

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

Attendees:

AMH TAG Data Subcommittee Members	Organization Type
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)
Duke Health	Provider (CIN)
ECU Health [Access East]	Provider (CIN)
Emtiro Health	Provider (CIN)
Mission Health Partners	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
Chameka Jackson	Senior Program Manager
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
- PHP-AMH Data Transmission Timing Standardization
- PHP-AMH Care Management Payments Tracking
- Progress on Data Issues
 - CIN-AMH Relationship Tracking
 - Risk Stratification Guidance
- Public Comments
- Next Steps

PHP-AMH Data Transmission Timing Standardization (Anh Gibbs)

Key Takeaways

- PHPs have different schedules for transmitting the Department's required data to CINs and AMH Tier 3 practices. This impacts CINs' and AMH Tier 3 practices' ability to: (1) provide complete, accurate and timely data to their care managers and (2) provide timely updates to their care management systems.
- PHPs noted that their systems to generate and transmit data are standardized across multiple state Medicaid markets and tailoring schedules to the North Carolina market is a challenge.
- The Department is working to identify options to standardize the date and time for PHPs' transmission of data to CINs and AMH Tier 3.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** AMH TAG Data Subcommittee Members described the difficulties caused by the different PHP submission timelines which limits their systems' ability to automatically download the data and create summary reports.
 - **Response:** The Department appreciates the feedback and is working with PHPs to identify a potential solution for standardizing transmission timing.
- **Comment:** An AMH TAG Data Subcommittee Member noted that transmitting files during a four hour window would be difficult as each file's completion is dependent on the timing of other files. The Data Subcommittee Member recommended that files be due by a certain time rather than being due within a four hour window.
 - **Response:** The Department appreciates the suggestion and will review the pros and cons of the proposed approach.
- **Comment:** An AMH TAG Data Subcommittee Member noted that the AMH Tier 3 practices' transmissions of the Patient Risk List (PRL) files to PHPs have inconsistent transmission timeframes, and the Department's timing requirements are vague. The Data Subcommittee Member recommended that the Department revise the contractual requirements to be more specific.
 - **Response:** The Department appreciates the feedback and will review the contractual terms for clarity.

PHP-AMH Care Management Payments Tracking (Liz Kasper)

Key Takeaways

- Providers have reported challenges with reconciling their care management payments based on payment data transmitted from the Standard Plans. To address these challenges, the Department is considering a standard template for Standard Plans to report payment details to providers. A version of the report template has been used by Standard Plans for Novant on a trial basis.
- The Department also requires that Standard Plans transmit care management payment details to the Department's Encounter Process System (EPS).

- AMH TAG Data Subcommittee Members can share feedback via email by Tuesday, September 19 to Anna Wadhvani (Anna.Wadhvani@dhhs.nc.gov) and Ani Caballero (Ani.Caballero.ACN@dhhs.nc.gov).

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

Key Takeaways

- PHPs do not have a standard system to process CIN-AMH delegation changes which can delay information being sent to the AMH and member care.
- A potential solution is to create a single source of truth for CIN-AMH relationships and create a standardized process to document, maintain, and update CIN-AMH relationships.
- The Department is developing a new Provider Data Management/Credentialing Verification Organization (PDM/CVO) modular system to replace certain functions of NCTracks. The PDM/CVO module is targeted to be implemented in late 2024. DHB has developed internal business requirements to incorporate CIN-AMH relationship tracking functionalities into the PDM/CVO module.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** One AMH TAG Data Subcommittee Member asked if organizations will review the business requirements.
 - **Response:** The Department has previously shared the draft business requirements with the AMH TAG Data Subcommittee Members and can resend.

Progress on Data Issues: Risk Stratification Guidance (Loul Alvarez)

Key Takeaways

- PHPs and AMH Tier 3 practices and CINs reported difficulty interpreting and using risk stratification information they receive due to: (1) variability in risk categorization and (2) lack of information on how to interpret the risk categorization.
- The AMH TAG Data Subcommittee recommended the Department: (1) improve the interpretation of key terms, and (2) improve communication of risk stratification approaches.
- The Department is developing Risk Stratification Guidance that will require PHPs to share descriptions of their risk stratification approaches with AMH Tier 3 practices and CINs in a standard format and manner.
- The AMH TAG Data Subcommittee provided feedback on draft Risk Stratification Guidance earlier this year. The Department is in the process of finalizing the Guidance and will share an implementation timeline prior to release and enforcement of the Guidance requirements.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** One AMH TAG Data Subcommittee Member requested that PHPs share information regarding the range of scores they assign to a member and how the scores translate into low, medium and high risk categorization.
 - **Response:** The Department appreciates the feedback. PHPs are not asked to share their proprietary algorithms, but will be asked to describe how their risk scoring and stratification methodology translates to the Department risk stratification categories.

- **Comment:** AMH TAG Data Subcommittee Members noted that PHPs have significant variation in the percentages of their populations assigned to low, medium and high risk and that the percentages don't correspond to the Department's expected rate of care management and care management payments.
 - **Response:** The Department noted that is not requesting PHPs, AMH Tier 3 practices, or CINs to adjust their risk stratification approach. Organizations are allowed to have different risk stratification approaches, and the Department is using the proposed Risk Stratification Guidance to encourage PHPs, AMH Tier 3 practices, and CINs to share information on their risk stratification approaches and methodology. In addition, the Department explained the difference between the "risk stratification" efforts that occur during initial member screening and "need stratification" that occurs during care management assessments. With respect to need stratification, the Department uses need stratification to calculate care management payment rates as noted in the recently released [NC Managed Care Capitation Rates – Care Management Assumptions](#). The Department assumes that 22% of Medicaid members will receive care management, across classifications of "low-needs" (11.5%), "moderate needs" (8.5%) and "high-needs" (2%). The Department acknowledges that care teams will vary in how they are staffed according to the needs of individual members and that members "risk stratification" levels will not correspond exactly with their "need levels".

- **Comment:** One AMH TAG Data Subcommittee Member requested that the PHPs provide information on the look back logic and asked if information on declining risk would be included.
 - **Response:** The Department appreciates the feedback and will review the proposed Risk Stratification Guidance with respect to these recommendations.

- **Comment:** One AMH TAG Data Subcommittee Member asked whether plans are expected to adjust a member's risk categorization if an AMH Tier 3 practice assigns the member to a different category and recommended that the maintenance code on the PRL communicate any changes.
 - **Response:** As noted in the [NC Medicaid Managed Care Data Specifications & Requirements for sharing Patient Risk List to Support Advanced Medical Homes \(AMHs\)](#), it is acceptable to have the risk category differ from that assigned by the PHP. The Department will review opportunities to enhance communication of risk stratification changes using the maintenance code field in the PRL.

Public Comments (Evelin Lazaro)

- There were no public comments.

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Next Steps (Evelin Lazaro)

- AMH TAG Data Subcommittee Members to provide feedback on PHP-AMH Care Management Payments Tracking by September 19th to Anna Wadhvani (Anna.Wadhvani@dhhs.nc.gov) and Ani Caballero (Ani.Caballero.ACN@dhhs.nc.gov).
- AMH TAG Data Subcommittee Members to provide additional feedback on today's other discuss topics to Evelin Lazaro (evelin.lazaro@dhhs.nc.gov) and Gigi Cloney (giovanna.cloney_acn@dhhs.nc.gov).
- The Department to post presentation and summary of meeting on the DHHS website.
- The next AMH TAG Data Subcommittee meeting is scheduled for December 5, 2023.