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

March 5, 2024 Meeting

AMH TAG Data Subcommittee Roll Call

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

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

Agenda

●	**Welcome**	**5 min**
●	**Leveraging NC HealthConnex to Advance Quality and Population Health**	**40 min**
●	**PHP-AMH Data Transmission Timing Standardization**	**15 min**
●	**AMH Data Topics Prioritization**	**5 min**
●	**Public Comments**	**5 min**
●	**Next Steps**	**5 min**

DHHS and Advisors

DHHS

- **Kristen Dubay**, Chief Population Health Officer, DHB
- **Loul Alvarez,** Associate Director, Population Health, DHB
- **Saheedat Olatinwo**, AMH Program Lead, Population Health, DHB
- **Evelin Lazaro**, AMH Program Specialist, Population Health, DHB

Advisors

- **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

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.
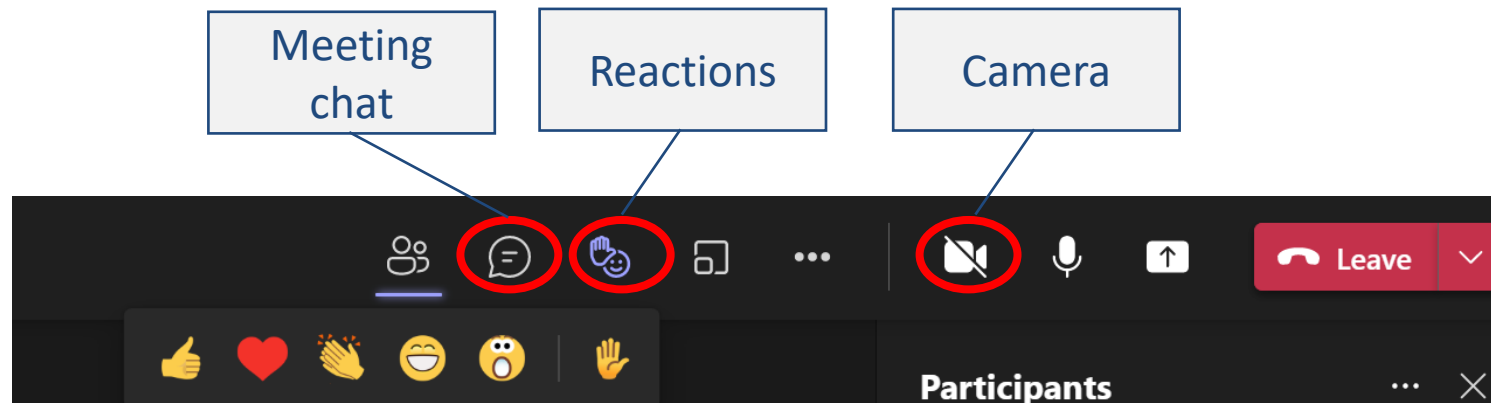
AI Policy

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.

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

Leveraging NC HealthConnex to Advance Quality and Population Health

NC Medicaid Quality Strategy
Programmatic Aims

NC Medicaid Quality Strategy Aims*

North Carolina's Medicaid Managed Care Quality Strategy aims include:

1. **Better Care**

2. **Healthier People & Communities**

3. **Smarter Spending**

To support these aims, all Medicaid partners (members, providers, health plans, and the Department) need <u>complete</u>, <u>timely</u>, <u>accurate</u>, and <u>useable</u> information.

*NC Medicaid Managed Care Quality Strategy. April 11, 2023

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NC Medicaid Managed Care
Challenges to Data Availability and Current State

Challenges to Data Availability

1. **Key data elements are currently incomplete, non-standardized, and duplicative across multiple sources**

2. **Data exchange is often decentralized and requires many different interfaces**

3. **Increasing administrative burdens related to paperwork, documentation, and data sharing**

Current State

According to DHHS's data…

- **Only 1%** of our adolescent members are receiving an appropriate screening for clinical depression
- **Fewer than 10%** of our adult members with diabetes have their hemoglobin A1c (HbA1c) under control

These data are likely not accurately reflecting the quality of care.

? **How can we improve the availability of actionable information AND reduce administrative burdens?**

NC Medicaid Data Strategy
Addressing Information's "Life Cycle"

NC Medicaid Data Strategy

NC Medicaid works with partners to:

1. Identify the challenges
2. Diagnosis root causes
3. Assess potential options
4. Implement cost-effective solutions

Stages in Information's "Life Cycle"

1. **Collection**
   - Collect and store information
2. **Exchange**
   - Transmit and receive information
3. **Use**
   - Incorporate information into systems, processes, and workflows

Today's Focus: Data Exchange

How do we improve the efficiency and effectiveness of data exchange for ALL partners?

NC Medicaid Data Strategy
NC HealthConnex, North Carolina's HIE

A health information exchange (HIE) is a secure, electronic network that gives authorized health care providers the ability to access and share health-related information across a statewide information highway.

Labs • Ambulatory Care • Pharmacy • Behavioral Health • Public Health • Primary Care • Hospitals • Long Term Care • HIE
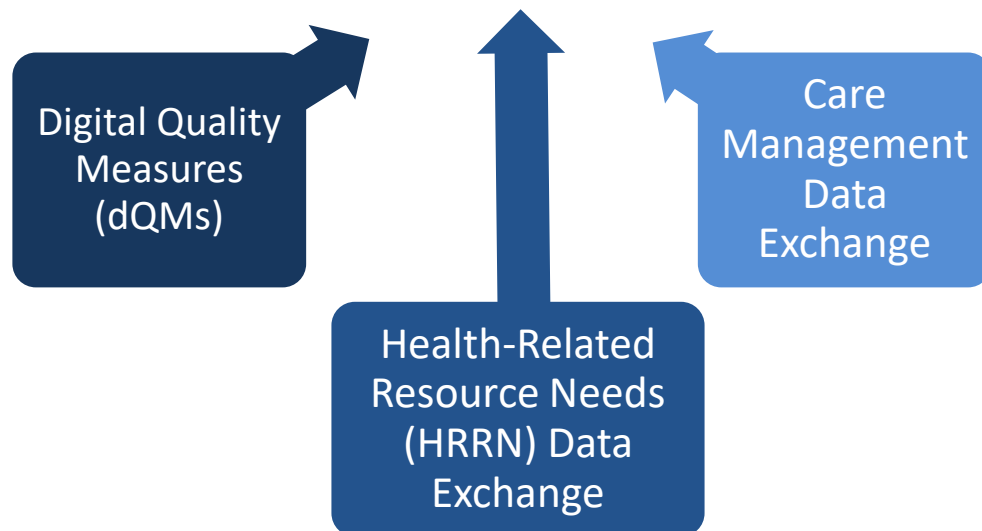
Leveraging NC HealthConnex will…

1. Reduce administrative burden and improve processes

2. Align with federal interoperability and quality objectives

3. Support DHHS's priorities and aims

*Graphic provided by the NC Health Information Exchange Authority (NC HIEA)

NC Medicaid Data Strategy
Leverage NC HealthConnex to Support High-Priority Use Cases

NC HealthConnex
Powering Health Care Outcomes

Digital Quality Measures (dQMs)

Health-Related Resource Needs (HRRN) Data Exchange

Care Management Data Exchange

$ **To support the planning efforts for all three use cases, NC Medicaid submitted a request to CMS for federal matching funds.**

Use Case #1: Improving Quality Measurement

Quality Use Case
Example: Controlling High Blood Pressure (CBP)

The 2020 national average for Medicaid HMOs for Controlling High Blood Pressure was 55.9%.
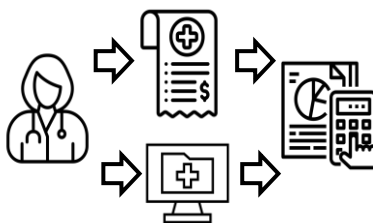
Traditional	Supplemental Data from HIE	Improvements in HIE Submission
Only administrative (claims and encounter) data are used for quality measurement	Traditional data is combined with electronic clinical data via NC HealthConnex (as available)	An increasing number of providers/practices connect to the HIE and share patient data
2020 CBP Rate: **4.58%**	2020 CBP Rate: **20%**	2022 CBP Rate: **40.92%**
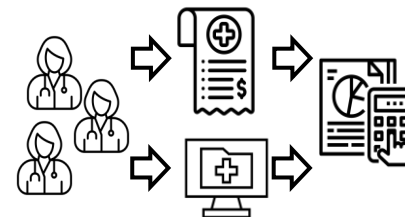
Quality Use Case
Reporting Burden (Problem)

John has his blood pressure taken by a specialist

The provider is required to report this blood pressure information to multiple entities with <u>different formats and standards</u>

Health Plan A

Health Plan B

NC Health Connex

Health Plan C

Health Plan D

Health Plan E
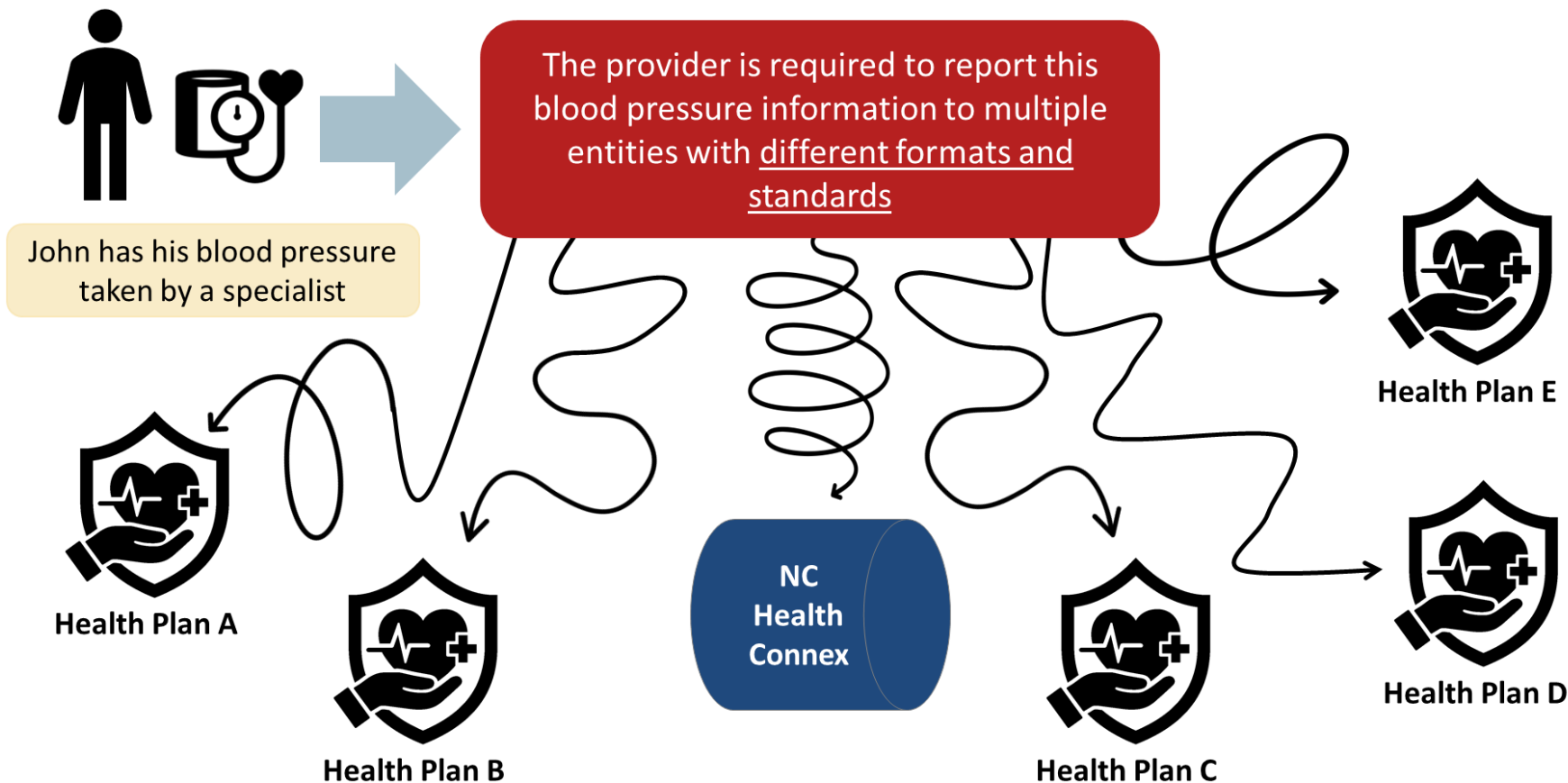
Quality Use Case
Reporting Burden (Solution)

John has his blood pressure taken by a specialist

The provider is ONLY required to report this blood pressure information to NC HealthConnex with a single format and standard

NC Health Connex

DHB will also receive the same standardized clinical data as the health plans

Health Plan A

Health Plan B

Health Plan C
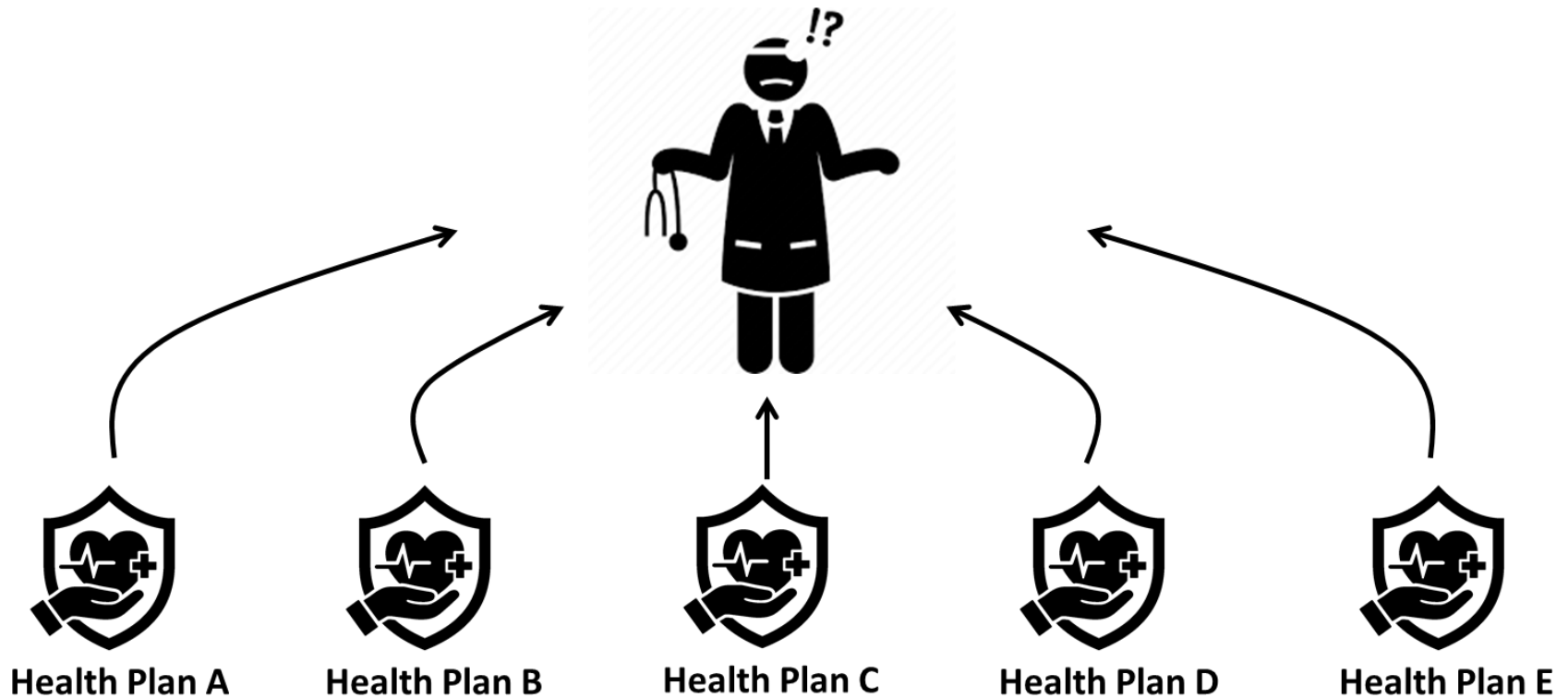
Health Plan D

Health Plan E

Providers receive different care gap reports from each health plan with varying logic and formats

Health Plan A

Health Plan B

Health Plan C

Health Plan D

Health Plan E

Quality Use Case
Gap Reporting (Solution)

Providers receive ONE standardized gap report from NC HealthConnex that covers all of their members

NC Health Connex

Quality Use Case
High-level Work Plan

Planning 2023-Fall 2024	Design, Development, & Implementation Fall 2024-Fall 2025	Operations & Maintenance Fall 2025 and Beyond
Quality Measurement 1. Internal Exploratory analysis of NC HealthConnex data 2. Data Aggregator Validation Program (NCQA) 3. EQRO validation of NC HealthConnex data for Medicaid quality measurement	1. Convene stakeholder workgroup: propose & test solutions, develop guidance/policy 2. Design provider incentives: documentation and EHR updates 3. Implement tech updates, provider incentives, and AHEC provider coaching	1. Design and operationalize dQMs 2. Provide real-time gap reports and facilitate data exchange between permissioned entities

*Workplan, including dates and details, may be subject to change.

Use Case #2: Exchange of HRRN Data

HRRN Use Case

Understanding and addressing HRRN – like food, housing, and transportation needs –
is a key focus for NC Medicaid under managed care

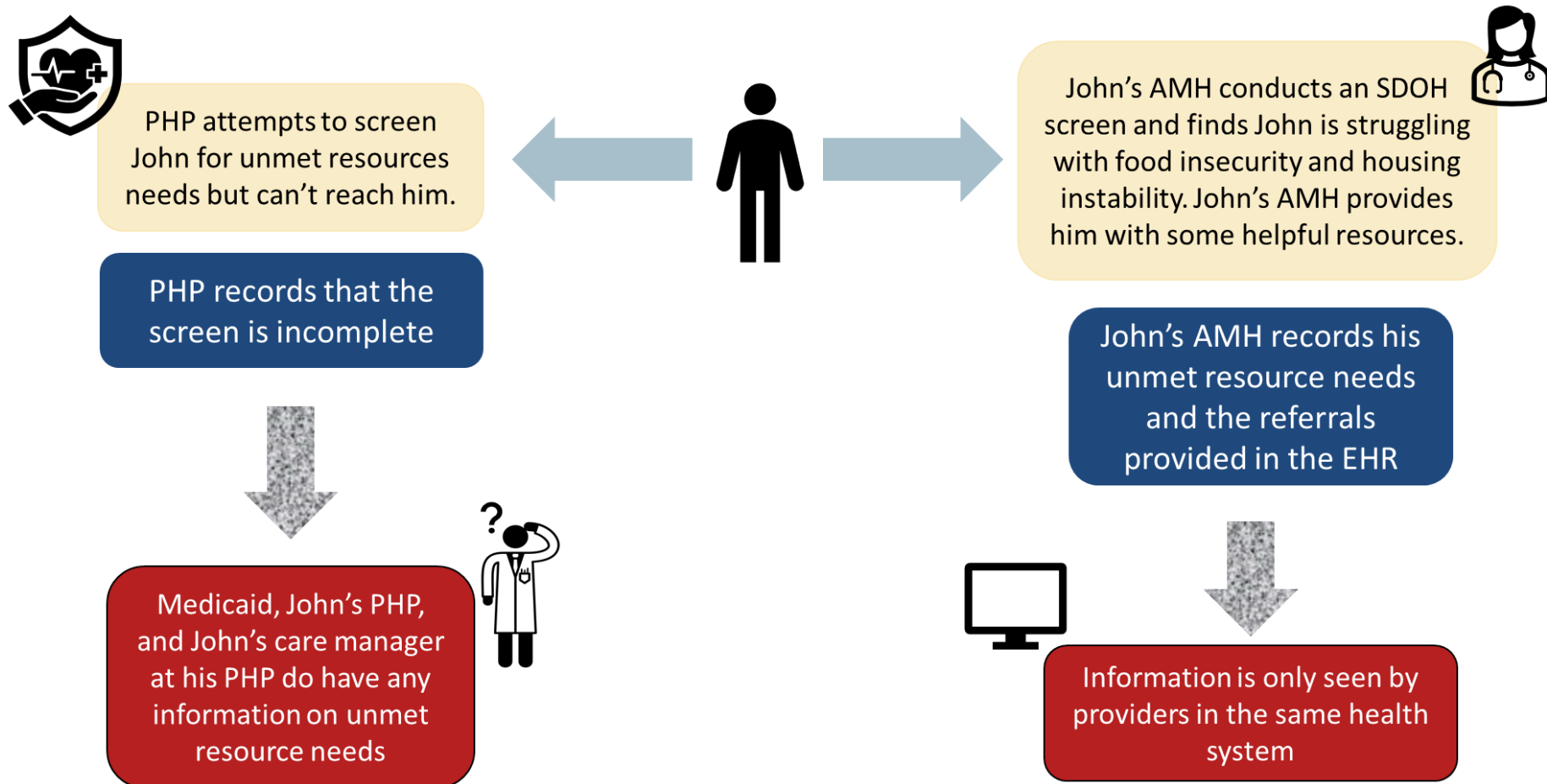**Good data on members' HRRN needs can:**
1. Help members get the support they need
2. Improve clinical decision-making
3. Evaluate the effectiveness of programs and policies focused on SDOH

**NC Medicaid currently collects HRRN screening information from many sources, all of
which have their own limitations**
- We do not currently have a great way to collect data from SDOH screens at the
provider level

HRRN Use Case
Example: HRRN Screening Data Exchange (Problem)

PHP attempts to screen John for unmet resources needs but can't reach him.

PHP records that the screen is incomplete

Medicaid, John's PHP, and John's care manager at his PHP do have any information on unmet resource needs

John's AMH conducts an SDOH screen and finds John is struggling with food insecurity and housing instability. John's AMH provides him with some helpful resources.

John's AMH records his unmet resource needs and the referrals provided in the EHR

Information is only seen by providers in the same health system

Example: HRRN Screening Data Exchange (Solution)

PHP attempts to screen John for unmet resources needs but can't reach him.

PHP records that the screen is incomplete

John's AMH conducts an SDOH screen and finds John is struggling with food insecurity and housing instability. John's AMH provides him with some helpful resources.

John's AMH records his unmet resource needs and the referrals provided in the EHR

NC Health Connex

Linked screening and referral information can be seen by DHB, John's PHP, John's care manager, any provider

HRRN Use Case
High-level Work Plan

HRRN Data	Planning 2023-Fall 2024	Design, Development, & Implementation Fall 2024-Fall 2025	Operations & Maintenance Fall 2025 and Beyond
	1. Launch of DHHS-led pilot with hospitals to explore/test LOINC code mapping 2. Stakeholder engagement to determine business needs and functional requirements	1. Build out any required technical changes within HIEA 2. Begin implementation with initial providers, including any required technical guidance, infrastructure supports, and provider coaching	1. Explore integration of additional data sources, including other screening data sources, referral data, and intervention data

*Workplan, including dates and details, may be subject to change.

Use Case #3: Exchange of Data to Support Care Management

Care Management Use Case

Care Management: A team-based, person-centered approach to managing beneficiaries' medical, social, and behavioral conditions

Successful care management relies on:
1. Understanding a member's medical history
2. Receiving information on healthcare services and medication use
3. Receiving information on members flagged as high-need

Multiple entities are involved in exchanging this data using standard specifications for key interfaces-- but using their own systems as source and non-standard submission timings.

Care Management Use Case
Initial Focus on Three Data Types

| Claims and Encounter Data	Transitions of Care (TOC) Data	Care Management Data
Current State • **Providers** transmit claims data to health plans • **Health plans** transmit encounter data to AMH Tier 3s and CINS. **Data Files** • 834 files (for beneficiary assignment) • 837 files (for claims)	**Current State** • **Providers** transmit claims data to health plans • **Health plans** transmit two years of claims data to the new health plan when a Member changes plans. **Data Files** • 834 files (for beneficiary assignment) • 837 files (for claims) • TOC files	**Current State** • **Providers** transmit care management-related data to health plans. • **Health plans** transmit care management-related data to providers and DHB. **Data Files** • Care Management Report (BCM051) • Patient Risk List (PRL)

Care Management Use Case
Example: Care Management Information (Problem)

Health Plans consolidate all care management activities and interactions and submit to the Department through an operational report.

Risk assessment and CM interactions data is shared through 1,053 data interfaces & reports between 54 entities

520 Data Interfaces (PRL)

520 Data Interfaces (PRL)

13 Reports

DHB
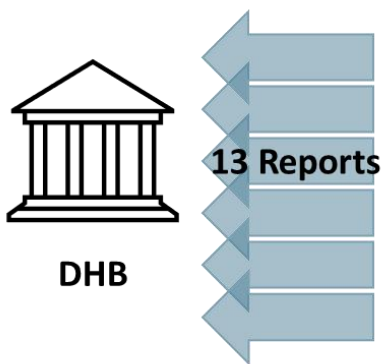
5 SPs, 4 PIHPs & 4 TPs
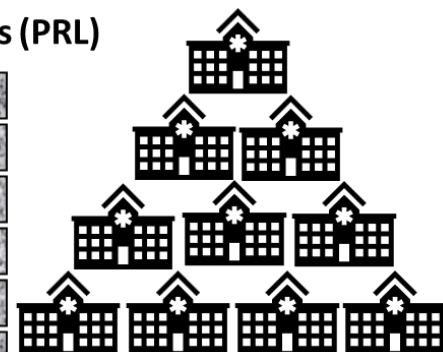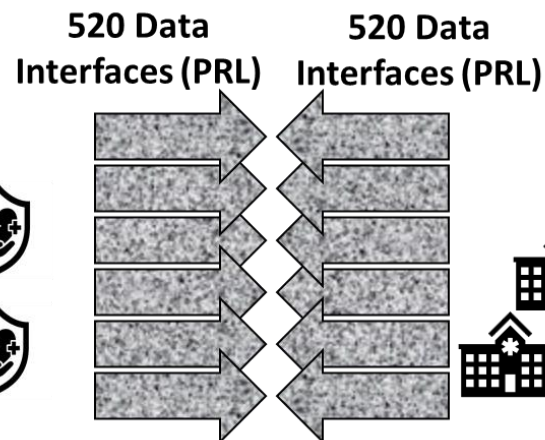
40+ AMH & TCM Providers/CINS

Health Plans and AMHs & TCM providers exchange risk assessment results and priority population classification data.

Care Management Use Case
Example: Care Management Information (Solution)

Health Plans, AMHs, and TCM providers exchange risk assessment results, priority population classification data and their CM interactions via NC HealthConnex.

DHB

Risk assessment and CM interactions data available in one system and reported through 54 data interfaces (95% reduction).
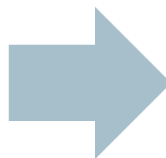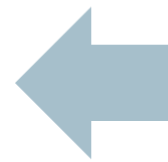
1 Extract

NC Health Connex
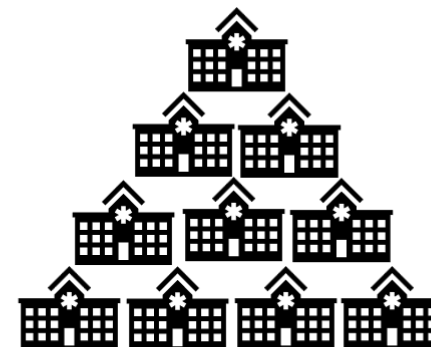
13 Data Interfaces
(Consolidate PRL & BCM051)

40 Data Interfaces

5 SPs, 4 PIHPs & 4 TPs

40+ AMH & TCM Providers/CINs

Same Risk & CM interaction data can be seen by all stakeholders: DHB, Member's HP and AMH/TCM

Care Management Use Case
High-level Work Plan

Care Management	Planning 2023-Fall 2024	Design, Development, & Implementation Fall 2024-Fall 2025	Operations & Maintenance Fall 2025 and Beyond
	1. Stakeholder engagement and identification of business needs 2. Identify and develop technical requirements	1. Build out any required technical changes within HIEA 2. Begin implementation with initial providers, including any required technical guidance, infrastructure supports, and provider coaching	1. Continue onboarding AMH providers 2. Shut down extraneous Medicaid interfaces once providers are fully onboarded to new data exchange system

*Workplan, including dates and details, may be subject to change.

PHP-AMH Data Transmission Timing Standardization

PHP-AMH Data Transmission Timing Standardization
Issue Description, Root Causes, and Resolution Approach

Issue Description and Root Causes

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 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

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.

The updated data specifications will:

- Implement a long-term, structural solution to resolve core data reporting issues raised by AMHs/CINs;

- Streamline when data moves from Standard Plans and AMHs/CINs, improving data timeliness; and

- Align data interface exchange timelines across care management programs (AMH/Standard Plans, Tailored Care Management/Tailored Plans)

PHP-AMH Data Transmission Timing Standardization
AMH Interface Timeline Standardization Workgroup

To inform implementation activities, the Department convened an AMH Interface Timeline Standardization Workgroup composed of Standard Plans, AMH Tier 3 practices, and CINs.

Workgroup Objectives

Review current data interface transmission schedules

Identify key considerations and challenges (i.e., resource constraints, costs, and technology) with implementation of a standard data interface transmission schedule

Develop recommendations to address identified challenges

PHP-AMH Data Transmission Timing Standardization
Workgroup Progress

The Workgroup is currently providing technical feedback on a proposed standard data interface transmission schedule.

Key Activities Completed to Date

✓ Described key challenges with current data interface transmission schedules

✓ Shared preferred dates for data interface transmission and high-level resource, technology, and timing considerations for implementation

✓ Provided feedback on a proposed standard data interface transmission schedule developed from survey consensus *(ongoing)*, including:

   ▪ Recommending to decommission the daily incremental beneficiary assignment file

   ▪ Recommending to limit Standard Plans' transmission of data interfaces at a more frequent cadence than required

The Department anticipates engaging 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
AMH Data Topics Survey Refresh

AMH Data Topics Prioritization
AMH Data Topics Survey Refresh

In the next days, the Department will ask Data Subcommittee Members to provide feedback to guide the selection of data topics on which to focus and prioritize follow-up efforts.

Survey Goals and Structure

The survey will prompt respondents to:

A. **Validate** a list of identified data issues and **define** additional issues.

B. **Prioritize** the issues across two dimensions:

<u>Impact on Critical Operations</u>
- High (significant impact)
- Medium (moderate impact)
- Low (minimal impact)

<u>Urgency for Resolution (timing)</u>
- Immediate (within next 6 mo.)
- Near term (between 6-9 mo.)
- Long term (after 9 mo.)

C. **Provide detailed comments** on the issue and/or potential solutions

AMH Data Topics Prioritization
AMH Data Topics

The Department will request detailed feedback on the following data topics.

Data Topics				
1	PCP Auto Assignment – Assignment Errors	6	Care Management PMPM Reconciliation
2	Beneficiary Assignment File – Data Quality	7	Patient Risk List Consolidation
3	Tracking CIN-AMH Relationships	8	Risk Stratification Data (PRL File, BCM051 Report) – Data Quality
4	PHP & AMH Data Transmission Timing	9	Care Management Data (PRL File, BCM051 Report) – Data Quality
5	Claims Files – Data Quality	10	Care Needs Screenings Data

AMH Data Topic Prioritization
Survey Logistics

- 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.

Public Comments

Next Steps

Next Steps

Subcommittee Members will:

1 Respond to DHHS' AMH Data Topics Survey

2 Provide feedback on today's other discussion topics to:
medicaid.advancedmedicalhome@dhhs.nc.gov

DHHS will:

1 Post today's presentation and meeting summary on the DHHS website.

**AMH TAG Data Subcommittee meetings occur on a quarterly cadence.
The next meeting is scheduled for June 4, 2024.**