






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

June 4, 2024 Meeting

Agenda

-  **Welcome & Roll Call** 5 min
-  **AMH Data Topics Prioritization** 10 min
-  **Deep Dive: High-Priority Data Topics** 40 min
 - a. Care Management Interactions Data Quality
 - b. PCP Assignment Errors
 - c. PHP-AMH Data Transmission Timing
 - d. Claims Files Data Quality
-  **Public Comment** 5 min
-  **Wrap-Up and Next Steps** 5 min

AMH TAG Data Subcommittee Roll Call

| Entity | Organization Name |
|-------------------------|--|
| Health Plans | AmeriHealth |
| | Carolina Complete Health |
| | Healthy Blue |
| | United Healthcare |
| | WellCare |
| Providers (CINs) | Atrium Health Wake Forest Baptist CCNC / CCPN |
| | CHES Health Solutions (aka Emtiro) |
| | Duke Health / Duke Connected Care |
| | ECU Health / Access East |
| | Mission Health Partners |
| | NCCHA / Carolina Medical Home Network |
| | UNC Health / UNC Health Alliance |

| Entity | Organization Name |
|-------------------------|------------------------------|
| Providers (Ind.) | Children First of NC |
| | Sandhills Pediatrics / CCPN |
| | Blue Ridge Pediatrics / CCPN |
| Others | Tribal Option |

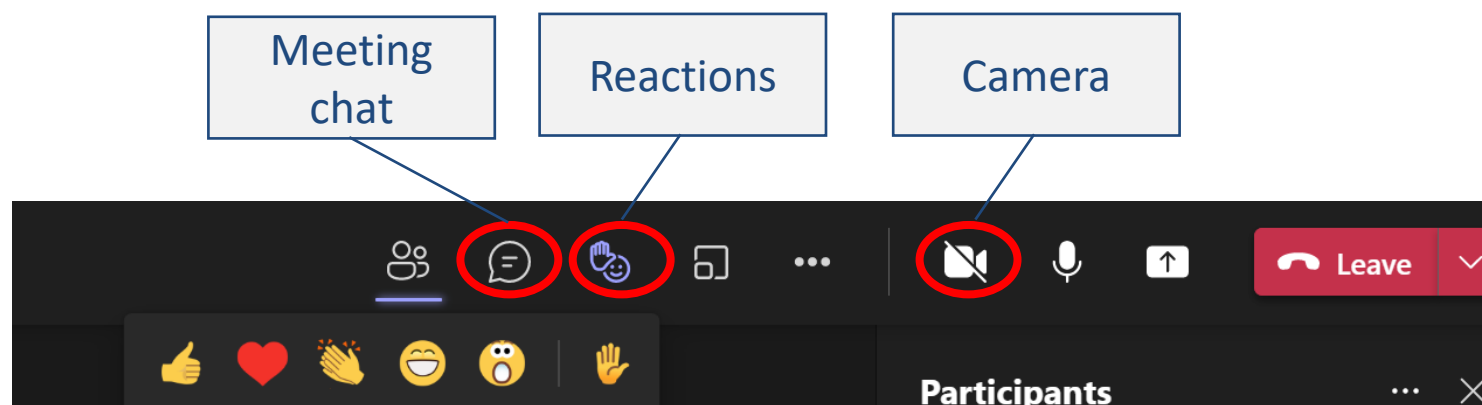
NCDHHS and Advisors

| NCDHHS | | | | |
|---|--|---|---|---|
| Kristen Dubay | Andrew Clendenin | Loul Alvarez | Saheedat Olatinwo | Evelin Lazaro |
| Chief Population Health Officer, DHB | Deputy Director, Population Health, DHB | Associate Director, Population Health, DHB | AMH Program Lead, Population Health, DHB | AMH Program Specialist, Population Health, DHB |

| Advisors | | |
|--|--|---|
| Vik Gupta | Sachin Chintawar | Lammot du Pont |
| Project Executive, Quality & Population Health, Accenture | Project Manager, Quality & Population Health, Accenture | Senior Advisor, Manatt Health Strategies |

Meeting Engagement

We encourage subcommittee members to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



AI Policy

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.

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

AMH Data Topics Prioritization

AMH Data Topics Prioritization

Survey Overview

In March 2024, the Department asked Data Subcommittee Members to provide written feedback on the relative importance and urgency to resolve key data issues.

Survey Goals and Structure

The survey prompted respondents to:

- A. **Validate** a list of identified data issues and **define** any additional issues encountered.
- B. **Prioritize** the issues across two dimensions:
 - Impact on Critical Operations (High / Medium / Low)
 - Urgency for Resolution (immediate / near term / long term)
- C. **Comment** on the nature, impact, urgency of the issue and/or potential solutions

Data Issues

- | | |
|---|---|
| 1. PCP Assignment Errors | 6. Care Management Data Quality |
| 2. Beneficiary Assignment File Data Quality | 7. Patient Risk List Consolidation |
| 3. Tracking CIN-AMH Relationships | 8. Care Management Payment Reconciliation |
| 4. PHP & AMH Data Transmission Timing | 9. Claims Files Data Quality |
| 5. Risk Stratification Data Quality | 10. Care Needs Screenings Data |

AMH Data Topics Prioritization

Survey Respondents

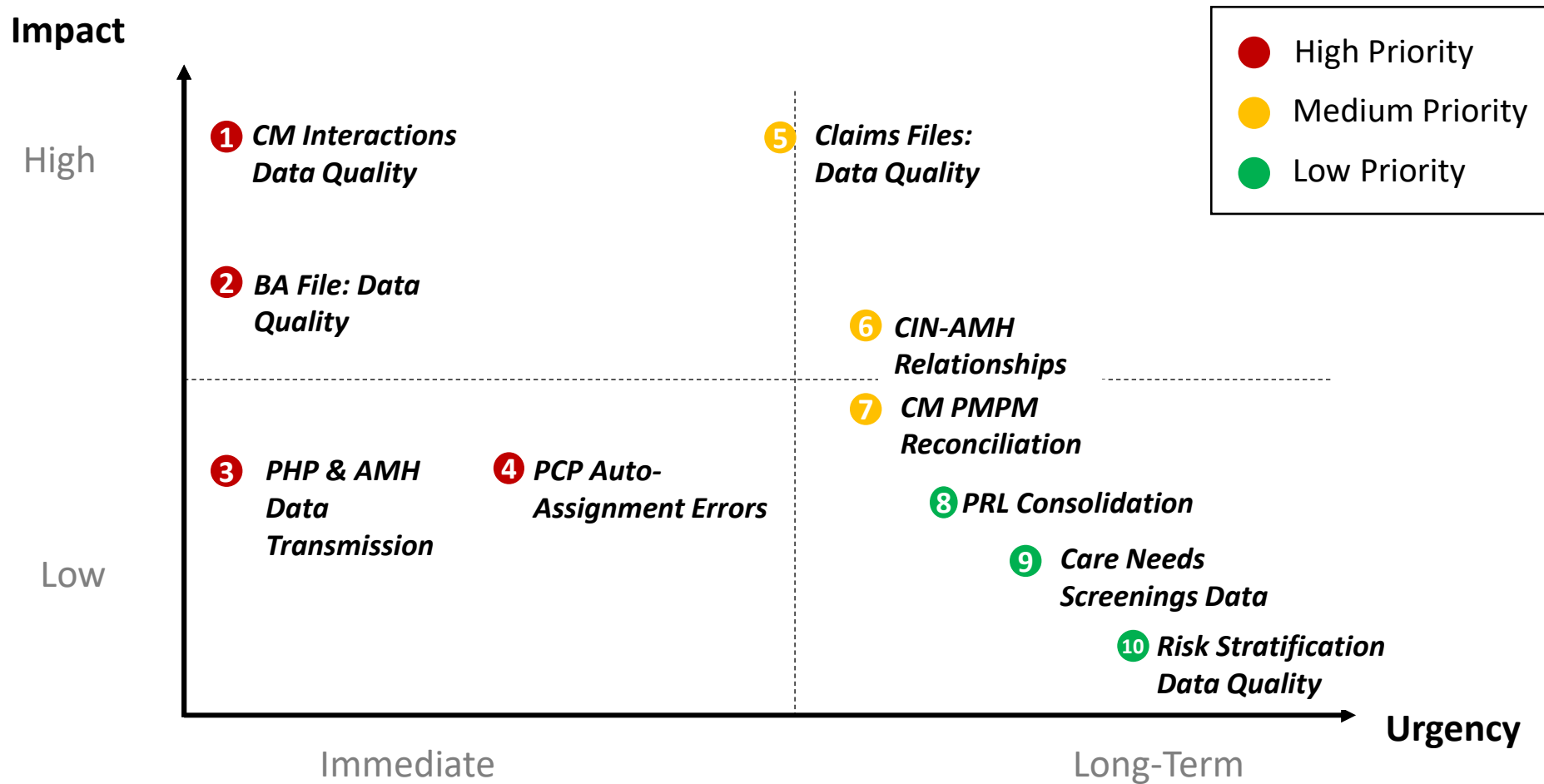
Fifteen organizations submitted responses to the Data Topics Survey.

| Organization Type | Submitted Response (15) |
|---|--|
| Health Plans | <ul style="list-style-type: none"> ✓ AmeriHealth ✓ Carolina Complete Health ✓ Healthy Blue ✓ UnitedHealthcare ✓ WellCare |
| Providers (CINs & AMH Tier 3 Practices) | <ul style="list-style-type: none"> ✓ CHES Health Solutions (aka Emtiro Health) ✓ Duke Health/Duke Connected Care ✓ ECU Health/Access East ✓ HCA Healthcare/Mission Health Partners ✓ NCCHA/Carolina Medical Home Network ✓ UNC Health/UNC Health Alliance ✓ Children First of NC/Alera Health |
| Other (Tribal Option & Non-DSC) | <ul style="list-style-type: none"> ✓ Cherokee Indian Hospital Authority (Tribal Option) ✓ NC Pediatric Society ✓ Atromitos, LLC |

AMH Data Topics Prioritization

Survey Results

Data Subcommittee Members identified four data issues as high priority, the most critical being Care Management Interactions Data Quality challenges.



AMH Data Topics Prioritization

Survey Next Steps

The Department will use the survey feedback to inform and prioritize efforts to address the identified data challenges and pain points.

Today, the Department will share updates and collect additional feedback on four higher priority data issues from the survey:

1. Care Management Interactions Data Quality
2. PCP Assignment Errors
3. PHP & AMH Data Transmission Timing
4. Claims Files Data Quality

Deep Dive: Selected Priority Data Topics

Care Management Interactions Data Quality

1. Care Management Interactions Data Quality

Issue Description and Feedback

Issue Description

Standard Plans, AMH Tier 3 practices, and CINs have **varying approaches to document care management interactions** on the standardized Patient Risk List file (AMH Tier 3 practices and CINs) and BCM051 report (Standard Plans), resulting in potentially inconsistent and inaccurate care management data.

Data Subcommittee Feedback

- Data Subcommittee Members agreed that **high-quality care management interactions data is important for accurate and timely measurement** of care management process performance.
- Data Subcommittee Members suggested the Department **provide additional clarity and education** on how to accurately complete the Patient Risk List file and report care management interactions data. These actions would help to **reduce variation in reporting approaches and underreporting of care management interactions**.

1. Care Management Interactions Data Quality Issue Solutioning

Issue Resolution Activities

To address care management interactions data quality issues, the Department will:

- ✓ **Conduct an external audit** to validate care management interactions data sent on the Patient Risk List file and BCM051 operational reports (*Q2-Q3 2024*)
- ✓ **Update the Patient Risk List file template** to incorporate stakeholder feedback and clarify ambiguities (*Q3-Q4 2024*)
- ✓ **Engage with Standard Plans and providers** to discuss improvements to care management interactions data quality and opportunities for additional data collection (*ongoing*)
- ✓ **Leverage North Carolina's health information exchange** to facilitate care management interactions data exchange in the long-term (*ongoing*)

1. Care Management Interactions Data Quality

Care Management Data Audit

Issue Resolution Activities

To address care management interactions data quality issues, the Department will:

- ✓ **Conduct an external audit** to validate care management interactions data sent on the Patient Risk List file and BCM051 operational reports (*Q2-Q3 2024*)
- ✓ **Update the Patient Risk List file template** to incorporate stakeholder feedback and clarify ambiguities (*Q3-Q4 2024*)
- ✓ **Engage with Standard Plans and providers** to discuss improvements to care management interactions data quality and opportunities for additional data collection (*ongoing*)
- ✓ **Leverage North Carolina's health information exchange** to facilitate care management interactions data exchange in the long-term (*ongoing*)

External Audit

- This summer, NCDHHS will conduct a **primary source validation** of care management data.
- The audit will review:
 - Standard Plans' and AMH/CINs' **risk scoring processes**;
 - AMH/CINs' **documentation of care management interactions** through the Patient Risk List file; and
 - Standard Plans' and AMH/CINs' **exchange of care management interactions data** and potential data accuracy, completeness, and consistency pain points.



Are there any questions or feedback on the proposed approach?

1. Care Management Interactions Data Quality

Patient Risk List File Template Updates

Issue Resolution Activities

To address care management interactions data quality issues, the Department will:

- ✓ **Conduct an external audit** to validate care management interactions data sent on the Patient Risk List file and BCM051 operational reports (*Q2-Q3 2024*)
- ✓ **Update the Patient Risk List file template** to incorporate stakeholder feedback and clarify ambiguities (*Q3-Q4 2024*)
- ✓ **Engage with Standard Plans and providers** to discuss improvements to care management interactions data quality and opportunities for additional data collection (*ongoing*)
- ✓ **Leverage North Carolina's health information exchange** to facilitate care management interactions data exchange in the long-term (*ongoing*)

Patient Risk List File Template

- The Department will work with the AMH TAG Data Subcommittee to **collect feedback on proposed changes to the Patient Risk List file template and data specifications** to improve data quality.
- The Department will **review pending changes with the Data Subcommittee** prior to their publication.
- After publication of updated guidance (*anticipated later this year*), the Department will **host a training session** to review the updated Patient Risk List file and to answer stakeholder questions.



Are there any questions or feedback on the proposed approach?

1. Care Management Interactions Data Quality

Next Steps

Issue Resolution Activities

To address care management interactions data quality issues, the Department will:

- ✓ **Conduct an external audit** to validate care management interactions data sent on the Patient Risk List file and BCM051 operational reports (*Q2-Q3 2024*)
- ✓ **Update the Patient Risk List file template** to incorporate stakeholder feedback and clarify ambiguities (*Q3-Q4 2024*)
- ✓ **Engage with Standard Plans and providers** to discuss improvements to care management interactions data quality and opportunities for additional data collection (*ongoing*)
- ✓ **Leverage North Carolina's health information exchange** to facilitate care management interactions data exchange in the long-term (*ongoing*)

Next Steps for Data Subcommittee Members

- Respond to HSAG audit requests**, as applicable
- Provide input on current data challenges and ambiguities** with the Patient Risk List file and/or BCM051 operational report
- Provide additional feedback** on the issue, root causes, and potential solution strategies to:
Medicaid.AdvancedMedicalHome@dhhs.nc.gov

Deep Dive: Selected Priority Data Topics

PCP Assignment Errors

2. PCP Assignment Errors

Issue Description and Feedback

Issue Description

AMH Tier 3 practices/CINs have reported **substantive member misassignments**, resulting in frequent changes to provider panels.

The **root causes of these misassignments** are investigated on a case-by-case basis. Some identified causes include:

1. PHPs' auto-assignment algorithm errors; and
2. Lack of timely and up-to-date panel requirements from providers in NCTracks

Data Subcommittee Feedback

- Data Subcommittee Members highlighted the continued occurrence of misassignments and the resulting impacts to:
 - (a) the **effective administration** of care management programs and
 - (b) the **accuracy of care management payments**.

2. PCP Assignment Errors

Issue Solutioning and Next Steps

Issue Resolution Activities

To understand and address observed PCP assignment errors, the Department will take actions, including but not limited to:

- ✓ **Conduct an external audit** of the accuracy of PHPs' beneficiary assignment processes, including potential misalignment between PHPs' auto-assignment algorithms and provider panel restrictions (*Q2-Q3 2024*)
- ✓ **Monitor and analyze Standard Plan operational reporting data and Help Center tickets** to track the frequency and appropriateness of reassignments and misassignments (*ongoing*)
- ✓ **Monitor provider perspectives via periodic surveys** gauging provider satisfaction with PCP assignments and related data and processes (*ongoing*)

Next Steps for Data Subcommittee Members

- ❑ **Respond to HSAG audit requests**, as applicable
- ❑ **Submit tickets to Provider Ombudsmen** to report PCP assignment errors:
Medicaid.ProviderOmbudsman@dhhs.nc.gov
- ❑ **Provide additional feedback** on the issue, root causes, and potential solution strategies to:
Medicaid.AdvancedMedicalHome@dhhs.nc.gov



Are there any questions or feedback on the proposed approach?

Deep Dive: Selected Priority Data Topics

PHP & AMH Data Transmission Timing Standardization

3. PHP & AMH Data Transmission Timing Standardization

Issue Description and Feedback

Issue Description

Standard Plans have **different schedules for sharing standard data interfaces** between Standard Plans and AMH Tier 3 practices or CINs.

Receiving data on differing schedules impacts AMHs'/CINs' ability to:

- Efficiently execute downstream processes (e.g., automated ETL) to provide more complete, accurate, and timely data to their care managers; and
- Provide timely updates to their care management systems, creating a data lag in what is getting reported back to the Standard Plans

Data Subcommittee Feedback

- Data Subcommittee Members agreed that **streamlining data exchange could improve data timeliness** and downstream data ingestion process issues.
- Data Subcommittee Members expressed support for:
 - **Standardizing** file transmission schedules,
 - **Reducing** the frequency of required file exchange, and
 - Using a **centralized** platform to facilitate data exchange.

3. PHP & AMH Data Transmission Timing Issue Solutioning

Issue Resolution Activities

- ✓ The Department plans to **update the AMH Data Specifications** to provide descriptive guidance for standardized file generation and data delivery transfers between Standard Plans and AMHs/CINs.
- ✓ To inform development and implementation, the Department established an **AMH Data Interface Timeline Standardization Workgroup**, consisting of Standard Plans, AMH Tier 3 practices, and CINs.
- ✓ In early spring 2024, the Workgroup:
 - a) **completed its review** of current data transmission schedules and
 - b) **aligned on a draft standardized data transmission schedule.**

AMH Workgroup Recommendation

- ✓ AMH Workgroup has recommended that a comprehensive update to both timing and ambiguity to Claims interfaces would be beneficial to all partners..
- ✓ While the workgroup is aligned on a draft standardized data transmission schedule, implementation timeline confirmation would depend on any updates needed for the Claims interfaces.

3. PHP & AMH Data Transmission Timing

Proposed Standardized Schedule

To address current issues with data exchange timeliness, the Workgroup recommended the following draft standardized data transmission schedule.

| File Type | Current Requirements | Draft Standardized Schedule |
|--|--|---|
| Beneficiary Assignment Full File | Weekly | Weekly full files every Sunday and the last day of each month |
| Beneficiary Assignment Incremental | Daily | Decommissioned |
| Patient Risk List Outbound to Providers | At least monthly on the 26 th | Monthly on the 26 th |
| Patient Risk List Inbound to Plans | At least monthly on the 7 th | Monthly on the 7 th |
| Encounters/Claims Institutional, Professional, Dental, and Pharmacy | At least monthly | First full and ongoing incremental files every Tuesday |
| Pharmacy Lock-In Full File | Weekly | Weekly full files every Sunday (aligned with weekly BA full file) |



Would the draft standardized scheduled address Data Subcommittee Members' current pain points with data exchange timeliness?

3. PHP & AMH Data Transmission Timing

Next Steps

Issue Resolution Activities

- ✓ The Department plans to **update the AMH Data Specifications** to provide descriptive guidance for standardized file generation and data delivery transfers between Standard Plans and AMHs/CINs.
- ✓ To inform development and implementation, the Department established an **AMH Data Interface Timeline Standardization Workgroup**, consisting of Standard Plans, AMH Tier 3 practices, and CINs.
- ✓ In early spring 2024, the Workgroup:
 - a) **completed its review** of current data transmission schedules and
 - b) **aligned on a draft standardized data transmission schedule.**

Next Steps for Data Subcommittee Members

- Provide additional feedback on the draft standardized data transmission schedule**

- Continue to collaborate with QPHE via the Workgroup and Data Subcommittee to advance solution implementation.** The standardized data transmission schedule is expected to be implemented in Spring 2025.

Deep Dive: Selected Priority Data Topics

Claims Files Data Quality

4. Claims Files Data Quality

Issue Description and Feedback

Issue Description

Claims files shared between Standard Plans, AMH Tier 3 practices, and CINs have issues with **data completeness, formatting, and timeliness.**

Data Subcommittee Feedback

- Data Subcommittee Members **provided additional detail** on observed data quality issues.
- These data challenges **introduce significant time and resource burdens and limit usability** of claims files.

4. Claims Files Data Quality

Issue Solutioning

Issue Resolution Activities

To understand and address claims files data quality issues, the Department will:

- ✓ **Update Claims Files data specifications** to clarify ambiguities on required, optional, and situational data elements *(Q3-Q4 2024)*
- ✓ **Review current NCDHHS guidance and policy** on sharing 42 CFR Part 2 data and payments information *(ongoing)*
- ✓ **Leverage North Carolina's health information exchange** to facilitate address encounters and historical claims data exchange in the long-term *(ongoing)*

4. Claims Files Data Quality

Claims Files Data Specifications

Issue Resolution Activities

To understand and address claims files data quality issues, the Department will:

- ✓ **Update Claims Files data specifications** to clarify ambiguities on required, optional, and situational data elements *(Q3-Q4 2024)*
- ✓ **Review current NCDHHS guidance and policy** on sharing 42 CFR Part 2 data and payments information *(ongoing)*
- ✓ **Leverage North Carolina's health information exchange** to facilitate address encounters and historical claims data exchange in the long-term *(ongoing)*

Claims Files Data Specs

- **AMH TAG Data Subcommittee Members previously recommended to define standardized specifications** to (a) streamline data consumption and (b) improve data completeness across all Standard Plans.
- **NCDHHS is proposing updates to the claims files data specifications** to clarify:
 - Mandatory (M) fields, aligned with the 837 file layout requirements.
 - Optional (O) fields, aligned with the 837 file layout requirements. These fields can be shared by Plans to AMH/CINs, as available.
 - Situational (S) fields, that have other dependencies.



Dental Claims File Layout



Institutional Claims File Layout



Pharmacy Claims File Layout



Professional Claims File Layout



Data Subcommittee Members should review the proposed changes and provide feedback by Fri, 6/21.

4. Claims Files Data Quality

42 CFR Part 2 Data Exchange

Issue Resolution Activities

To understand and address claims files data quality issues, the Department will:

- ✓ **Update Claims Files data specifications** to clarify ambiguities on required, optional, and situational data elements *(Q3-Q4 2024)*
- ✓ **Review current NCDHHS guidance and policy** on sharing 42 CFR Part 2 data and payments information *(ongoing)*
- ✓ **Leverage North Carolina's health information exchange** to facilitate address encounters and historical claims data exchange in the long-term *(ongoing)*



42 CFR Part 2 Data Exchange

- **Standard Plans generally do not share 42 CFR Part 2 data with providers.**
- **Lack of Part 2 data has downstream impacts for providers by:**
 - Hindering their ability to fully conduct risk scoring and care management; and
 - Limiting their ability to assess the data completeness of claims files.
- **The Department is reviewing current policy** to explore potential opportunities to facilitate greater 42 CFR Part 2 data exchange.



What challenges have Standard Plans and providers faced with Part 2 data exchange?

4. Claims Files Data Quality

Next Steps

Issue Resolution Activities

To understand and address claims files data quality issues, the Department will:

- ✓ **Update Claims Files data specifications** to clarify ambiguities on required, optional, and situational data elements (*see next slide*)
- ✓ **Review current NCDHHS guidance and policy** on sharing 42 CFR Part 2 data and payments information
- ✓ **Leverage North Carolina's health information exchange** to facilitate address encounters and historical claims data exchange in the long-term

Next Steps for Data Subcommittee Members

- ❑ **Provide input on proposed changes to the claims files data specifications**
- ❑ **Provide additional feedback** on the issue, root causes, and potential solution strategies to:
Medicaid.AdvancedMedicalHome@dhhs.nc.gov

Public Comments

Wrap-Up & Next Steps

Next Steps

Subcommittee Members will:

- 1 Provide additional feedback on today's discussion topics to:
Medicaid.AdvancedMedicalHome@dhhs.nc.gov

NCDHHS will:

- 1 Post today's presentation and a summary of today's meeting on the NCDHHS website.

Future Advanced Medical Home TAG Data Subcommittee meetings will occur on a quarterly cadence. The next meeting is scheduled for September 3, 2024.

Appendix

AMH Data Topics Survey

Data Issue Descriptions

| Issue Name | Description of Issue |
|---|--|
| PCP Assignment Errors | AMH Tier 3 practices and CINs have reported substantive member churn, most frequently to reassign members initially assigned to providers who do not serve the member population type (e.g., an adult assigned to a pediatric practice). |
| Beneficiary Assignment File – Data Quality | Beneficiary Assignment files have issues with data completeness, formatting, and accuracy (e.g., missing members or required data elements; invalid data values). |
| Tracking CIN-AMH Relationships | There is no standard system across Standard Plans to process CIN-AMH delegation changes. Delayed information about delegation changes can impact the timeliness of data getting to an AMH to support member care. |
| PHP & AMH Data Transmission Timing | <p>Standard Plans have different schedules for sharing standard data interfaces between Standard Plans and AMH Tier 3 practices or CINs.</p> <p>Receiving data on differing schedules impacts AMH Tier 3 practices' and CINs' ability to:</p> <ul style="list-style-type: none"> • Efficiently execute downstream processes (e.g., automated ETL) to provide more complete, accurate, and timely data to their care managers; and • Provide timely updates to their care management systems, creating a data lag in what is getting reported back to Standard Plans. |
| Risk Stratification Data Quality | Standard Plans, AMH Tier 3 practices, and CINs have varying approaches to conduct risk stratification, making it challenging to interpret risk stratification data. There may be additional issues with data completeness, formatting, and accuracy (e.g., files not sent or received, missing data elements, invalid data values, etc.) |

AMH Data Topics Survey

Data Issue Descriptions

| Issue Name | Description of Issue |
|---|--|
| Care Management Data Quality | <p>Standard Plans, AMH Tier 3 practices, and CINs have varying approaches to document care management interactions on the standardized Patient Risk List file (AMH Tier 3 practices and CINs) and BCM051 report (Standard Plans), resulting in potentially inconsistent and inaccurate care management data.</p> <p>There may be additional issues with data completeness, formatting, and accuracy (e.g., files not sent or received, missing data elements, invalid data values, etc.)</p> |
| Patient Risk List Consolidation | <p>Standard Plans and AMH/CINs have also noted challenges with managing the different versions of the Patient Risk List file/Interaction Level Report for AMH, CMARC/CMHRP, and InCK populations. Some versions of the Patient Risk List file may not include sufficient data to monitor care management processes.</p> |
| Care Management Payment Reconciliation | <p>Providers have expressed concerns with receiving information from Standard Plans on their care management PMPM payment at a sufficient level of detail, in a consistent format, or on a regular cadence.</p> |
| Claims Files – Data Quality | <p>Claims files shared between Standard Plans, AMH Tier 3 practices, and CINs have issues with data completeness, formatting, and accuracy, including:</p> <ul style="list-style-type: none"> • Inconsistency in populated data elements (e.g., sensitive service or 42 CFR Part 2 data); • Mismatched information between header and line files; and • Incomplete or missing data. <p>These data issues have been observed among both plan-to-plan and plan-to-provider data exchange.</p> |
| Care Needs Screenings Data | <p>There is no standardized format to exchange Care Needs Screening data among Standard Plans, AMH Tier 3 practices, and CINs, potentially limiting the ability for care managers to use screening data to inform care management activities.</p> |