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

November 2022 Meeting

November 7, 2022

Agenda

- **Welcome & Roll Call** — **5 min**
- **Data Topic Roadmap** — **5 min**
- **Updates on Data Topics** — **45 min**
  - Patient Risk List
  - CIN-AMH Relationship Tracking
  - Member Churn Analysis
- **Public Comments** — **2 min**
- **Next Steps** — **3 min**

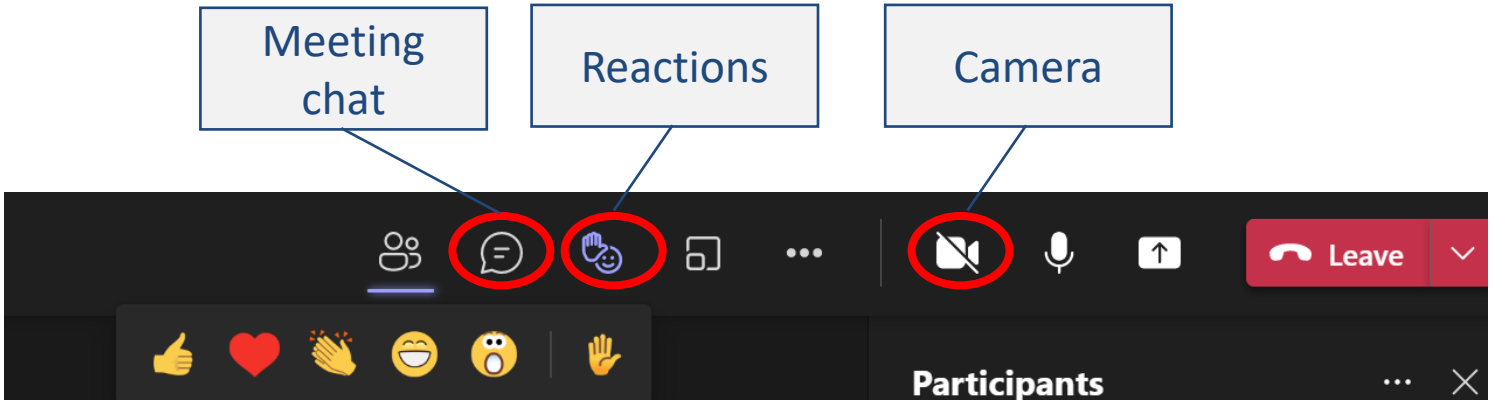
AMH TAG Data Subcommittee Member Roll Call

Stakeholder	Organization	Representative(s)
Health Plan	AmeriHealth Caritas North Carolina, Inc.	**Hazen Weber**
Health Plan	Blue Cross and Blue Shield of North Carolina	Ebony Gilbert Seth Morris **Carla Slack**
Health Plan	Carolina Complete Health, Inc.	Sharon Greer **Matthew Lastrina**
Health Plan	UnitedHealthcare of North Carolina, Inc.	**Russ Graham** Atha C Gurganus
Health Plan	WellCare of North Carolina, Inc.	**Nathan Barbur**
Provider (CIN)	Access East / Vidant Health / ECU Physicians	**Debra Roper**
Provider (CIN)	Atrium Health Wake Forest Baptist	**Misty Hoffman**
Provider (CIN)	Carolina Medical Home Network	**Sanga Krupakar** Anshita Chaturvedi
Provider (CIN)	Community Care Physician Network (CCPN)	Gregory Adams Anna Boone **Carlos Jackson** Trista Pfeiffenberger
Provider (CIN)	Duke University Health System	**Mary Schilder**
Provider (CIN)	Emtiro Health	**Alexander Lindsay**
Provider (CIN)	Mission Health Partners	**Cynthia Reese**
Provider (CIN)	UNC Health System	**Shaun McDonald**
Provider (Independent)	Sandhills Pediatrics/CCPN	**Christoph Diasio**
Provider (Independent)	Blue Ridge Pediatrics/CCPN	**Gregory Adams**
Tribal Option	Cherokee Indian Hospital Authority	**Sarah Wachacha**

The name of each organization's lead representative is in **bold.**

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.



DHHS and Advisors

DHHS

- **Kelly Crosbie,** Chief Quality Officer, DHB
- **Loul Alvarez,** Associate Director, Population Health, DHB
- **Leonard Croom,** Program Lead, Population Health, DHB
- **Seirra Hamilton,** Program Specialist, Population Health, DHB

Advisors

- **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

Data Topic Roadmap

Data Topic Roadmap

The Department continues to work with stakeholders to define root causes, identify potential solutions, and move to resolution.

No	Data Issue	Current Status				
		Issue Described	Root Cause Identified	Potential Solution Identified	Solutions Developed	Solutions Implemented
1	**Patient Risk List**	✓	✓	O	O	
2	**Tracking CIN-AMH Relationships**	✓	✓	✓	O	
3	**Beneficiary Assignment**	✓	O	O		
4	*PHP & AMH Data Transmission Timing*	✓	✓	✓	O	
5	*Claims Files*	✓	O			
6	*Quality Measures*	✓	O	O		
7	*Care Needs Screening*	✓	O			

✓ Completed O In Progress ☐ For Discussion Today

Patient Risk List

Patient Risk List
Root Cause Analysis

Root Cause Analysis & Initial Findings

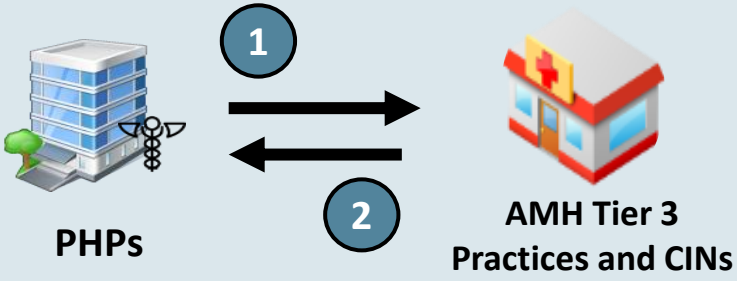
DHHS and Accenture have engaged stakeholders and reviewed Technology Operations and Help Center tickets to better understand root causes.

Two root causes for have been identified to date:

1. Varying definitions for the risk level categories
2. Files with format and/or completeness issues, potentially due to non-compliance and unclear guidance

Varying Definitions of Risk
Key Issues and Resolution Approach

Root Cause Analysis



Risk level category definitions (e.g., “high”, “medium”, “low”) vary among PHPs, AMH Tier 3 practices and CINs, which makes consistent interpretation of an individual’s clinical risk challenging.

Status Update

To better understand the impact of varying risk level category definitions, the Department is currently:

1. Analyzing PHPs’, AMH Tier 3 practices’, and CINs’ risk stratification approaches and their impact on care management
2. Evaluating the advantages/drawbacks of increased standardization of risk stratification

Varying Definitions of Risk

Risk Stratification Analysis… Purpose and Key Questions

Purpose

- **For External Stakeholders**: Ensure that risk stratification approaches effectively and efficiently support PHPs' and AMH Tier 3 practices'/CINs' care management efforts.
- **For DHHS**: Ensure that risk stratification approaches effectively and efficiently support DHHS's ability to monitor stakeholders' care management efforts.

Key Questions

1. What are the impacts of varying risk stratification definitions and approaches?

- What are the care management workflow implications?

2. What options are available to reduce the impacts of varying risk stratification approaches?

- What are the benefits/costs of the available options?
- What are the timelines and resource requirements for available options?

Varying Definitions of Risk
Risk Stratification Analysis… Approach

Step 1. Assess the PHPs', AMH Tier 3 Practices', & CINs' Risk Strat Methodologies (Oct-Nov)

- ✓ Review PHPs' Comprehensive Care Management Policy reports
- ✓ Schedule meetings with PHPs
- ❑ Schedule meetings with AMH Tier 3 practices and CINs

Step 2. Define Options (Dec)

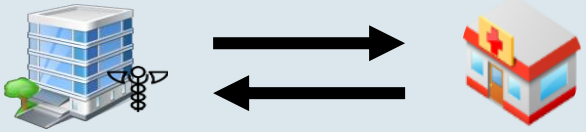
- ❑ Define options and their advantages and disadvantages

Step 3. Discuss with Stakeholders (Jan)

- ❑ Present options to AMH TAG DSC

Files with Format and/or Completeness Issues
Key Issues and Resolution Approach

Root Cause Analysis



PHPs **AMH Practices/CINs**

Format Issues: PHPs, AMH practices, and CINs are receiving Patient Risk List (PRL) files with data that do not align with DHHS format requirements. DHHS guidance ambiguities may contribute to field non-compliance.

Completeness Issues: 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.

Status Update

To address PRL formatting & completeness issues, the Department has:

1. **Assessed PRL Guidance.** DHHS reviewed the current Patient Risk List file and identified areas requiring clarification.
2. **Updated the PRL Companion Guide**. DHHS distributed a draft Patient Risk List Companion Guide on Nov 7th with additional instructions.

Files with Format and/or Completeness Issues
Patient Risk List Companion Guide

The Department seeks stakeholder feedback on the draft PRL Companion Guide.

Feedback Requested

1. **Mandatory/Optional/Situational Field Types.** The dynamics between mandatory, optional and situational fields for both plans and providers. Is the additional clarification helpful?
2. **Additional Scenarios.** The Department has included "scenarios" and "edge cases" where stakeholders have encountered difficulties. Have stakeholders encountered any additional scenarios?
3. **Unaddressed Issues.** Are there any additional issues that have not been addressed in the draft companion guide?
4. **Field Mapping.** What additional guidance on the field mappings between the *Patient Risk List* and *BCM 051: Care Management Beneficiary Interaction Report* would be helpful?

On Dec 12th, DHHS and AHEC will lead a training webinar on the updated PRL guidance.

Tracking CIN-AMH Relationships

Tracking CIN-AMH Relationships
Root Causes

Root Cause Analysis

1. 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 getting to an AMH to support member care.*

Tracking CIN-AMH Relationships
Potential Solutions

A potential solution will create a single source of truth for CIN-AMH relationships and create a standardized process to document, maintain, and update CIN-AMH relationships.

Potential Solution

DHHS is working with stakeholders to assess the following solutions:

1. **Registration:** All CINs will be required to register with DHHS.
2. **CIN and Provider Affiliation Management:**
    i. Once CINs are registered, CINs will notify DHHS of their existing affiliations with Providers currently enrolled as AMHs, AMH+s, and CMAs (noted collectively as "AMHs" here).
        i. AMHs will need to confirm CIN affiliations for CINs to receive member-level information; AMHs will have the ability to update their profiles to add new CIN affiliations.
    ii. For CINs that do not pass registration, DHHS will institute a process to allow them to reapply.
    iii. Active CINs will be required to keep their Provider affiliations up-to-date. DHHS will establish Service Level Agreements (SLAs) for CINs to report affiliation changes to impacted PHPs and DHHS.
3. **Member Assignments:** Registered CINs will receive a monthly panel reports from DHHS with members assigned to their Providers at the start of the month.
4. **Provider AMH Portal:** Provider AMH Portal will be updated to only allow Providers attesting for AMH Tier 3 status to choose registered CINs.

Tracking CIN-AMH Relationships
Proposed Steps for Solution Implementation

The Department is proposing the following implementation tasks for the CIN-AMH relationship tracking solution.

High Level Tasks to Implementation

1. Generate internal technical requirements
2. Confirm resolution of applicable legal and Privacy and Security Office concerns
3. Define solution development timeline
4. Identify 3 AMHs and 3 CINs to participate in solution testing
5. Create test scenarios and validate process workflow
6. Develop and communicate implementation approach for current CIN/AMHs
7. Develop implementation approach for new CIN/AMHs

Beneficiary Assignment

Beneficiary Assignment

Recap: Key Issues, Root Causes, and Initial Findings

Issue Description

DHHS has observed and stakeholders have reported:

1. High Levels of Beneficiary Assignment Churn
A percentage of Medicaid enrollees are being re-assigned to a new AMH practice/CIN each month.

2. Inconsistent Data Quality
Beneficiary assignment files are missing members and/or required data elements. Some beneficiary files are being transmitted with invalid data values.

Root Cause Analysis

To date, three root causes have been identified and discussed:

1. Assignment Errors
2. Documentation of AMH Tier 3 providers' practice location changes
3. Inaccurate Beneficiary Assignment files

Beneficiary Assignment
Root Cause 1: Assignment Errors

Root Cause Analysis

Some beneficiaries are incorrectly assigned to AMH Tier 3 practices. Areas of concern include:

1. Individuals assigned to providers who do not serve their population (e.g., adults assigned to pediatrics)
2. Individuals assigned to providers who are not currently accepting patients

Status Update

The Department is assessing the underlying causes of the assignment errors through the following actions:

- ✓ **PHP Reporting of Reassignment Protocols.** DHHS requested and received PHPs' descriptions of their reassignment protocols. *(complete)*
- ❑ **PHPs' Weekly Reporting of Assignment Errors.** DHHS is assessing PHPs weekly reports (BCM903) on new member assignment issues, reassignment reasons, and steps for resolution. *(in process)*
- ❑ **DHHS' Ongoing Surveillance of Help Center Tickets.** The Department continues to assess Help Center tickets related to assignment errors. *(ongoing)*
- ❑ **PHP Analysis of 500 Member Reassignments.** The Department has requested PHPs to identify the reassignment reasons for their most recent 500 member reassignments. *(in process)*

Beneficiary Assignment
Analysis of PHP Panel Issue Reports (i.e., BCM903)

Issues Reported by Plans

Panel Assignment Issues	Total tickets (%)	Status of Issue	Members Affected
Age panel restrictions	66%	20 Open	1,453
Excess of Panel Limit Size	2%	N/A	7
Mismatch between NC Tracks and BA file	5%	3 Open	193
Outdated information in NCTracks on service LOC or group NPI	4%	2 Open	35 (practices listed not members)
Provider is not assigned members	2%	1 Open	N/A
Provider loses members from their panel for unknown reasons	5%	3 Open	202
Other	16%	2 open	132

Beneficiary Assignment
Analysis of DHHS's Help Center Ticket Analysis

The largest volume of tickets are for assignments to providers with age / gender restrictions.

Analysis Details

Category	Current Open tickets	Closed tickets Since Dec 2021	# of Members Impacted	Average Time to Closure (days)
Assigned to providers with age / gender restriction	9	58	2,121	33
BA File – NCTracks Discrepancies	1	7	478	54
Other BA file issues (e.g., newborns being assigned to Ob/Gyns, member transitions from retired NPIs, panel churn)*	5	23	3,302	38

* The analysis does not include a ticket from Mission which accounted for 12,977 of members reassignment due to retired NPIs.

Beneficiary Assignment
Analysis of PHPs' Sample Reassignments

Approach

- The Department developed a sample of 500 members who were recently reassigned and requested PHPs to identify the reassignment reasons based on categories that were provided.
- Three of the PHPs submitted the sample with responses.

Next Steps

- The Department continues to work with the PHPs to validated the data and analyze the responses to understand the root causes of the churn.

Beneficiary Assignment
Providers' Practice Location Changes

Root Cause Analysis

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.

Status Update

The DHHS Provider Team is **developing new guidance** to address situations in which a provider changes practice locations to help ensure that the provider does not lose their assigned beneficiaries.

Beneficiary Assignment
Inaccurate Beneficiary Assignment File

Root Cause Analysis

Beneficiary Assignment files sent to AMH practices are missing values or do not have valid values.

Status Update

- The Department will conduct an **end-to-end audit of Beneficiary Assignment file transmission** to assess current processes and identify issues to inform solution strategies.
- The Department will identify CINs to participate in the audit starting in the spring of 2023.
- In addition, the Department will continue to improve communications and training.

Public Comments

Next Steps

Next Steps

Subcommittee Members will:

1. Provide additional feedback on today's discussion topics
2. Review materials in advance of the next Subcommittee meeting.

DHHS will:

1. Post today's presentation and a summary of today's meeting on the DHHS website.
2. Develop and share materials in advance of the next Subcommittee meeting.

Logistics and Questions

- Future AMH TAG Data Subcommittee Meetings will occur on the **second Friday of every other month from 3:00-4:30pm**.

2022 AMH TAG Data Subcommittee Meetings	
February 8, 2022	
April 1, 2022	
June 17, 2022	
August 19, 2022	
November 7, 2022	
☆ ***Next Meeting***	**December 9, 2022**

- Please submit questions or comments on AMH TAG Data Subcommittee topics or meeting logistics to Seirra Hamilton (seirra.n.hamilton@dhhs.nc.gov).

Thank you for participating!