

North Carolina Department of Health and Human Services (DHHS)
 Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee Meeting
 January 27, 2023, 3:30-5:00 PM ET

Attendees:

AMH TAG Data Subcommittee Members	Organization
Hazen Weber	AmeriHealth Caritas North Carolina, Inc.
Ebony Gilbert	Blue Cross and Blue Shield of North Carolina
William Lawrence Julie Ghurtskaia	Carolina Complete Health, Inc.
Atha Gurganus	UnitedHealthcare of North Carolina, Inc.
Eugenie Komives	WellCare of North Carolina, Inc.
Debra Roper	Access East / Vidant Health / ECU Physicians
Jennifer Houlihan	Atrium Health Wake Forest Baptist
Sanga Krupakar	Carolina Medical Home Network
Trista Pfeiffenberger	Community Care Physician Network (CCPN)
Tara Kinard	Duke University Health System
Joy Key	Emtiro Health
Cynthia Reese	Mission Health Partners
Stephanie Turner	UNC Health
NC DHHS Staff and Speaker	Title
Loul Alvarez	Associate Director
Seirra Hamilton	Data Analyst
Advisors	Title
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

Agenda

- Welcome
- Review Data Subcommittee Objectives and Roles
- Review of Data Topics and Prioritization
- Update on Progress
 - Beneficiary Assignment
 - Patient Risk List
- Public Comments
- Next Steps

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AMH Data Strategy: Roles and Relationships (Loul Alvarez)

Key Takeaways

- The AMH TAG Data Subcommittee includes stakeholder organizations' experts in data systems, health information technology, and data analysis.
- AMH TAG Data Subcommittee members support the Department with:
 - Identifying and prioritizing key AMH data-related issues;
 - Identifying and evaluating potential solutions to identified issues; and
 - Collecting input and communicating progress within and among stakeholders.

Review of Data Topics and Prioritization (Loul Alvarez)

Key Takeaways

- In spring 2022, AMH TAG Data Subcommittee members provided input on seven data issues (*below*) and identified their relative operational impact and resolution urgency. Two issues were identified as having high operational impacts and immediate resolution urgency (*bolded*).
 - **Beneficiary Assignment**
 - **Patient Risk List**
 - Claims Files
 - Quality Measures
 - PHP and AMH Data Transmission Timing
 - Tracing CIN-AMH Relationships
 - Care Needs Screening

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** AMH TAG Data Subcommittee members affirmed the relative prioritization of the data topics. Several AMH TAG Data Subcommittee members identified Quality Measures as high priority as well, citing the quality measurement reporting cadence and challenges with:
 - Measure definitions, data sources, and timing;
 - Inclusion and exclusion criteria for measure calculation;
 - Use of supplemental data; and
 - Impact of 834 eligibility extension on quality measure calculation.
- **Response:** The Department appreciates the AMH TAG Data Subcommittee members' feedback on the relative prioritization of identified data issues. The Department will continue to work with stakeholders to address issues related to Quality Measures and provide additional guidance, as needed.

Beneficiary Assignment: Key Issues (Sachin Chintawar)

Key Takeaways

- The Department summarized the two beneficiary assignment issues previously reported:
 - High levels of beneficiary assignment churn, and
 - Inconsistent data quality of the beneficiary assignment file
- Three root causes have been identified:
 - Assignment errors,
 - Documentation of providers' practice location changes, and
 - Inaccuracies in beneficiary assignment files.

Beneficiary Assignment Root Cause 1: Assignment Errors (Sachin Chintawar)

Key Takeaways

- The Department observed that some beneficiaries are being incorrectly assigned to AMH Tier 3 practices. Areas of concern include: (1) providers who do not serve their population (e.g., adults assigned to pediatrics; male patients assigned to OB/GYN providers); and (2) providers not currently accepting patients.
- To assess the underlying causes of the assignment errors, the Department:
 - Reviewed PHPs' descriptions of their reassignment protocols;
 - Reviewed PHPs' analysis of reasons for a sample of 500 of their member reassignments;
 - Continues to review monthly reports (i.e., BCM903) on new member assignment issues, reassignment reasons, and steps for resolution; and
 - Continues to monitor Help Center tickets related to assignment errors.
- Data from both the 500-member reassignment sample requested by the Department and additional analysis conducted by the PHP suggests that a portion of member reassignments have been attributed to enrollment segment extensions.
 - The Department is working with the PHPs to validate the data submitted, confirm the root causes identified, and advance resolution strategies to reduce member churn for this population.
- In the past few months, stakeholders have made significant progress to close tickets related to Beneficiary Assignment, as reflected in the Department's Help Center ticket monitoring and PHPs' BCM 903 reports. Many of the tickets closed addressed incorrect assignments made to providers with age or gender panel restrictions.

Beneficiary Assignment Root Cause 2: Providers' Practice Location Changes (Sachin Chintawar)

Key Takeaways

- The Department reviewed issues associated with providers' practice location changes. 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.
- To address this issue, the Department is developing new guidance to help ensure that providers do not lose their assigned beneficiaries when they change practice locations. The Department will share draft guidance in the future with the AMH TAG Data Subcommittee and other relevant stakeholders for input.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** Several AMH TAG Data Subcommittee members noted that additional guidance to reduce beneficiary assignment issues for practice-level changes (e.g., when a practice moves or is purchased by another entity) would be helpful, particularly since these types of practice-level changes are increasing in frequency and will likely continue in the future.
 - **Response:** The Department will develop additional guidance regarding practice-level changes in forthcoming documentation. AMH TAG Data Subcommittee members will have the opportunity to provide feedback on draft guidance prior to its publication.

Beneficiary Assignment Root Cause 3: Inaccurate Beneficiary Assignment File (Sachin Chintawar)

Key Takeaways

- The Department noted that beneficiary assignment fields are being sent to AMH practices with missing or invalid values.
- To address this issue, the Department will conduct an end-to-end audit of beneficiary assignment file transmission to assess the completeness, accuracy, and timeliness of current processes and identify issues to inform solution strategies. The Department recently approved the scope of the file audit and will begin to identify CINs to participate in the audit later this spring.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** One AMH TAG Data Subcommittee member asked whether existing monitoring reports submitted to the Department would be reviewed as part of the audit.
 - **Response:** The Department confirmed that existing monitoring reports will be used to inform the audit approach.

Patient Risk List: Key Issues (Sachin Chintawar)

Key Takeaways

- PHPs, CINs, and AMH Tier 3 practices raised two issues that limit the use of exchanged Patient Risk List (PRL) files:
 - Incomplete or incorrectly formatted PRL files, and
 - Varying definitions for the risk level categories.

Patient Risk List Root Cause 1: Files with Format and/or Completeness Issues (Sachin Chintawar)

Key Takeaways

- The Department has observed issues with PRL file formats and completeness.
 - Some PRL files contain data that do not align with DHHS format requirements. Ambiguities in DHHS guidance may contribute to non-compliance.
 - 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.
- To address the formatting and completeness issues on the PRL file, the Department: (1) has published a PRL Companion Guide with additional guidance on how to complete the PRL, and (2) is developing additional guidance containing responses to frequently asked questions related to the PRL file.

Patient Risk List Root Cause 2: Varying Definitions of Risk (Lamot du Pont)

Key Takeaways

- The Department has observed that definitions of risk level categorizations vary among stakeholders, making consistent interpretation of an individual’s clinical risk challenging.
- To better understand the impact of varying risk level categories, the Department analyzed PHPs, AMH Tier 3 practices, and CINs’ risk stratification approaches and their impact on care management. The assessment included analysis of (1) the degree of definitional variability in the risk stratification classifications and (2) the impact of definitional variability on operations, financing, and program monitoring.
- Through a review of PHPs’ Comprehensive Care Management Policy reports (i.e., BCM03) and stakeholder interviews with PHPs, AMH Tier 3 practices, and CINs, the Department found the following:

Variability in Risk Stratification Definitions

- Stakeholders reported difficulty interpreting risk stratification categories due to:
 - Lack of guidance for how risk scores are generated and translated into the Department’s mandated risk categories;
 - Variability in risk stratification definition; and
 - Confusion regarding the rationale for members’ risk stratification designation.
- Stakeholders were not leveraging the Department’s defined risk stratification categories or the Patient Risk List to drive care management efforts.
- Stakeholders indicated that efforts to enhance care management guidance are positive and helpful.

Impacts of Risk Stratification Variation

- **Care Management Operations.** Risk stratification variation has minimal operational impacts on PHPs, larger AMH Tier 3 practices, and CINs, but more significant impacts on smaller AMH Tier 3 practices.
 - **Finances.** Risk stratification variation does not have a financial impact on AMH Tier 3 practices.
 - **Program Monitoring and Oversight.** Risk stratification variation has a significant impact on DHHS’ ability to monitor risk stratification categories across stakeholders.
- The Department proposes the following recommendations to address risk stratification variation and its downstream impacts:
 - Improve stakeholders’ communications of their risk stratification approaches and definitions (e.g., through a standardized template)
 - Provide additional guidance on the interpretation and use of key terms (e.g., “priority populations” and “high need”)

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Public Comments (Seirra Hamilton)

There were no public comments.

Wrap-Up and Next Steps (Seirra Hamilton)

- The next AMH TAG Data Subcommittee meeting is scheduled for March 10, 2023. In the meantime, AMH TAG Data Subcommittee members and participants are invited to submit questions and comments on meeting topics and/or logistics to Seirra Hamilton (seirra.n.hamilton@dhhs.nc.gov).

The meeting adjourned at 4:20 PM.