

**North Carolina Department of Health and Human Services (DHHS)**  
 Advanced Medical Home Technical Advisory Group Data Subcommittee (AMH TAG DSC)  
 Meeting (Conducted Virtually) June 17<sup>th</sup>, 2022, 3:00 – 4:30 PM ET

**Attendees:**

AMH TAG Members	Organization
Hazen Weber	AmeriHealth Caritas North Carolina, Inc.
Carla Slack	Blue Cross and Blue Shield of North Carolina
Sharon Geer	Carolina Complete Health, Inc.
Atha C. Gurganus	UnitedHealthcare of North Carolina, Inc.
Nathan Barbur	WellCare of North Carolina, Inc.
Trista Pfeifferberger	Community Care Physician Network (CCPN)
Mary Schilder	Duke University Health System
Brad Horling	Emtiro Health
Cynthia Reese	Mission Health Partners
Shaun McDonald	UNC Health System
Debra Roper	Access Est/Vidant
Gregory Adams	Blue Ridge Pediatrics/CCPN
Elizabeth Hudgins	NCPeds
NC DHHS Staff and Speaker	Title
Kelly Crosbie, MSW, LCSW	Chief Quality Officer
Loul Alvarez	Associate Director – Population Health
Lauren Burroughs	AMH Program Lead
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 Issue Roadmap
- Updates on Open Data Items
  - Beneficiary Assignment
  - CIN-AMH Relationship Tracking
  - Patient Risk List
- Public Comments
- Next Steps

### **Data Issue Roadmap (Kelly Crosbie)**

#### **Key Takeaways**

- The Department provided status updates on the seven data issues that were identified by AMH TAG Data Subcommittee members; the first three data issues were further discussed during the meeting.
  1. Beneficiary Assignment
  2. Tracking CIN-AMH Relationships
  3. Patient Risk List
  4. PHP and AMH Data Transmission
  5. Claims Files
  6. Quality Measures
  7. Care Needs Screening

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

#### **Key Takeaways**

- The Department reviewed three key data issues that have been identified with some of the PHPs' beneficiary assignment files transmitted to AMH practices/CINs, including:
  - Data inaccuracies such as missing members or incorrect assignments;
  - Incomplete or missing data elements; and,
  - Misaligned data transmission timing of the beneficiary assignment files between PHPs.
- Some beneficiary assignment challenges are a result of an influx of approximately 650,000 new Medicaid members. While the increased volume of new Medicaid members may not be a cause of the issues with the beneficiary assignment file, the Department is tracking it as a policy issue.
- The Department summarized its root cause analysis approach and then reviewed three causes in detail.

### **Beneficiary Assignment Root Cause 1: Assignment Errors (Sachin Chintawar)**

#### **Key Takeaways**

- The Department reviewed the issue of beneficiaries being incorrectly assigned to AMH Tier 3 practices and identified three areas of concern:
  - Individuals assigned to providers who are not currently accepting patients
  - Individuals assigned to providers who do not serve their population (e.g., males assigned to OBGYNs, adults assigned to pediatrics)
  - Mismatch of members identified in NCTracks and the beneficiary assignment file

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

- **Comment:** There are often mismatches of members identified in NCTracks and the beneficiary assignment file. Due to timing considerations, the PHPs' systems may reflect the change in assignment, but NCTracks does not. The issue reflects discrepancies between the effective date of assignment and the transmission of the new assignment. PHPs can make the change on the second day of the month in their systems, but the change is not reflected until the first of the following month in the Department's systems.

- **Follow-up:** AMH TAG Data Subcommittee members suggested that the Department allow PHPs to correct issues when PHPs make a mistake on the beneficiary assignment file.
- **Comment:** PHPs have different procedures for provider practices to set panel limits and how they assess and adhere to the established limits.
  - **Follow-up:** AMH TAG Data Subcommittee members recommended that adhering to panel limits should be part of the solutioning around beneficiary assignment issues.
- **Comment:** One pediatric practice noted that a signature from a family member is required to remove a patient from a panel; however it can be challenging to get the patient to come in and provide the signature.
  - **Follow-up:** To mitigate the challenges of securing an in-person signature, the Department will explore opportunities for PHPs to make reassignments based on claims experience if a member is not actively completing the reassignment process or is difficult to reach.

#### ***Next Steps***

- The Department agreed that beneficiary assignment is a critical issue and will continue to gather information to better understand the underlying cause of assignment errors.

#### **Beneficiary Assignment Root Cause 2: Inaccurate Beneficiary Assignment File (Sachin Chintawar)**

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

- The Department reviewed the issue of Beneficiary Assignment files sent to AMH practices that are missing or do not have valid values. Potential solutions being evaluated include: (1) improved communications and training, (2) developing an auditing process, and (3) providing notice(s) of damages for recurring issues.

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

- **Comment:** PHPs generate a lot of reports and it can take as long as four to six weeks to get feedback.
  - **Follow-up:** AMH TAG Data Subcommittee members recommended that the Department share member report files on a weekly basis to help improve the process of getting feedback to the PHPs.
- **Comment:** The data element "other insurance" is often inaccurate and leads to PHP denials based on inaccurate billing of primary insurer.
  - **Follow-up:** The Department noted the issue and will explore mitigation options.

#### **Beneficiary Assignment Root Cause 3: Providers' Location Changes (Sachin Chintawar)**

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

The Department reviewed issues associated with providers' changes of locations. 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.

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- The Department is working to develop detailed guidance to address situations in which a provider changes practice locations to help ensure that the provider does not lose their assigned beneficiaries.

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

- **Comment:** The issue with practice locations changes is a significant concern for some of the CINs.
  - **Follow-up:** The Provider Team is building guidance to address the providers' location change issue. New location codes will be updated and validated in NCTracks, and the updated process guidance will be forthcoming.

**Tracking CIN-AMH Relationships: Potential Solutions and Next Steps (Sachin Chintawar)**

***Key Takeaways***

- The Department reviewed the status to address issues with tracking the CIN-AMH relationship. The Department identified the following root causes: (1) the lack of a standard system across PHPs and CINs; (2) misaligned timing of documentation and transmission of updates to the relationships. The Department reviewed the proposed solution to create a standardized registration process and CINs to registered in NCTracks.

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

- **Comment:** There are places in various files where the CIN-AMH relationship can be documented. An AMH TAG Data Subcommittee member recommended having the affiliation reported on the provider enrollment file, which could serve as a single source of truth that is collected through the PDS.
  - **Follow-up:** The Department will assess if the CIN-AMH relationship can be documented in a field in the provider enrollment file.
- **Comment:** An AMH TAG Data Subcommittee member recommended time restrictions related to changes in AMH Tier 3 practices' affiliations. When an AMH Tier 3 practice moves from one CIN to another, there could be a policy that if it is after the 15<sup>th</sup> of the month, the move cannot occur until the first of the month.
  - **Follow-up:** The Department will review this option and assess considerations regarding the timing of contract execution.
- **Comment:** An AMH TAG Data Subcommittee member proposed an alternative process flow that involves: (1) the PHPs submitting the AMH-CIN relationships in NCTracks based on their understanding of their contracts with AMHs and CINs; (2) NCTracks provides an alert or attestation request to a AMH/CIN to review and validated their status; (3) the AMH/CIN notifies the PHP if there is an error; and (4) the PHP would make the necessary changes to correct any errors.
  - **Follow-up:** The Department will review this proposed workflow and take into considerations that there are legal implications to any proposed changes since the CIN-AMH relationship triggers the transfer of information from PHPs to the AMHs' designated CINs.

### **Patient Risk List (Sachin Chintawar)**

#### **Key Takeaways**

- The Department reviewed open data issues with Patient Risk List. To date, the Department has identified three causes: (1) variability in the definitions and interpretations of the risk categories, (2) files with format issues, and (3) incomplete files. The Department also provided a preview of proposed solutions, which include:
  - Reviewing risk category definitions with AMH/CINs and proposing valid values acceptance,
  - Developing standard definitions of risk categories,
  - Reviewing guidelines for Patient Risk List data fields with AMH/CINs, and
  - Creating a “single source of truth” checklist for the Patient Risk List file.

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

- **Comment:** AMH TAG Data Subcommittee members agreed that the proposed solution of creating a check list would be helpful. In particular, the guidance should address the question regarding the data for the “mirror the PHP” field; clarification of the timeframe for AMH submission to PHPs; and clarification if the file is a “count” or a “tally”.
  - **Follow-up:** The Department will review and incorporate suggestions into forthcoming guidance.

### **Wrap-Up and Next Steps (Kelly Crosbie)**

The Department will post this meeting’s presentation and a meeting summary on the Department’s website.

The Department will share materials in advance of the next Subcommittee meeting, to be held on **August 12<sup>th</sup>, 2022 from 3:00 PM – 4:30 PM.**

Please submit questions and comments on topics and/or logistics to Lauren Burroughs ([lauren.burroughs@dhhs.nc.gov](mailto:lauren.burroughs@dhhs.nc.gov))

The meeting adjourned at 4:30PM.