





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

*September 3, 2024 Meeting*

# Agenda

 <b>Welcome &amp; Roll Call</b>	<b>5 min</b>
 <b>Data Topic Updates</b> 1. PCP Assignment Errors 2. AMH Data Interfaces Timeline Standardization	<b>30 min</b>
 <b>Public Comment</b>	<b>5 min</b>
 <b>Wrap-Up &amp; Next Steps</b>	<b>5 min</b>

*The Department continues to advance progress on other data topics of interest, including publishing the Risk Stratification Guidance, improving Care Management Interactions Data Quality, and leveraging NC HealthConnex for quality and population health use cases. Please see the Appendix for a brief progress update on each of those topics.*

# AMH TAG Data Subcommittee Roll Call

Entity	Organization Name
<b>Health Plans</b>	AmeriHealth
	Carolina Complete Health
	Healthy Blue
	United Healthcare
	WellCare
<b>Providers (CINs)</b>	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
<b>Providers (Ind.)</b>	Children First of NC
	Sandhills Pediatrics / CCPN
	Blue Ridge Pediatrics / CCPN
<b>Others</b>	Tribal Option

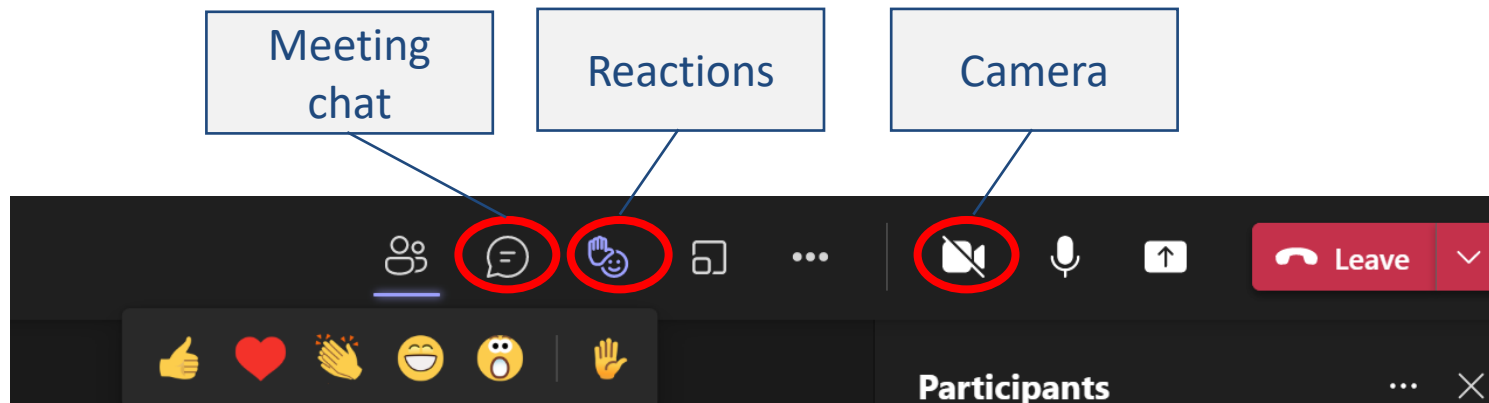
# NCDHHS and Advisors

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

<b>Advisors</b>			
<b>Vik Gupta</b>	<b>Madhu Patel</b>	<b>Shani Ranatunga</b>	<b>Lammot du Pont</b>
<b>Project Executive, Quality &amp; Population Health, Accenture</b>	<b>Project Manager, Quality &amp; Population Health, Accenture</b>	<b>Project Manager, Quality &amp; Population Health, Accenture</b>	<b>Senior Advisor, Manatt Health Strategies</b>

# 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.



## Use of AI Recording Software 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 may need to support these AI recording 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/>*

## **Data Topic Updates:**

- 1. PCP Assignment Data Issue*

# 1. PCP Assignment Errors

## Issue Description and Root Cause Analysis

### Issue Description

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

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.

### Root Cause Analysis

- 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**.



# 1. PCP Assignment Errors

## Resolution Activities and Next Steps: Overview

### Overview: Issue Resolution Activities

To understand and address observed PCP assignment errors, the Department activities include but are not limited to:

- ❑ **Establish acceptable reasons for reassignment** to allow PHPs to process reassignment requests from providers more quickly and consistently (*see slide 10*)
- ❑ **Identify and resolve discrepancies in assignment lists** from PHPs and NC Tracks (*see slide 11*)
- ❑ **Implement simplified pathway for resolving age/gender misassignments**
- ❑ **Conduct an external audit** of the accuracy of PHPs' beneficiary assignment processes, including potential misalignment between PHPs' auto-assignment algorithms and provider panel restrictions (*results expected Q3 2024*)

### Next Steps for Data Subcommittee Members

- ❑ **Confirm with each plan that your panel limits are up to date.**  
Open/closed/age/gender limits must be updated with each plan a provider is contracted with. See [this fact sheet](#) for additional information.
- ❑ **Submit tickets to Provider Ombudsmen** to report PCP assignment errors, including Medicaid IDs of affected members:  
[Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov)

# 1. PCP Assignment Errors

## Resolution Activities and Next Steps: Deep Dive (1/2)

### Deep Dive: Reassignment Scenarios

- **Establish acceptable reasons for reassignment** to allow PHPs to process reassignment requests from providers more quickly and consistently
  - The Department is seeking information to improve process and criteria for changing a member's selected or auto-assigned PCP.
  - The Department aims to honor reassignment requests while still ensuring each member (including previously unengaged members) has an assigned PCP.
  - Some reassignment requests are clear-cut (e.g., age/gender misassignment). Others may require additional guidance to plans and providers (e.g., provider requesting reassignment of members who have never been seen by the provider or whom they are unable to contact.)

### For Discussion and Feedback

- What are recurring scenarios in which PCP reassignment of a member is requested by a provider, and for which Department-provided guidance would be helpful? What are proposed criteria for reassignment in each of these scenarios?
- Should the Department consider requiring a recurring (e.g., annually) bulk reassignment based on updated member and claims data? What considerations are relevant if implementing recurring bulk reassignment?
- What other factors should the Department consider in working with PHPs to improve reassignment guidelines and processes?

**Provide additional feedback on these questions by September 30 to**

[Medicaid.AdvancedMedicalHome@dhhs.nc.gov](mailto:Medicaid.AdvancedMedicalHome@dhhs.nc.gov),  
*Subject line: "PCP Assignment Feedback"*

# 1. PCP Assignment Errors

## Resolution Activities and Next Steps: Deep Dive (2/2)

### Deep Dive: Assignment List Discrepancies

- **Identify and resolve discrepancies in assignment lists** from PHPs and NC Tracks
  - Providers have flagged differences in assigned members listed on Beneficiary Assignment File and AMH/PCP Enrollee Reports

### Next Steps for Data Subcommittee Members

**The Department is seeking specific examples of discrepancies between the BA file and PCP/AMH Enrollee report.**

- Please submit details of discrepancies through the Medicaid Help Center (via email to [Medicaid.ProviderOmbudsman@dhhs.nc.gov](mailto:Medicaid.ProviderOmbudsman@dhhs.nc.gov)) using the Department template (*to be provided to DSC members*)
  - Template elements include Medicaid IDs, details of the AMH/PCP Enrollee report, the date of the BA file

**Please submit details of discrepancies by September 30.**

**Data Topic Updates:**  
*2. AMH Data Interfaces Timeline  
Standardization*

## 2. AMH Data Interfaces Timeline Standardization

### Issue Description and Resolution Approach

#### 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

#### Resolution Approach

- 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.

## 2. AMH Data Interfaces Timeline Standardization

### Data Transmission Schedule

To address current issues with data exchange timeliness, the Department will require AMH partners to adhere to the following standardized data transmission schedule.

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

\* BA File naming convention to be updated

\*\* Status of Mandatory vs. Optional vs. Situational for a number of fields on the various claims files to be updated

## 2. AMH Data Interfaces Timeline Standardization

### Next Steps

#### Next Steps

The Department anticipates implementation of new data specifications, including standardized data transmission timelines, by early spring 2025.

#### Key Activities for Implementation

Milestone	2024			2025
	Summer	Fall	Winter	Spring
Data Specifications Update	█			
Plan and Provider Development		█		
Internal Testing			█	
Go-Live				█



Are there any additional questions or feedback?

# 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](mailto: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 December 3, 2024.**

# Appendix

# Data Topic Status Updates (1/2)

Data Topic	Topic Description	Current Status	Next Steps
<b>Risk Stratification Guidance</b>	Standard Plans and AMH/CINs reported <b>difficulty interpreting and using risk stratification data</b> they receive due to (1) variability in risk categorization and (2) lack of information on how to interpret the risk categorization.	NCDHHS has developed draft <b>Risk Stratification Guidance</b> that requires Standard Plans to share descriptions of their risk stratification approaches with AMH/CINs in a standard format and manner.	The Risk Stratification Guidance has been re-circulated to Standard Plans in August 2024 and the requirements will be executed with the next contractual amendment.
<b>Care Management Interactions Data Quality</b>	Standard Plans, AMH Tier 3 practices, and CINs have <b>varying approaches to document care management interactions</b> on the Patient Risk List file and BCM051 report, resulting in potentially inconsistent and inaccurate care management data.	NCDHHS is aligning on <b>updates the Patient Risk List file and BCM051 report templates</b> to incorporate initial stakeholder feedback and clarify ambiguities.  NCDHHS also is <b>conducting an external audit</b> to validate care management interactions data sent on the Patient Risk List file and BCM051 operational reports.	NCDHHS has begun to engage with AMH partners on proposed template changes.  Results of the HSAG audit are anticipated to be available in late fall/early winter 2024.

# Data Topic Status Updates (2/2)

Data Topic	Topic Description	Current Status	Next Steps
<p><b>Leveraging NC HealthConnex to Advance Quality and Population Health</b></p>	<p>NCDHHS is advancing efforts to leverage North Carolina’s statewide health information exchange, NC HealthConnex, to help advance <b>three use cases</b>:</p> <ol style="list-style-type: none"> <li>1. Health-related resource needs (HRRN),</li> <li>2. Care management (including claims and encounter data for care management, transitions of care data, and care management interactions), and</li> <li>3. Digital quality measurement (dQM).</li> </ol> <p>For additional background information, please see the <a href="#">March 5, 2024 AMH TAG DSC Meeting Presentation</a>.</p>	<p>NCDHHS submitted to CMS an <b>Implementation Advanced Planning Document Update (IAPD-U)</b> on July 29, 2024 that seeks federal matching funds to advance the design, development, and implementation of the use cases. CMS’s feedback is expected by Sep 29, 2024.</p> <p>If approved by CMS, NCDHHS will <b>receive federal matching funds</b> to support use case design, development, and implementation starting on Oct 1, 2024 through Sep 30, 2026.</p>	<p>NCDHHS continues to engage with internal and external stakeholders to advance the planning and design of each use case.</p>