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

Meeting #36

February 13, 2024

Agenda

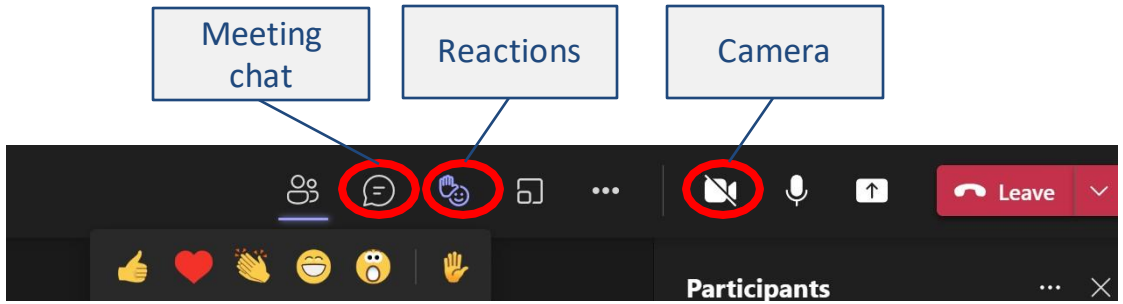
1. Welcome and Roll Call - 3 mins
2. Federally-Facilitated Marketplace Eligibility Determinations (FFM-D) - 3 min
3. Panel Management Satisfaction Survey – 3 mins
4. NC Medicaid Quality Fact Sheet Series – 15 mins
5. Prenatal and Postpartum Care F Codes – 15 mins
6. NC Health Connex Data Aggregator Validation (DAV) – 15 mins
7. Wrap-up and Next Steps – 1 min

AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
C. Marston Crawford, MD, MBA	Pediatrician Coastal Children's Clinic – New Bern, Coastal Children's	Provider (Independent)
David Rinehart, MD	President-Elect of NC Family Physicians North Carolina Academy of Family Physicians	Provider (Independent)
Rick Bunio, MD	Executive Clinical Director, Cherokee Indian Hospital	Provider
Gregory Adams, MD	Member of CCPN Board of Managers Community Care Physician Network (CCPN)	Provider (CIN)
Jennifer Houlihan, MSP, MA	Vice President Value-Based Care & Population Health Atrium Health Wake Forest Baptist	Provider (CIN)
Amanda Gerlach	Vice President Mission Health Partners (MHP)	Provider (CIN)
Lauren Lowery, MPH	Director of Operations Carolina Medical Home Network	Provider (CIN)
Jordan Barnes	Director of Client Transformation CHESS Health Solutions	Provider (CIN)
Tara Kinard, RN, MSN, MBA, CCM, CENP	Associate Chief Nursing Officer Duke Population Health Management Office	Provider (CIN)
Diego Martinez	Interim Chief Executive Officer AmeriHealth Caritas North Carolina, Inc.	Health Plan
Michael Ogden, MD	Chief Medical Officer Blue Cross and Blue Shield of North Carolina	Health Plan
Carol Stanley, MS, CPHQ	Medicaid Transformation Manager NC Area Health Education Center (NC AHEC)	AHEC
Eugenie Komives, MD, Keith Caldwell, and Zach Mathew	WellCare of North Carolina, Inc.	Health Plan
William Lawrence, MD	Chief Medical Officer Carolina Complete Health, Inc.	Health Plan
Robert Rich, MD, and Atha Gurganus	United	Health Plan
Jason Foltz, DO	Medical Director, ECU Physicians MCAC Quality Committee Member	MCAC Quality Committee Member
Keith McCoy, MD	Deputy CMO for Behavioral Health and I/DD Community Systems, Chief Medical Office for Behavioral Health and I/DD	DHHS
Chris Magryta, MD	Chairman Children First of North Carolina	Provider

Meeting Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



Reminders

Please note that we are not recording this call, and request that no one record this call or use an AI software/device to record or transcribe the call. DHHS is awaiting additional direction from our Privacy and Security Office on how we need to support these AI tools. Thank you for your cooperation.

HIPAA-covered DHHS agencies which become aware of a suspected or known unauthorized acquisition, access, use, or disclosure of PHI shall immediately notify the DHHS Privacy and Security Office (PSO) by reporting the incident or complaint to the following link: https://security.ncdhhs.gov/

NC Medicaid began accepting Federally-Facilitated Marketplace Eligibility Determinations

NC Medicaid began accepting Federally-facilitated Marketplace Eligibility Determinations (FFM-D) Feb. 1, 2024

- FFM will determine eligibility for individuals who apply for coverage through the Federal Marketplace at HealthCare.gov and whose eligibility is determined following Modified Adjusted Gross Income (MAGI) rules.
  - FFM will no longer require an eligibility determination by the local Department of Social Services (DSS) caseworker. Once NC Medicaid receives notification of eligibility, NC FAST will review the case to determine which full MAGI benefit program the individual qualifies for and will send the appropriate final notice of eligibility to the individual.
- The Centers for Medicare & Medicaid Services (CMS) is mailing letters to 534,840 North Carolinians based on information provided to HealthCare.gov that indicates they may be eligible for NC Medicaid.
  - The letters will arrive in mailboxes on or after Feb. 1, 2024, and will direct individuals to contact HealthCare.gov to update their information currently available in their HealthCare.gov case file. Sample letters are available on the Medicaid website.

Panel Management Satisfaction Survey

Panel Management Satisfaction Survey

- NC Medicaid is working to improve primary care provider panel management
  - New, *brief* seven (7) question survey to get feedback to help guide these efforts.
- Survey available here: https://gcv.microsoft.us/AKmOWdRplY
  - Open for responses until March 26, 2024
- Questions include:
  - Current level of satisfaction with the accuracy of your panel of Medicaid patients
  - How the current accuracy of your Medicaid patient panel compares to the accuracy from three months ago
  - Issues experienced with the current accuracy (if applicable)
  - Additional feedback for panel management improvement
- DHB will be sharing this survey twice more in 2024 (in Summer and in Fall) to understand changes in satisfaction over time as DHB continues to work on improvements.

NC Medicaid Quality Fact Sheet Series

Grace Ruffin, Student Quality Measurement Evaluator
Zoe Shipley, Student Survey Analyst

Survey and Quality Measures

An internal NC Medicaid goal has been to capture intersecting work from the Quality, Population Health, and Evaluation (QPHE) Team to shed light on the collaborative efforts to evaluate and improve beneficiary experiences

- The Quality Measurement and Survey teams are both housed under the QPHE business unit

Quality and survey measures are similar in that they both evaluate the effectiveness of NC Medicaid's programs, policies and services

Quality measures evaluate Medicaid members' access to quality and effective healthcare services. NC Medicaid uses a combination of quality measures created and endorsed by external measure stewards as well as internal measures specific to the NC Medicaid population.

Survey measures, developed by NC Medicaid and external partners, are a method of evaluating health programs, outcomes, and systems directly from Medicaid members, providers, and other partners. Survey measures are also a form of quality measurement.

Behavioral Health Services Fact Sheet

Published in October 2023

Fact Sheet Overview

NC Medicaid Quality Fact Sheets

NC Medicaid

Fact Sheet
Behavioral Health Services

1

Introduction

By providing members with mental health or substance use disorders care that promotes their mental health, wellbeing, and medical needs, behavioral health services are a crucial component of overall care. Behavioral health services can include therapeutic, rehabilitative, medical, and case management activities, and often involve family and other social supports.[1] At NC Medicaid, we are committed to providing high quality behavioral health care. This fact sheet provides a broad look into how NC Medicaid beneficiaries are receiving behavioral health services.

If you would like to learn more about how to read and interpret this fact sheet, please click here.

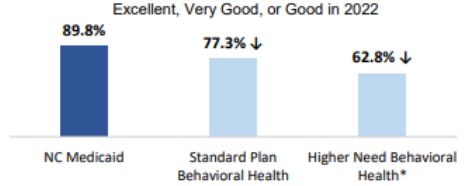
2

CHILDREN AND ADOLESCENTS

As seen in Figure 1, while most caregivers of children in the NC Medicaid Program rated their child's mental or emotional health status positively, caregivers of children with behavioral health needs rated it positively less often.

Further, children with the highest behavioral health needs reported the lowest rate of positive mental or emotional health.

Figure 1: Percentage of Child CAHPS Respondents Whose Mental or Emotional Health Status was Rated as Either Excellent, Very Good, or Good in 2022



*Refers to individuals who have higher mental health needs, intellectual/developmental disabilities (I/DD), traumatic brain injuries, or severe substance use disorder.

↓ Significantly lower than the NC Medicaid Program

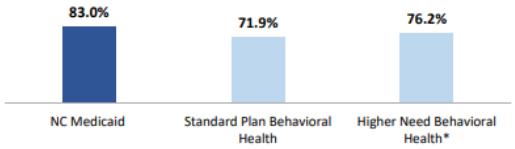
Based on the Consumer Assessment of Healthcare Providers and Systems (CAHPS®) Survey.

Care Coordination

As seen in Figure 2, caregivers of children with behavioral health needs reported that their child's doctor engaged in care coordination less often than the combined group of caregivers of all children in the NC Medicaid Program. While there are no significant differences, children who received behavioral health services through Standard Plans reported the lowest rates of perceived care coordination.*

*This data was collected from June-October of 2022. Care coordination for this population is expected to increase after the launch of Tailored Care Management on December 1, 2022, although this data has not yet been reported.

Figure 2: Percentage of Child CAHPS Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers in 2022



*Refers to individuals who have higher mental health needs, intellectual/developmental disabilities (I/DD), traumatic brain injuries, or severe substance use disorder.

As seen in Figure 3, only ~35% of children ages 6-17 who had been hospitalized for mental illness or intentional self-harm, received follow-up care with a mental health provider within 7 days of discharge.

This indicates a lack of timely follow-up care for those with important mental health needs.

Figure 3: 2021 Follow-Up After Hospitalization for Mental Illness (Ages 6-17)

3

NC MEDICAID'S WORK ON IMPROVING BEHAVIORAL HEALTH SERVICES

Tailored care management (TCM)[5] was launched in North Carolina on December 1, 2022. TCM is a specialized form of care delivery that provides whole-person, tailored services to individuals with intellectual or developmental disabilities. Tailored care management:

- Gives beneficiaries autonomy in how they choose to receive care.
- Allows beneficiaries to have a designated care manager that works with their broader care team.
- Supports in-person care in integrated care settings.
- Integrates pharmaceutical, behavioral, and physical health care, along with other health services to promote the best outcomes for every beneficiary.

4

ADDITIONAL INFORMATION

The **quality measures** displayed in this fact sheets include:

- Follow-Up After Hospitalization for Mental Illness (FUH)
- Follow-Up After Emergency Department Visit for Mental Illness (FUM)
- Antidepressant Medication Management (AMM)

These quality measures were created by the National Committee for Quality Assurance.

For more technical information on these measures, please click here.

Some **survey measures** displayed in this fact sheet are derived from the 2022 Consumer Assessment of Healthcare Providers and Systems (CAHPS), listed below.

- Percentage of Child CAHPS Respondents Whose Mental or Emotional Health Status was Rated as Either Excellent, Very Good, or Good
- Percentage of Child CAHPS Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers
- Percentage of Adults Whose Mental or Emotional Health Status was Rated as Either Excellent, Very Good, or Good
- Percentage of Adult CAHPS Respondents Whose Personal Doctor Usually or Always Coordinated Care with Other Providers

For more technical information on these measures, please click here.

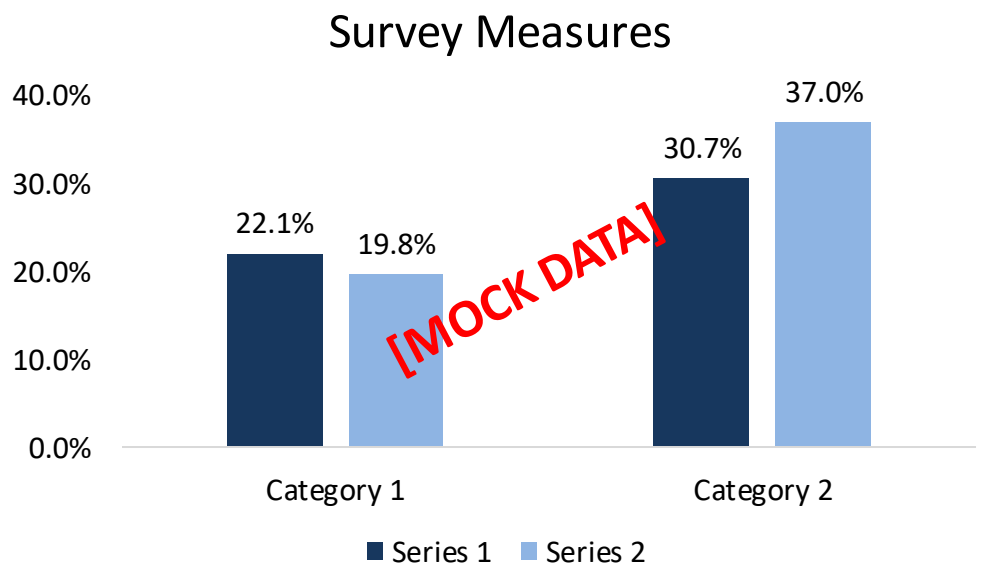
Other **survey measures** are derived from the 2021-2022 National Core Indicators: Intellectual and Developmental Disabilities Survey, listed below.

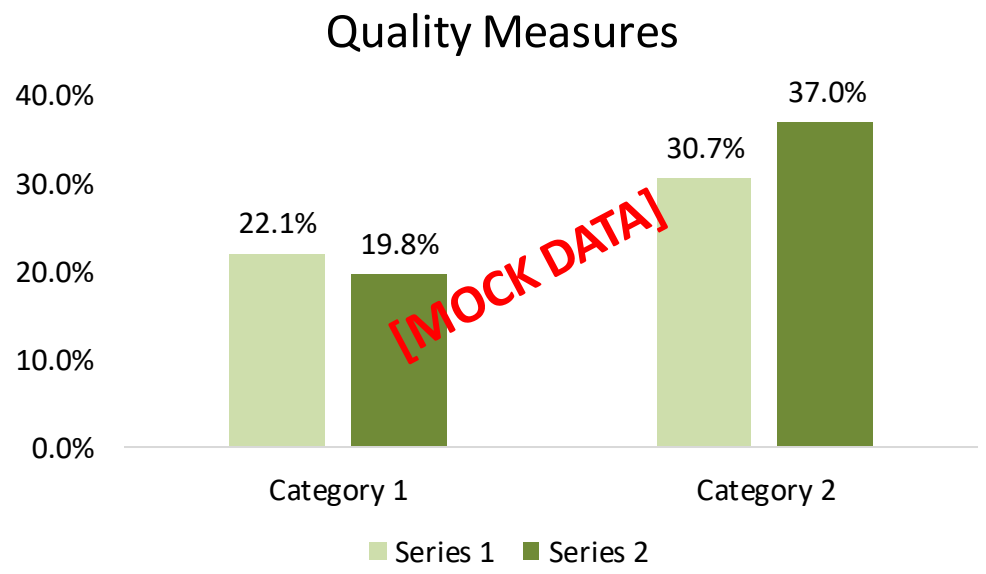
- Percentage of Respondents Who Had Used Telehealth Services
- Percentage of Respondents Who Needed Help Finding, Getting, or Setting Up Mental Health or Behavioral Health Supports
- Percentage of Respondents Who Needed Help With Understanding Medication

State of North Carolina • Department of Health and Human Services • Division of Health Benefits (NC Medicaid)
medicaid.ncdhhs.gov • NCDHHS is an equal opportunity employer and provider. September, 2023

Behavioral Health Services

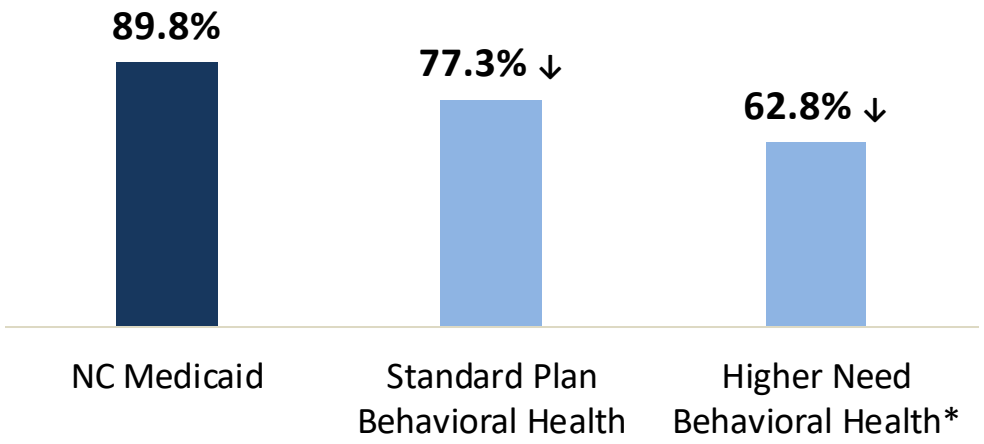
- Behavioral health services are a crucial component of care
  - Therapeutic, rehabilitative, medical, case management
- Combines quality and survey measures





Children and Adolescents: Need for Heightened Services

Percentage of Child CAHPS Respondents Whose Mental or Emotional Health Status was Rated as Either Excellent, Very Good, or Good in 2022



*Refers to individuals who have higher mental health needs, intellectual/developmental disabilities (I/DD), traumatic brain injuries, or severe substance use disorder.
↓ Significantly lower than the NC Medicaid Program

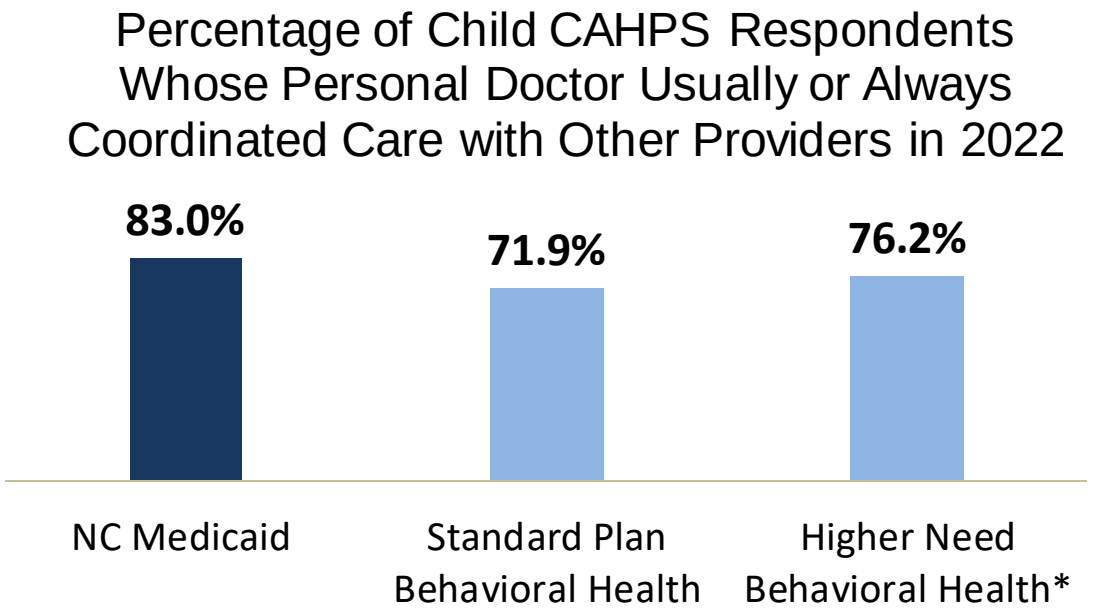
Most caregivers of children in the NC Medicaid Program rated their child's mental or emotional health status **positively**

Caregivers of children with behavioral health needs rated it positively **significantly lower** than those in the NC Medicaid Program

Notably, caregivers of children with the highest behavioral health needs reported the **lowest positive rating** of mental or emotional health status

Children and Adolescents: Care Coordination

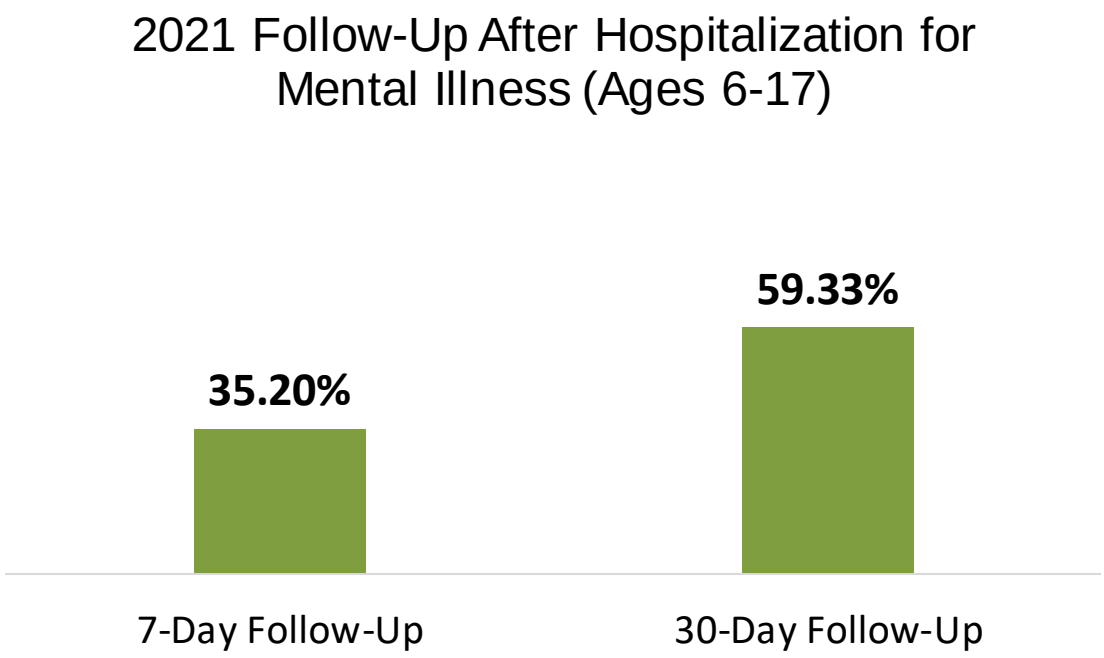
Parents/caretakers of children with behavioral health needs reported that their child's doctor engaged in **care coordination** less than the combined group of caregivers of all children in the NC Medicaid Program.



*Refers to individuals who have higher mental health needs, intellectual/developmental disabilities (I/DD), traumatic brain injuries, or severe substance use disorder.

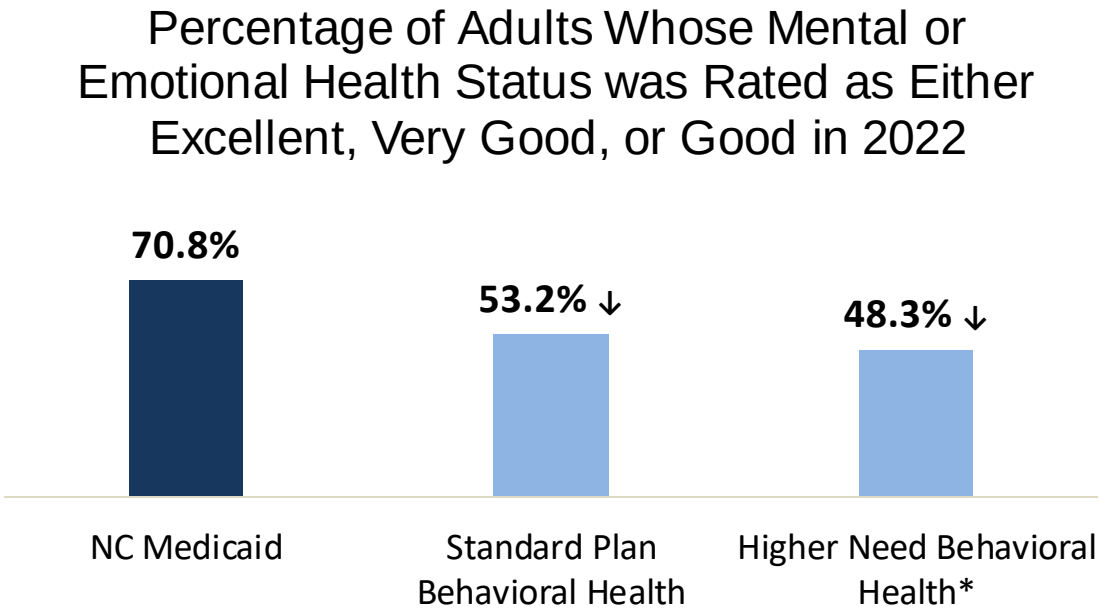
Children and Adolescents: Care Coordination

Only **~35%** of children ages 6-17 who had been hospitalized for mental illness or intentional self-harm, received follow-up care with a mental health provider within 7 days of discharge.



Click here to learn more about the *Follow-Up After Hospitalization for Mental Illness* measure.

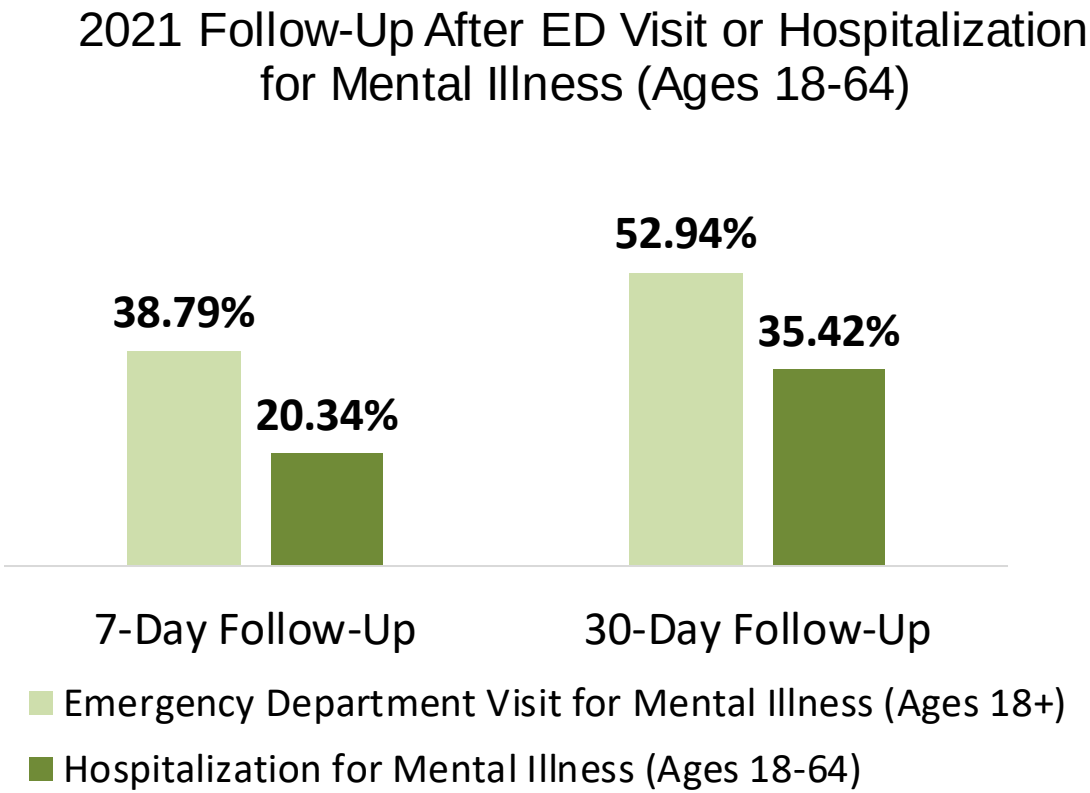
Adults: Need for Heightened Services



Adults with behavioral health needs rated their mental or emotional health status positively **at lower rates** than the general adult population in the NC Medicaid Program.

This trend is the same as the trend that occurred in child respondents

Adults: Care Coordination



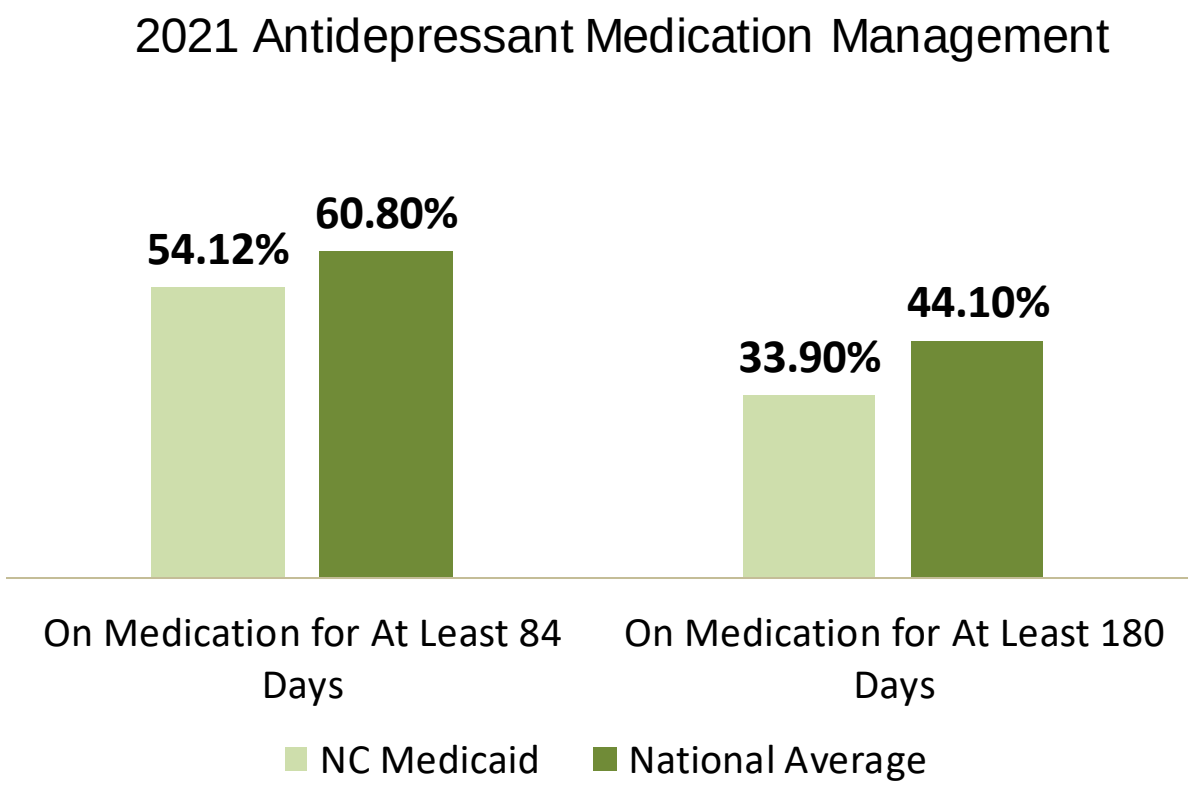
Only **38.79%** of adult beneficiaries received a follow-up visit within 7 days of discharge following an ED visit for mental illness

Only **20.34%** received a follow-up visit within 7 days of their hospitalization discharge

Click here to learn more about the *Follow-Up After Emergency Department Visit for Mental Illness* measure.
Click here to learn more about the *Follow-Up After Hospitalization for Mental Illness* measure.

Adults: Care Coordination

In 2021, **~66%** of adult NC Medicaid beneficiaries who had recently started taking an antidepressant for clinical depression discontinued their medication within 180 days.



Click here to learn more about the *Antidepressant Medication Management* measure.

"Antidepressant Medication Management." *NCQA*, 3 Feb. 2023, www.ncqa.org/hedis/measures/antidepressant-medication-management/.

Adults: Care Coordination

NC Medicaid Adult Beneficiaries with Intellectual and Developmental Disabilities Reported* the following from 2021-2022:

- 54% have used telehealth
- 11% needed help finding, getting, or setting up mental health or behavioral health supports
- 8% needed help with understanding medication

*Data Obtained from the National Core Indicators® - Intellectual and Developmental Disabilities 2021-2022 survey.

Behavioral Health Fact Sheet: NC Medicaid's Work Moving Forward

Tailored care management (TCM)[1] was launched in North Carolina on December 1, 2022. TCM is a specialized form of care delivery that provides whole-person, tailored services to individuals with intellectual or developmental disabilities.

Tailored care management:

- Gives beneficiaries autonomy in how they choose to receive care.
- Allows beneficiaries to have a designated care manager that works with their broader care team.
- Supports in-person care in integrated care settings.
- Integrates pharmaceutical, behavioral, and physical health care, along with other health services to promote the best outcomes for every beneficiary.

1. "Tailored Care Management" North Carolina Medicaid Division of Health Benefits, North Carolina Department of Health and Human Services, July 18 2023, https://medicaid.ncdhhs.gov/tailored-care-management

More Resources

https://medicaid.ncdhhs.gov/reports/quality-management-and-improvement

NC Medicaid Quality Fact Sheet Series

The NC Medicaid Quality Fact Sheet series aims to detail NC Medicaid's performance in key areas. As NC Medicaid leads many activities to survey, evaluate, and improve upon its performance, the documents below distill quality measure information for public use, providing readers insight into NC Medicaid's performance across select domains and initiatives aimed at improving performance.

- Readers Guide on NC Medicaid Quality Fact Sheets
- Racial Disparities in Vaccination Fact Sheet - Sept. 2023
- Behavioral Health Services Fact Sheet - Oct. 2023
- Tobacco Use, Substance Use, and Substance Use Disorder Fact Sheet - Oct. 2023

Questions?

Grace Ruffin: grace.ruffin@dhhs.nc.gov
Zoe Shipley: zoe.shipley@dhhs.nc.gov

Prenatal and Postpartum Care F Codes

Background: The Problem

- NC Medicaid has historically underperformed on the NCQA HEDIS® *Prenatal and Postpartum Care (PPC)* quality measure
  - In an effort to improve performance, this measure is a part of the Standard Plan Withhold Program for measurement year 2024

Figure 1. Comparison of Timeliness of Prenatal Care rates between the national average (Medicaid HMO) and NC Medicaid from 2017-2022.

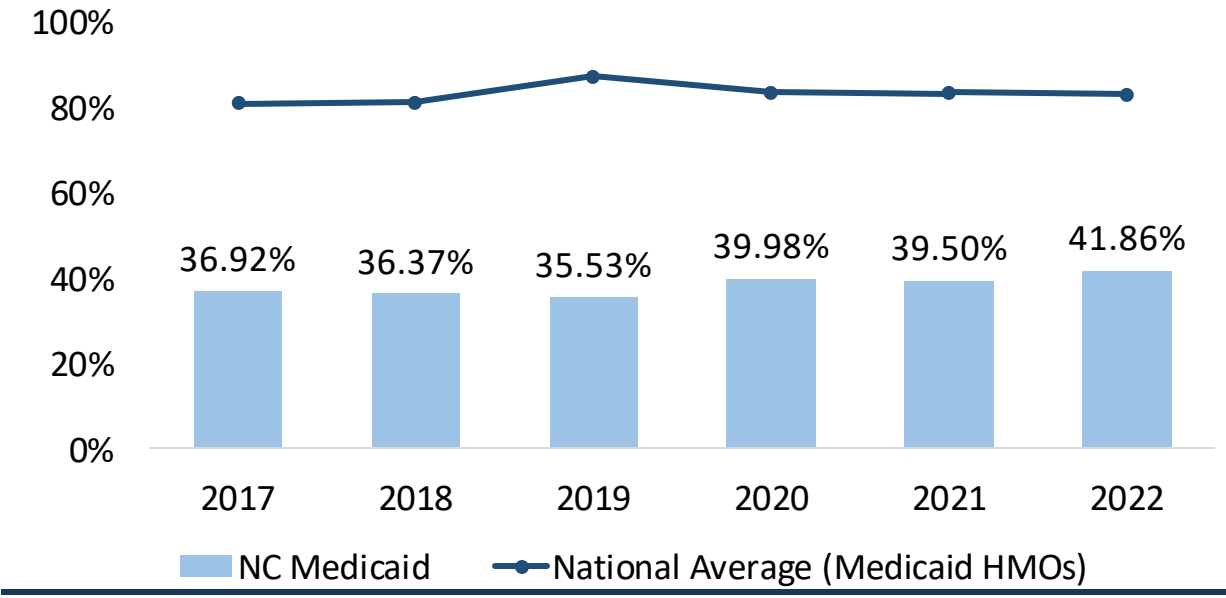
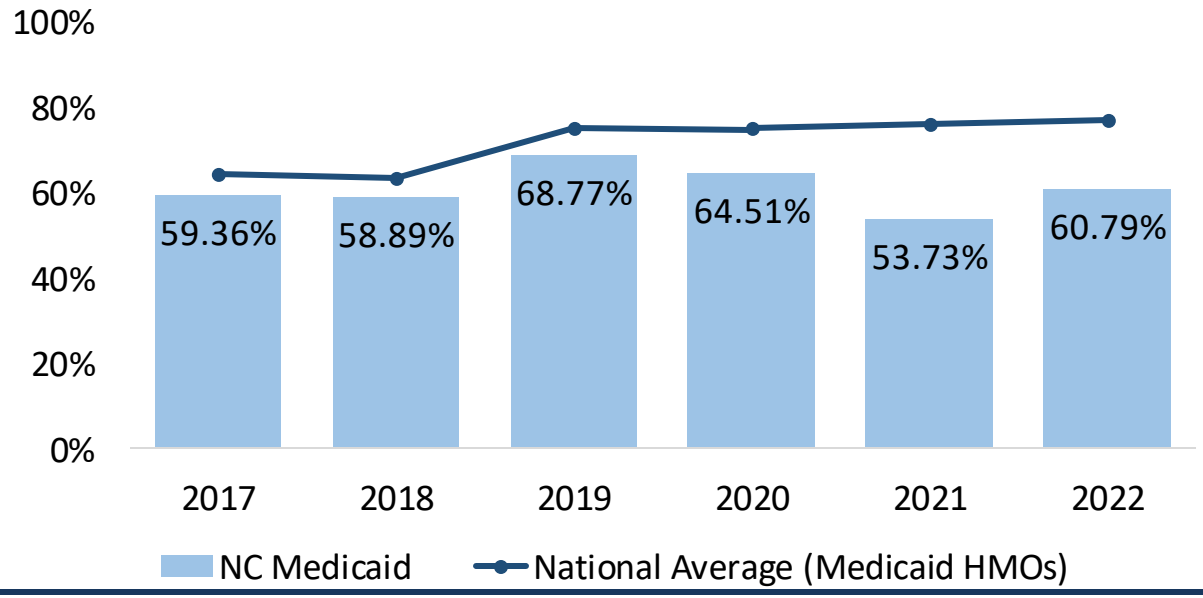


Figure 2. Comparison of Postpartum Care rates between the national average (Medicaid HMO) and NC Medicaid from 2017-2022.



Background: The Problem (Continued)

- These services are often recorded using global billing codes that are not billed until the end of the pregnancy, meaning the first instance of prenatal care and subsequent postpartum care are often not adequately captured in claims and encounters data

Table: Impact of Global Billing on HEDIS® Timeliness of Prenatal Care Numerator Compliance (June 2016-June 2023).

Presence of Global or Package Code	HEDIS Numerator Compliant	Number of (%) Distinct Medicaid IDs
Yes – Global or Package Code Found	Compliant	69,248 (25.53%)
	Not Compliant	137,825 (50.81%)
No – No Global or Package Code	Compliant	44,058 (16.24%)
	Not Compliant	63,487 (23.40%)

A higher proportion of people that were not numerator compliant had a global or package code for pregnancy-related services

Note: The percentage of distinct Medicaid IDs totals over 100% as members may have been eligible for this measure more than once during this time period.

Background: The Solution

Two new F codes are being added to NC Medicaid's clinical policy (revision of NC Medicaid Obstetrical Services Clinical Coverage Policy No: 1E-5):

- **0500F** for Initial Prenatal Visits and
- **0503F** for Postpartum Care Visits

Both codes are defined in the NCQA HEDIS® value sets and are meant to support more accurate and complete data collection

New F Codes for Capturing Prenatal and Postpartum Care			
CPT Code	**Type**	**Description**	**Physician/NPP/LHD Services Guidelines**
0500F	Individual	Initial Prenatal Care Visit	Code reported to identify initiation of prenatal care. Report at first prenatal encounter with healthcare professional providing obstetrical care. Report date of visit and in a separate field the date of the last menstrual period (LMP).
0503F	Individual	Postpartum Care Visit	Code reported to identify postpartum care visit. Postpartum visit can be to an OB/GYN or other prenatal care practitioner, or PCP. Do not include postpartum care provided in an acute inpatient setting.

Updates as of February 13, 2024

NC Medicaid Obstetrical Services Clinical Coverage Policy No: IE-5 revisions are in the penultimate phase of the policy revision process*

1. The policy states F codes must be used to capture prenatal and postpartum care; the Department is still discussing whether these codes will be required for reimbursement by NC Medicaid via the Provider Billing Guide
    a. In the absence of a requirement from the Department, PHPs can set their own standards for how they choose to accept or deny claims without the documentation of the F codes
2. Providers will be able to submit retrospective claims with F codes to account for any prenatal or postpartum services that were delivered prior to the updated policy (this will be included in the Bulletin)

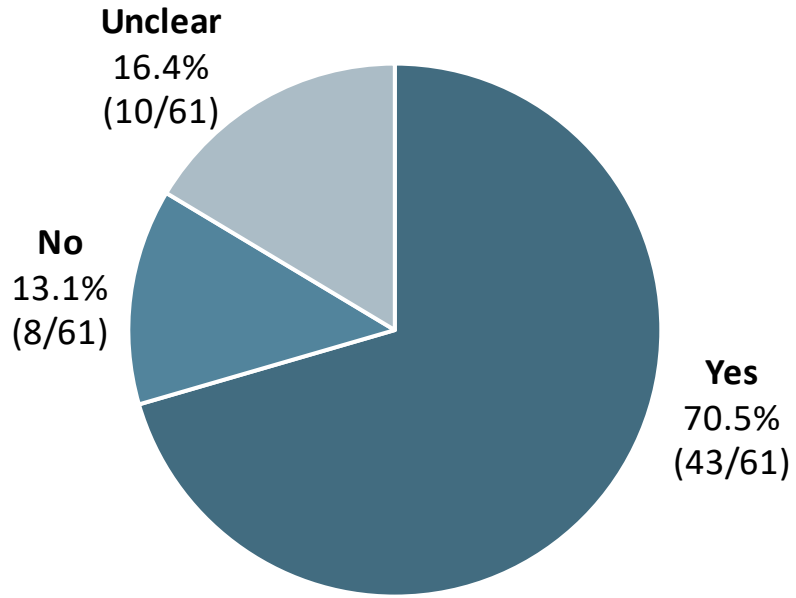
***This clinical coverage policy is not yet finalized and, therefore, may be subject to change**

F-Code Availability Survey Results Snapshot

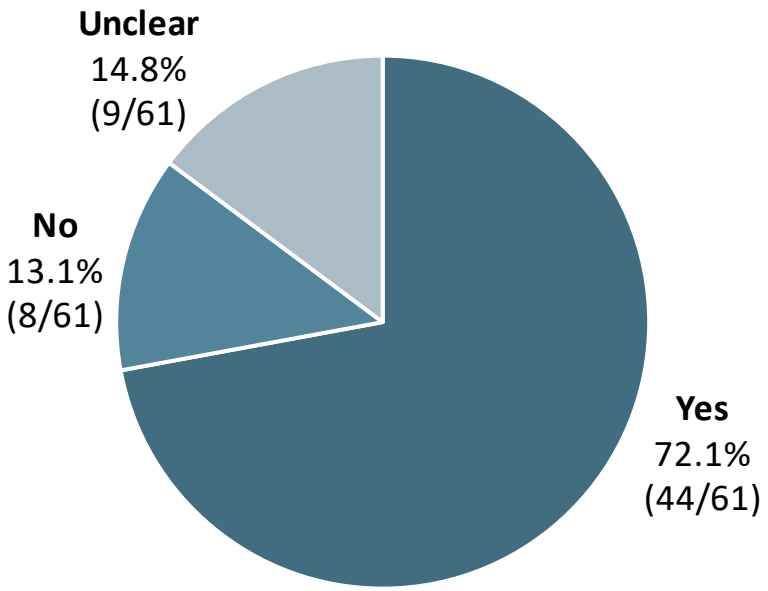
Overview

- Purpose: Brief, four question survey designed to assess whether providers' current EHR allows the selection of the F-codes: 0500F and 0503F
- Survey open from September 27th to October 27th, 2023
- Shared with Maternal Health Advisory Group during meeting and offline in follow up communication
- Shared by AHEC to Ob/Gyn providers
- Total Respondents: 61

*Does the system allow you to select **0500F** for Initial Prenatal Visits?*



*Does the system allow you to select **0503F** for Postpartum Care Visits?*



F-Code Availability Survey Results Snapshot, cont.

Percentage of respondents with access to 0500F and 0503F codes, by respondents' current EHR system

EHR System (N/D)	0500F			0503F		
	Yes	*No*	*Unclear*	*Yes*	*No*	*Unclear*
Allscripts (3/61)	66.7%	--	33.3%	66.7%	--	33.3%
Athena (16/61)	68.8%	18.8%	12.5%	68.8%	18.8%	12.5%
CureMD (12/61)	83.3%	8.3%	8.3%	83.3%	8.3%	8.3%
Epic (17/61)	**70.6%**	17.6%	**11.8%**	**76.5%**	17.6%	**5.9%**
Modernizing Medicine (2/61)	50%	--	50%	50%	--	50%
Office Practicum (1/61)	100%	--	--	100%	--	--
Patagonia (7/61)	71.4%	--	28.6%	71.4%	--	28.6%
PCC/Physician Computer Company (1/61)	--	--	100%	--	--	100%
ReliMed (1/61)	--	100%	--	--	100%	--
TriMed (1/61)	100%			100%		

Despite having the same EHR systems, access to the two F-codes differed among respondents. The differences observed did not differ by F-code except for Epic.

Additional Feedback

Respondents were asked to offer any additional feedback on the use of F codes, or other possible strategies to improve receipt and documentation of prenatal and postpartum care visits for NC Medicaid members.

Primary Themes:

- Interest in F-code implementation
- Concern with F-code implementation
- Other F-code utilization
- Alternate non-F-code strategies

Next Steps

1. Once the final policy is posted on the Medicaid website, a bulletin will be published with call-outs of key changes
2. Post-finalization, DHB will begin working with NC AHEC to conduct provider-coaching (e.g., hosting an informational webinar on the F codes)
3. Post-finalization, DHB will share a fact sheet with information on using the F codes for tracking prenatal and postpartum care

Discussion Questions

1. Are these F codes currently used by your organization to report prenatal and postpartum care to non-Medicaid payers?
2. What are the operational considerations for implementing these codes for Medicaid members?
3. What are providers doing now to document the first instance of prenatal care and subsequent postpartum care in a HEDIS compliant manner?

Additional feedback should be submitted to Medicaid.Quality@dhhs.nc.gov by Tuesday, February 20.

NC Health Connex Data Aggregator Validation (DAV)

NC HealthConnex
Powering Health Care Outcomes

NORTH CAROLINA HEALTH INFORMATION EXCHANGE AUTHORITY

2023 / 2024 DAV UPDATES

February 2024

Presenter
Jenell Stewart, DrBA
Assistant Director, Health Analytics & External Services
NC Health Information Exchange Authority (NC HIEA)
North Carolina Department of Information Technology

NCDIT NORTH CAROLINA DEPARTMENT OF INFORMATION TECHNOLOGY

Data Aggregator Validation program

What is DAV program and Why we need it ?

The NCQA Data Aggregator Validation program evaluates clinical data streams to help ensure that health plans, providers, government organizations and others can trust **the accuracy of aggregated clinical data** for use in Healthcare Effectiveness Data and Information Set (HEDIS®) reporting and other quality programs. Besides data accuracy, DAV program eliminates the need for primary source verification (PSV) during the HEDIS audit process and simultaneously provides valuable data with peace of mind to our partners.

The DAV program assesses two sets of standards:

- **Process, System and Data (PSD) standards**: Assesses the processes, policies and procedures for ingesting, managing and aggregating data.
- **Output Data Integrity (ODI) standards**: Assess the organization's adherence to the NCQA Continuity of Care Document (CCD) Implementation Guide and primary source verification (PSV) by testing and reviewing CCD output files.

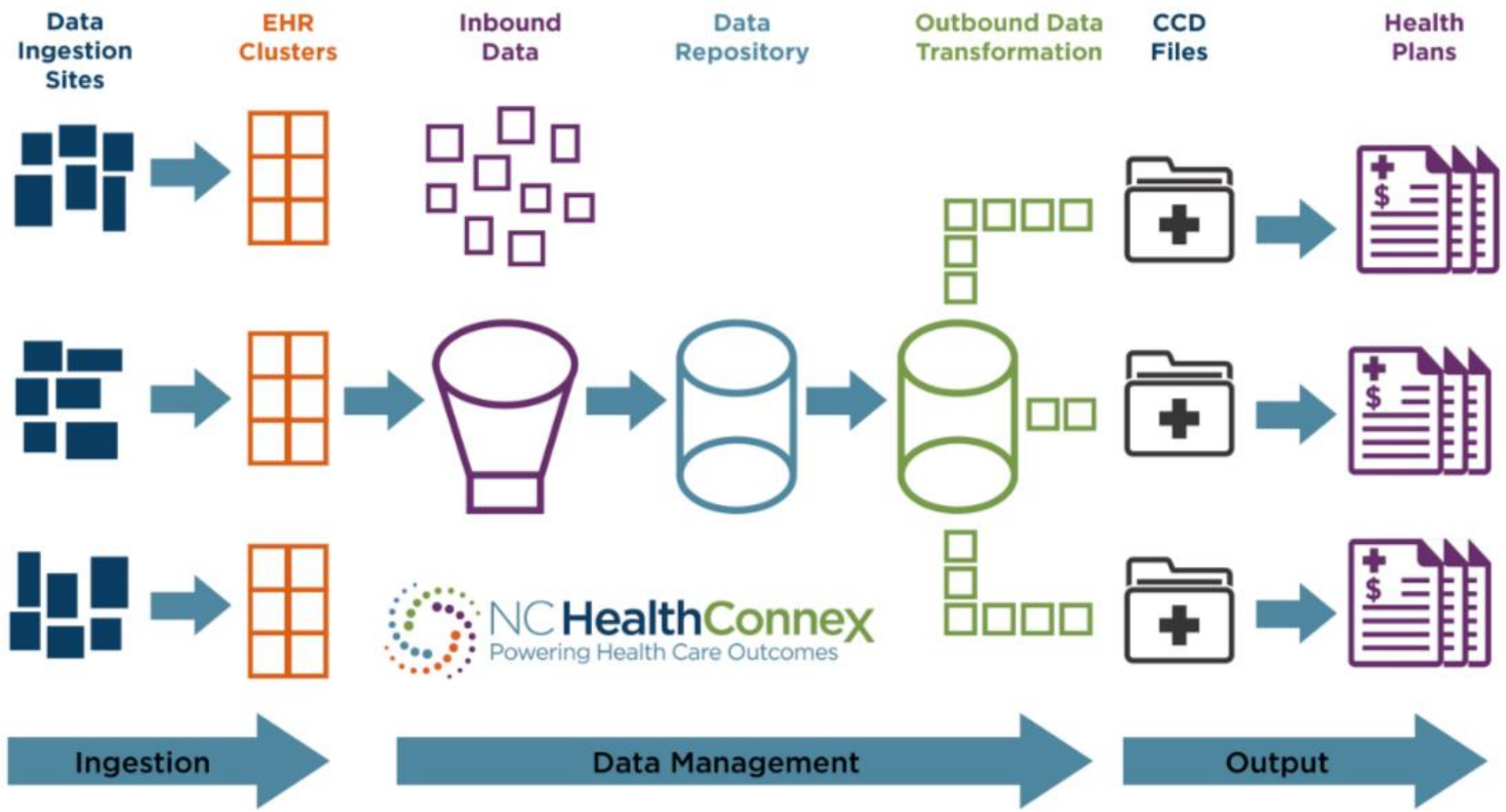
NC HealthConnex
Powering Health Care Outcomes

Value Added for Participants

- Validated data streams undergo a rigorous, end-to-end look at the quality and integrity of data and the procedures used to manage and safeguard it.
- Provides superior accuracy on Data & Quality Reporting by reducing the burden of regulatory compliance. (Primary source verification for HEDIS® reporting will be reduced)
- Improves the trust, reliability and quality of data exchange between Participants and HIE.
- Delivery of high-quality community data for improved healthcare outcomes by leveraging state-of-the-art technology.
- Reduction of time and effort spent on manual data validation. Reduces need for chart reviews and removes additional needs for data validation.
- Leveraging validated and automated data will lead to significant increase of data contribution for performance measures.

NC HealthConnex
Powering Health Care Outcomes

Data Aggregator Validation program



Ingestion Site is a unique data sources (e.g., provider, practice or hospital) contributing to a cluster. An ingestion site may have one or many submitters.

Submitter is a provider office or care location (e.g., child entity) submitting data to the data aggregator through the same workflow for an ingestion site (e.g., parent entity).

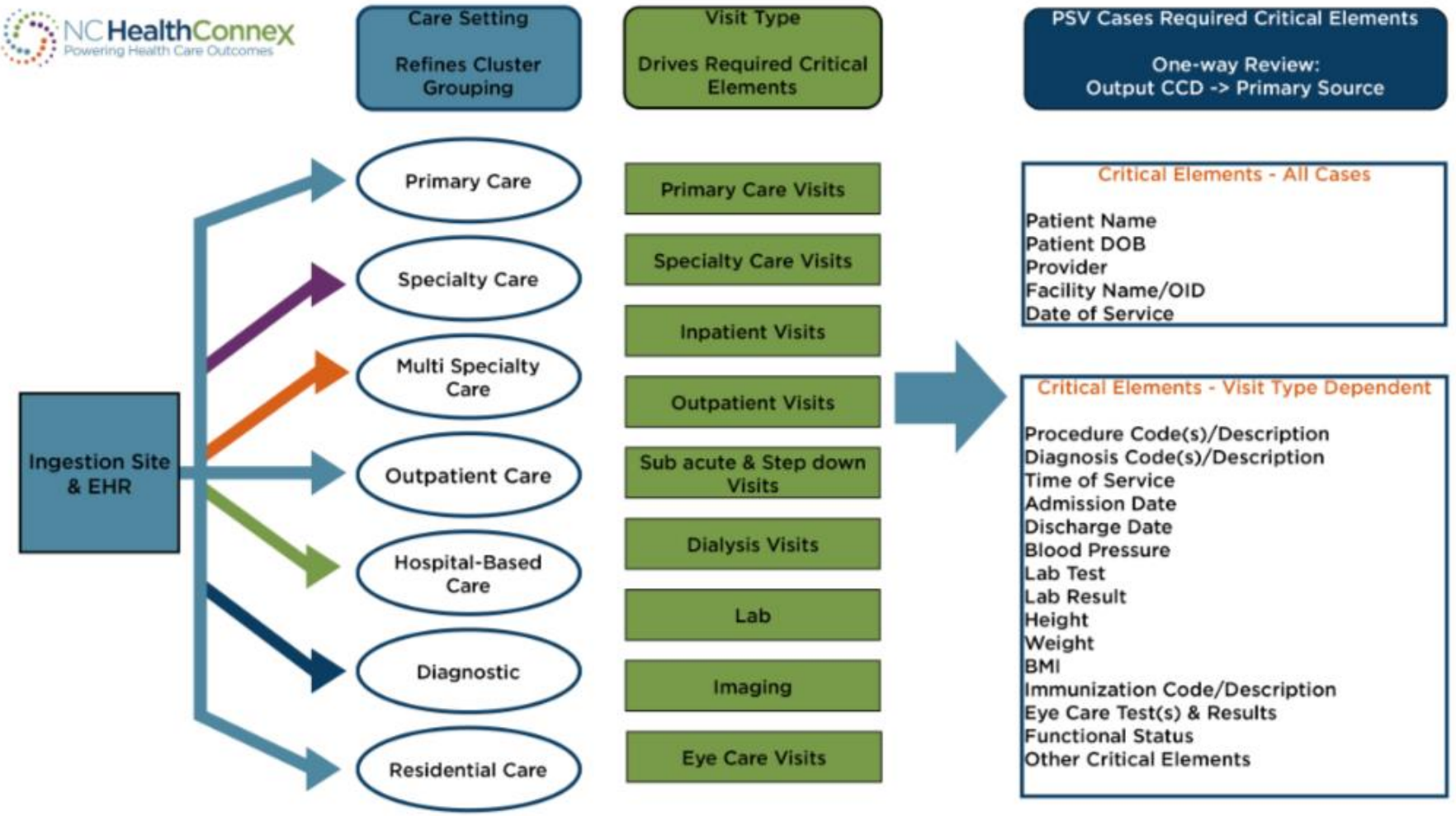
Cluster is a group of similar ingestion sites, by EMR type and care setting, that contribute to a data stream.

Validated Data Stream is One or more validated clusters that have processed through and passed all Data Aggregator Validation standards, including PSV. The data stream can be used as standard supplemental data and for other clinical and quality programs.

Responsible Party is the organization seeking validation of the data stream, contractually obligated to conduct PSV and validation of the data stream and for identifying and alerting NCQA to changes that could impact validity or usability.

NC HealthConnex
Powering Health Care Outcomes

Clusters, Cases and Critical Data Elements



NCHealthConnex
Powering Health Care Outcomes

Data Aggregator Validation Timeline

Timeline

- DAV is an intensive 18-week process that results in end-to-end validation. Depending on data streams it takes 12-18 weeks.
- DAV cohorts occur annually, and next cohort start date is in July.
    - Cohort Start date: **July 17,2023**
    - Cohort End date: **Dec 1,2023**
- Primary Source Verification(PSV) Starts after 5 weeks and lasts for 10 weeks.
    - PSV Start date: **Aug 21, 2023**
    - PSV End date: **Oct 30, 2023**
- A maximum of **five cases** are required per cluster, spread across multiple ingestion sites. Clusters with fewer than five ingestion sites will have one required case per ingestion site.
- Validator reviews each case and determines if the critical elements in the XML of the conformed outbound CCD are supported by the primary source documentation, and if there are discrepancies or material bias.

Milestones

- Initiation activities:
    - Kick-off meeting.
    - Program Initiation.
        - Completion of Validation Access Tool(VAT)
        - Submission of Document Request Log (DRL)
- Validation activities:
    - Output Data Integrity(ODI) review.
        - ODI 1.0 remains optional.
        - ODI 2.0 must be completed again using the most recent IG.
    - Process, System and Data (PSD) review.
        - Update Validation Access Tool(VAT) and documentation.
        - Undergo virtual review.
        - Submit follow-up.
    - Primary Source Verification (PSV) review.
        - Follow most recent PSV manual.
        - Update DSL.
        - PSV focuses on failed and new ingestion sites.
- Final report and status:
    - Updated DAV status and seal.

NC HealthConnex
Powering Health Care Outcomes

Expectations of Case Submission

Once the robust cases are identified, the organization will gather the documentation for each case.

- NC HIEA provides the validator with the approved conformed outbound file for each assigned case, with supporting documentation from the data's primary source.
- Screen prints or screen shots from the actual EHR must be provided; printouts of CCDs are not acceptable.
- EHR screenshots tend to become distorted or illegible (due to the quality of the screen capture and/or conversion from Word to PDF). Illegible screenshots may result in a follow-up, or data in the screenshot may be omitted from validation.
- Output CCD reports created by the EHR are not acceptable, because they might contain query logic that identifies and extracts predetermined fields from the EHR, which may not be appropriate.
- EHR documentation must include the entire encounter or procedure report for the target DOS. Do not delete or omit any section of the encounter or procedure report. Documentation referring to patient education and administration forms (e.g., consent forms) do not need to be submitted.
- Documentation required should be from the EHR ONLY. Screenshots from ancillary applications or Non Epic applications are not needed.

NC HealthConnex
Powering Health Care Outcomes

July 2023 Outcomes

July 2023 Outcomes

- 3 clusters passed validation
  - Duke Outpatient
  - UNC Inpatient
  - UNC Outpatient

Remediation Requirements: make efforts to work towards improvements on identified areas. Includes: refine processes, more detailed documentation, tighten or optimize, etc.

NC HealthConnex
Powering Health Care Outcomes

Plans for 2024

July 2024 DAV

- Work on remediation steps from 2023 DAV results
- 4 clusters
  - Duke Inpatient
  - Duke Outpatient
  - UNC Inpatient
  - UNC Outpatient

July 2025 DAV and beyond

- Continue to work on remediation steps from previous year's DAV results
- Expand to a wider group of participants/ more clusters / more ingestion sites

NC HealthConnex
Powering Health Care Outcomes

Questions…..

NC HealthConnex
Powering Health Care Outcomes

Appendix

Abbreviations:

DAV	Data Aggregator Validation
CCD	Continuity of care document
C-CDA	Consolidated clinical document architecture
DOS	Date of service
DSL	Data submission log
DTL	Data transmission log
ODI	Output Data Integrity [standards]
PSD	Process, System and Data [standards]
PSV	Primary source verification
SSV	Secondary source validation
TDOS	Target date of service
TMOS	Targeted time of service
TPS	Targeted patient stay
VAT	Validation Assessment Tool
V-PSV	Validator PSV
XML	Extensible Markup Language

NC HealthConnex
Powering Health Care Outcomes

Example of Critical Data Elements for Inpatient

	Data Elements	Element Req	EHR Page#	XML Line#
Demographics	Patient Name	Always Reqd		
	Patient DOB	Always Reqd		
	Race/Ethnicity	When Applicable		
	IGS/Facility Name	Always Reqd		
Dates	Admission Date	Always Reqd		
	Discharge Date	Always Reqd		
Vitals	Height Weight BMI Pain Assessment	Atleast 1 of the Vitals.		
Vital Events	Problems List	Minimum 1		
	Encounter Dx Code & Description	Minimum 1		
	Procedure Px code(s) &/or description	Minimum 2		
Test Results	Procedure Interpretation	Minimum 1		
	Lab Test & Results	Minimum 5		
	Imaging Test & Results	Minimum 2		
Other Critical Data Elements	Allergies & Intolerances	When Applicable		

Abbreviations:

OR-PSV	Over-Read PSV
PSD	Process, System and Data [standards]
PSV	primary source verification
SSV	secondary source validation
TDOS	target date of service
TMOS	targeted time of service
TPS	targeted patient stay
VAT	Validation Assessment Tool
V-PSV	validator PSV
XML	Extensible Markup Language

NC HealthConnex
Powering Health Care Outcomes

Questions

Wrap-Up

AMH TAG Wrap Up and Future Topics

AMH TAG meetings will generally take place the second Tuesday of each month from 4-5 PM.

Upcoming 2024 Meetings
Tuesday, March 12, 2024 4:00-5:00 PM
Tuesday, April 9, 2024 4:00-5:00 PM
Tuesday, May 14, 2024 4:00-5:00 PM

Potential Upcoming AMH TAG Topics

- BCM051 Care Management Interaction Data/Analysis
- Provider Experience Survey Results
- PHP Report Cards
- F Codes for Prenatal and Postpartum Care