

North Carolina Department of Health and Human Services (DHHS)
 Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee Meeting
 June 6, 2023, 3:30-5:00 PM ET

Attendees:

AMH TAG Data Subcommittee Members	Organization Type
AmeriHealth Caritas North Carolina	Health Plan
Blue Cross and Blue Shield of North Carolina	Health Plan
Carolina Complete Health	Health Plan
UnitedHealthcare Community Plan of North Carolina	Health Plan
WellCare of North Carolina	Health Plan
Atrium Health Wake Forest Baptist	Provider (CIN)
Community Care Physician Network (CCPN)	Provider (CIN)
Carolina Medical Home Network (CMHN)	Provider (CIN)
Duke Health	Provider (CIN)
ECU Health [Access East]	Provider (CIN)
Emtiro Health	Provider (CIN)
Mission Health Partners	Provider (CIN)
UNC Health	Provider (CIN)
Blue Ridge Pediatrics	Provider (Independent)
Cherokee Indian Hospital Authority	Tribal Option
NC DHHS Staff and Speaker	Title
Kristen Dubay	Chief Population Health Officer
Loul Alvarez	Associate Director
Evelin Lazaro	AMH Program Specialist
Advisors	Title
Vik Gupta	Medicaid Transformation Project Executive, Quality & Population Health, Accenture
Sachin Chintawar	Medicaid Transformation Project Manager, Quality & Population Health, Accenture
Gigi Cloney	Medicaid Transformation Project Management Lead, Quality & Population Health, Accenture
Lammot du Pont	Senior Advisor, Manatt Health Strategies

Agenda

- Welcome
- Progress on Open Data Topics
 - Beneficiary Assignment
 - CIN-AMH Relationship Tracking
 - Patient Risk List
- Risk Stratification
- Leveraging NC HealthConnex to Advance Quality and Population Health
- Public Comments
- Next Steps

Progress on Open Data Topics (Sachin Chintawar)

Key Takeaways

- The Department provided a progress update on three data topics:
 - Beneficiary Assignment
 - CIN-AMH Relationship Tracking
 - Patient Risk List

Progress on Open Data Topics: Beneficiary Assignment (Sachin Chintawar)

Key Takeaways

- The Department has reviewed reports that PHPs are assigning members to providers who:
 - (1) do not serve the member population type (e.g., an adult assigned to a pediatric practice), or
 - (2) are not accepting new patients (e.g., assignment exceeds the provider's panel size limits).

Many of these misassignments are due to errors in PHPs' auto-assignment algorithms.

- As next steps, the Department will continue to work with PHPs to resolve auto-assignment algorithms issues.

Progress on Open Data Topics: CIN-AMH Relationship Tracking (Sachin Chintawar)

Key Takeaways

- AMH TAG Data Subcommittee Members have expressed support for the development of:
 - (1) a single source of truth for CIN-AMH relationships, and
 - (2) a standardized process to document, maintain, and update CIN-AMH relationships.
- As next steps, the Department will develop business requirements to incorporate CIN-AMH relationship tracking functionalities into the Provider Data Management/Credentialing Verification Organization (PDM/CVO) modular system. The PDM/CVO module is currently in development and will replace certain functions of NCTracks.

Progress on Open Data Topics: Patient Risk List (Sachin Chintawar)

Key Takeaways

- PHPs, AMH Tier 3 practices, and CINs have reported receiving Patient Risk List files with formatting and completeness issues. To address these issues, the Department has published the [Patient Risk List Companion Guide](#) and [Patient Risk List FAQs](#).
- In recent months, the Department has received few reports on Patient Risk List issues. AMH partners should continue to communicate with the Department of any new Patient Risk List data issues.

Risk Stratification (Lamot du Pont)

Key Takeaways

- PHPs, AMH Tier 3 practices, and CINs have reported difficulty interpreting and using risk stratification data received due to: (1) variability in risk categorization and (2) lack of information on how to interpret the risk categorization.
- In January 2023, the AMH TAG Data Subcommittee recommended the Department take the following steps to address these risk stratification challenges:
 - Improve the definition and interpretation of key terms (e.g., “priority populations” and “rising risks”); and
 - Improve communication of risk stratification approaches (i.e., through guidance and standardized templates).
- In response to the AMH TAG Data Subcommittee’s feedback, the Department shared draft Risk Stratification Guidance in early June 2023 that would:
 - Require PHPs to share descriptions of their risk stratification approaches with AMH Tier 3 practices and CINs in a standard format and manner, and
 - Encourage AMH Tier 3 practices and CINs to share descriptions of their risk stratification approaches in the same format used by PHPs.
- The draft Risk Stratification Guidance outlines five components of their risk stratification approach that PHPs define and describe:
 - Risk scoring and stratification methodology,
 - Data inputs and sources for risk scoring and stratification,
 - Differences in risk stratification by sub-population,
 - Translation of risk scores into the Department’s risk stratification categories, and
 - Anticipated risk stratification distribution and alignment with the Department’s care management assumptions.
- PHPs would communicate their risk scoring and stratification approach: (1) directly with designated contact(s) at AMH Tier 3 practices and CINs who receive Patient Risk List files and other AMH Tier 3 practices and CINs upon request, and (2) as a document on their website.
- The Department welcomes AMH TAG Data Subcommittee members to provide feedback on the draft Risk Stratification Guidance by Friday, June 16th, 2023.
- The Department plans to develop additional guidance on: (1) the implementation timing, (2) triggers for communicating updated risk stratification approach descriptions, and (3) other considerations raised by AMH TAG Data Subcommittee members.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** One AMH TAG Data Subcommittee member asked if the Risk Stratification Guidance would address the variation in the number of members identified as high risk by PHPs.
 - **Response:** The Risk Stratification Guidance will provide transparency on how to interpret PHPs' risk stratification categorization but will not standardize how PHPs conduct risk stratification or require consistency in the distribution of members across risk stratification categories.

- **Comment:** One AMH TAG Data Subcommittee member requested that published PHP risk stratification approach descriptions include dates to indicate when the documents were last updated or are effective.
 - **Response:** The Department appreciates the feedback.

Leveraging NC HealthConnex to Advance Quality and Population Health (Katie Horneffer & Jess Kuhn)

Key Takeaways

- Currently the Department has observed the following challenges:
 - Key data elements used for NC Medicaid are currently incomplete, non-standardized, and/or duplicative across multiple sources.
 - Data exchange between PHPs and providers is often decentralized and requires many different data interfaces.
 - Practices face increasing administrative burden related to paperwork, documentation, and data sharing.

- The Department previewed a proposal to leverage NC HealthConnex, North Carolina's health information exchange, to (1) reduce administrative burden and improve processes, (2) align with federal interoperability and quality objectives, and (3) support the Department's goals and priorities.

- The Department shared three potential use cases for leveraging NC HealthConnex:
 - Quality measurement,
 - Exchange of non-clinical drivers of health (DOH) data, and
 - Exchange of data to support care management.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** One AMH TAG Data Subcommittee expressed support for the Department's vision to reduce providers' administrative burden and streamline processes for providers to demonstrate their quality of care. Another AMH TAG Data Subcommittee member commented that CINs should be able to submit to and receive data from NC HealthConnex.
 - **Response:** The Department appreciates the feedback.

- **Comment:** One AMH TAG Data Subcommittee member asked if this work was specific to Medicaid or included other payers.
 - **Response:** The current proposal is scoped to Medicaid, but the development of NC HealthConnex infrastructure will likely support use cases beyond Medicaid.

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- **Comment:** One AMH TAG Data Subcommittee member requested additional information on the data standardization needed to implement clinical quality measures.
 - **Response:** The Department is working with NC HealthConnex to understand the completeness and quality of data currently submitted. NC Health Connex is actively working with health care organizations to improve and mature data submitted.

- **Comment:** Several AMH TAG Data Subcommittee members asked how the NCCARE360 system, processes, and workflows would fit in to the proposed DOH use case.
 - **Response:** The Department hopes that DOH data from all potential sources, including NCCARE360, would be aggregated in NC HealthConnex. Additional work would be required to detail the necessary business requirements, workflow changes, and implementation workplans.

Public Comments (Loul Alvarez)

- There were no public comments.

Wrap-Up and Next Steps (Loul Alvarez)

- The next AMH TAG Data Subcommittee meeting is scheduled for September 5, 2023. Future subcommittee meetings will occur on a quarterly cadence.

- AMH TAG Data Subcommittee members and participants are invited to submit questions and comments on meeting topics and/or logistics to Gigi Cloney (giovanna.cloney_acn@dhhs.nc.gov).

The meeting adjourned at 5:00 PM.