North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee Meeting
March 5, 2024, 3:30-5:00 PM ET

Attendees:

AMH TAG Data Subcommittee Members	Organization Type
Blue Cross and Blue Shield of North Carolina	Health Plan
Carolina Complete Health	Health Plan
UnitedHealthcare Community Plan of North Carolina	Health Plan
WellCare of North Carolina	Health Plan
Atrium Health Wake Forest Baptist	Provider (CIN)
Community Care Physician Network (CCPN)	Provider (CIN)
Duke Health [Duke Connected Care]	Provider (CIN)
ECU Health [Access East]	Provider (CIN)
Mission Health Partners	Provider (CIN)
North Carolina Community Health Center Association [Carolina Medical Home Network]	Provider (CIN)
Children First of NC	Provider (Independent)
Sandhills Pediatrics	Provider (Independent)
Blue Ridge Pediatrics	Provider (Independent)
Cherokee Indian Hospital Authority	Tribal Option
NC DHHS Staff and Speaker	**Title**
Kristen Dubay	Chief Population Health Officer
Loul Alvarez	Associate Director
Saheedat Olatinwo	AMH Program Lead
Evelin Lazaro	AMH Program Specialist
Advisors	**Title**
Vik Gupta	Medicaid Transformation Project Executive, Quality & Population Health, Accenture
Sachin Chintawar	Medicaid Transformation Project Manager, Quality & Population Health, Accenture
Gigi Cloney	Medicaid Transformation Project Management Lead, Quality & Population Health, Accenture
Lammot du Pont	Senior Advisor, Manatt Health Strategies

Agenda

- Welcome
- Leveraging NC HealthConnex to Advance Quality and Population Health
- PHP-AMH Data Transmission Timing Standardization
- AMH Data Topics Prioritization
- Public Comments
- Next Steps

Leveraging NC HealthConnex to Advance Quality and Population Health (Katie Horneffer)

Key Takeaways

- The Department provided an update on its efforts to leverage NC HealthConnex, North Carolina's statewide health information exchange, in support of the North Carolina Medicaid Managed Care Quality Strategy and the collection, exchange, and use of information in support of NC Medicaid's aims.

- The Department is developing plans to leverage NC HealthConnex in support of three use cases:
  - Digital Quality Measures (dQMs)
  - Health-Related Resource Needs (HRRN) Data Exchange
  - Care Management Data Exchange

- The dQM use case will improve the ability to use clinical information from providers' EHR to develop quality measures. Once data is determined to be of sufficient quality, the Department envisions that PHPs will access clinical data needed for quality measurement from NC HealthConnex rather than collecting data directly from providers. The Department also envisions that providers will also be able to receive one standardized gap report from NC HealthConnex that covers all of their Medicaid members.

- The HRRN use case will improve the collection and availability of Medicaid members' HRRN screening information to support the delivery of care to members, as well as the evaluation of programs and policies focused on HRRN.

- The Care Management use case will focus on streamlining the exchange of three types of data: (1) claims and encounters; (2) transition of care data; and (3) care management-related information (e.g., care management interaction type, volume of interactions, risk stratification levels).

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** An AMH TAG Data Subcommittee Member noted that having a single gap report would be a game changer for practices.
  - **Response**: The Department appreciates the feedback.

- **Comment:** An AMH TAG Data Subcommittee Member asked: (1) if all TCM providers (i.e., CMAs, AMH+ practices) were currently transmitting data to NC HealthConnex, (2) the availability of behavioral health encounters in NC HealthConnex, and (3) the impacts of missing CFR Part 2 data.
  - **Response**: The Department noted that the NC HealthConnex use cases will initially focus on Standard Plan (SP) stakeholders (i.e., PHPs, AMH Tier 3s, and CINs). Given the July 1st Tailored Plan launch date and some TCM providers' data limitations, Tailored Plan (TP) stakeholders will be added in later phases of the use cases.

- **Comment:** An AMH TAG Data Subcommittee Member asked if a blood pressure reading collected at a behavioral health provider or Tailored Plan will be transmitted to NC HealthConnex and if this would impact the blood pressure metric.

- o **Response**: The Department plans to explore this more during the planning phase, which will run from April 1 to September 30. The Department plans to explore what types of blood pressure readings are available in NC HealthConnex and how these readings would impact the quality measure.

- **Comment:** An AMH TAG Data Subcommittee Member noted that some measures (e.g., colorectal cancer screening) depend upon historical data that goes back a number of years and asked if NC HealthConnex would be able to provide historical data to inform the development of these measures.
  - o **Response**: The initial focus is on 3 quality measures that don't require this type of historical data—Controlling High Blood Pressure (CBP), Glycemic Status Assessment for Patients with Diabetes (GSD), and Screening for Clinical Depression and Follow-Up Plan (CDF).

- **Comment:** An AMH TAG Data Subcommittee Member noted that some measures (e.g., depression screening) are dependent upon information that is collected using differing logic and may require the transmission of additional information to calculate the measures.
  - o **Response**: The Department noted that depression screening will be one of the three measures included in the first phase of the dQM use case and appreciates the feedback regarding the challenges of implementing this measure. These challenges will be something the Department explores further in its future planning efforts.

- **Comment:** Several AMH TAG Data Subcommittee Members indicated that providers have challenges making edits to their EHR data to ensure they can be used for quality measure calculations. One member noted challenges modifying CCD files so that they are in the specified format to inform measure development. Another member noted that adhering to the updated USCDI standards would bring the coding elements needed for improved interoperability.
  - o **Response**: The Department appreciates the feedback, will seek additional information from North Carolina Health Information Exchange Authority (NC HIEA) regarding CCD edits, and looks forward to continuing the discussion of these and other considerations during planning discussions that will be launched this spring.

- **Comment:** An AMH TAG Data Subcommittee Member asked if practices would participate in the workgroups and planning discussions.
  - o **Response**: The Department noted that AMH practices and their CIN partners will be invited to participate in the planning discussions.

- **Comment:** An AMH TAG Data Subcommittee Member noted that PHPs are currently requesting access to providers' EHR data and asked if those efforts should be paused in light of this use case.
  - o **Response**: The Department appreciates the feedback and looks forward to continuing the discussion of these and other considerations during planning discussions that will be launched this spring.

- **Comment:** An AMH TAG Data Subcommittee Member asked if data will be captured in situations when Medicaid is the secondary insurer.

- o **Response**: The Department appreciates the feedback and will follow up.

- **Comment**: An AMH TAG Data Subcommittee Member noted that their organization eagerly awaits NC HealthConnex reaching full functionality so that data can be used toward quality measures like controlling blood pressure and A1c/GSD. They currently invest a tremendous amount of resources and effort connecting to many disparate EHRs and sending numerous files in different formats to health plans.
    - o **Response**: The Department appreciates the feedback.

- **Comment:** An AMH TAG Data Subcommittee Member asked if the HRRN use case would utilize CMS's HRSN standardized assessment screener.
    - o **Response**: The Department appreciates the feedback. Although the initial focus will be on questions in the Department's standardized SDOH questionnaire, the Department's goal is to develop a coding standard so that information can be standardized and exchanged across providers that use different variations of these screening questions.

- **Comment:** An AMH TAG Data Subcommittee Member asked if the HRRN use case will utilize LOINC codes.
    - o **Response**: The Department has launched a pilot project with three hospitals that are mapping the Department's standardized SDOH questionnaire to LOINC codes. The HRRN use case will build on this work.

- **Comment:** An AMH TAG Data Subcommittee Member asked if these use cases align with the federal government's HTI-1 Interoperability final rule.
    - o **Response**: The Department appreciates the feedback and will follow up.

- **Comment:** An AMH TAG Data Subcommittee Member asked if there is a flag/identifier in the care management data to show which members selected their PCP/AMH vs. those who were auto-assigned. They noted that this flag would be extremely helpful for the providers' quality and care management workflows.
    - o **Response**: The Department appreciates the feedback and will follow up.

- **Comment:** An AMH TAG Data Subcommittee Member asked if NC HealthConnex will receive data directly from third party care management solutions for care management documentation and data.
    - o **Response**: The Department expects to leverage care management data from multiple platform. The proposed solution for care management data exchange should work for AMH Tier 3 practices that document care management in their EHRs as well as entities who use data through other platforms and data partners. The Department expects to explore this further during the planning efforts that will launch this spring.

- **Comment**: An AMH TAG Data Subcommittee Member noted that other States are using their statewide HIEs as the single aggregator for these types of exchanges with a great deal of success.
    - o **Response**: The Department appreciates the feedback.

- **Comment:** An AMH TAG Data Subcommittee Member asked if NC HealthConnex will be able to report at the population level.
  - **Response:** The Department expects that NC HealthConnex will have capabilities to support bulk transmission of data.

- **Comment:** An AMH TAG Data Subcommittee Member asked if providers would have access to the discrete data from the aggregation to leverage in their EHRs.
  - **Response:** The Department expects that NC HealthConnex will provide member-level data to support care delivery in a way that integrates into providers' and care managers' workflows. During the planning process, the Department expects to determine how this functionality could be implemented.

PHP-AMH Data Transmission Timing Standardization (Saheedat Olatinwo)

Key Takeaways

- Standard Plans have different schedules for sharing standard AMH data interfaces between them, AMHs and/or their CINs/Data Partners.

- Receiving data on differing schedules impacts AMH/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.

- To address these challenges, 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 AMH/CINs. The updated data specifications will:
  - Implement a long-term, structural solution to resolve core data reporting issues raised by AMH/CINs;
  - Streamline when data moves from Standard Plans and AMH/CINs, improving data timeliness; and
  - Align data interface exchange timelines across care management programs (AMH/Standard Plans, Tailored Care Management/Tailored Plans).

- To inform implementation activities, the Department convened an AMH Interface Timeline Standardization Workgroup to understand concerns and identify solutions around resource constraints, costs, and technological challenges related to implementation.
  - The Workgroup is tasked with: (1) reviewing current data interface transmission schedules; (2) identifying key considerations and challenges with implementation of a standard data interface transmission schedule; and (3) developing recommendations to address identified challenges.
  - The Workgroup is currently providing technical feedback on a proposed standard data interface transmission schedule.
  - Key activities completed to date include: (1) description of the key challenges with current data interface transmission schedules; (2) sharing of preferred dates for data interface transmission and high-level resource, technology, and timing considerations

for implementation; and (3) provision of feedback on a proposed standard data interface transmission schedule developed from survey consensus.
- o The Department will engage with the Workgroup through the next quarter to collect additional input on the proposed standard data interface transmission schedule and to develop a potential implementation timeline.

AMH Data Topics Prioritization (Evelin Lazaro)

Key Takeaways
- The Department will request detailed feedback on the following data topics:
    1. PCP Auto Assignment – Assignment Errors
    2. Beneficiary Assignment File – Data Quality
    3. Tracking CIN-AMH Relationships
    4. PHP & AMH Data Transmission Timing
    5. Claims Files – Data Quality
    6. Care Management PMPM Reconciliation
    7. Patient Risk List Consolidation
    8. Risk Stratification Data (PRL File, BCM051 Report) – Data Quality
    9. Care Management Data (PRL File, BCM051 Report) – Data Quality
    10. Care Needs Screenings Data

- The Department plans to use SurveyMonkey to collect feedback from Data Subcommittee Members.

- Data Subcommittee Members should expect to receive a link to the survey by mid-March.

- Data Subcommittee Members should each submit one single response. Data Subcommittee Members should work within their organization to collect and consolidate feedback on each of the data topics, as applicable.

Discussion/Feedback from AMH TAG Data Subcommittee Members
- **Comment**: An AMH TAG Data Subcommittee Member asked if there are updates on the CINs' ability to create accounts in NCTracks.
    - o **Response:** The Department continues to assess implementation options and will provide an update when more details are available.

Public Comments (Evelin Lazaro)
- There were no public comments.

Next Steps (Evelin Lazaro)
- AMH TAG Data Subcommittee Members will:
    - o Respond to DHHS' AMH Data Topics Survey
    - o Provide additional feedback on today's discussion to:
      medicaid.advancedmedicalhome@dhhs.nc.gov.

- The Department to post a presentation and summary of meeting on the DHHS website.

- The next AMH TAG Data Subcommittee meeting is scheduled for June 4, 2024.