Advanced Medical Home (AMH) Technical Advisory Group (TAG) Data Subcommittee

August 2022 Meeting

August 19, 2022

Agenda

- **Welcome & Roll Call** — 5 min
- **Data Topic Roadmap** — 5 min
- **Updates on Data Topics** — 45 min
  - Patient Risk List
  - CIN-AMH Relationship Tracking
  - Beneficiary Assignment
  - Quality Measures
- **Public Comments** — 2 min
- **Next Steps** — 3 min

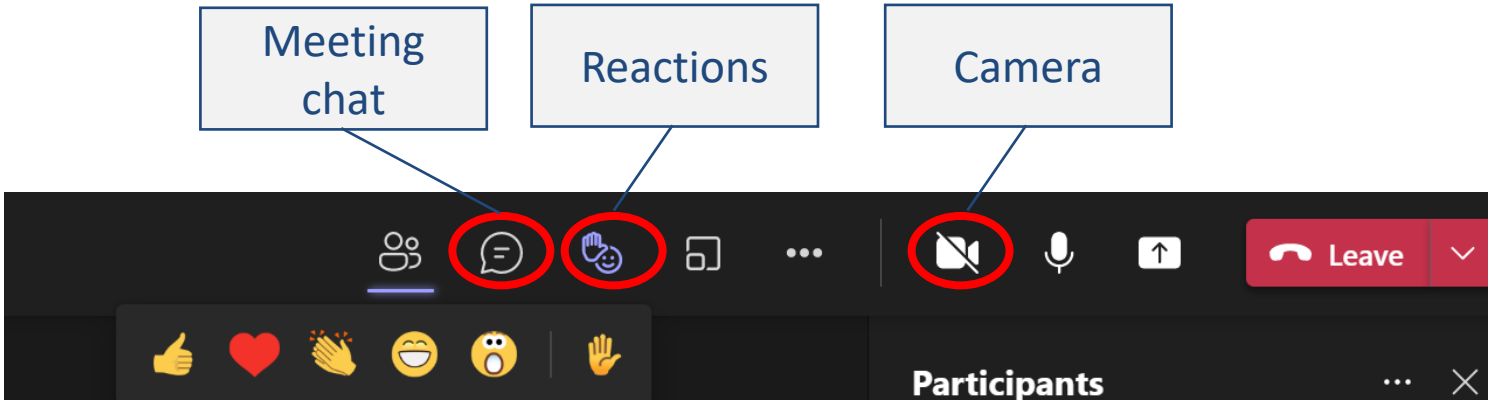
AMH TAG Data Subcommittee Member Roll Call

Stakeholder	Organization	Representative(s)
Health Plan	AmeriHealth Caritas North Carolina, Inc.	**Hazen Weber**
Health Plan	Blue Cross and Blue Shield of North Carolina	Ebony Gilbert Seth Morris **Carla Slack**
Health Plan	Carolina Complete Health, Inc.	Sharon Greer **Matthew Lastrina**
Health Plan	UnitedHealthcare of North Carolina, Inc.	**Russ Graham** Atha C Gurganus
Health Plan	WellCare of North Carolina, Inc.	**Nathan Barbur**
Provider (CIN)	Access East / Vidant Health / ECU Physicians	**Debra Roper**
Provider (CIN)	Atrium Health Wake Forest Baptist	**Misty Hoffman**
Provider (CIN)	Carolina Medical Home Network	**Chris Scarboro**
Provider (CIN)	Community Care Physician Network (CCPN)	Gregory Adams Anna Boone **Carlos Jackson** Trista Pfeiffenberger
Provider (CIN)	Duke University Health System	**Mary Schilder**
Provider (CIN)	Emtiro Health	**Brad Horling** Alexander Lindsay
Provider (CIN)	Mission Health Partners	**Cynthia Reese**
Provider (CIN)	UNC Health System	**Shaun McDonald**
Provider (Independent)	Sandhills Pediatrics/CCPN	**Christoph Diasio**
Provider (Independent)	Blue Ridge Pediatrics/CCPN	**Gregory Adams**
Tribal Option	Cherokee Indian Hospital Authority	**Sarah Wachacha**

The name of each organization's lead representative is in **bold.**

Meeting Engagement

We encourage subcommittee members to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



DHHS and Advisors

DHHS

- **Kelly Crosbie,** Chief Quality Officer, DHB
- **Loul Alvarez,** Associate Director, Population Health, DHB
- **Lauren Burroughs,** Program Manager, Population Health, DHB

Advisors

- **Vik Gupta,** Medicaid Transformation Project Executive, Quality & Population Health, Accenture
- **Sachin Chintawar,** Medicaid Transformation Project Manager, Quality & Population Health, Accenture
- **Lammot du Pont,** Senior Advisor, Manatt Health Strategies

Data Topic Roadmap

Data Topic Roadmap

For the key data issues identified by the Subcommittee, the Department is working with stakeholders to define root causes, identify potential solutions, and move to resolution.

No	Data Issue	Current Status				
		Issue Described	Root Cause Identified	Potential Solution Identified	Solutions Developed	Solutions Implemented
1	**Beneficiary Assignment**	✓	O	O		
2	**Tracking CIN-AMH Relationships**	✓	✓	✓	O	
3	**Patient Risk List**	✓	O	O		
4	*PHP & AMH Data Transmission Timing*	✓	✓	✓	O	
5	*Claims Files*	✓	O			
6	**Quality Measures**	✓	O	O		
7	*Care Needs Screening*	✓	O			

✓ **Completed** O **In Progress** ☐ **For Discussion Today**

Patient Risk List

Patient Risk List
Recap: Key Issues

Issue Description

Stakeholders experience difficultly with complying with DHHS PRL requirements and meaningfully using exchanged PRL files.

- **Interpretation of Risk Level Categories**: CINs and AMH Tier 3 practices report difficulty with interpreting the differing definitions of the risk stratification categories (i.e., “high”, “medium”, and “low”) they receive from PHPs.
- **Data Format and Completeness**:
  - PHPs report rejecting Patient Risk List (PRL) files because:

    (1) The files do not follow NC DHHS’s guidelines, or

    (2) The files are missing important data elements including header tabs, Risk Score Category, duplicate members, Care Management entity NPI number, full panel list, etc.
  - AMH practices/CINs report that there are variations in PHPs’ interpretations of file specifications.
  - PHPs, AMH practices, and CINs note that DHHS guidance would benefit from clarifications in certain areas.

Patient Risk List
Root Cause Analysis

Root Cause Analysis & Initial Findings

DHHS and Accenture have engaged stakeholders and reviewed Technology Operations and Help Center tickets to better understand root causes.

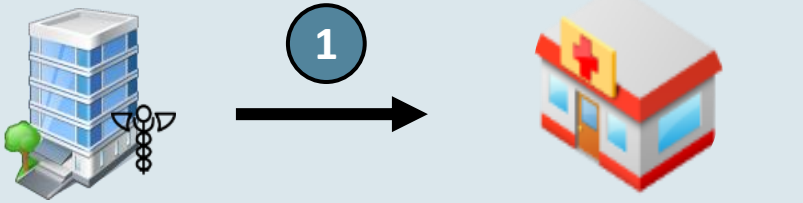
Two root causes for have been identified to-date:

1. Varying PHP definitions of the risk level categories
2. Files with format and/or completeness issues, potentially due to non-compliance and unclear guidance

Patient Risk List

Root Cause 1: Varying PHP Definitions of Risk Level Categories

Root Cause Analysis



PHPs **AMH Practices/CINs**

Risk level category definitions (e.g., “high”, “medium”, “low”) vary among PHPs, which makes consistent interpretation of an individual’s clinical risk challenging.

Potential Solutions

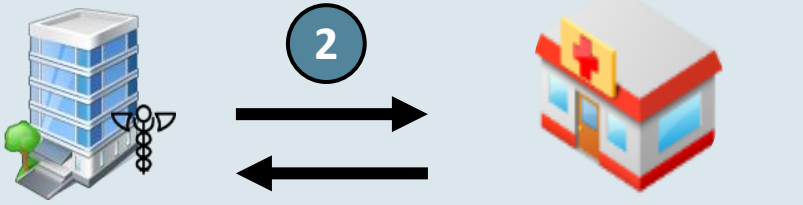
1. Assess PHP risk level definitions and values with AMH practices and CINs
2. Convene PHPs, CINs, and AMH practices to discuss feasibility of developing standard risk category definitions and classifications

Would increased standardization be beneficial to address this root cause?

Patient Risk List

Root Cause 2: Files with Format and/or Completeness Issues

Root Cause Analysis



PHPs **AMH Practices/CINs**

Format Issues: PHPs and AMH practices/CINs are receiving files from the other party with data that do not align with DHHS format requirements. DHHS guidance ambiguities may contribute to field non-compliance.

Completeness Issues: Some PRL files are missing important data elements including header tabs, Risk Score Category, duplicate members, Care Management entity NPI numbers, and full panel lists.

Potential Solutions

1. Assess current DHHS PRL guidelines with PHPs, AMH practices, and CINs (particularly the mandatory fields and the valid values) to identify where additional detail or clarity would be helpful
2. Develop updated PRL guidance, including creating a "single source of truth" checklist for the PRL file
3. Promote new guidance in a stakeholder webinar, reminding the field of the importance of compliance

Which PRL files/fields are most frequently incomplete or produced out of alignment with DHHS standards?

Tracking CIN-AMH Relationships

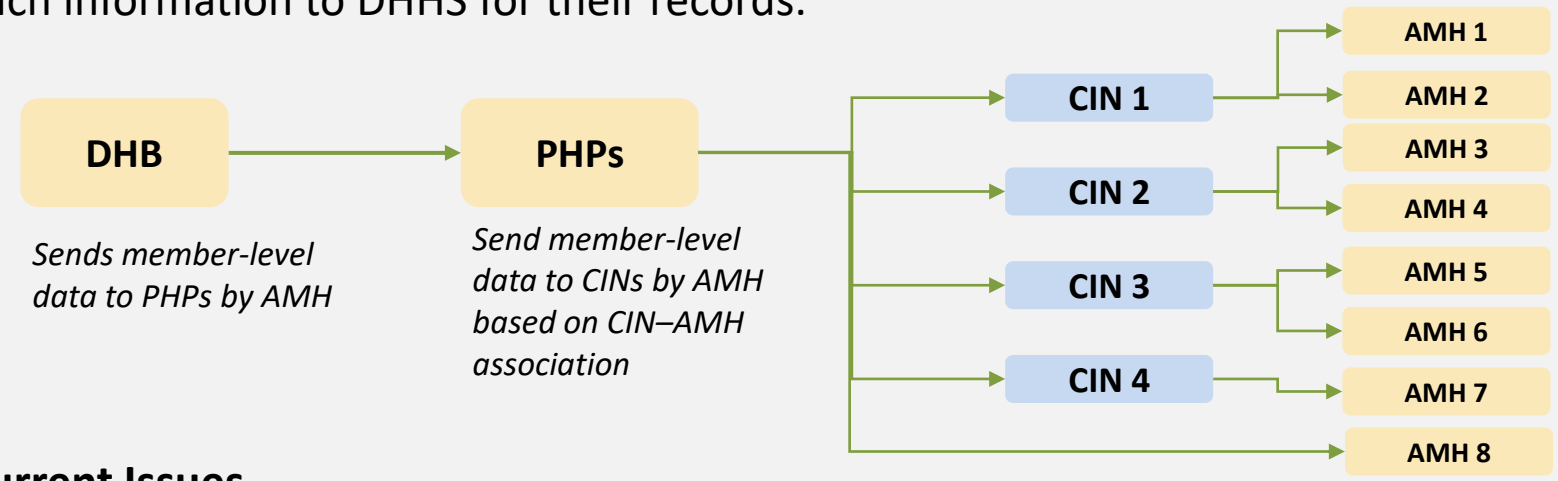
Tracking CIN-AMH Relationships

Recap: Key Issues

Issue Description

Current Data Flow

PHPs maintain information on the CIN and AMH relationship. PHPs have setup systems and process for AMHs to report change in their CIN relationships and send such information to DHHS for their records.



Current Issues

PHPs' understanding of CIN-AMH assignment is not always reflective of the latest CIN-AMH contracting relationships. Outdated CIN-AMH relationship information can result in member data being shared between PHPs and CINs, on behalf of AMHs, that does not reflect presently assigned populations.

Tracking CIN-AMH Relationships
Root Causes

Root Cause Analysis

1. There is no standard system or protocol across PHPs to process CIN-AMH delegation changes.
   - *Delayed information about delegation changes can impact the timeliness of data getting to an AMH to support member care.*

Tracking CIN-AMH Relationships
Potential Solutions

A potential solution will create a single source of truth for CIN-AMH relationships and create a standardized process to document, maintain, and update CIN-AMH relationships.

Potential Solution

DHHS is working with stakeholders to assess the following solution:

1. **Registration:** All CINs will be required to register with DHHS.
2. **CIN and Provider Affiliation Management:**
    i. Once CINs are registered, CINs will notify DHHS of their existing affiliations with Providers currently enrolled as AMHs, AMH+s, and CMAs (noted collectively as "AMHs" here).
        i. AMHs will need to confirm CIN affiliations for CINs to receive member-level information; AMHs will have the ability to update their profiles to add new CIN affiliations.
    ii. For CINs that do not pass registration, DHHS will institute a process to allow them to reapply.
    iii. Active CINs will be required to keep their Provider affiliations up-to-date. DHHS will establish Service Level Agreements (SLAs) for CINs to report affiliation changes to impacted PHPs and DHHS.
3. **Member Assignments:** Registered CINs will receive a monthly panel reports from DHHS with members assigned to their Providers at the start of the month.
4. **Provider AMH Portal:** Provider AMH Portal will be updated to only allow Providers attesting for AMH Tier 3 status to choose registered CINs.

DHHS may begin CIN registration as soon as early 2023.

Beneficiary Assignment

Beneficiary Assignment
Recap: Key Issues

Issue Description

DHHS has observed and stakeholders have reported:

1. High Levels of Beneficiary Assignment Churn

A percentage of Medicaid enrollees are being re-assigned to a new AMH practice/CIN each month.

2. Inconsistent Data Quality

Beneficiary assignment files are missing members and/or required data elements. Some beneficiary files are being transmitted with invalid data values.

Beneficiary Assignment
Root Cause Analysis

Root Cause Analysis & Initial Findings

To date, three root causes have been identified and discussed:

1. Assignment Errors
2. Documentation of AMH Tier 3 providers' practice location changes
3. Inaccurate Beneficiary Assignment Files

Beneficiary Assignment
Root Cause 1: Assignment Errors

Root Cause Analysis

Some beneficiaries are incorrectly assigned to AMH Tier 3 practices. Areas of concern include:

1. Individuals assigned to providers who are not currently accepting patients
2. Individuals assigned to providers who do not serve their population (e.g., males assigned to OB/GYNs, adults assigned to pediatrics)
3. Mismatch of members identified in NCTracks and the beneficiary assignment file

Status Update

To address assignment errors, DHHS and stakeholders are taking the following steps:

Developing New Provider Guidance Documents

1. **Provider Bulletin on Panel Management.** DHHS has developed a new provider bulletin with guidance on PCPs expectations for panel assignment management and updated panel limits. The updated bulletin is expected to be published next week.

Investigating Underlying Causes

1. **PHP Self-Audit of Their Auto-Assignment Rules.** DHHS has requested that PHPs conduct a self-audit of auto-assignment rules for potentially mismatched assignments. PHPs' results were due on 8/15 and are under review by DHHS.
2. **PHPs' PCP Reassignment Rates.** DHHS continues to investigate reasons for high PCP reassignment rates. DHHS is working to analyze practice-level member assignment data and implications of member churn over time.

Beneficiary Assignment

Root Cause 2: Providers' Practice Location Changes

Root Cause Analysis

When an AMH Tier 3 Provider moves practice locations, their members are reassigned to other providers.

This occurs when the old location codes are retired before the new location codes are operationalized.

Status Update

The DHHS Provider Team is **developing new guidance** to address situations in which a provider changes practice locations to help ensure that the provider does not lose their assigned beneficiaries.

Beneficiary Assignment

Root Cause 3: Inaccurate Beneficiary Assignment File

Root Cause Analysis

Beneficiary Assignment files sent to AMH practices are missing values or do not have valid values.

Status Update

The Department is planning to conduct an **end-to-end audit of Beneficiary Assignment file transmission** to assess current processes and identify issues to inform solution strategies.

In addition, the Department will continue to:

1. Improve communications and training
2. As appropriate, provide Notice of Damages for recurring impacts

Updates on Open Data Topics
Quality Measures

Quality Measures

Recap: Key Issues

Issue Description

DHHS has observed and stakeholders have reported inconsistent data quality for quality and performance measure data, limiting their meaningful use. These data quality challenges include:

1. **Inconsistent approaches to quality metrics reporting.** PHPs use different quality report templates and file formats and have different processes for quality report submission.
2. **Inconsistent use of supplemental data.** Use of supplemental data, including from both standard data feeds (e.g., through NC HealthConnex) and non-standard charts, is optional and varies by PHPs.
3. **Data timeliness/accuracy.** AMH Tier 3 practices/CINs feel quality data is not accurate.

Quality Measures
Data-Related Efforts

Key Updates

To address some of the identified issues, Department has undertaken the following efforts:

1. Launch annual review of the quality measure set

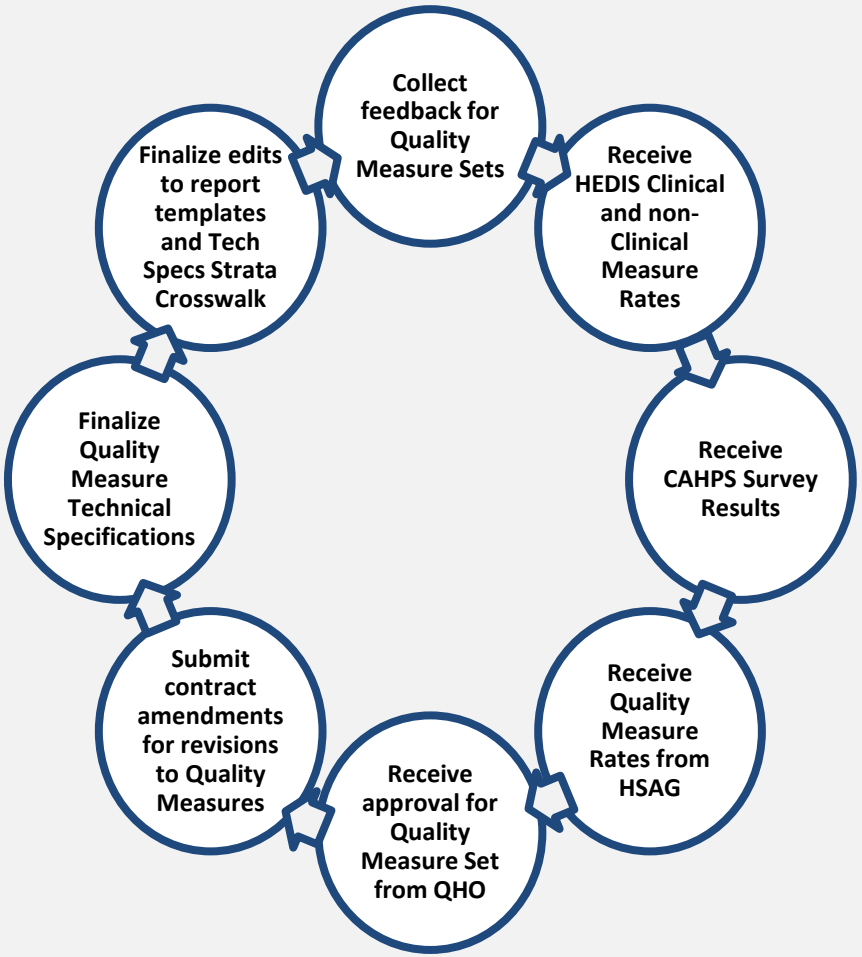
2. Work with stakeholders to facilitate greater use of clinical data for quality measures

3. Continue to track quality reporting as it improves over time

Quality Measures

Quality Measure Set Review

Annual Review Cycle



Next Steps

1. DHHS is currently reviewing the Standard Plan, Tailored Plan, Department-calculated and CCNC quality measure sets as part of regular monitoring and maintenance processes.
2. DHHS collected PHP feedback on the quality measure sets and is synthesizing 2021 quality and survey measure data from HEDIS, CAHPS, and HSAG.
3. DHHS will share updates to the quality measure set with the Quality and Health Outcomes Committee in August and September.
4. The final quality measure sets will be incorporated into forthcoming contract amendments and the 2022 Quality Measure Technical Specifications, to be published later this year.
5. Any changes to the quality measure sets will also be reflected in edits to DHHS' quality report templates and quality measure technical specifications strata crosswalk.

Quality Measures
Clinical Data Use for Quality Measurement

Current State

- **Hybrid Measures:** DHHS has focused on measures that can be reported using administrative data. However, DHHS accepts hybrid reporting measures when appropriate as indicated in the measure's specifications.
- **Optional Use of Clinical Data**: Currently, health plans can decide whether to produce and report quality measures using clinical data.

Future State

- **Expanded Use of Clinical Data for Measures:** DHHS is working with NC HIEA to create a clinical data conduit for NC Medicaid Managed Care.

  Next steps include:

  - **Improving Data Completeness and Accuracy**: DHHS seeks to ensure that all Medicaid Managed Care providers (including labs, registries, and long-term care facilities) are submitting complete and accurate data to HealthConnex.
  - **Implementation of Quality Measurement Reports Using Clinical Data**: Once DHHS has determined that the clinical data in HealthConnex are sufficiently complete and accurate to represent health plan and provider performance, DHHS will consider a requirement for health plans to produce and report quality measures using clinical data from HealthConnex.

Quality Measures

Current PHP Access to HIE Data: Priority Data Elements

NC HIEA Data Extracts

In collaboration with PHPs and NC HIEA, DHHS has developed data extracts of priority data elements that:

- Align with the United States Core Data for Interoperability (USCDI), a standardized set of health data classes and elements to support nationwide interoperability
- Support the production of measures in the Standard Plan and Behavioral Health I/DD Tailored Plan Medicaid Measure Sets including:
  - Comprehensive Diabetes Care
  - Controlling High Blood Pressure
  - Screening for Depression and Follow-up

In September 2022, NC HIEA will begin monthly transmission of extracts containing 36-months of data on enrolled beneficiaries to PHPs, CCNC, and DHB, and will aim to begin delivery to Tailored Plans in early 2023.

Priority Data Elements

The priority data elements include:

Member Demographics: Name, DOB, Address, Phone Number, Sex Assigned at Birth, Race, Preferred Language

Provider Demographics: Name, NPI/TIN, Address, Facility

Screening/Exams: Depression Screening (Positive Screen, PHQ-9 Score)

Clinical Values: Height, Weight, Blood Pressure, HbA1C value

Current Treatment: Laboratory Test Results, Medications, Screening for Depression and Follow-Up

Quality Measures
NCQA Data Aggregator Validation Program

Progress Update

DHHS supports NC HIEA's efforts to have HealthConnex participate in NCQA's Data Aggregator Validation program.

Once HealthConnex passes NCQA's Data Aggregator Validation Program, DHHS will be able to:

- ✓ Ensure that data aggregated in HealthConnex represent the same information that it did when providers entered the data into their EHRs
- ✓ Allow clinical quality measures produced with HealthConnex data to be NCQA-certified

Public Comments

Next Steps

Next Steps

Subcommittee Members will:

1. Provide additional feedback on today's discussion topics
2. Review materials in advance of the next Subcommittee meeting.

DHHS will:

1. Post today's presentation and a summary of today's meeting on the DHHS website.
2. Develop and share materials in advance of the next Subcommittee meeting.

Logistics and Questions

- Future AMH TAG Data Subcommittee Meetings will occur on the **second Friday of every other month from 3:00-4:30pm**.

2022 AMH TAG Data Subcommittee Meetings	
February 8, 2022	
April 1, 2022	
June 17, 2022	
August 19, 2022	
☆ ***Next Meeting***	**October 14, 2022**
December 9, 2022	

- Please submit questions or comments on AMH TAG Data Subcommittee topics or meeting logistics to Lauren Burroughs (lauren.burroughs@dhhs.nc.gov).

Thank you for participating!