








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

*April 2022 Meeting*

*April 1, 2022*

# Agenda

	<b>Welcome &amp; Roll Call</b>	<b>5 min</b>
	<b>Data Topic Survey Results</b> <ul style="list-style-type: none"><li>• Overview and Review of Priority Rankings</li><li>• Focused Discussion on High-Priority Data Topics<ul style="list-style-type: none"><li>– Beneficiary Assignment</li><li>– Patient Risk List</li></ul></li></ul>	<b>35 min</b>
	<b>Tracking CIN-AMH Relationships</b>	<b>10 min</b>
	<b>Public Comments</b>	<b>5 min</b>
	<b>Next Steps</b>	<b>5 min</b>

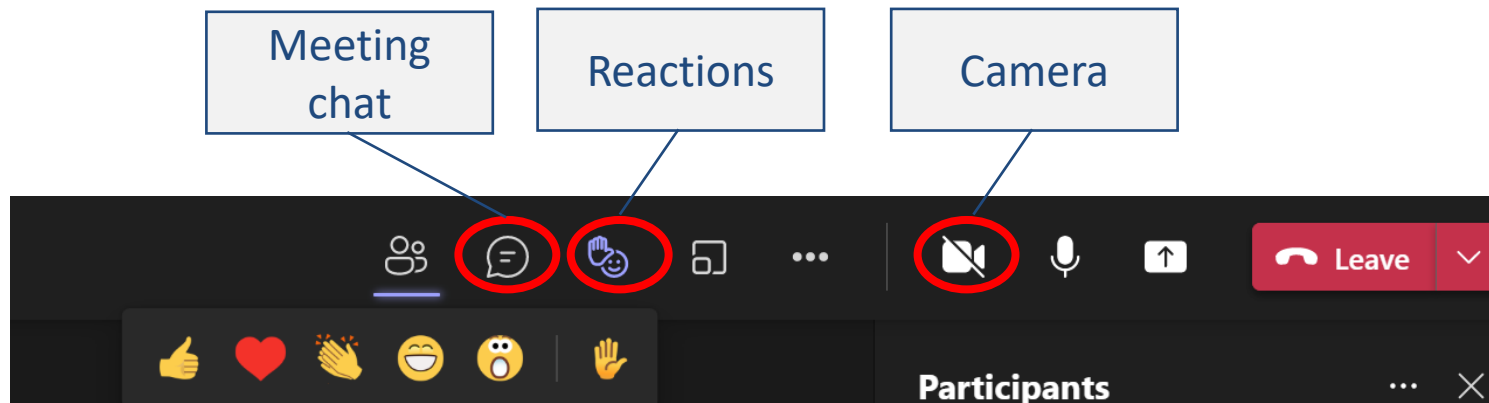
# AMH TAG Data Subcommittee Member Roll Call

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

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

# 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.



# DHHS and Advisors

## DHHS

- **Kelly Crosbie**, Chief Quality Officer, DHHS
- **Jahaziel Zavaleta**, Senior Program Manager, DHHS
- **Paul Detmar**, Program Manager, DHHS

## 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 Survey Results**

## ***Overview and Review of Priority Rankings***

# Survey Topics

Data Subcommittee members provided feedback for seven data issues with respect to the issues' (1) impact, (2) urgency for resolution, and (3) potential solutions.

Data Issues	
1. PHP & AMH Data Transmission Timing	5. Care Needs Screening
2. Tracking CIN-AMH Relationships	6. Claims Files
3. Beneficiary Assignment	7. Quality Measures
4. Patient Risk List	

## Survey Goals and Structure

The survey prompted respondents to:

- A. Validate the list of issues
- B. Identify any additional issues
- C. Comment on the nature, impact, urgency of the issue and/or potential solutions
- D. Prioritize the issues across two dimensions:

**1. Impact on Critical Operations**

- **High** (*significant impact*)
- **Medium** (*moderate impact*)
- **Low** (*minimal impact*)

**2. Urgency for Resolution (i.e., solution timing)**

- **Immediate** (*within next 6 months*)
- **Near term** (*between 6-9 months*)
- **Long term** (*after 9 months*)

# Survey Questions

#	Brief Title	Description of Issue(s)
1	<b>PHP &amp; AMH Data Transmission Timing</b>	PHPs have differing schedules for sharing data through the standard interfaces that the Department has defined for data sharing between them and CINs/AMHs.
2	<b>Tracking CIN-AMH Relationships</b>	Providers and PHPs contractual relationships vary and can be multi-faceted and complex. PHPs' information on the relationships between CINs and their associated AMHs may not reflect up-to-date contractual relationships, and as a result, the files that PHPs and CINs routinely share may have incomplete or inaccurate information.
3	<b>Beneficiary Assignment</b>	Beneficiary assignment data transmitted by the PHPs to CINs and AMHs have data quality and completeness issues.
4	<b>Patient Risk List</b>	<p>Patient Risk List (PRL) files shared between PHPs and CINs/AMHs can have the following issues:</p> <ol style="list-style-type: none"> <li>1. Files missing attributed members (e.g., some CINs and AMHs transmit files to the PHPs that do not include the full list of attributed members originally sent by the PHP to the CIN/AMH).</li> <li>2. Challenges interpreting certain data elements for which no standards have been created (e.g., risk stratification levels of "high", "medium", "low").</li> </ol>
5	<b>Care Needs Screening</b>	Care needs screening results transmitted by the PHPs to CINs and AMHs are not transmitted in a standardized format, creating administrative burdens for AMH practices and their CINs to manage these data.
6	<b>Claim Files (Pharmacy, Dental, Institutional)</b>	Claims files transmitted by the PHPs to CINs and AMH Tier 3s have data quality and completeness issues.
7	<b>Quality Measures</b>	<p>Quality measure issues include:</p> <ol style="list-style-type: none"> <li>1. There is variability in PHPs' use of supplemental data to calculate certain measures: some PHPs use supplemental data; others do not. For those that use supplemental data, the format and methods that they accept supplemental data varies.</li> <li>2. Variations in PHPs' quality report formats can be challenging for providers who work with multiple PHPs.</li> </ol>



# Survey Respondents

**Fifteen (15) Data Subcommittee members submitted responses to the Data Topics Survey.**

## Health Plans – PHPs (5)

- ✓ AmeriHealth Caritas NC
- ✓ Carolina Complete Health
- ✓ Healthy Blue NC
- ✓ UnitedHealthcare
- ✓ WellCare

## Health Plans – Others (1)

- ✓ Cherokee Indian Hospital Authority

## Providers – CINs (8)

- ✓ Access East / Vidant Health
- ✓ Atrium Health Wake Forest Baptist
- ✓ Carolina Medical Home Network
- ✓ Community Care of North Carolina
- ✓ Duke Connected Care
- ✓ Emtiro Health
- ✓ Mission Health Partners
- ✓ UNC Health System

## Providers – Independent (1)

- ✓ Sandhills Pediatrics

# Survey Results

## Ratings Summary

### Impact

(# rated as being “high” impact)

- **Beneficiary Assignment (14)**
- **Patient Risk List (10)**
- **Claims Files (10)**
- Quality Measures (9)
- Tracking CIN-AMH Relationships (7)
- PHP & AMH Data Transmission Timing (6)
- Care Needs Screening (3)

### Urgency

(# requested to address “immediately”)

- **Beneficiary Assignment (12)**
- **Patient Risk List (10)**
- PHP & AMH Data Transmission (9)
- Claims Files (8)
- Quality Measures (7)
- Tracking CIN-AMH Relationships (6)
- Care Needs Screening (3)

### Rating Differences Between CINs/Providers and Health Plans

#### Data Transmission Timing

- **78%** of CINs/providers rated this as “high impact” (*only 33% of Health Plans rated as “high impact”*)

#### Tracking CIN-AMH Relationship

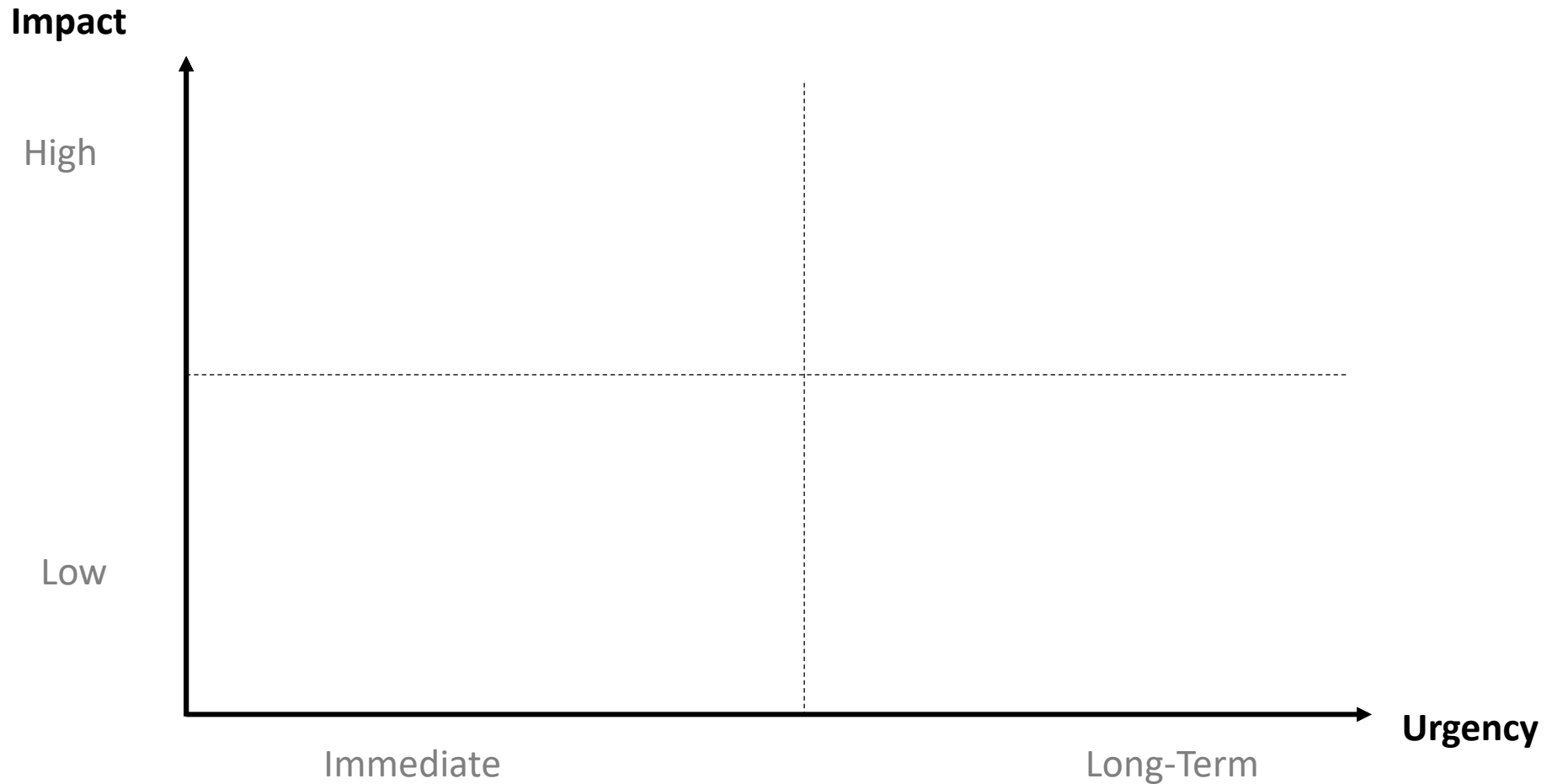
- **56%** of CINs/providers rated this as “high impact” (*only 33% of Health Plans rated as “high impact”*)

#### Claims Files

- **67%** of CINs/providers requested this be addressed “immediately” (*only 33% of Health Plans rated as such*)

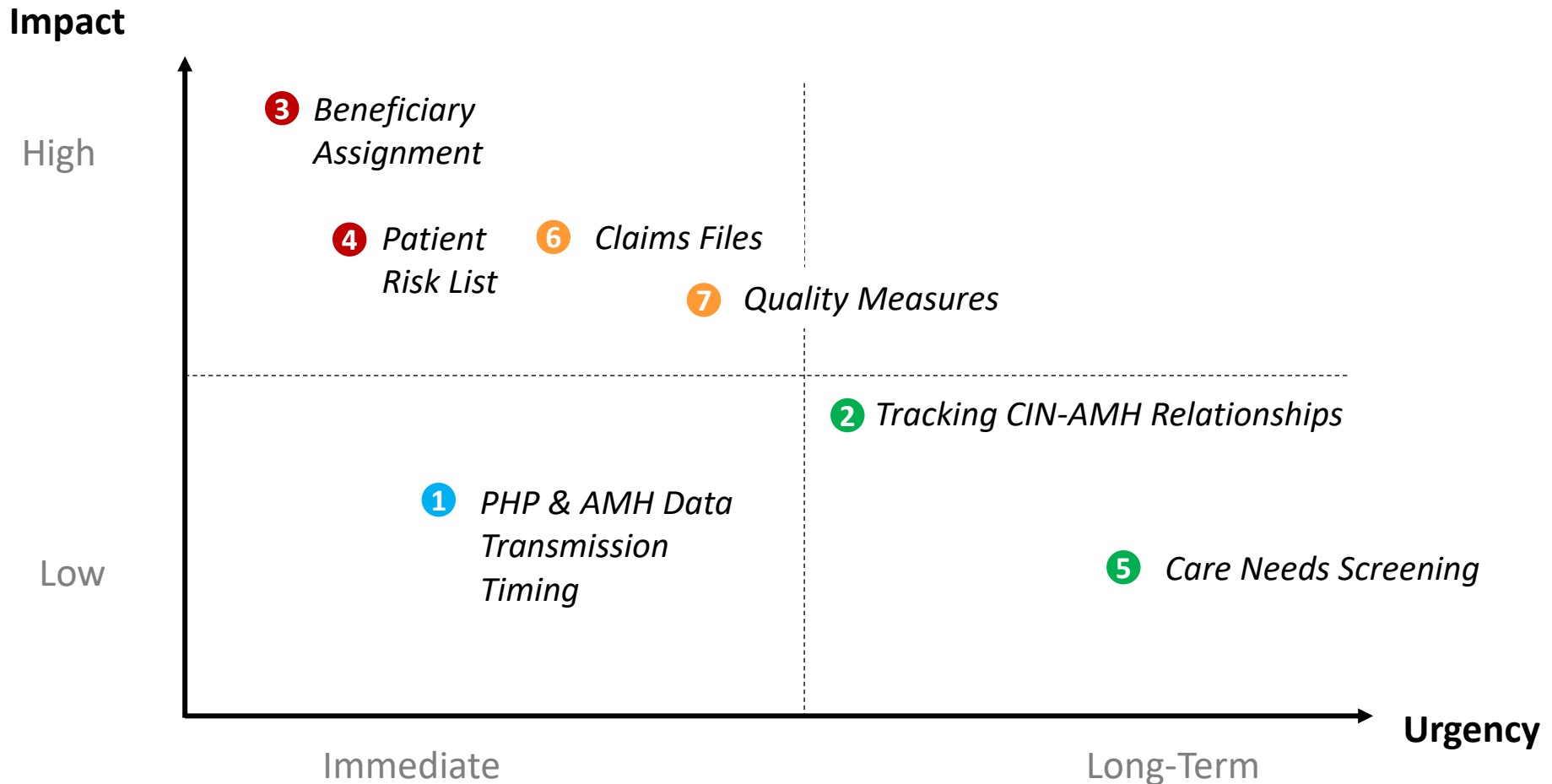
# Data Topic Prioritization

For each data topic, Data Subcommittee members evaluated the impact on critical operations and the urgency for resolution.



# Data Topic Prioritization

**Beneficiary Assignment and Patient Risk List were identified as having the highest impact on operations and the most immediate urgency.**



# Survey Results

## Data Topic Prioritization

No	Issue	Prioritization	% High Impact	% High Urgency
3	Beneficiary Assignment	High Impact, Address Immediately	93%	80%
4	Patient Risk List	High Impact, Address Immediately	67%	67%
6	Claims Files	High Impact, Address Near Term	67%	53%
7	Quality Measures	High Impact, Address Near Term	60%	47%
1	PHP & AMH Data Transmission Timing	Medium Impact, Address Immediately	40%	60%
2	Tracking CIN-AMH Relationships	Medium Impact, Address Near Term	47%	40%
5	Care Needs Screening	Medium Impact, Address Long Term	20%	20%

# **Data Topic Survey Results**

## ***Focused Discussion on High-Priority Data Topics***

# Beneficiary Assignment

## Issue Description and Current Status

- Beneficiary assignment data transmitted by the PHPs to AMHs/CINs have data quality, timing and completeness issues; this is impacting AMHs/CINs' ability to deliver quality and timely care to their assigned beneficiaries and their quality performance.
- These issues are currently being tracked and addressed through the Department Technology Operations (Tech Ops) process. Many issues are still open and are being worked on.

## Survey Response Feedback

- Potential data ingestion issues at the target (AMHs/CINs). PHPs report that their member information matches the Department's.
- CINs expect data for providers that are not yet coming through Department's Provider Enrollment File.
- CINs use Beneficiary Assignment data for operational purposes and incorrect/missing data in the Beneficiary Assignment file impact their efforts to deliver care to members.
- CINs commented on the lag in receiving complete beneficiary data in multiple scenarios.

## Next Steps

The Department will:

- Develop a detailed approach and timeline to identify the issues and their root causes
- Review the issues and causes during the next AMH TAG Data Subcommittee meeting
- Align on an implementation plan with all impacted stakeholders and drive implementation

# Patient Risk List (PRL)

## Issue Description and Current Status

- **PRL (PHPs to AMHs/CINs):** Data quality and completeness issues. Inconsistency with how priority population and risk evidence is populated.
- **PRL (AMHs/CINs to PHPs):**
  - Data reported does not align with requirements in the NCDHHS specifications
  - Data quality & completeness issues

## Survey Response Feedback

- **PRL (PHPs to AMHs/CINs):** CINs indicated a much higher incidence of high-risk members flagged by the PHPs (compared to their own risk stratification) and suggested that AMHs/CINs include additional data.
- **PRL (AMHs/CINs to PHPs):**
  - Does not meet NCDHHS guidelines; the file is missing important data elements including header tabs, Risk Score Category, duplicate members, Care Management entity NPI number, full panel list, etc.
  - PHPs have to rely on manual effort to interpret and reconcile the data with help of AMHs/CINs.

## Next Steps

The Department will:

- Develop a detailed approach and timeline to identify the issues and their root causes
- Review the issues and causes during the next AMH TAG Data Subcommittee meeting
- Align on an implementation plan with all impacted stakeholders and drive implementation



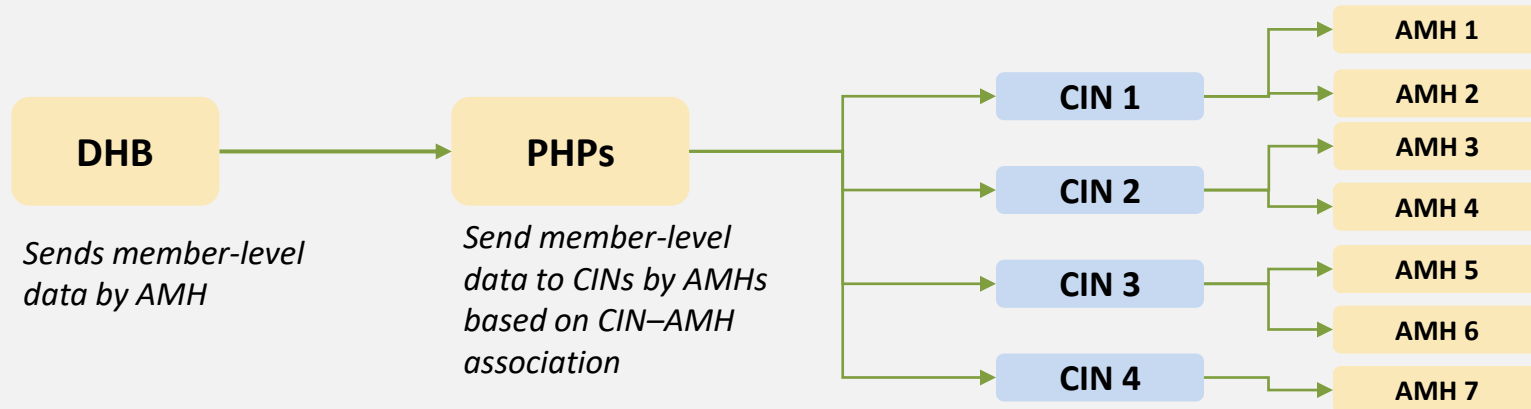
# Deep Dive: Tracking CIN-AMH Relationships

# Recap: Tracking CIN-AMH Relationships

## Issue Description

### Current Data Flow

- PHPs maintain information on the CIN and AMH relationship.



### Issues

- PHPs information on the relationships between CINs and their associated AMHs is not always aligned with the information that CINs have.
- Files that are routinely shared between PHPs and CINs are incomplete and inaccurate

### Implications

- **Impact on PHPs:** PHPs' systems may be missing information on AMHs and the beneficiaries in CINs' network.
- **Impact on DHHS:** Without accurate CIN to AMH mapping details, DHHS lacks a single source of truth and must use a manual process to support reconciliation of these payments between PHPs and CINs.
- **Impact on Beneficiaries:** Potential impact on beneficiary care due to CINs having incomplete information.

## Recap: Tracking CIN-AMH Relationships (Continued)

### Issue Root Cause

- There are no standardized CIN identifiers that can be used to facilitate issue tracking in an automated and streamlined manner.

### Stakeholder Implications

- DHHS, PHPs and CINs spend multiple hours manually resolving this issue each cycle when CINs report missing members or payment and AMHs report incorrect payments.
- This typically involves routine code changes on PHPs to align AMHs and associated members to the right CINs and reshare files that were missed.

# Potential Approach: CIN-AMH Relationship Management

## Goals

1. Determine the location for the source of truth for the CIN-AMH relationships.
2. Create a standardized process to document, maintain, and update the CIN-AMH relationships.

## Proposed Solution

1. **Registration:** All CINs will be required to register with the Department.
2. **CIN & Provider Affiliation Management:**
  - i. Once approved, CINs will notify the Department of their existing affiliations with Providers currently enrolled as AMH and Tailored CM Medicaid Providers.
  - ii. For the CINs rejected during the registration process, a process to inform and reapply for completing registration will be created.
  - iii. Active CINs will be required to keep their Provider affiliations up to date with the Department. Department will establish Service Level Agreements (SLAs) for them to report any changes to the impacted PHPs and the Department.
3. **Member Assignments:** Active CINs will receive a monthly panel report from the Department with members assigned to their Provider affiliations at the start of that 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.

# Public Comments

# Next Steps

# Next Steps

## Subcommittee Members will:

- 1 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	
	<i>February 2, 2022</i>
	<i>April 1, 2022</i>
★ <b>Next Meeting</b>	<b>June 10, 2022</b>
	August 12, 2022
	October 14, 2022
	December 9, 2022

Please submit questions or comments on AMH TAG Data Subcommittee topics or meeting logistics to Jahaziel Zavaleta (jahaziel.zavaleta@dhhs.nc.gov).

## Thank you for participating!