

North Carolina Department of Health and Human Services (DHHS)
 Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee Meeting
 March 4, 2025, 3:30-5:00 PM ET

Attendees:

| AMH TAG Data Subcommittee Members | Organization Type |
|--|---|
| Carolina Complete Health | Health Plan |
| WellCare of North Carolina | Health Plan |
| Atrium Health Wake Forest Baptist | Provider (CIN) |
| CCPN | Provider (CIN) |
| CHESS Health Solutions | Provider (CIN) |
| Mission Health Partners | Provider (CIN) |
| Carolina Medical Home Network | Provider (CIN) |
| Children First of NC | 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 Lead |
| Evelin Lazaro | AMH Program Specialist |
| 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
 - PCP Assignment Improvement
 - AMH Data Interfaces Timeline Standardization
 - Risk Stratification Communication Standardization
- AMH Data Topic Prioritization Survey
- HIE Use Cases
- Public Comments
- Wrap Up & Next Steps

PCP Assignment Improvement (Elizabeth Kasper)

Key Takeaways

- AMH practices and CINs have reported challenges with member PCP assignments, including frequent changes to assignment lists and assignment of members to providers who don't serve their age or gender
- Some root causes include:
 - PHPs' auto-assignment algorithm errors
 - Lack of timely and up-to-date panel requirements from providers in NCTracks
- PCP Assignment Resolution Activities Next Steps:
 - Establish acceptable reasons for reassignment
 - Identify and resolve discrepancies in assignment lists
 - Establish formal monitoring of age/gender misassignments
 - Enhance monthly reporting submitted by PHPs
- Reassignment Scenarios: Proposed permissible w/out Member consent
 - Panel Closure (Zeroing Out)
 - Aging Out of Pediatric Practice
 - Provider Contract Termination / Network Exit
 - For Cause Member Dismissal
 - Incorrect Auto-Assignment (Demographic Error)
- Reassignment Scenarios: Proposed impermissible w/out Member consent
 - Unengaged Members
 - In-State Moves Without Member Request
 - Displacement Due to Disaster
 - Out-of-State
 - Recent Claims at a Different PCP
- What is the Data Subcommittee's feedback regarding how these scenarios are categorized?
- Are there any scenarios that you believe are missing?
 - Please submit written feedback by March 14 to Medicaid.AdvancedMedicalHome@dhhs.nc.gov
- Assignment List Discrepancies
 - Discrepancies between the following files:
 - Beneficiary Assignment File
 - PCP Enrollee Report
 - Root causes for the discrepancies between these two files varied and included:
 - Only members assigned to Tier 3 locations are on the BA file
 - Referring to the incremental BA file rather than the full BA file for member information
 - PHPs assigning members to individual PCPs instead of the AMH
 - Lack of clarity on the process for members who reside out of state
- If there are discrepancies, please collaborate with PHPs to identify causes and resolutions.
- If escalation is required, providers should submit a Help Center ticket with all supporting documentation to Medicaid.ProviderOmbudsman@dhhs.nc.gov.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- Reassignment Scenarios
 - Proposed permissible without Member consent
 - Panel Closure (Zeroing Out)
 - Aging Out of Pediatric Practice
 - Provider Contract Termination / Network Exit
 - For Cause Member Dismissal
 - AMH TAG DSC Member: Does this include dismissal due to refusing vaccines?
 - AMH TAG DSC Member: There are currently pediatric practices that have discharged children due to parents not wanting to vaccinate children. Practice policy is applied across all patients and payors.
 - DHB: Proposed a fairly broad definition to permit reassignment with documented practice policy violations. We welcome submission of feedback on any additional nuances to be considered in particular situations, such as vaccine acceptance.
 - AMH TAG DSC Member: If a patient has always gone to Practice X which is closed panel to Plan A and patient then switches to Plan A. Practice is willing and able to continue to see patient. What should happen in that situation please?
 - DHB: This situation is not within the scope of reassignment without member consent, because it would be a situation when the member could consent to a requested reassignment. We will track it as a topic on which additional guidance would be helpful.
 - AMH TAG DSC Member: In-state move when a member requests practice A to send medical records to practice B - is this an acceptable reason for a member to be reassigned by the PHP without the PHP specifically discussing with the member?
 - DHB: We will add this to our list of scenarios to include.
 - Incorrect Auto-Assignment (Demographic Error)
 - AMH TAG DSC Member: What about when a plan incorrectly reassigns members after a practice updates their address/location code in NCTracks? That feels like the plans should be able to correct their error (move the member back to the original practice) without member consent.
 - DHB: We will consider adding that to the list as another scenario.
 - AMH TAG DSC Member: Is the goal that these scenarios (or most of them) will also apply on the TP: CMA/AMH+ side of the house? Will those providers be included in this review?
 - DHB: This applies specifically to primary care provider assignment (not TCM provider assignment - so not applicable to CMAs) but we are seeking to align across SP and TP PCP assignment expectations
 - AMH TAG DSC Member: I'm wondering if it would help to put these scenarios into a survey and send it out to plans and AMH3s or CINs? There are a lot of nuances/ But GREATLY appreciate your willingness to take this on.

AMH Data Interfaces Timeline Standardization (Jordan Wuest)

Key Takeaways

- SPs have different schedules, and we are in the process of resolving this by standardizing the timeline and requesting AMH partners to 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) |

- Standardize file transmission schedules
- Reduce the frequency of required file exchange
- Next steps include completion of testing phase which is set to finish on 4/25. Following this will be Go-Live

Discussion/Feedback from AMH TAG Data Subcommittee Members

- We are still looking for improvement in data quality of the claims files, as well as adding the risk data to the Beneficiary Assignment file so the Patient Risk List can be retired
 - DHB will take this feedback back
- What feedback is coming in from testing?
 - DHB received some feedback requesting an expanded testing phase with weekly check-in sessions between PHPs and Testing Partners. We have since set up the weekly AMH Interface Standardization Testing Check-in meetings, with testing expected to conclude now on 4/25
- Is the M/O/S (Mandatory, Optional, Situational) change the same as Tailored Plan (TP)?
 - The specifications are very similar but some minor changes. AMH TAG DSC Member to follow up with Jordan Wuest (jordan.wuest_acn@dhhs.nc.gov) and Medicaid.AdvancedMedicalHome@dhhs.nc.gov to request SP and TP data specifications

Risk Stratification Communication Standardization (Evelin Lazaro)

Key Takeaways

- Issue Description:
 - Standard Plans, AMH Tier 3 practices, and CINs have varying approaches to conducting risk stratification, making it challenging to interpret risk stratification data.
 - There may be additional issues with data completeness, formatting and accuracy (e.g., files not sent or received, missing data elements, invalid data values, etc.).

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- Current Status:
 - DHB executed an amendment to the Standard Plan contracts on Dec. 30, 2024, that included updated risk stratification communication guidance.
 - The updated risk stratification guidance ([PHP Risk Stratification Communication Standardization Guidance](#)):
 - Requires PHPs to describe and share their risk stratification approaches with applicable AMH Tier 3 practices and CINs; and
 - Encourages, but does not require, AMH Tier 3 practices and CINs to describe and share their risk stratification approaches with PHPs
- Next Steps:
 - Standard Plans are in the best position to work with their AMH Tier 3 practices to request information on their risk stratification approaches
 - DHB will monitor operationalization progress over the coming year and continue to work with Standard Plans and providers to improve communication of risk stratification

Discussion/Feedback from AMH TAG Data Subcommittee Members

- None

AMH Data Topics Prioritization (Saheedat Olatinwo)

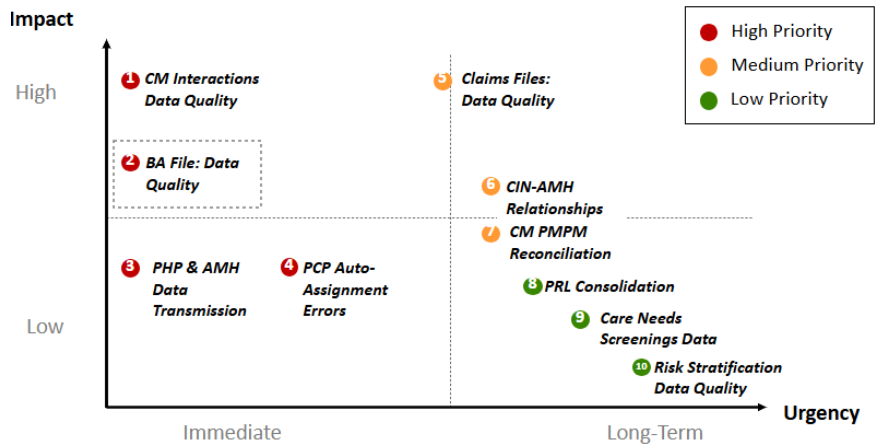
Key Takeaways

- In March 2024, the Department asked Data Subcommittee Members to provide written feedback on the relative importance and urgency to resolve key data issues

| Data Issues | |
|--|--|
| • PCP Assignment Errors | • Care Management Data Quality |
| • Beneficiary Assignment File Data Quality | • Patient Risk List Consolidation |
| • Tracking CIN-AMH Relationships | • Care Management Payment Reconciliation |
| • PHP & AMH Data Transmission Timing | • Claims Files Data Quality |
| • Risk Stratification Data Quality | • Care Needs Screenings Data |

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Data Subcommittee Members identified four data issues as high priority, the most critical being Care Management Interactions Data Quality challenges.



- The Department will administer a new survey to Data Subcommittee members in 2025 that seeks input on the impact and urgency to address the following data topics, with an opportunity to identify additional topics.
 - Primary Care Provider Assignment Improvements
 - Beneficiary Assignment File – Data Quality
 - Care Management Data – Data Quality
 - Patient Risk List Consolidation
 - Care Needs Screenings Data

Discussion/Feedback from AMH TAG Data Subcommittee Members

- None

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. |

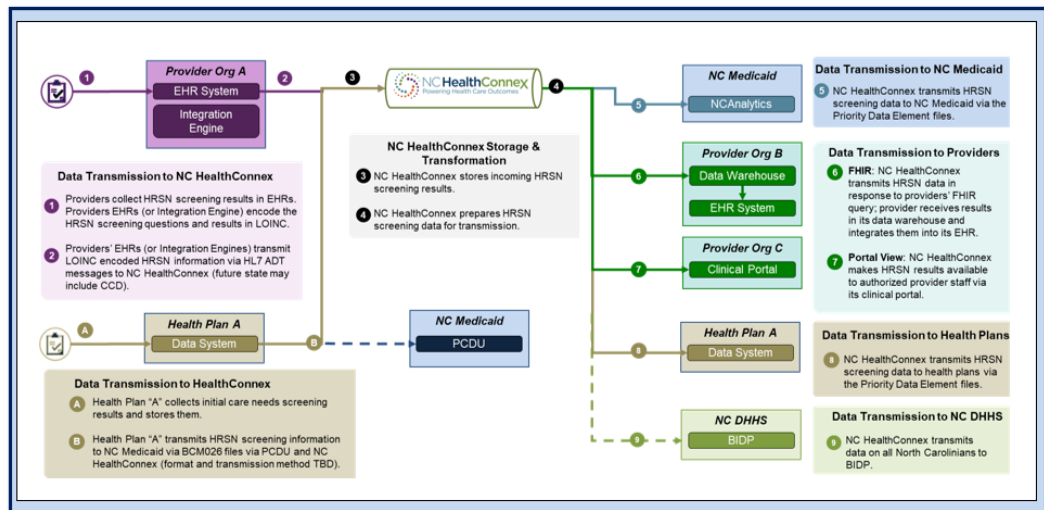
- The Department and NC HIEA are increasing efforts to engage stakeholders.

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- Details on the use cases, including milestones and timelines, were provided in the December 10, 2024, Data Subcommittee meeting and are available online: [AMH TAG DSC Meeting 14 Dec 3 2024](#).
- Updated information is now available on the NC HIEA website: [HIE Medicaid Services](#) that includes:
 - Participation FAQs
 - A [HRSN screening use case](#) flyer
 - A [dQM use case](#) flyer
 - (A Care Management flyer will be posted soon)
- Questions and suggestions can be emailed directly to NC HIEA’s HIE Medicaid Service program email: hms.hiea@nc.gov

Discussion/Feedback from AMH TAG Data Subcommittee Members

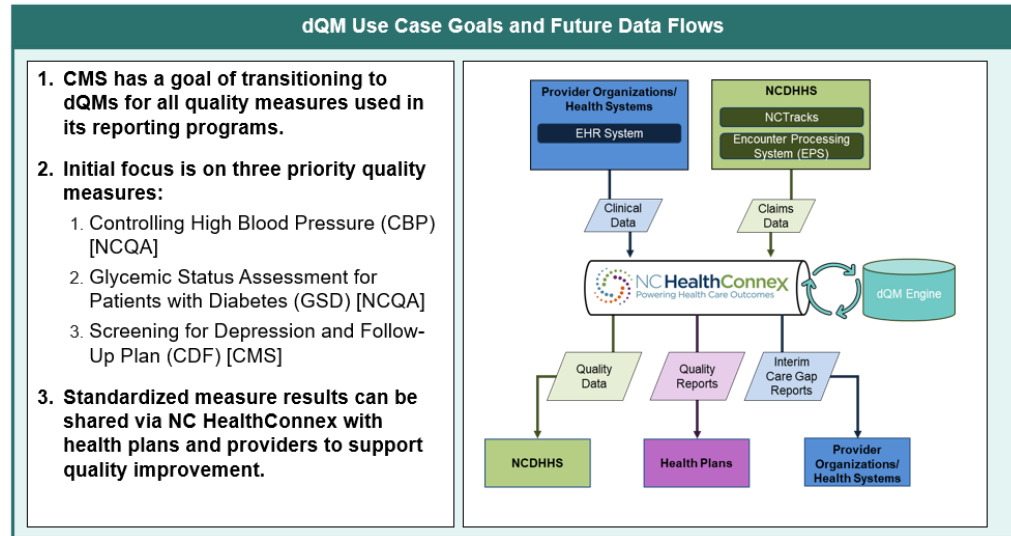
- HRSN Screening Use Cases



- HRSN Screening Data Currently Available in NC HealthConnex
 - Two hospitals have been transmitting HRSN screening data since 2024:
 - UNC Health: Began transmitting HRSN screening information in June 2024
 - Duke Health: Began transmitting HRSN screening information in September 2024
 - Using the Medicaid population active as of November 2024, 2.94% of NC Medicaid beneficiaries have at least one HRSN screening question/answer recorded.
 - Expanding to all patients adds an additional 287,227 non-Medicaid patients for a total of 374,131 distinct patients (Medicaid and Non-Medicaid) with at least one HRSN screening question/answer documented.
- Next Steps
 - Provider Onboarding
 - Access to HRSN Screening Information
 - Health Plan Access to HRSN Screening Information

- dQM Use Case

Vision: Improve the accuracy, timeliness, and ease of collecting, calculating and sharing quality performance information



- Improvements Using HIE Data
 - AMH TAG DSC Member: The data quality of the claims files need to be improved as a first step before dQMs
- Next Steps:
 - Provider Onboarding
 - Expanding the Data Aggregator Validation Program
 - Expanding and Improving Data
- Case Management Use Cases
 - Areas of Focus:
 - Beneficiary Assignment (BA): Streamline the exchange and use of NC Medicaid’s BA file between Medicaid managed care plans and providers, allowing providers who have relationships across multiple health plans to receive a single BA file
 - Transitions of Care (TOC): Provide the capabilities to generate and share TOC data for members changing health plans
 - Claims and Encounters: Provide the capabilities to share historical claims and encounters data currently transmitted from Medicaid health plans to AMH Tier 3 practices/CINs when a patient transitions between providers
 - Care Management Interactions: Provide the capabilities to share care management interactions data that Standard Plans, AMH Tier 3, and CINs currently share via multiple data interfaces and reports
 - Goals:
 - Minimize Interfaces
 - Establish a Single Source of Truth
 - Minimize Custom Enhancements
 - Next Steps:
 - Collaborative Workgroup

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- To support the implementation of the Care Management use cases, the team has requested Plans, providers, and CINs to join a Collaborative Workgroup
- The Collaborative Workgroup will provide inputs on: (a) the current challenges and (b) the opportunities to streamline data transfers across all stakeholders
- The Collaborative Workgroup charter will be shared with the members
- The Collaborative Workgroup will start later this month
- Other Questions/Comments:
 - AMH TAG DSC Member: How do other states handle DAV certification for their HIEs? Given complexity of DAV cert process, it's hard to imagine how long it will take to get every EHR data feed validated based on current process. We look forward to the day when HIE data is both usable by plans AND available to CINs!
 - DHB: This is a great question - so we have been having some in-depth conversations with HIEs that have been successful with scaling the DAV program to try and understand how we could use this model in our system. One example is Konza, who has been extremely helpful in sharing their lessons-learned with our team.

Public Comments (Saheedat Olatinwo)

No comments.

Next Steps (Saheedat Olatinwo)

- 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 is requesting feedback for the PCP reassignment scenarios by March 14, 2025
 - What is the Data Subcommittee's feedback regarding how these scenarios are categorized? Are there any scenarios that you believe are missing?
 - Please submit written feedback by March 14 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 June 2025.