**Advanced Medical Home (AMH) Technical Advisory Group (TAG)**

**Data Subcommittee**

*Meeting #1: Encounters and beneficiary assignment*

*June 21, 2019, 9:30 am – 12:30 pm*

*Williams Building, 1800 Umstead Drive, Room 123B*

# Agenda

**1**    **Welcome and Introductions**                            **9:30 am – 9:40 am**

# Data Subcommittee Representatives

| Organization | Representative(s), Title(s) |
|---|---|
| AmeriHealth Caritas North Carolina, Inc | Adam LoCasale, MSHCA, Director of Enterprise Data Architecture |
| Blue Cross and Blue Shield of North Carolina | Seth Morris, MBA, RVP Provider Solutions and Provider Lead<br>Carla Slack, IT Account Management |
| Carolina Complete Health, Inc | Peter Bird, Senior Director of Performance & Analytics<br>Barbara Williams, IT Senior Director of New Business Implementation & Acquisitions |
| Carolina Medical Home Network | Peter Freeman, MPH, Vice President/Executive Director<br>Mark Massing, MD, PhD, Analytic Data Scientist |
| Carolinas Physician Alliance (Atrium) | Chris Danzi, MBA, Assistant Vice President of Information Services<br>Jason Durham, MA, Director of Enterprise Information |
| Community Care Physician Network (CCPN) | Greg Adams, MD, CCPN Board of Managers<br>Christoph Diasio, MD, CCPN Board of Managers<br>Anna Boone, RN, BSN, Director of Quality Management for CCNC<br>Carlos Jackson, PHD, Chief Data and Analytics Officer |
| Duke Primary Care | Mary Schilder, RN, Analytics Customer Solutions, Analytics Center of Excellence |
| Emtiro Health | Brad Horling, Director of Business Intelligence |
| Mission Health Partners | Ryan Maccubbin, MBA, Team Lead, Senior Analyst |
| UNC Alliance Network | Shaun McDonald, Enterprise Architect, Analytics |
| UnitedHealthcare of North Carolina, Inc | Michael Rogers, IT Director |
| WellCare of North Carolina, Inc | Nathan Barbur, Enterprise Architect |

# Department of Health and Human Services (DHHS) and Advisors

## DHHS

- **Kelly Crosbie – Deputy Director of Quality and Population Health, DHHS**

- **Vinay Kancharla – Data Architect, Information Technology Division – Application Management, DHHS**

- **Jessie Tenenbaum, PhD – Chief Data Officer, DHHS**

## Advisors

- **Vikas Gupta – Medicaid Transformation Project Manager – Care and Quality Management, Accenture**

- **Aaron McKethan, PhD – Duke University**

- **Jonah Frohlich – Managing Director, Manatt Health Strategies**

- **Lammot du Pont – Senior Advisor, Manatt Health Strategies**

- **Bardia Nabet – Consultant, Manatt Health Strategies**

- **Umayr Hassan – Software Engineer, Nuna**

# Agenda

| | | |
|---|---|---|
| **1** | **Welcome and Introductions** | **9:30 am – 9:40 am** |
| **2** | **AMH Data Strategy: An Overview** | **9:40 am – 9:50 am** |
| **3** | **Data Governance: Overview & Subcommittee Role** | **9:50 am – 10:00 am** |
| **4** | **Beneficiary Assignment** | **10:00 am – 11:00 am** |
| **5** | **Break** | **11:00 am – 11:15 am** |
| **6** | **Encounter Data** | **11:15 am – 12:15 pm** |
| **7** | **Public Comments** | **12:15 pm – 12:20 pm** |
| **8** | **Next Steps** | **12:20 pm – 12:30 pm** |

# Agenda

1. **Welcome and Introductions**

2. **AMH Data Strategy: An Overview**          **9:40 am – 9:50 am**

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4. **Beneficiary Assignment**

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# DHHS AMH Data Strategy Guiding Principles

## Data sharing between PHPs, AMHs, and patients should:

**1** **Ensure AMH professionals have timely access to relevant information**

**2** **Equip AMH Tier 3 practices to seamlessly manage care across their PHP populations**

**3** **Minimize administrative and cost burdens on AMHs and PHPs wherever possible**

**4** **Engage beneficiaries in their own health and health care decisions**

# AMH Data Elements

The AMH Data Strategy encompasses a wide range of data elements*

| Data Element |
| --- |
| 1. Beneficiary Assignment |
| 2. Encounter Data from PHPs |
| 3. Initial Care Needs Screen Results |
| 4. Comprehensive Assessments |
| 5. Risk Stratification Scores |
| 6. Care Plans |
| 7. Quality Measure Performance Information |
| 8. Care Management Performance Information |
| 9. Admission, Discharge, Transfer Information |
| 10. Clinical Data |
| 11. Unmet Health Resource Needs |
| 12. Sharing Data With Patients and Caregivers |

# Data Flows by AMH Tier

**AMH practices must have access to multiple types of data from PHPs and other sources to carry out care management functions and assume responsibility for population health**

Required data flows to **all AMHs\***:

- Beneficiary assignment information from PHPs
- Initial Care Needs Screening information from PHPs
- Risk scoring data from PHPs
- Common quality measure performance information from PHPs

Required data flows to **AMH Tier 3 practices\***:

- Encounter data from PHPs
- ADT information from NC HealthConnex or other source

Additional data all AMHs are **encouraged to access**:

- Clinical information for population health/care management processes from NC HealthConnex or other sources
- Data about available local human services accessed via NCCARE360
- Data sharing with consumers

*Note:* PHPs and AMHs will be responsible for complying with all federal and State privacy and security requirements regarding the collection, storage, transmission, use, and destruction of data

*\* Or their designated CIN/other partner(s); see North Carolina's Care Management Strategy under Managed Care for more information: https://files.nc.gov/ncdhhs/documents/CareMgmt-AMH_ConceptPaper_FINAL_20180309.pdf.*

# AMH Data Elements: Key Considerations and Attributes

**DHHS is working to address key considerations across all the data elements, and ensuring that each is well defined and understood**

1. **Sources and Destinations:**
   - What are the sources of data to inform the process?
   - Who are the receivers and compilers of data?

2. **Format and Layout:**
   - What format should the data be in?
   - What are the required/optional elements of the content?

3. **Transmission and Access Methods:**
   - What are the required, preferred or optional methods for transmitting and receiving the data?

4. **Timing and Frequency:**
   - What are the expectations for timing of data sharing?

# AMH Data Elements: Focus on the Highest Priorities

AMHs, CINs, and PHPs indicated the most critical data element to address are the PHP's transmission of beneficiary assignment files and encounter data to AMHs/CINs

| Data Element |
|---|
| 1. Beneficiary Assignment |
| 2. Encounter Data from PHPs |
| 3. Initial Care Needs Screen Results |
| 4. Comprehensive Assessments |
| 5. Risk Stratification Scores |
| 6. Care Plans |
| 7. Quality Measure Performance Information |
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Initial focus

# Agenda

**1**    **Welcome and Introductions**

**2**    **AMH Data Strategy: An Overview**

**3**    **Data Governance: Overview & Subcommittee Role**    **9:50 am – 10:00 am**

**4**    **Beneficiary Assignment**

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# Data Strategy: Roles and Relationships

**DHHS gathers feedback and recommendations on key topics through the AMH TAG and its Subcommittees**

## North Carolina DHHS

***Medicaid Leadership***
- *Jay Ludlum, DHHS Assistant Secretary for Medicaid*

***Data Leadership***
- *Jessie Tenenbaum, DHHS Chief Data Officer*

## AMH TAG

***Members***
- *Clinical Leaders*

***Role***
- *Identify key data priorities*
- *Charter and charge Data Subcommittee to provide feedback and develop recommendations on data elements*

## Data Subcommittee

***Members***
- *Data SMEs*

***Role***
- *Lead the review of data issues*
- *Serve as a forum to provide feedback on data efforts and formulate recommendations to AMH TAG*

# AMH Data Governance Process

**The process to identify, assign, address, and manage issues**

| | |
|---|---|
| **Step 1: Issue Identification** | **Data issues can be identified in one of five ways:**<br>1. Direct feedback from the field or input sought from DHHS.<br>2. AMH TAG recommends a topic for consideration.<br>3. Data Subcommittee flags a topic for consideration.<br>4. Routine review of existing data interfaces, standards, processes, etc.<br>5. Data steward identifies critical cross-cutting issues including privacy, use of data, etc. |
| **Step 2: Issue Definition** | **DHHS defines key considerations, identifies cross-cutting dependencies, and establishes deliverables and timelines for resolution.** |
| **Step 3: Issue Resolution** | **DHHS gathers input from:**<br>• Regularly reoccurring discussions with key stakeholders<br>• Ad Hoc "Tiger Teams"<br>• AMH TAG and Data Subcommittee<br>**DHHS makes initial recommendation, gathers feedback, and finalizes solution(s)** |
| **Step 4: Ongoing Data Management** | • DHHS will establish an ongoing data management plan that includes: data management policies and procedures, stewardship, data definitions and curation, accountabilities, issue resolution, communication, and training and support efforts.<br>• DHHS will clearly communicate compliance procedures including monitoring and enforcement of the solution(s) through either: (1) DHHS contractual or regulatory mechanisms and requirements, <u>or</u> (2) DHHS's expectation that stakeholders will abide by mutually beneficial and agreed-upon solution(s). |

# Beneficiary Assignment & Encounter Data: Feedback from the Field

**The Process**

Information gathered from selected CINs (*May 14 – June 12*)

**CINs Interviewed**

- Carolina Medical Home Network
- Carolinas Physician Alliance

- CHESS/Emtiro Health
- Community Care Physician Network
- Duke Connect Care LLC

- Mission Health Partners
- UNC Alliance Network

**Key Findings**

- **General Familiarity with Beneficiary Assignment and Encounter Files**
  All CINs currently receiving beneficiary and encounter data from plans for other business, typically as flat files and are prepared to receive and process flat files.

- **Very Limited Experience with 834 and 837 Formats**
  Only one CIN reported experience receiving beneficiary assignment data in ANSI X12 834 format or encounter data in ANSI X12 837 format.

- **Universal Support for Baseline Specifications**
  All CINs supported the creation of baseline specifications for file layouts, specifications, and transmission methods that all parties abide by with allowances for trading partners to establish alternative approaches upon mutual agreement.

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1. **Welcome and Introductions**

2. **AMH Data Strategy: An Overview**

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4. **Beneficiary Assignment**                                                     **10:00 am – 11:00 am**

5. **Break**

6. **Encounter Data**

7. **Public Comments**

8. **Next Steps**

# Beneficiary Assignment
## *Background*

**PHPs are required to send AMHs the list of beneficiaries assigned to them***

| Uses of Data | Attributes Currently Specified in Contracts* | Attributes That Have Yet to Be Specified |
|---|---|---|
| • **Identify beneficiaries in care management**<br><br>• **Determine AMH payments**<br><br>• **Support AMH Tier 3 requirements** | • **Content**<br>  o Alignment with 834 files is encouraged<br><br>• **Timing and Frequency**<br>  o Point-in-time assignment list at least monthly<br>  o Projected assignment list for the following month<br>  o Information on newly-enrolled or assignment beneficiaries (7 days)<br>  o Ad hoc assignment changes (7 days) | • **Layout and File Types**<br><br>• **Transmission/Access Method**<br><br>• **Required Fields** |

# Beneficiary Assignment
## *Finalized Version 1.0 Specifications*

| Data Layout and File Type | Transmission/Access Method |
|---|---|
| • Fixed width, flat files | • sFTP |

### Transmission Frequency

- Incremental File: Daily
- Full File: Weekly

### Required Fields

- **Entire set of applicable 834 data fields**

- **Considerations for required and optional fields will be aligned with the *834 Companion Guide*.**

- **Data fields to discuss:**
  - ❑ Historical Enrollment (prior to Nov 1, 2019)
  - ❑ Race
  - ❑ Multiple ID numbers
  - ❑ Social Security Number
  - ❑ Pharmacy lock-in
  - ❑ AMH and PHP Dates

# Beneficiary Assignment Specification
*Timeline for Implementing and Testing of Version 1.0*

| # | Task(s) | Completion Date |
|---|---------|-----------------|
| 1 | Solution Design - File layout and specifications | 6/17/2019 |
| 2 | PHP & AMH/CIN Development | 7/12/2019 |
| 3 | PHP & AMH/CIN System Integration Testing* | 8/2/2019 |
| 4 | End-to-end Testing | 8/16/2019 |
| 5 | DHHS transmits 834 to PHPs | 8/26/2019 |
| 6 | Production Release - 1st File Delivery to AMHs/CINs | TBD |

\* PHPs must demonstrate successful end-to-end (E2E) testing of
beneficiary assignment data with AMHs and CINs and other partners
prior to the launch of managed care. To meet this requirement, they are
required to identify at least two CINs and one AMH Tier 3 provider to
participate in E2E testing of beneficiary assignment data.

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1. **Welcome and Introductions**

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4. **Beneficiary Assignment**

5. **Break**                                        **11:00 am – 11:15 am**

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6. **Encounter Data**                                          **11:15 am – 12:15 pm**

7. **Public Comments**

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# Encounter Data
## *Background*

PHPs are required to transmit encounter data (medical and pharmacy) for attributed beneficiaries to Tier 3 AMHs or their designated CINs or third-party partners*

| Uses of Data | Attributes Currently Specified in Contracts* | Attributes That Have Yet to Be Specified |
|---|---|---|
| • **Inform care management**<br><br>• **Provide insight into total cost of care** | **Medical Encounter Data**<br><br>• **Content**<br>   o Alignment with 837 files is encouraged<br><br>• **Timing and Frequency**<br>   o Monthly<br><br><br>**Pharmacy Data**<br><br>• **Content**<br>   o Alignment with NCPD is encouraged<br><br>• **Timing and Frequency**<br>   o Weekly | • **Layout and File Types**<br><br>• **Transmission/Access Method**<br><br>• **Required Fields** |

*\* PHP RFP*

# Encounter Data (Medical, including Professional & Institutional)
## *Proposed Specifications for Ongoing Transmission (after MCL)*

### Data Layout

- Fixed width flat files

### Transmission/Access Method

- sFTP

### Transmission Frequency

- Monthly

### File Types and Required Fields

- **Recommendation: PHPs transmit paid and denied claims.**

- **Recommendation: PHPs transmit <u>all </u>837 file fields in a flat file.**

- **Data fields to discuss:**
  - ❑ Payment Amount
  - ❑ Claim Type Code
  - ❑ Transaction Information (*w/implications for the process to true-up original & replacement claims*)

# Encounter Data (Pharmacy)
*Proposed Specifications for Ongoing Transmission (after MCL)*

## Data Layout and File Type
- Fixed width flat files

## Transmission/Access Method
- sFTP

## Transmission Frequency
- Weekly

## Required Fields

- **All fields in NCPDP file format.**

- **Considerations for required and optional fields will be aligned with the *NCPDP Companion Guide*.**

- **Data fields to discuss:**
  - ❑ Diagnosis Codes

# Encounter Data (Medical & Pharmacy) Specifications
## *Timeline for Finalizing Version 1.0, Implementation, and Testing*

**The goal is to finalize the Version 1.0 specification by the end of June.**

| # | Task(s) | Completion Date |
|---|---------|-----------------|
| 1 | Solution Design - File layout and specifications | 6/28/2019 |
| 2 | PHP & AMH/CIN Development | 8/2/2019 |
| 3 | PHP & AMH/CIN System Integration Testing* | 8/16/2019 |
| 4 | End-to-end Testing | 9/6/2019 |
| 5 | DHHS sends historical claims data to PHPs | 9/21/2019 |
| 6 | Production Release - 1st Delivery to AMHs/CINs | 9/30/2019 |

\* PHPs must demonstrate successful end-to-end testing of beneficiary assignment data with AMHs and CINs and other partners prior to the launch of managed care. To meet this requirement, they are required to identify at least two CINs and one AMH Tier 3 provider to participate in E2E testing of beneficiary assignment data.

# Encounter Data
## *PHP Transmission of "Historic" Encounter Data*

**Transmission of "Historic" Encounter Information from DHHS to PHPs:**

❑ In late September 2019, DHHS will transmit to PHPs Medicaid beneficiaries' claims information for the period 24 months prior to Managed Care Launch.

❑ DHHS transmission of the "historic" claims information will include payment amounts.

**Transmission of "Historic" Encounter Information from PHPs to AMH Tier 3 practices and CINs:**

❑ On October 1, 2019, DHHS expects that PHPs will transmit the "historic" claims to beneficiaries' AMH Tier 3 practice and CINs in a file format that aligns with the format used for their transmission of ongoing encounter data.

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4. **Beneficiary Assignment**

5. **Break**

6. **Encounter Data**

7. **Public Comments**         12:15 pm – 12:20 pm

8. **Next Steps**

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**1**   **Welcome and Introductions**

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**7**   **Public Comments**

**8**   **Next Steps**     **12:20 pm – 12:30 pm**

# Next Steps

**1** **Baseline Specifications for PHP Transmission of "Historic" Encounter Data**
- DHHS to transmit proposed specifications to PHPs & Data Subcommittee members (June 28).

**2** **Baseline Specifications for PHP Transmission of "Ongoing" Encounter Data**
- DHHS to transmit proposed specifications to PHPs & Data Subcommittee members (June 28).

**3** **AMD Data "Dossiers"**
- DHHS to develop and distribute "Dossiers" on the beneficiary assignment and encounter data that provide context and considerations.

**4** **AMH Data "Dashboard"**
- DHHS to create, curate, and share a "Dashboard" that summarizes the current status for each data element.

**5** **Proposed Topics for Next Meeting**
- Discussion of next wave of "high priority" data topics.
- Feedback on the beneficiary assignment & encounter data exchange testing efforts

# Appendix

- *Data Subcommittee Charter and Process*

- *Beneficiary Assignment & Encounter Questions for AMHs/CINs*

- *AMHs/CINs Feedback on Receipt of Beneficiary Assignment & Encounter Data*

- *PHP Feedback on Proposed Beneficiary Assignment Specification*

# Appendix

- ***Data Subcommittee Charter and Process***

- ***Beneficiary Assignment & Encounter Questions for AMHs/CINs***

- ***AMHs/CINs Feedback on Receipt of Beneficiary Assignment & Encounter Data***

- ***PHP Feedback on Proposed Beneficiary Assignment Specification***

# Data Subcommittee Meetings

Data Subcommittee meetings will focus on high-priority data topics. Participants will review proposals from DHHS and relevant input from ad-hoc "Tiger Teams"

- The Subcommittee meetings schedule and timing will be driven by the nature and urgency of the data topics

- The Subcommittee will have a one-year term from (June 2019 to May 2020)

- Recommendations are advisory in nature

- Decisions to act upon any recommendations are made at the sole discretion of NC Medicaid

- Recommendations should be made as much as possible based on consensus

- Agendas and materials will be circulated to membership in advance of convening and publicly posted

# Expectations of Subcommittee Participants

Subcommittee participants will actively engage in assessments of
the key data issues related to AMH implementation

## Additional Participant Expectations

- Participants will have a one-year term from (June 2019 to May 2020)

- Participants encouraged to attend in person and consistently to provide meaningful input on data issues related to AMH implementation

- Participants encouraged to take issues raised in the Subcommittee back to their organizations to promote dialog and communication with a broader group of stakeholders

- Members must not discuss pricing

# Appendix

- *Data Subcommittee Charter and Process*

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- *AMHs/CINs Feedback on Receipt of Beneficiary Assignment & Encounter Data*

- *PHP Feedback on Proposed Beneficiary Assignment Specification*

# Beneficiary and Encounter Questions Sent to AMHs/CINs

**Beneficiary Assignment Questions**

1. What is the _minimum required content_ (i.e., specific data fields) needed to support care management?

2. Should the State require _a standard "floor"_ for the _format_ or transmission _method_ for beneficiary assignment information?

3. If the State requires a standard format or transmission method "floor," should PHPs and AMHs/CINs be _permitted to use alternative methods_ if it is mutually agreeable to both parties?

**Encounter Data Questions**

1. What is the _minimum required content_ (i.e., specific data fields) needed to support care management?

2. Should the State require PHPs to use _consistent formats_ for both the historical claims and ongoing encounter data?

3. Should the State require _a standard "floor"_ for the _format_ or _transmission method_ for encounter data?

4. If the State requires a standard format or transmission method "floor," should PHPs and AMHs/CINs be permitted to use _alternative methods_ if it is mutually agreeable to both parties?

5. At what _frequency_ should PHPs be required to transmit encounter and pharmacy data to AMHs/CINs?

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# Beneficiary Assignment
## *CIN Feedback*

### Recommended Transmission Format and Method

- **Transmission Format**: Delimited, flat files
- **Transmission Method**: sFTP

### Transmission Frequency

Consensus was that monthly was sufficient, but more frequently preferred.

### Recommended Fields

CINs representatives did not provide recommendations on specific fields.

### Reported Challenges for Receipt of Beneficiary Assignment Files

- One CIN reported that some payers only send the changes to the assignment list, and the CIN would prefer receiving the full assignment lists.

### Usefulness of Historic Eligibility Information

- Four CINs were asked about the value of including a beneficiaries history of their Medicaid eligibility in the receipt of the initial beneficiary assignment files.

- Only one of the four CINs rated the availability of historic eligibility information as being of high value; two of the CINs noted that it would be difficult to reconfigure their data systems as they only maintain a value for "current" eligibility and enrollment.

# Encounter Data
## *CIN Feedback*

### Recommended Transmission Format and Method

- **Transmission Format**: Delimited flat files
    - "We can deal with hierarchical, but prefer flat"
    - "Flat files typically include joined tables, so we have to deal with headers and lines"
    - "We prefer pipe delimited better than fixed width"

- **Transmission Method**: sFTP
    - "We prefer automated access methods"

### Transmission Frequency

**Medical Files:** Consensus was that monthly was sufficient, but weekly was preferred.
**Pharmacy Files:** Consensus was that weekly was sufficient.

### Reported Challenges for Receipt of Encounter Data Files

- **Patient matching challenges**
- **Lack of unique identifier for family members**
- **Differing interpretation of fields between payers and CINs**
- **Payer changing file formats with out sufficient notification**

### Recommended Fields

**Responses varied.**

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- ***PHP Feedback on Proposed Beneficiary Assignment Specification***

# Beneficiary Assignment
## *PHP Feedback from June 6, 2019 Meeting*

**Transmission Frequency**

Consensus was that "incremental" file be sent daily; "full" file sent weekly

**Discussion of Data Fields**

**History of Member Enrollment Data Prior to November 1, 2019**
PHPs recommended that inclusion of this information for transmission to AMHs/CINs be optional since many PHPs typically store only the current enrollment status. PHPs requested a more detailed definition of what is meant by "historic" enrollment information.

**Gender**
Though the description of the member's gender is not included in the 834 file, it is included in the 837 encounter file. DHHS recommended adding this field in the flat files transmitted to the AMHs/CINs.

**Member IDs**
DHHS will transmit seven segments for the latest member identification information to the PHPs. DHHS recommended that PHPs to transmit all the identification information to the AMHs/CINs; PHPs may add identification information that they generate and opt not to send social security numbers in these fields.

**Race**
DHHS will transmit 10 codes for race. DHHS plans to extend race to include ethnicity. DHHS recommended that PHPs transmit this information to the AMHs/CINs.