

**North Carolina Department of Health and Human Services (DHHS)**  
 Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee Meeting  
 November 7<sup>th</sup>, 2022, 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
Sharon Greer Matthew Lastrina	Carolina Complete Health, Inc.
Atha Gurganus	UnitedHealthcare of North Carolina, Inc.
Jonathan Caldwell	WellCare of North Carolina, Inc.
Debra Roper	Access East / Vidant Health / ECU Physicians
Sanga Krupakar	Carolina Medical Home Network
Anna Boone Carlos Jackson Trista Pfeiffenberger	Community Care Physician Network (CCPN)
Mary Schilder	Duke University Health System
Alexander Lindsay	Emtiro Health
Cynthia Reese	Mission Health Partners
Swathi Kodavanti	UNC Health System
Christoph Diasio	Sandhills Pediatrics
NC DHHS Staff and Speaker	Title
Kelly Crosbie	Chief Quality Officer
Loul Alvarez	Associate Director
Leonard Croom	Program Lead
Seirra Hamilton	Program Specialist
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 and Roll Call
- Data Topic Roadmap
- Updates on Data Topics
  - Patient Risk List
  - CIN-AMH Relationship Tracking
  - Beneficiary Assignment
- Public Comments
- Next Steps

### **Data Topic Roadmap (Seirra Hamilton)**

#### **Key Takeaways**

- The Department reviewed progress on the seven data topics identified by AMH TAG Data Subcommittee members and highlighted three topics (\*) for further discussion during the meeting.
  - **Beneficiary Assignment\***
  - **Tracking CIN-AMH Relationships\***
  - **Patient Risk List\***
  - PHP & AMH Data Transmission Timing
  - Claims Files
  - Quality Measures
  - Care Needs Screening

### **Patient Risk List: Key Issues (Loul Alvarez)**

#### **Key Takeaways**

- PHPs, CINs, and AMH Tier 3 practices have raised two data issues that limit the use of exchanged Patient Risk List (PRL) files:
  - Varying interpretations of risk stratification categories among PHPs, CINs, and AMH Tier 3 practices, and
  - Incomplete or incorrectly formatted PRL files, potentially due to non-compliance with DHHS requirements or unclear guidance.

### **Patient Risk List Root Cause 1: Varying Definitions of Risk (Lammot du Pont)**

#### **Key Takeaways**

- The Department seeks to ensure that risk stratification approaches effectively and efficiently support: (1) PHPs', AMH Tier 3 practices', and CINs' care management efforts; and (2) the Department's ability to monitor stakeholders' care management efforts.
- Risk level category definitions (e.g., "high", "medium", and "low") vary among PHPs, AMH Tier 3 practices, and CINs, which makes consistent interpretation of an individual's clinical risk challenging. To better understand the impact of varying risk level categories, the Department is conducting an analysis of stakeholders' risk stratification to:
  - Understand PHPs', AMH Tier 3 practices' and CINs' risk stratification definitions and approaches and their impact on care management; and
  - To the extent needed, identify potential options to reduce the impacts of varying risk stratification approaches.
- As part of the analysis, the Department has begun to conduct interviews with PHPs, AMH Tier 3 practices, and CINs to discuss their risk stratification approaches. Upon completion of these interviews, the Department will synthesize the interview findings and define options to address the potential impacts of varying risk stratification approaches. The Department aims to discuss these options with the AMH TAG Data Subcommittee members in early 2023.

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***Discussion/Feedback from AMH TAG Data Subcommittee Members***

- **Comment:** AMH TAG Data Subcommittee members expressed their willingness to provide perspectives on varying risk stratification approaches and its impacts on care management. One AMH TAG Data Subcommittee Member asked whether the Department has already sent invitations to AMH Tier 3 practices and CINs to participate in the interviews.
  - **Response:** The Department appreciates the AMH TAG Data Subcommittee members' time and confirmed that invitations have already been sent to select AMH Tier 3 practices and CINs.

**Patient Risk List Root Cause 2: 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 developed and transmitted a draft PRL Companion Guide to key stakeholders on 11/7.
- The Department seeks stakeholder feedback on the draft PRL Companion Guide by 11/18. The Department will review and share a final version of the PRL Companion Guide and host a training webinar on 12/12 that will be supported by AHEC.
- Depending upon on stakeholders' feedback on the draft PRL Companion Guide, the Department may change the timing of the 12/12 training webinar to accommodate additional revisions to the PRL Companion Guide.

**Tracking CIN-AMH Relationships (Sachin Chintawar)**

***Key Takeaways***

- There is no standard system or protocol across PHPs to process CIN-AMH delegation changes. Delayed information about delegation changes can impact the timeliness of data exchange to support member care.
- To address this data issue, the Department is developing a single source of truth for CIN-AMH relationships and create a standardized process to document, maintain, and update CIN-AMH relationships. This solution will include the following policy changes:
  - CINs will be required to register with NC Tracks. Once registered, CINs will notify DHHS of existing affiliations with AMH practices and CMAs. AMHs will also be able to identify the CINs which they have relationships with.
  - Upon validation of CIN-AMH affiliation, CINs will begin to receive member assignment data.
- To begin solution implementation, the Department will focus on the following tasks, in parallel:
  - Development of internal technical requirements;

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- Resolution of potential legal, privacy, and security data concerns;
- Development of solution testing approach (i.e., confirming the testing timeline, identifying AMHs and CINs to participate, and creating test scenarios to validate process workflow)
- Development of communication approach to share solution design and implementation with all AMHs and CINs

### ***Discussion/Feedback from AMH TAG Data Subcommittee Members***

- **Comment:** Several AMH TAG Data Subcommittee members emphasized the importance of engaging AMHs and CINs in solution design and testing.
  - **Response:** The Department emphasized its commitment to engage with the AMH TAG Data Subcommittee on solution design and implementation. Active participation of AMH TAG Data Subcommittee members and other AMHs and CINs will be particularly important to highlight scenarios that the Department may not have accounted for.
- **Comment:** An AMH TAG Data Subcommittee member inquired how care management entities without a National Provider Identifier (NPI) would register with NC Tracks.
  - **Response:** The Department intends to follow existing protocols used to register providers without an NPI.
- **Comment:** An AMH TAG Data Subcommittee member noted the importance of clearly defining CIN and other care management entities and outlining the implications for the CIN-AMH registration solution.
  - **Response:** The Department will address the legal, privacy, and security considerations for the exchange of information between entities registered through the Department's process.
- **Comment:** Several AMH TAG Data Subcommittee members recommended that CINs have read-only access to data for their affiliated AMHs.
  - **Response:** The Department will consider this recommendation as it engages in solution design and implementation.

### **Beneficiary Assignment: Key Issues (Sachin Chintawar)**

#### ***Key Takeaways***

- The Department reviewed the two beneficiary assignment issues previously reported:
  - High levels of beneficiary assignment churn at a practice-level, 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 has 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 has:
  - Requested and received PHPs' descriptions of their reassignment protocols (*complete*);
  - Requested that PHPs submit weekly reports (i.e., the BCM903) on new member assignment issues, reassignment reasons, and steps for resolution (*in process*);
  - Monitored Help Center tickets related to assignment errors (*ongoing*); and
  - Requested PHPs to identify reassignment reasons for their most recent 500 member reassignments (*in process*).
- Analyses of both the PHPs' weekly reports (BCM903) on new member assignment issues and the Department's Help Center tickets suggest that issues related to age and panel restrictions (i.e., assigning adults to pediatric practices) far exceed all other issues reported by providers.
  - This issue is not unique to Standard Plans; the Department also observes these issues for the Medicaid Direct population.
  - The Department seeks to minimize occurrence of these issues and ensure that, if these issues do indeed happen, there are protocols in place to address.
- To further understand the root causes of member reassignments, the Department has requested PHPs to identify the reassignment reasons for a sample of 500 members who were recently reassigned. The Department will continue to work with PHPs to validate and analyze their data responses.

#### **Discussion/Feedback from AMH TAG Data Subcommittee Members**

- **Comment:** One AMH TAG Data Subcommittee member noted that assignment errors can be potentially reduced if CINs have read-only access to member data for their affiliated AMHs. Another AMH TAG Data Subcommittee member noted that plans can work to minimize assignment errors by leveraging new age and gender fields in the Provider Enrollment File (PEF).
  - **Response:** The Department agrees that stakeholders need to work together to minimize the occurrence and impact of member reassignment issues. The Department will explore the potential legal, privacy, and security concerns with providing CINs with read-only access to member data for their affiliated AMHs. The Department will continue to collect and share relevant provider data with PHPs.
- **Comment:** An AMH TAG Data Subcommittee member sought clarity on the magnitude of the issue of members being assigned to providers who do not serve their population.
  - **Response:** The Department noted that the figures described in the presentation reflect the number of tickets submitted from providers to the Help Center or directly to PHPs. The figures do not reflect the total number of members who have been misassigned.

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- **Comment:** An AMH TAG Data Subcommittee member noted that some member reassignments may be due to inaccurate provider data (e.g., a provider has not updated their information in NC Tracks).
  - **Response:** The Department has observed that some reassignments occur due to data submission timing issues. As part of the root cause analysis, the Department continues to analyze the magnitude of and reasons for the timing-related issues.

### 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.

### 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 will provide additional detail on the audit in future months.

### Public Comments (Seirra Hamilton)

- **Comment:** An AMH TAG Data Subcommittee member noted that the Beneficiary Assignment file currently do not include information on a member's secondary insurance. Enrollment in secondary insurance impacts calculation of quality measures.
  - **Response:** The Department will follow up to understand the full impact of the issue and determine whether secondary insurance data can be shared with PHPs on the Beneficiary Assignment file.
- **Comment:** Several AMH TAG Data Subcommittee members requested additional clarification from PHPs on potential options for care gap closures aside from supplemental data files, particularly as data submission deadlines approach.
  - **Response:** The Department requested the AMH TAG Data Subcommittee members reach out directly to Kelly Crosbie on this issue.

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**Wrap-Up and Next Steps (Seirra Hamilton)**

- The next AMH TAG Data Subcommittee meeting will be held on ***December 9, 2022, from 3:00 PM – 4:30 PM***. Please submit any additional questions and comments on meeting topics and/or logistics to Seirra Hamilton (seirra.n.hamilton@dhhs.nc.gov).

The meeting adjourned at 4:40 PM.