







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

June 3, 2025 Meeting

Agenda

	Welcome & Roll Call	5 min
	Data Topic Updates 1. AMH Data Interfaces Timeline Standardization 2. AMH BA File Enhancements	25 min
	AMH Data Topic Prioritization Survey Takeaways	20 min
	HIE Use Cases	15 min
	Public Comment	5 min
	Wrap-Up and Next Steps	5 min

AMH TAG Data Subcommittee Roll Call

Entity	Organization Name
Health Plans	AmeriHealth
	Carolina Complete Health
	Healthy Blue
	United Healthcare
	WellCare
Providers (CINs)	Atrium Health Wake Forest Baptist
	CCNC / CCPN
	CHESS Health Solutions
	Duke Health / Duke Connected Care
	ECU Health / Access East
	Mission Health Partners
	NCCHA / Carolina Medical Home Network
	UNC Health / UNC Health Alliance

Entity	Organization Name
Providers (Ind.)	Children First of NC
	Sandhills Pediatrics / CCPN
	Blue Ridge Pediatrics / CCPN
Others	Tribal Option

NCDHHS and Advisors

NCDHHS

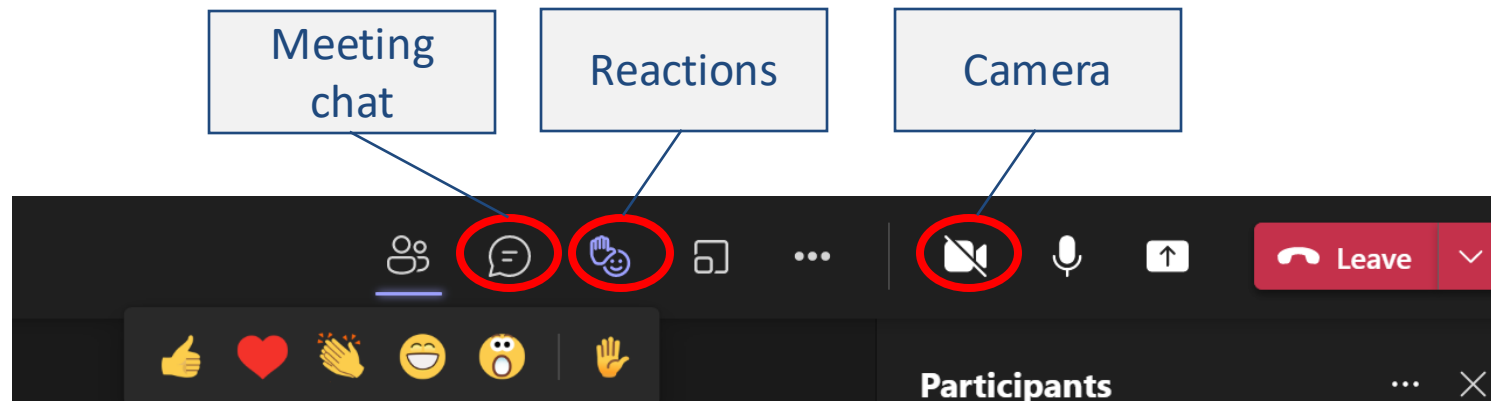
Kristen Dubay	Andrew Clendenin	Loul Alvarez	Judy Lawrence	Saheedat Olatinwo	Liz Kasper
Chief Population Health Officer, DHB	Deputy Director, Population Health, DHB	Associate Director, Population Health, DHB	AMH Sr. Program Manager, Population Health, DHB	AMH Program Manager, Population Health, DHB	Care Delivery and Payment Reform Senior Advisor, DHB

Advisors

Vik Gupta	Sachin Chintawar	Jordan Wuest	Shani Ranatunga	Lammot du Pont
Project Executive, Quality & Population Health, Accenture	Project Manager, Quality & Population Health, Accenture	Project Manager, Quality & Population Health, Accenture	Project Manager, Quality & Population Health, Accenture	Senior Advisor, Manatt Health Strategies

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.



AI Policy

Please note that we are not recording this call, and request that no one record this call or use an AI software/device to record or transcribe the call.

NCDHHS is awaiting additional direction from our Privacy and Security Office on how we need to support these AI Tools.

Thank you for your cooperation.

HIPAA-covered NCDHHS agencies which become aware of a suspected or known unauthorized acquisition, access, use, or disclosure of PHI shall immediately notify the NCDHHS Privacy and Security Office (PSO) by reporting the incident or complaint to the following link: <https://security.ncdhhs.gov/>

Data Topic Updates:

1. AMH Data Interfaces Timeline Standardization

AMH Data Interfaces Timeline Standardization

Issue Description and Resolution Approach

Issue Description

Standard Plans have **different schedules for sharing standard data interfaces** between Standard Plans and AMH Tier 3 practices or CINs.

Receiving data on differing schedules impacts AMHs'/CINs' ability to:

- Efficiently execute downstream processes (e.g., automated ETL) to provide more complete, accurate, and timely data to their care managers
- Provide timely updates to their care management systems, creating a data lag in what is getting reported back to the Standard Plans

Resolution Approach

- Data Subcommittee Members agreed that **streamlining data exchange could improve data timeliness** and downstream data ingestion process issues.
- Data Subcommittee Members expressed support for:
 - **Standardizing** file transmission schedules
 - **Reducing** the frequency of required file exchange

AMH Data Interfaces Timeline Standardization

Data Transmission Schedule

To address current issues with data exchange timeliness, the Department will require AMH partners to adhere to the following standardized data transmission schedule

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)

* BA File naming convention to be updated

** Status of Mandatory vs. Optional vs. Situational for several fields on the various claims files to be updated

AMH Data Interfaces Timeline Standardization

Next Steps

Next Steps

As of 5/19/25, we have gone live with the interface enhancements. We are currently supporting post go-live activities but have so far seen successful implementation.

Key Activities for Implementation

	2024			2025
Milestone	Summer	Fall	Winter	Spring
Data Specifications Update				
Plan and Provider Development				
Internal Testing and SIT				
Go-Live				



Are there additional questions or feedback?

Data Topic Updates:

2. AMH BA File Enhancements

AMH BA File Enhancements

834 Mapping Reference Updates

Background: Mapping references from the 834 file to the Beneficiary Assignment file have been outdated. Updates are needed to correct the outdated mapping references. No layout changes will need to be made. This applies to the AMH version of the Beneficiary Assignment 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:

	• <i>PCP City</i>
• <i>PHP Address line1</i>	• <i>PCP State</i>
• <i>PHP Address line2</i>	• <i>PCP ZIP Code</i>
• <i>PHP City</i>	• <i>AMH Address Line1</i>
• <i>PHP State</i>	• <i>AMH Address Line2</i>
• <i>PHP ZIP Code</i>	• <i>AMH City</i>
• <i>PCP Address Line1</i>	• <i>AMH State</i>
• <i>PCP Address Line2</i>	• <i>AMH ZIP Code</i>

Timeline

- ✓ 3/10 – 3/14: Communicate Proposal to PHPs & Providers
- ✓ 3/17 – 4/28: Receive/Process PHP & Provider Feedback
- ✓ 5/1: Present at Change Control Board & Publish Specs
 - 5/19 – 6/27: PHP and Provider Development
 - 6/27 – 7/22: PHP and Provider Testing
 - 8/1: Push to Production and Go-Live

AMH Data Topics Prioritization

Annual AMH Data Topic Prioritization Survey

Overview

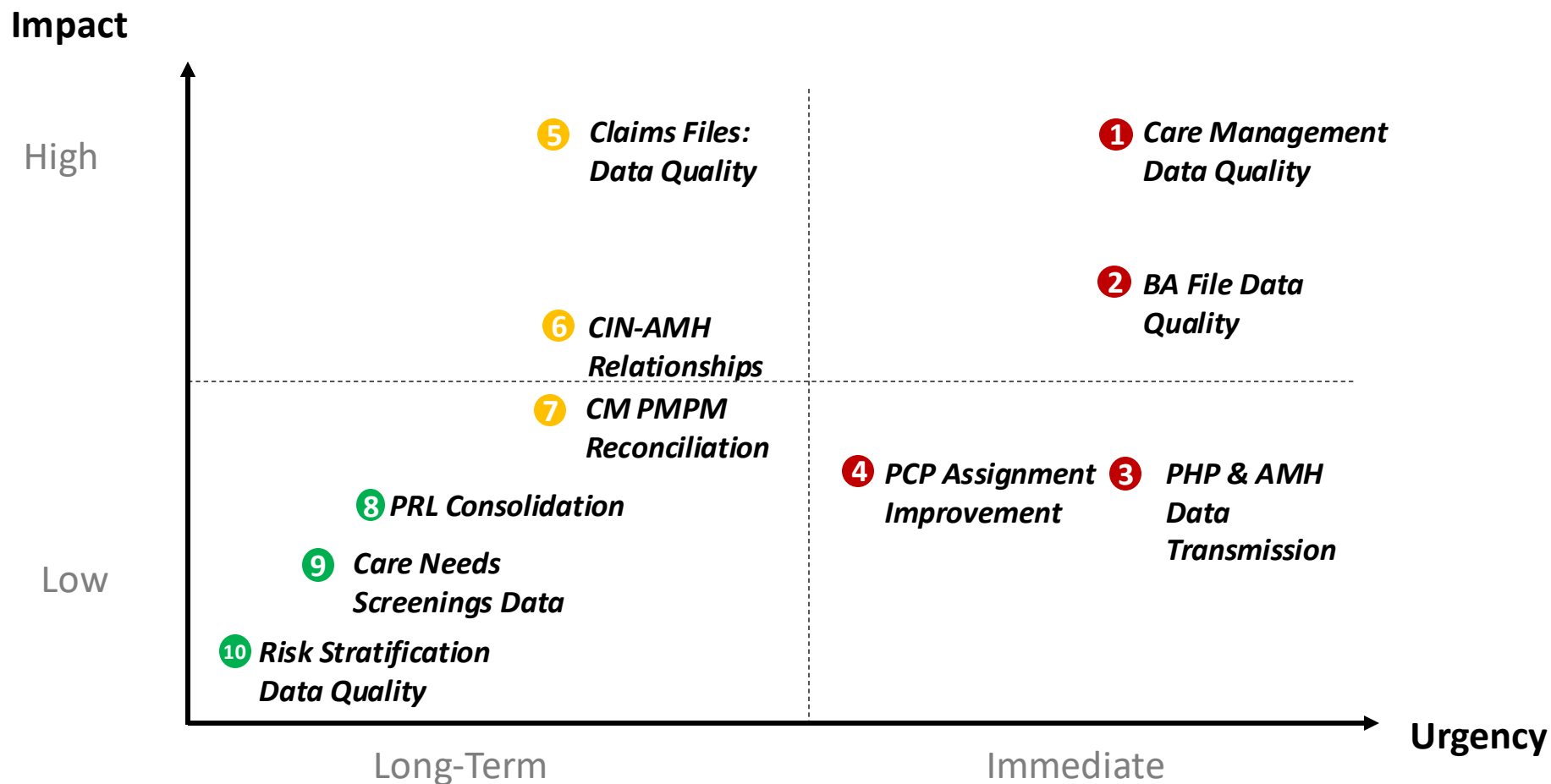
The Department annually surveys AMH TAG Data Subcommittee members to:

- Understand the impact and urgency of data issues
- Identify key considerations and additional solutions
- Inform the allocation of resources to help resolve the identified issues

2024 AMH Data Topic Prioritization Survey

Last Year's Feedback

Last year, across all responses, Data Subcommittee Members ranked Care Management Data Quality issues as the highest impact and most immediate urgency for resolution.



2025 AMH Data Topic Prioritization Survey

Overview

We distributed the survey in March of this year, building on previous surveys by adding an opportunity for respondents to rank data topics relative to each other.

Survey Structure

DHB's 2025 survey included five data topics* and asked Data Subcommittee members to:

- A. Rate** the topics based on their: (1) impacts on critical operations and (2) urgency for resolution.
- B. **NEW** Rank** the topics in relation to each other in terms of impact and urgency.
- C. Comment** on: (1) their ratings; (2) their rankings; and (3) additional data topics or concerns.

* Descriptions for the data topics are provided on the next slide.

AMH Data Topic Prioritization Survey

Data Topics

DHB identified five data topics to include in the 2025 survey. Five data topics from the 2024 survey were omitted due to categorization of them as resolved or nearing resolution.

Data topics included in the 2025 survey

- | | |
|---|---|
| 1. Primary Care Provider Assignment Improvements | 4. Beneficiary Assignment (BA) File – Data Quality |
| 2. Care Management Data - Data Quality (e.g., Patient Risk List, BCM051) | 5. Patient Risk List (PRL) Consolidation |
| 3. Care Needs Screening Data | |

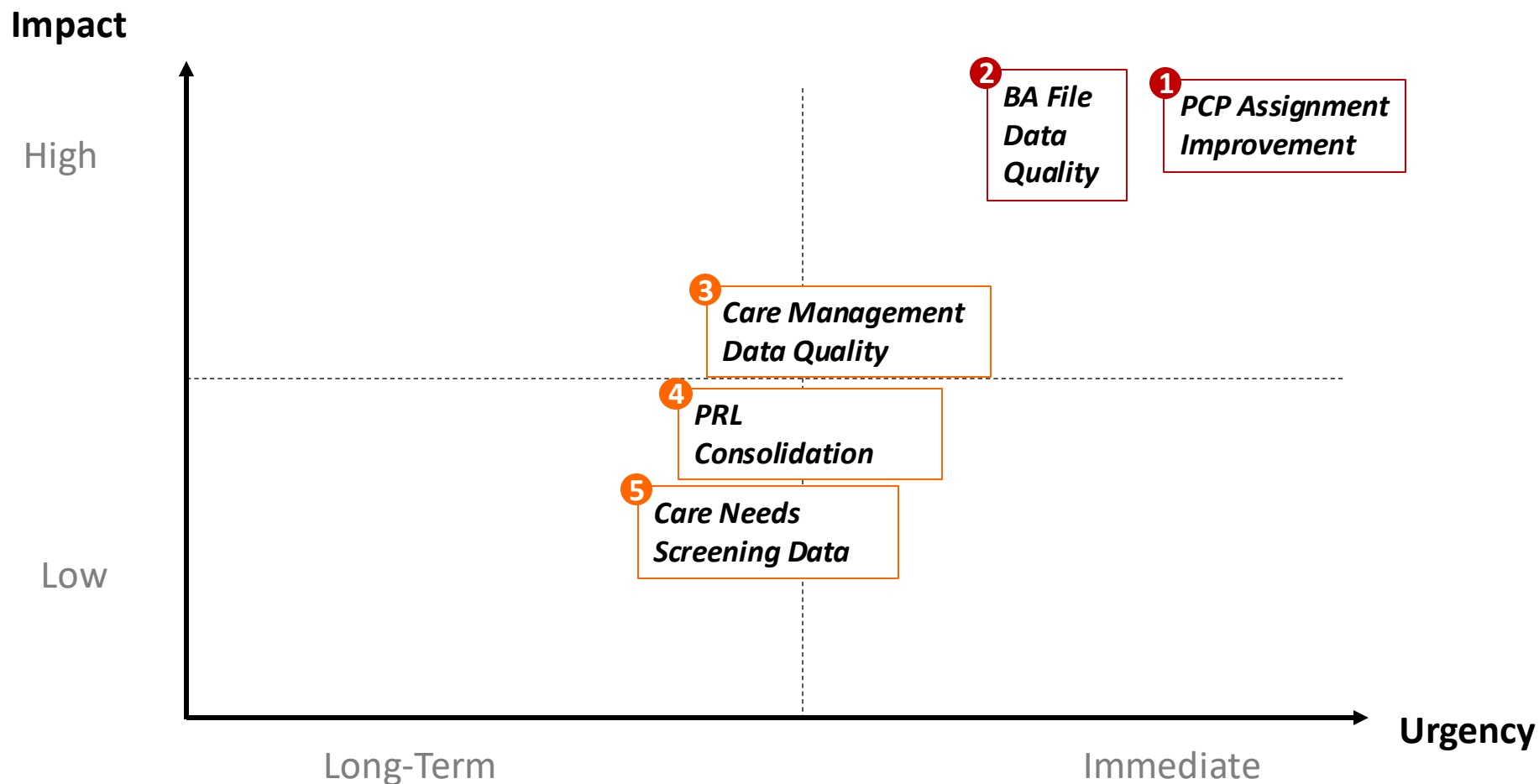
Data topics from the 2024 survey that were omitted in 2025

- | | |
|--|--|
| 1. Tracking CIN-AMH Relationships | 4. Care Management Payment Reconciliation |
| 2. PHP & AMH Data Transmission Timing | 5. Claims Files – Data Quality |
| 3. Risk Stratification Data Quality | |

Survey Results

Prioritization Based on Ratings

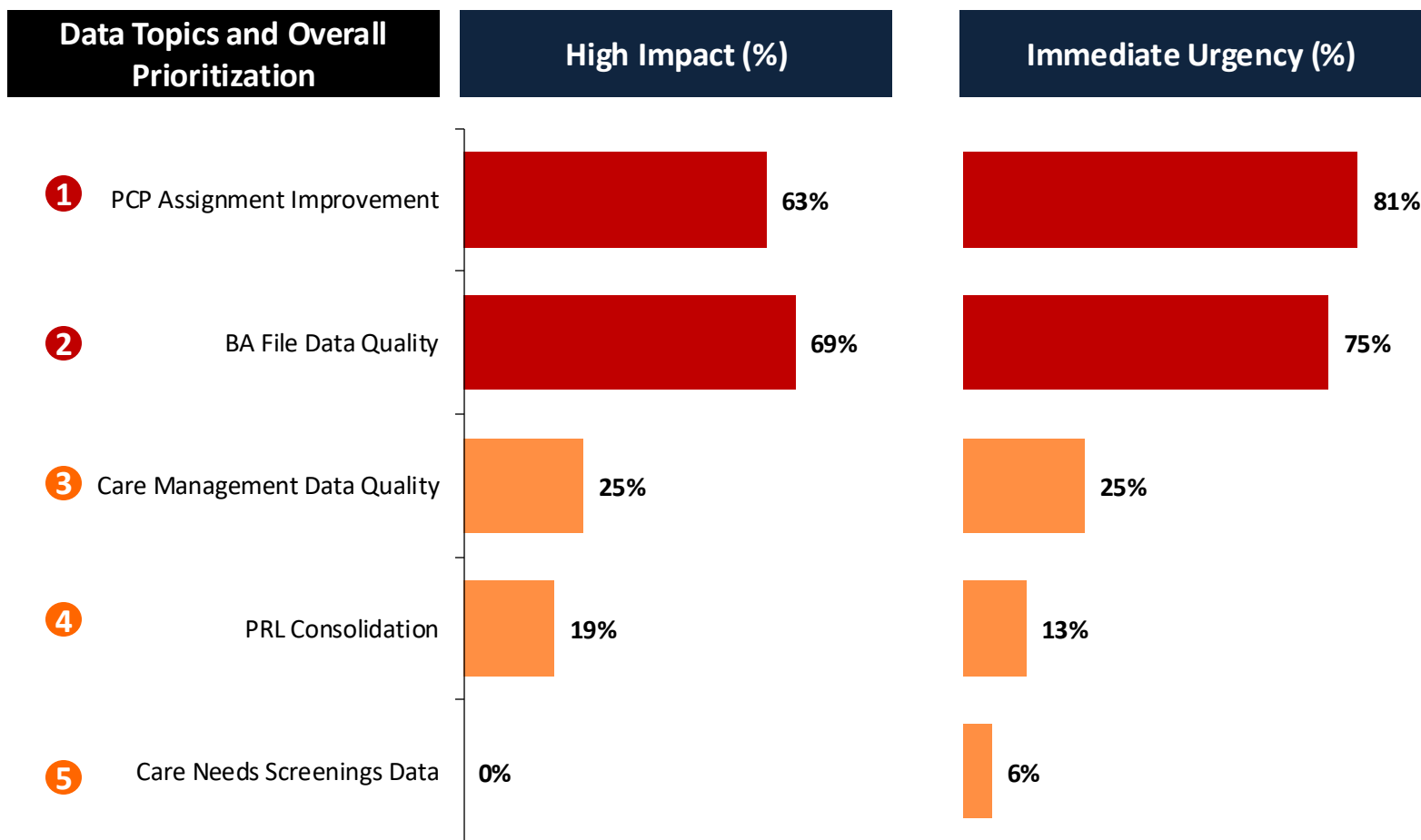
Across all responses, Data Subcommittee Members ranked the PCP Assignment Improvement and BA File Data Quality data topics as the highest impact and most urgent for resolution.



Survey Results

Ratings Summary

DSC Members rated PCP Assignment Improvement and BA File Data Quality as highest impact and urgency significantly more so than the other data topics.



NOTES: Non-Data Subcommittee responses were excluded from the results.

Survey Results

Prioritization Based on Ordinal Rankings

Data Subcommittee Members' "ratings" aligned with the average of their ordinal "rankings"

Coding Methodology

- The "ordinal ranking" portion of the survey presented respondents with all five data topics together and asked them to rearrange the topics in order of highest to lowest impact and urgency for resolution.
- Rank responses were coded 1 through 5, 1 being the highest impact/urgency and 5 being the lowest.

Average Impact/Urgency Ranking

1. PCP Assignment Improvement
2. BA File Data Quality
3. Care Management Data – Data Quality
4. PRL Consolidation
5. Care Needs Screening Data

Key Findings

Issues and Recommendations from Comments

Data Topic	Specific Issues	Recommendations
1. PCP Assignment	<ol style="list-style-type: none">1. Discrepancies with NCTracks2. Limited understanding of assignment methodologies3. Incorrect assignments	<ol style="list-style-type: none">1. Introduce ways to align with NCTracks2. Clarify/update assignment policies/methodology3. Adopt annual bulk assignment process
2. BA File Data Quality	<ol style="list-style-type: none">1. Discrepancies with NCTracks2. Incomplete/insufficient data3. Inconsistent transmission timing	<ol style="list-style-type: none">1. Ensure alignment with NCTracks2. Expand required data elements
3. Care Management Data Quality	<ol style="list-style-type: none">1. Insufficient data2. Inconsistent transmission timing3. Discrepancies between BA File and PRL	<ol style="list-style-type: none">1. Expand required data elements2. Align PRL and BA File
4. PRL Consolidation	<ol style="list-style-type: none">1. Data fields are not comprehensive2. Data not useful3. Variation between Standard Plan's data	<ol style="list-style-type: none">1. Expand required data elements (e.g., outreach attempts)2. Standardize data between plans
5. Care Needs Screening Data	<ol style="list-style-type: none">1. Variation in screening and data-sharing practices between providers and plans2. Lack of actionable data in screenings	<ol style="list-style-type: none">1. Standardize approved screenings or questions to simplify reporting2. Standardize data format and transmission

Key Findings

Additional Data Topics Identified by Data Subcommittee Members

1. 834 File... Improve Quality of the Data [**Significant Impact/Immediate Urgency**]

- *“We continue to advocate for better data coming in on 834. This includes consolidate eligibility timelines, removal of duplicate member/merge members, better TPL data, updated member contact information, etc.”*

2. Claims Files... Improve Quality of the Data [**Significant Impact/Immediate Urgency**]

- *“Incomplete and/or incorrectly formatted claims data results in our inability to fully populate our own dashboards and tools that enable value-based care.”*

3. Continuous Enrollment Calculation... Address PHP Variability [**Significant Impact/Immediate Urgency**]

- *“In our experience, PHPs have differing methods to calculate continuous enrollment and other HEDIS specifications based on assignment information.”*

4. Cost Information in Claims Data [**Significant Impact/Short-Term Urgency**]

- *“Consider having mandating health plans to share cost data with the AMH's/CINs they are in a Total Cost of Care Arrangement with.”*

5. Quality Performance Measurement [**Moderate Impact/Immediate Urgency**]

- *“Move AMH performance metric from process to quality outcome measures as discussed in the AMH performance workgroup. Allow incentivizing AMHs beyond the AMH measure set.”*

Next Steps

- **DHB appreciates all the feedback shared by the Data Subcommittee members.**
- **We will continue to address the identified issues and proposed solutions as part of our broader data improvement efforts.**

HIE Use Cases

HIE Use Cases

Overview

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

The Use Cases

Health-Related Social Needs (HRSN) Screening

- 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)

- 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 and stage results in digital package for sharing.

Care Management (CM) Data Exchange

- 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.

Additional details are available on the NC HIEA website at [HIE Medicaid Services](#).

HRSN Screening Use Case

Progress to Date and Next Steps

1. Provider Onboarding

In March 2025, NC HIEA and DHB launched the “HIE Medicaid Services (HMS) Early Adopters Program” which will provide milestone-based payments to providers and began accepting applications. Additional details on the HMS “Early Adopters Program” is available at: [HMS Early Adopters Program Overview 3.28.25.pdf](#).

- Our goal is for a first cohort of nine provider organizations to begin transmitting LOINC-encoded HRSN screening data to NC HealthConnex by Oct 1, 2025.
- The first cohort of HMS Early Adopters for the HRSN Screening use case will be announced shortly
- Additional information on future funding rounds will be released this summer.

2. Access to HRSN Screening Information

NC HIEA added demonstration data for the NC HealthConnex Clinical Portal as part of participant training.

- NC HIEA is developing capabilities for FHIR-based API queries.

3. Health Plan Access to HRSN Screening Information

- NC HIEA is updating the clinical information file it currently shares with Medicaid Managed Care plans to include HRSN screening information.

dQM Use Case

Progress to Date and Next Steps

1. Provider Onboarding

The “HIE Medicaid Services (HMS) Early Adopters Program” also supports providers who are interested in participating in the dQM use case.

- For the dQM use case, our goal is to have five provider organizations transmitting clinical data to support dQM measures to NC HealthConnex by Sep 30, 2025.
- The first cohort of HMS Early Adopters for the dQM use case will be announced shortly, and additional information on future funding rounds will be released this summer.

2. Expanding the Data Aggregator Validation Program

NC HIEA is expanding the number of providers participating in NCQA’s Data Aggregator Validation program.

3. Expanding and Improving Data

As part of the HMS Early Adopters Program, NC HIEA is collaborating with providers on improving data quality for priority quality measures, including technical upgrades and workflow changes.

- NC HIEA will integrate claims data into NC HealthConnex.

Care Management Use Cases

Progress to Date and Next Steps

1. Provider, CIN, and Health Plan Onboarding

- To support the implementation of the Care Management use cases, DHB launched a Collaborative Workgroup on March 21, 2025.
- The Collaborative Workgroup provides inputs on: (a) the current challenges, and (b) the opportunities to streamline data transfers across all partners.
- The Collaborative Workgroup consists of the following partners:
 - *Providers/CIN*: Atrium Health, City Block, Duke Health, ECU Physicians, MHP, UNC Health, Wake Forest University, AleraHealth, CCPN, ChessHealth, NCCH
 - *Standard Plans*: AmeriHealth, CCH, Healthy Blue, UHC, WellCare
- DHB and NC HIEA are also conducting 1-on-1 meetings with providers, CINs, and health plans to collect information on partners' needs and priorities.

Public Comments

Wrap-Up & Next Steps

Next Steps

Subcommittee Members will:

1. Provide additional feedback on today's discussion topics to:
Medicaid.AdvancedMedicalHome@dhhs.nc.gov

NCDHHS will:

1. Post today's presentation and a summary of today's meeting on the NCDHHS website.
2. Work with Data Subcommittee members to identify best practices to spotlight at upcoming Subcommittee meetings.

**Future AMH TAG Data Subcommittee meetings will occur quarterly.
The next meeting is scheduled for September 2, 2025.**