






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

June 2022 Meeting

June 17, 2022

Agenda

	Welcome & Roll Call	5 min
	Data Issue Roadmap	10 min
	Updates on Open Data Issues <ul style="list-style-type: none">• Beneficiary Assignment• CIN-AMH Relationship Tracking• Patient Risk List	35 min
	Public Comments	5 min
	Next Steps	5 min

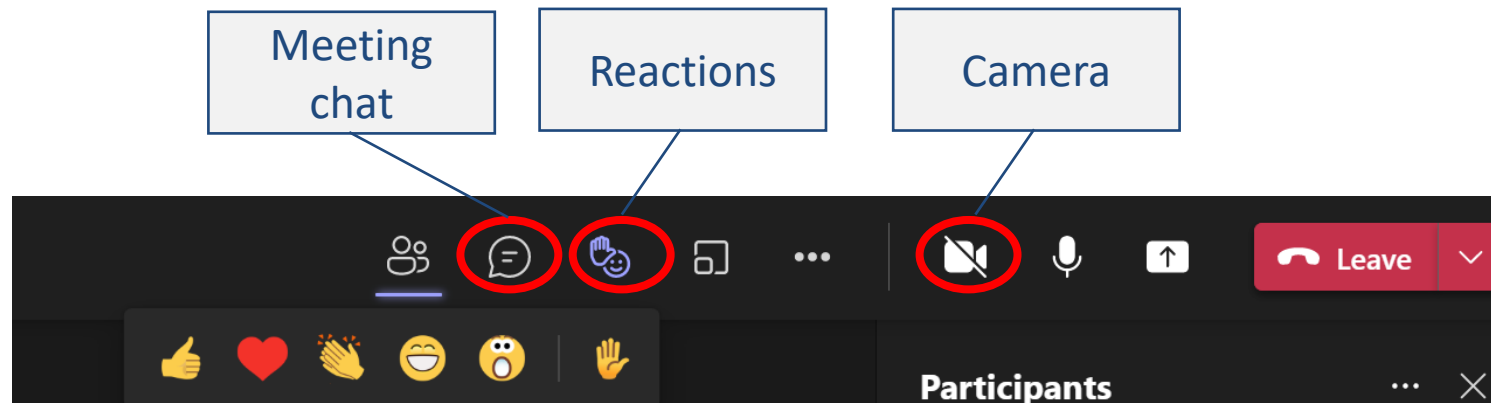
AMH TAG Data Subcommittee Member Roll Call

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	Chris Scarboro
Provider (CIN)	Community Care Physician Network (CCPN)	Gregory Adams Anna Boone Carlos Jackson Trista Pfeifferberger
Provider (CIN)	Duke University Health System	Mary Schilder
Provider (CIN)	Emtiro Health	Brad Horling 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 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, DHB
- **Loul Alvarez**, Associate Director, 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 Issue Roadmap

Data Issue Roadmap

For the key data issues identified by the Subcommittee, the Department is working with stakeholders to define root causes, identify potential solutions, and move to resolution.

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

Completed
 In Progress
 For Discussion Today

Updates on Open Data Topics

Beneficiary Assignment

Beneficiary Assignment

Key Issues

Issue Description

The following issues have been identified with some of the PHPs' beneficiary assignment files transmitted to AMH practices/CINs.

1. Inaccuracies

- **Missing Members:** Beneficiary assignment files are missing members.
- **Incorrect Assignments:** Beneficiary assignment files include members that NC Tracks has assigned to other practices and/or members that do not meet a practice's parameters (*e.g., an AMH practice only accepts patients in a limited age range gets assigned members who do not meet the age limit criteria*).

2. Incompleteness

Incomplete and/or missing data elements.

3. Misaligned Transmission Timing

The transmission timing of Beneficiary Assignment files varies among the PHPs, which impacts AMHs and CINs that work with multiple PHPs.

Beneficiary Assignment

Root Cause Analysis

Root Cause Analysis & Initial Findings

To understand the root causes of the issues with the beneficiary assignment files, NC DHHS and Accenture are talking with stakeholders and reviewing the Department's Technology Operations and Help Center tickets.

An analysis of tickets closed from July 2021 to May 2022, identified the three most prevalent issues as:

Issue Type	# of TechOps & Help Center Tickets
1. Assignment Errors	74
2. Inaccurate Beneficiary Assignment File	23
3. Documentation of AMH Tier 3 providers' practice location changes	19

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 are not currently accepting patients
2. Individuals assigned to providers who do not serve their population (e.g., males assigned to OBGYNs, adults assigned to pediatrics)
3. Mismatch of members identified in NCTracks and the beneficiary assignment file

Potential Solutions

1. NC DHHS will continue to gather information from the field to better understand the underlying causes of the assignment challenges



Are there any additional considerations for this root cause or potential solutions?

Beneficiary Assignment

Root Cause 2: Inaccurate Beneficiary Assignment File

Root Cause Analysis

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

Potential Solutions

Potential solutions being evaluated include:

1. Improved communications and training
2. Develop auditing process to routinely evaluate PHP systems and reduce instances
3. Providing Notice of Damages for recurring impacts



Are there any additional considerations for this root cause or potential solutions?

Beneficiary Assignment

Root Cause 3: 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.

Potential Solutions

1. Review the process of updating provider location information so that updates will not trigger beneficiary re-assignment
2. DHHS Provider Team is developing new detailed guidance to address situations in which a provider changes practice locations to help ensure that the provider does not lose their assigned beneficiaries.



Are there any additional considerations for this root cause or potential solutions?

Beneficiary Assignment

Other Root Causes

For Discussion

Are there any additional root causes to consider?

Updates on Open Data Topics
Tracking CIN-AMH Relationships

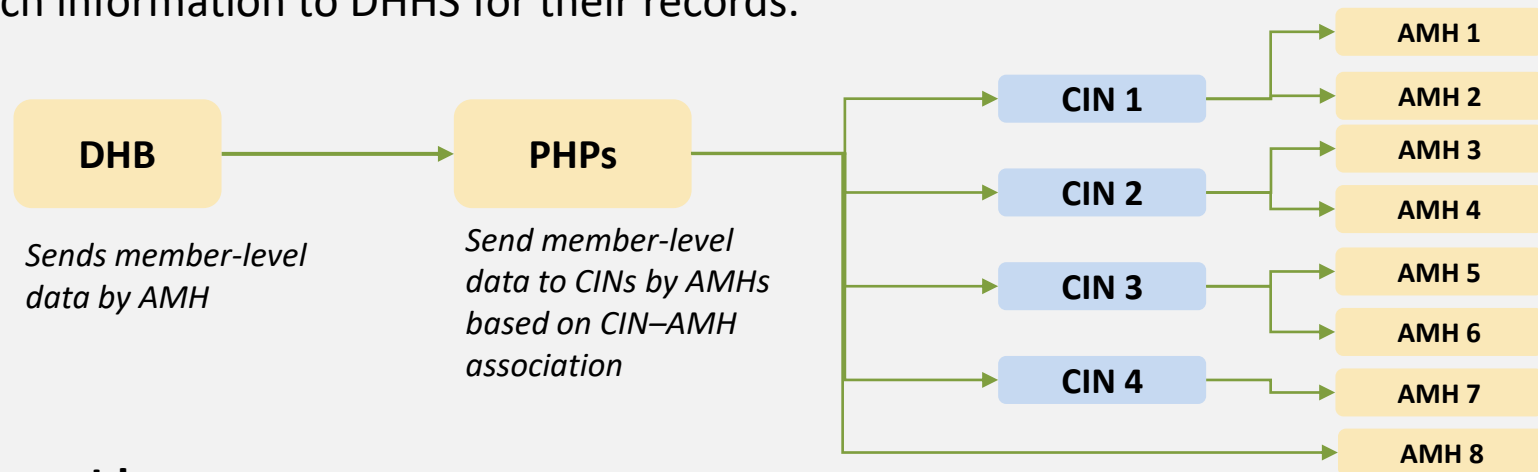
Tracking CIN-AMH Relationships

Key Issues

Issue Description

Current Data Flow

PHPs maintain information on the CIN and AMH relationship. PHPs have setup systems and process for AMHs to report change in their CIN relationships and send such information to DHHS for their records.



Current Issues

PHPs' understanding of CIN-AMH assignment is not always reflective of the latest CIN-AMH contracting relationships. Outdated CIN-AMH relationship information can result in member data being shared between PHPs and CINs, on behalf of AMHs, that does not reflect presently assigned populations.

Tracking CIN-AMH Relationships

Issue Causes and Approach to Solution Development

Root Cause Analysis

1. There is no standard system across PHPs to process changes in CIN delegations by AMHs.
2. Managing these delegations' retrospective of occurrences impacts member experience.

Tracking CIN-AMH Relationships

Potential Solutions and Next Steps

The solutions will: (1) identify a source of truth for the CIN-AMH relationships and (2) create a standardized process to document, maintain, & update the CIN-AMH relationships.

Potential Solutions

DHHS is working with stakeholders to assess the following options:

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. AMHs have to confirm CIN affiliations or update their profile to add new CIN affiliation in order for CINs to see member level information.
 - iii. For the CINs rejected during the registration process, a process to inform and reapply for completing registration will be created.
 - iv. 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.

Updates on Open Data Topics

Patient Risk List

Patient Risk List

Key Issues

Issue Description

- **Interpretation of Risk Level Categories:** PHPs, CINs, and AMH Tier 3 practices report that they struggle to interpret the differing definitions of the risk stratification categories (i.e., “high”, “medium”, and “low”).
- **Data Format and Completeness:**
 - A number of PHPs report rejecting Patient Risk List (PRL) files because:
 - (1) they don’t follow NC DHHS’s guidelines, or
 - (2) they are missing important data elements including header tabs, Risk Score Category, duplicate members, Care Management entity NPI number, full panel list, etc.
 - A number of AMH practices/CINs report that there are variations in PHPs’ interpretations of file specifications.

Patient Risk List

Root Cause Analysis

Root Cause Analysis & Initial Findings

To understand the root causes, NC DHHS and Accenture are talking with stakeholders and reviewing the Department's Technology Operations and Help Center tickets.

To date, three causes have been identified:

1. Varying definitions of the risk level categories
2. Files with format issues
3. Files with incomplete information

Patient Risk List

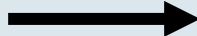
Root Cause 1: Varying Definitions of Risk Level Categories

Root Cause Analysis



PHPs

1



AMH Practices/CINs

Definitions of what constitutes the risk level categories (i.e., “high”, “medium”, and “low”) vary among entities (e.g., PHPs, AMH practices, CINs) which makes consistent interpretations of risk a challenge.

Potential Solutions

1. Review the definitions of risk level categories of PRL file with AMHs and CINs and propose the valid values acceptance
2. Develop standard definitions of each risk category

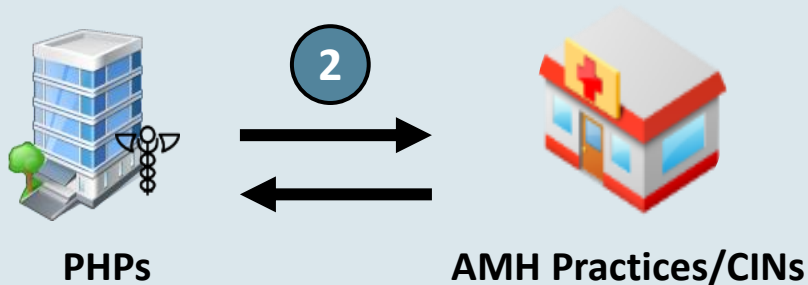


Are there any additional considerations for this root cause or potential solutions?

Patient Risk List

Root Cause 2: Files with Format Issues

Root Cause Analysis



PHPs and AMH practices/CINs report that they are receiving files from the other party with data that does not align with format requirements in NC DHHS's guidance.

Potential Solutions

1. Review NC DHHS guidelines for the PRL file with AMH/CINs, particularly the mandatory fields and the valid values



Are there any additional considerations for this root cause or potential solutions?

Patient Risk List

Root Cause 3: Files with Incomplete Information

Root Cause Analysis



PHPs

3



AMH Practices/CINs

Some files transferred between PHPs and AMH practices/CINs are missing important data elements including header tabs, Risk Score Category, duplicate members, Care Management entity NPI number, full panel list, etc.

Potential Solutions

1. Create “single source of truth” checklist for PRL file that provides consistency across all stakeholders including PHPs, AMHs, and CINs.



Are there any additional considerations for this root cause or potential solutions?

Patient Risk List

Other Root Causes

For Discussion

Are there any additional root causes to consider?

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 8, 2022</i>
	<i>April 1, 2022</i>
	<i>June 17, 2022</i>
★ Next Meeting	August 12, 2022
	October 14, 2022
	December 9, 2022

Please submit questions or comments on AMH TAG Data Subcommittee topics or meeting logistics to Lauren Burroughs (lauren.burroughs@dhhs.nc.gov).

Thank you for participating!