

North Carolina Department of Health and Human Services (DHHS)
 Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee Meeting
 June 3, 2025, 3:30-5:00 PM ET

Attendees:

AMH TAG Data Subcommittee Members	Organization Type
AmeriHealth	Health Plan
Carolina Complete Health	Health Plan
Healthy Blue	Health Plan
United Healthcare	Health Plan
WellCare of North Carolina	Health Plan
Atrium Health Wake Forest Baptist	Provider (CIN)
CCPN	Provider (CIN)
CHESS Health Solutions	Provider (CIN)
Access East	Provider (CIN)
Mission Health Partners	Provider (CIN)
Sandhills	Provider (CIN)
Children First of NC	Provider (Independent)
Blue Ridge Pediatrics	Provider (Independent)
Cherokee Indian Hospital Authority	Tribal Option
NC DHHS Staff and Speaker	Title
Kristen Dubay	Chief Population Health Officer
Andrew Clendenin	Deputy Director, Population Health
Loul Alvarez	Associate Director, Population Health
Judy Lawrence	AMH Sr. Program Manager
Saheedat Olatinwo	AMH Program Manager
Elizabeth Kasper	Care Delivery and Payment Reform Sr Advisor
Advisors	Title
Vik Gupta	Medicaid Transformation Project Executive, Quality & Population Health, Accenture
Sachin Chintawar	Project Manager, Quality & Population Health, Accenture
Jordan Wuest	Project Manager, Quality & Population Health, Accenture
Shani Ranatunga	Project Manager, Quality & Population Health, Accenture
Lammot du Pont	Senior Advisor, Manatt Health Strategies

Agenda

- Welcome & Roll Call
- Data Topic Updates
 - AMH Data Interfaces Timeline Standardization
 - AMH BA File Enhancements
- AMH Data Topic Prioritization Survey Takeaways
- HIE Use Cases
- PCP AA Requirements Document Update Communication

- Public Comments
- Wrap Up & Next Steps

AMH Data Interfaces Timeline Standardization (Jordan Wuest)

Key Takeaways

- Standard Plans (SPs) have different AMH data interface schedules, and DHHS convened a workgroup, consisting of Plans and providers, to standardize the timelines to improve data timeliness and downstream data ingestion. DHHS requests AMH partners adhere to the data transmission schedule below:

File Type	Current Requirements	Draft Standardized Schedule
Beneficiary Assignment Full File	Weekly	Weekly full files every Sunday and the last day of each month
Beneficiary Assignment Incremental	Daily	Decommissioned
Patient Risk List Outbound to Providers	At least monthly on the 26 th	Monthly on the 26 th
Patient Risk List Inbound to Plans	At least monthly on the 7 th	Monthly on the 7 th
Encounters/Claims Institutional, Professional, Dental, and Pharmacy	At least monthly	First full and ongoing incremental files every Tuesday
Pharmacy Lock-In Full File	Weekly	Weekly full files every Sunday (aligned with weekly BA full file)

- The AMH Interface Standardization (schedule and file enhancements) have gone live as of 5/19 DHHS continues to provide ongoing support during weekly check-ins with plans and some identified testing partners.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- Are there any considerations in syncing up the LHD files with the BA Files?
 - DHHS is not currently making any changes to the LHD data specifications.
- Are the claims files all set to go on the Tuesday cadence now?
 - DHHS: The claims files should all be going on the Tuesday cadence.

AMH Beneficiary Assignment (BA) File Enhancements (Jordan Wuest)

Key Takeaways

- DHHS has made changes to the BA File template to update mapping references from the 834 file.

- High-level Changes:

Updates to the 834 Loop and Segment, and Ref DE # for the following fields:

- Member County Code
- Use of Language Indicator
- Use of Language Indicator Desc

Updates to the Notes/Definitions for the following:

	PCP City
PHP Address line1	PCP State
PHP Address line2	PCP ZIP Code
PHP City	AMH Address Line1
PHP State	AMH Address Line2
PHP ZIP Code	AMH City
PCP Address Line1	AMH State
PCP Address Line2	AMH ZIP Code

Discussion/Feedback from AMH TAG Data Subcommittee Members

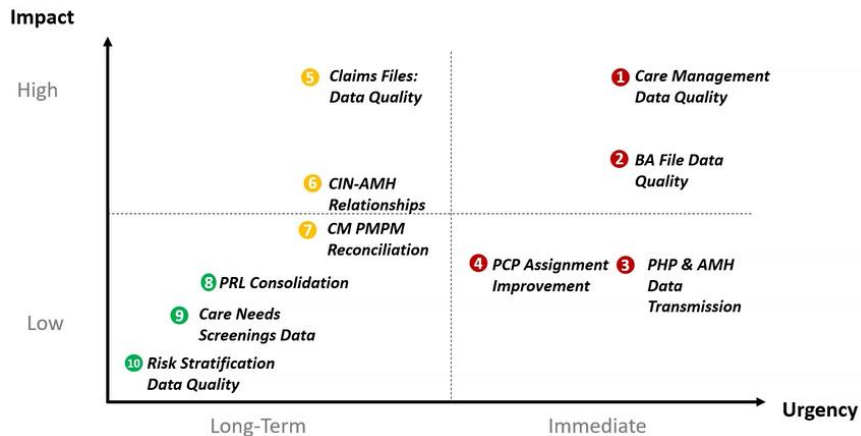
- None

AMH Data Topics Prioritization (Saheedat Olatinwo)

Key Takeaways

- The Department surveys AMH TAG DSC members annually to gather feedback on data issues to inform the identification and prioritization of critical AMH data and system-related issues.

- 2024 Feedback Recap:



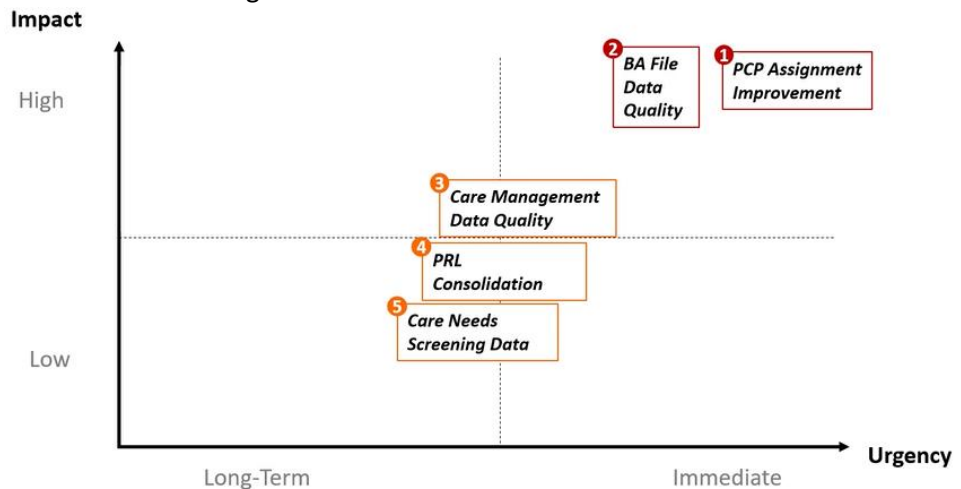
Survey Structure

- Rate the topics based on their impacts on critical operations and urgency for resolution.
- (New) Rank the topics on impact and urgency

- Comment on ratings, rankings, and prioritizations.
- Data Topics included in the 2025 survey:
 - PCP Assignment Improvements
 - Care Management Data – Data Quality
 - Care Needs Screening Data
 - BA File – Data Quality
 - Patient Risk List (PRL) Consolidation
- Five data topics from the 2024 survey were omitted due to categorization of them as resolved or nearing resolution.
 - Tracking CIN-AMH Relationships
 - Care Management Payment Reconciliation
 - PHP & AMH Data Transmission Timing
 - Claims Files – Data Quality
 - Risk Stratification Data Quality

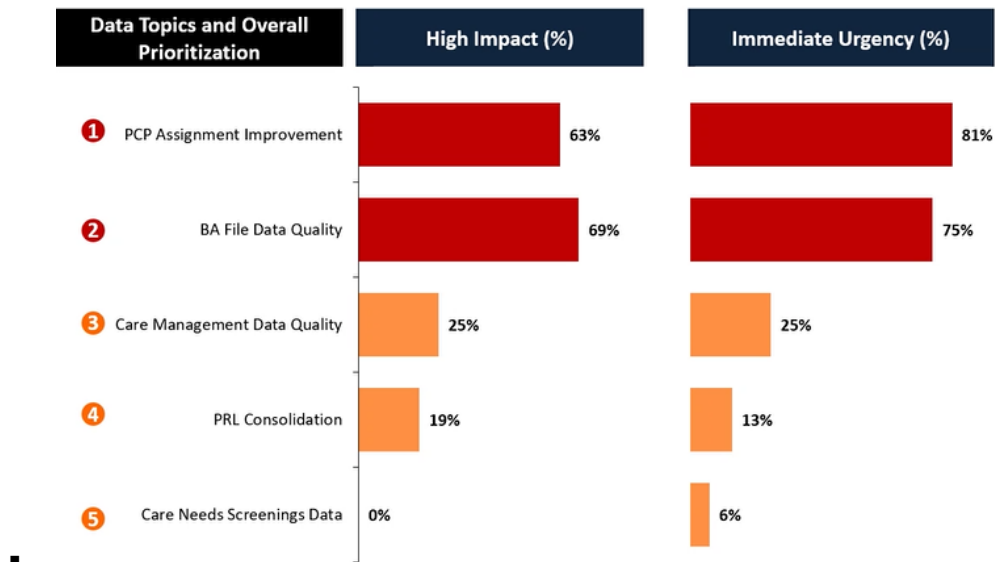
- 2025 Survey Results

- Prioritization Based on Ratings



- Ratings Summary

North Carolina Department of Health and Human Services (DHHS)
 Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee Meeting
 June 3, 2025, 3:30-5:00 PM ET



- Issues and Recommendations from Comments

Data Topic	Specific Issues	Recommendations
1. PCP Assignment	1. Discrepancies with NCTracks 2. Limited understanding of assignment methodologies 3. Incorrect assignments	1. Introduce ways to align with NCTracks 2. Clarify/update assignment policies/methodology 3. Adopt annual bulk assignment process
2. BA File Data Quality	1. Discrepancies with NCTracks 2. Incomplete/insufficient data 3. Inconsistent transmission timing	1. Ensure alignment with NCTracks 2. Expand required data elements
3. Care Management Data Quality	1. Insufficient data 2. Inconsistent transmission timing 3. Discrepancies between BA File and PRL	1. Expand required data elements 2. Align PRL and BA File
4. PRL Consolidation	1. Data fields are not comprehensive 2. Data not useful 3. Variation between Standard Plan's data	1. Expand required data elements (e.g., outreach attempts) 2. Standardize data between plans
5. Care Needs Screening Data	1. Variation in screening and data-sharing practices between providers and plans 2. Lack of actionable data in screenings	1. Standardize approved screenings or questions to simplify reporting 2. Standardize data format and transmission

- DHHS intends to meet with plans and providers regarding proposed changes to the PCP AA requirements in the coming weeks for engagement and feedback. Communications are forthcoming.
- Additional Topics Identified by AMH TAG DSC Members:
 - 834 File – Improve Quality of the Data
 - Claims File – Improve Quality of the Data
 - Continuous Enrollment Calculation - Address PHP Variability
 - Cost Information in Claims Data
 - Quality Performance Measurement

Discussion/Feedback from AMH TAG Data Subcommittee Members

- AMH TAG DSC Member: Have any future BA File changes been decided, such as combining the BA and PRL Files? AMH TAG DSC Member previously submitted feedback about providing fields

for every single contact and a beneficiary's status. BA File quality is a little different, because it is about improving the data currently available.

- DHHS is taking this into consideration. T
- AMH TAG DSC Member is pleased to see panel and attribution at the top of the list. The other big concern from members is data relating to coordination of benefits/Third Party Liability (TPL).
 - DHHS: Can you provide additional information?
 - AMH TAG DSC Member: If somebody has insurance or works with an EMR.
 - AMH TAG DSC Member: CINs would like a status indicator that can be shared with practices to understand if a patient has another insurance.
 - AMH TAG DSC Member hopes to discuss data flows around TPL between NCDHHS and PHPs, need for a feedback loop, and better timeliness. A stronger foundation there will help ensure that Provider-requested data is more reliable.
- AMH TAG DSC Member: The feedback on Continuous Enrollment Calculation implies there are differing methods to calculate these metrics and should not be the case. There are specifications for calculating continuous enrollment. This concern should be investigated properly and fixed if it is truly occurring.
 - AMH TAG DSC Member: Agreed. There should not be variability in the calculation. WellCare ensures that specifications are met, and that any kind of continuous enrollment would be the same. There should not be any differences between PHPs.
- AMH TAG DSC Member: Do we know what percentage of Medicaid members select their PCP vs auto assigned?
 - DHHS does not currently have these metrics prepared.

HIE Use Cases (Larry Mull)

Key Takeaways

Strategy: Leverage NC HealthConnex's statewide infrastructure to support high-value, Medicaid-focused use cases.

The Use Cases	
Health-Related Social Needs (HRSN) Screening	<ul style="list-style-type: none"> ▪ Develop the capabilities to share Medicaid beneficiaries' responses to HRSN screening questions with: (1) other providers; (2) Medicaid managed care plans; and (3) NC Medicaid.
Digital Quality Measures (dQMs)	<ul style="list-style-type: none"> ▪ Develop the capabilities to calculate a select set of Medicaid's high-priority quality measures combining both administrative data (i.e., claims and encounters) with clinical information from providers' EHRs to allow for more accurate results.
Care Management (CM) Data Exchange	<ul style="list-style-type: none"> ▪ Improve the ability to exchange: (1) encounter data between PHPs and local care management entities; (2) transitions of care information when members change PHPs; and (3) care management interaction details.

-
- HRSN Screening Use Case
 - Progress and Next Steps
 - Provider Onboarding – NC HIEA and DHHS partnered to launch the “HIE Medicaid Services (HMS) Early Adopters Program”

- NC HIEA conducted information sessions in April, have socialized the program launch widely, and will continue information sessions this summer.
 - The goal is to onboard 9 provider organizations into the program for the first cohort, making them eligible for the funding.
 - NC HIEA and DHHS anticipates additional cohorts of this program as funding allows.
 - Access to HRSN Screening Information
 - Information from Duke and UNC is readily available in the NC HealthConnex Clinical Portal for authorized users.
 - NC HIEA is currently developing capabilities for FHIR-based API queries.
 - Health Plan Access to HRSN Screening Information
 - NC HIEA is updating priority data element monthly files currently shared with health plans and DHHS.
- dQM Use Case
 - Provider Onboarding – HMS Early Adopters Program also supports providers interested in participating in this use case.
 - First half of milestone-based payments is participating in NCQA’s Data Aggregator Validation Program.
 - Second half of milestone-based payments is participating in quality improvement activities associated with the three priority quality measures (Glycemic Status Assessment for Patients with Diabetes, Screening for Depression and Follow-Up Plan, and Controlling High Blood Pressure).
 - Expanding the Data Aggregator Validation Program
 - NC HIEA is working with the second cohort of participants to launch in July.
 - Expanding and Improving Data
 - NC HIEA is finishing up integrating claims data in NC HealthConnex.
- Care Management Use Cases
 - Provider, CIN, and Health Plan Onboarding - Launched first Collaborative Workgroup Session on March 21, 2025.
 - Attendees include Providers, CINs and Standard Plans.
 - There will be more collaborative workgroup opportunities.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- AMH TAG DSC Member: Does that depression screening priority measure include adolescents? Am I right in assuming hypertension and diabetes measures are adult-focused?
 - DHHS: The depression measure include adolescents 12 years of age and older. The two other measures are 18 and up.
- AMH TAG DSC Member: What is the added value on the claims data exchange with HIE?
 - DHHS: The data will come to the HIE once it has been submitted to NC Medicaid via the Encounter Processing System (EPS). The Department will send that to HIE to do the digital quality measures. When there is a transition of care currently, the plans send historical data for those members that change plans. DHHS has received issues related

to the timing and completeness of this process. The goal is to have the data come from a single source so that everybody's receiving the same file layouts.

- AMH TAG DSC Member: What do is meant by "transition of care"?
 - DHHS: In this context, the transition of care refers to a member changing from one plan to another plan.
- AMH TAG DSC Member: The PHPs were already submitting claims data directly to the HIE as a Medicaid requirement.
 - DHHS: Plans are required to send data. Medicaid is sending the data on their behalf.
 - AMH TAG DSC Member: Is it the actual claim or is it the encounter?
 - DHHS: This would be encounter data, so the claims are going to the payers. The plans send DHB encounter data and then that is submitted to the HIE and count on the plans' behalf.
- AMH TAG DSC Member: What will happen before December 1 in regard to CFSP? What about the other population still with Medicaid Direct? It would be great to resolve any data gaps prior to CFSP launch.
 - DHHS: Eventually, HIE will have more of the data, but it will probably not be by CFSP launch.
- AMH TAG DSC Member: Is the HIE work impacted by the recent pause of HOP?
 - DHB: Currently, there are no impacts to the HIE work due to HOP, since they are funded differently.
- AMH TAG DSC Member: It is a care transition if they are in care management. There are a lot of issues with handoffs when NC InCK kids change plans, especially if they are changing AMH3 programs as well. This issue is not specific to TCM.
- DHHS: The goal of our collaboration with HIE is to consolidate the data going to providers and CINs. Instead of receiving data from 9 different entities, the goal is to have it in one place in order to reduce provider burden. For CFSP issues, please send an email to Medicaid.PopHealth.CFSP@dhhs.nc.gov and Medicaid.CFSPQuestions@dhhs.nc.gov, so DHHS can investigate the specific concern and identify potential resolutions.

PCP AA Requirements Document Update Communication (Elizabeth Kasper)

The Department will be holding a separate virtual meeting to review proposed updates to the Primary Care Provider Auto Assignment (PCP AA) requirements. We are planning for any updates to be in effect for PCP assignments effective January 1, 2026.

The session is scheduled to take place on **Thursday June 12th 4:30 PM – 6PM**. The calendar invite was sent to the AMH TAG DSC list in a separate email. If you did not receive it, please email medicaid.advancedmedicalhome@dhhs.nc.gov. The meeting invitation also includes information about how to provide written feedback.

Public Comments (Saheedat Olatinwo)

No comments.

North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee Meeting
June 3, 2025, 3:30-5:00 PM ET

Next Steps (Saheedat Olatinwo)

- AMH TAG DSC Members will:
 - Provide any additional feedback on today's discussion, along with any desired agenda topics for the next AMH TAG Data Subcommittee, to:
Medicaid.AdvancedMedicalHome@dhhs.nc.gov.
- The Department will post a presentation and summary of the meeting on the NCDHHS website and respond to any outstanding member questions as appropriate.
- The next AMH TAG Data Subcommittee meeting is scheduled for September 2, 2025.