be automated.
- The auto-generated ID will help link member records in Therap, with the MCI record noted, and will help identify and resolve data inconsistency caused by duplicative, incorrect and incomplete entries.

HOW DO I GET MORE INFORMATION ABOUT THIS?

Please contact the project team at *DHSS_DDDS_CDMSProject@delaware.gov* to learn more about the MCI interface being developed by Therap.

WHAT IS THE NEXT PHASE OF THE PROJECT?

The next phase of the project is development of the 'Oversight Billing' (Automation of service and prior authorization process, as well as billing claims). Look for future communication for more information on this phase of the project.

ROLES

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GLOSSARY OF TERMS

MCI: Master Client Index – DHSS Data System for individuals receiving services within the state.

Oversight ID: A unique identifier used within the Therap system which can be used to link the individual's data within Linked Provider accounts.

IDF (Individual Data Form):   A form that contains the demographic/personal information required to provide care to individuals.

Service Authorization: A request on behalf of an enrollee (service recipient) for the provision of services, and the determination of need for Home and Community Based Services prior to the delivery or payment of that service.

Prior Authorization: Approval for the provision of a service by Medicaid *before* the provider delivers the service.