North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee Meeting
March 10, 2023, 3:00-4:30 PM ET

Attendees:

AMH TAG Data Subcommittee Members	Organization Type
AmeriHealth Caritas North Carolina	Health Plan
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	Provider (CIN)
ECU Health [Access East]	Provider (CIN)
Emtiro Health	Provider (CIN)
Mission Health Partners	Provider (CIN)
UNC Health	Provider (CIN)
Children First of NC	Provider (Independent)
Cherokee Indian Hospital Authority	Tribal Option
NC DHHS Staff and Speaker	**Title**
Loul Alvarez	Associate Director
Seirra Hamilton	Data Analyst
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
- Progress on Open Data Topics
    - Patient Risk List (PRL)
    - Risk Stratification
    - Beneficiary Assignment
    - Clinically Integrated Network (CIN) – Advanced Medical Home (AMH) Relationship Tracking
- Public Comments
- Next Steps

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Data Topics (Seirra Hamilton)

Key Takeaways
- The AMH TAG Data Subcommittee discussed three data topics:
  - Beneficiary Assignment
  - Patient Risk List
  - Tracking CIN-AMH Relationships

Beneficiary Assignment: Key Issues (Seirra Hamilton)

Key Takeaways
- The Department engaged stakeholders and reviewed PHPs' Panel Issue Reports (i.e., the BCM903 reports) and Help Center tickets to identify six issues related to Beneficiary Assignment. Two issues were discussed during the subcommittee meeting *(bolded)*.
  - **834 Enrollment Segment Eligibility Extension**
  - Beneficiary Assignment Errors Due to Providers' Panel Restrictions
  - **Provider Practice Location Changes**
  - Panel Inconsistencies Between NCTracks and Beneficiary Assignment Files
  - Providers' Outdated NPI and Location Codes in NCTracks
  - Inconsistent Quality of Data in Beneficiary Assignment Files Transmitted to AMHs

Beneficiary Assignment Issue: 834 Enrollment Segment Eligibility Extension (Sam Thompson)

Key Takeaways
- The Department's 834 files include a Medicaid eligibility termination date that has downstream impacts on quality measure reporting and operations.

  Quality Measure Impacts and Solutions
    - Currently, individuals whose Medicaid coverage eligibility appears to – but does not – terminate are inaccurately excluded from PHP's interim quality measure and care gap reports.
    - The Department is working with PHPs to develop and test a standardized workaround solution that minimizes the impact of the eligibility termination dates on quality measure reporting. To minimize disruptions for providers that would be caused by variable approaches among the PHPs, the Department seeks a unified solution that would be implemented by all the PHPs. The Department identified two potential solutions, described the relative advantages and drawbacks for each option, and asked subcommittee members for their feedback and suggestions.

  Operational Impacts and Solutions
    - When members' Medicaid eligibility is extended, their assigned PCP is re-validated. In some instances, this results in members being re-assigned to a different PCP or the same PCP with a different location.
    - The Department continues to work with PHPs to understand why 834 enrollment extension may result in PCP member reassignment and churn.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment**: Several AMH TAG Data Subcommittee members asked about the pervasiveness of this issue, and if the beneficiary assignment issues would be exacerbated by upcoming Medicaid eligibility redetermination and the potential expansion of Medicaid to new adult populations.
  - **Response**: The Department has preliminary estimates of the number of Medicaid enrollees with a retroactive enrollment. The Department does not have an estimate on the potential impact of Medicaid eligibility redeterminations or possible Medicaid expansion on beneficiary assignment.

Beneficiary Assignment Issue: Providers' Practice Location Changes (Sachin Chintawar)
Key Takeaways

- The Department has observed that providers' practice location changes were another potential cause for member reassignments to different providers. The Department noted that Medicaid members should not be reassigned to a different provider when their existing provider changes practice locations.

- When a provider wants to change their address, the provider should submit a change request form to the Department. Providers should <u>not</u> make their previous address inactive until the new address is active in NCTracks to avoid member reassignments.

- The Department has published guidance ("How to Manage Your NCTracks Addresses") to support providers' management of their addresses in NCTracks. The Department requested the data subcommittee's feedback regarding the usefulness of the existing guidance.

Beneficiary Assignment: End-to-End Audit of Beneficiary Assignment File Transmission (Gigi Cloney)
Key Takeaways

- The Department is conducting an end-to-end audit of beneficiary assignment file transmission to assess current beneficiary assignment processes and further understand issues to inform solution strategies.

- The Department approved the scope of the audit in late 2022. Analysis of PHPs' beneficiary assignment file ingestion and transmission process has already begun; select CINs have also been asked to participate in the audit.

Patient Risk List: Key Issues (Gigi Cloney)
Key Takeaways

- The Department has identified two issues that limit the use of exchanged Patient Risk List (PRL) files:
  - Incomplete or incorrectly formatted PRL files, and
  - Varying definitions for the risk level categories.

Patient Risk List Issue: Files with Format and/or Completeness Issues (Gigi Cloney)
Key Takeaways
- The Department has observed issues with PRL file formats and completeness. To address the formatting and completeness issues on the PRL file, the Department: (1) has published a PRL Companion Guide with additional guidance on how to complete the PRL, and (2) is developing additional guidance containing responses to frequently asked questions related to the PRL file.

- The Department (1) welcomes feedback on the published PRL Companion Guide and (2) will solicit additional feedback from the subcommittee on the draft FAQs prior to their publication.

Patient Risk List Issue: Varying Definitions of Risk (Lammot du Pont)
Key Takeaways
- The Department has observed that definitions of risk level categorizations vary among stakeholders, making consistent interpretation of an individual's clinical risk challenging.

- To better understand the impact of varying risk level categories, the Department analyzed PHPs, AMH Tier 3 practices, and CINs' risk stratification approaches and their impact on care management. The assessment found that stakeholders reported difficulty in interpreting risk stratification categories due to (1) variation in risk stratification category definitions and (2) lack of guidance to interpret and utilize risk stratification categories.

- To support PHPs' and AMH/CINs' ability to interpret and utilize risk stratification classifications, the Department will:
  - Update guidance on risk stratification to assist PHPs and AMH/CINs to translate their risk stratification results into the five risk categories (i.e., high, medium, low, null, and rising) and communicate these results with other stakeholders;
  - Update requirements for PHPs and AMH/CINs regarding: (1) the use of the Department's risk stratification guidance and (2) the methods for communicating risk stratification results with other stakeholders;
  - Obtain feedback on the proposed risk stratification guidance and requirements; and
  - Provide training to support implementation of the risk stratification guidance.

Discussion/Feedback from AMH TAG Data Subcommittee Members
- **Comment**: One AMH TAG Data Subcommittee member asked for clarity on the definition of the "rising risk" category and suggested the addition of a "falling risk" risk stratification category. Another AMH TAG Data Subcommittee member asked whether hypertension and diabetes diagnoses were included as data inputs for risk stratification.
  - **Response**: The Department appreciates the subcommittee members' input. The new guidance on risk stratification will support interpretation of risk stratification categories, including the definitions of risk stratification categories and their data inputs. The Department welcomes feedback on additional risk stratification categories that would support care management processes and care delivery.

CIN-AMH Relationship Tracking (Gigi Cloney)

Key Takeaways

- There is currently no standard system across PHPs to process CIN-AMH delegation changes.

- The Department is considering the following solution to create: (1) a single source of truth for CIN-AMH relationships and (2) a standardized process to document, maintain, and update CIN-AMH relationships:
  - CINs will be able to register in NCTracks.
  - CIN and AMH affiliations will be recorded in NCTracks.
  - Active CINs will keep their AMH affiliations up-to-date; the Provider AMH Portal will also be updated to allow AMHs to choose registered CINs.
  - Registered CINs will receive a monthly panel report with members assigned to their AMHs. This allows for member reconciliation with the Beneficiary Assignment file.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment**: One AMH TAG Data Subcommittee member asked if the solution would include Tailored Plan Members.
  - **Response**: The Department plans to initially launch the new functionality for Standard Plan Members only. Tailored Plan Members may be included at a future date.

- **Comment**: One AMH TAG Data Subcommittee member noted that it would be beneficial for health plans to be able to access up-to-date information on CIN-AMH relationships.
  - **Response**: The Department will consider this feedback as it finalizes the design requirements.

- **Comment**: A number of AMH TAG Data Subcommittee members indicated that they would appreciate periodic updates and the opportunity to provide feedback on the functional design and specifications of the solution. Several AMH TAG Data Subcommittee Members expressed interest in participating in the solution development and testing.
  - **Response**: The Department will continue to engage with and provide updates to the AMH TAG Data Subcommittee on solution development, testing, and implementation.

Public Comments (Seirra Hamilton)

- **Comment**: One meeting participant asked about how beneficiaries moving from NC Health Choice to Medicaid may be assigned to new providers (e.g., if their previous NC Health Choice provider does not enroll as a Medicaid provider).
  - **Response**: The Department will follow up on this question via email.

Wrap-Up and Next Steps (Seirra Hamilton)

- The next AMH TAG Data Subcommittee meeting is scheduled for June 9, 2023. Future subcommittee meetings will occur on a quarterly cadence.

- AMH TAG Data Subcommittee members and participants are invited to submit questions and comments on meeting topics and/or logistics to Gigi Cloney (giovanna.cloney_acn@dhhs.nc.gov).

The meeting adjourned at 4:00 PM.