





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

*March 10, 2023 Meeting*

# Agenda

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	<b>Welcome</b>	<b>5 min</b>
	<b>Progress on Open Data Topics</b> <ul style="list-style-type: none"><li>• Patient Risk List</li><li>• Risk Stratification</li><li>• Beneficiary Assignment</li><li>• CIN-AMH Relationship Tracking</li></ul>	<b>45 min</b>
	<b>Public Comments</b>	<b>5 min</b>
	<b>Next Steps</b>	<b>5 min</b>

# AMH TAG Data Subcommittee Roll Call

Stakeholder	Organization	Representative(s)
Health Plan	AmeriHealth Caritas North Carolina	Hazen Weber
Health Plan	Blue Cross Blue Shield of North Carolina (Healthy Blue NC)	Carla Slack
Health Plan	Carolina Complete Health	Matt Lastrina
Health Plan	UnitedHealthcare Community Plan of North Carolina	Russ Graham
Health Plan	WellCare of North Carolina	Keith Caldwell
Provider (CIN)	Atrium Health Wake Forest Baptist	Misty Hoffman
Provider (CIN)	North Carolina Community Health Center Association (NCCHA) [Carolina Medical Home Network]	Sanga Krupakar
Provider (CIN)	Community Care Physician Network (CCPN)	Carlos Jackson
Provider (CIN)	Duke Health [Duke Connected Care]	Mary Schilder
Provider (CIN)	ECU Health [Access East]	Debra Roper
Provider (CIN)	Emtiro Health	Alexander Lindsay
Provider (CIN)	Mission Health Partners	Cynthia Reese
Provider (CIN)	UNC Health [UNC Health Alliance]	Shaun McDonald
Provider (Ind.)	Children First of NC	Deb Aldridge
Provider (Ind.)	Sandhills Pediatrics/CCPN	Christoph Diasio
Provider (Ind.)	Blue Ridge Pediatrics/CCPN	Gregory Adams
Tribal Option	Cherokee Indian Hospital Authority	Sarah Wachacha

# DHHS and Advisors

## DHHS

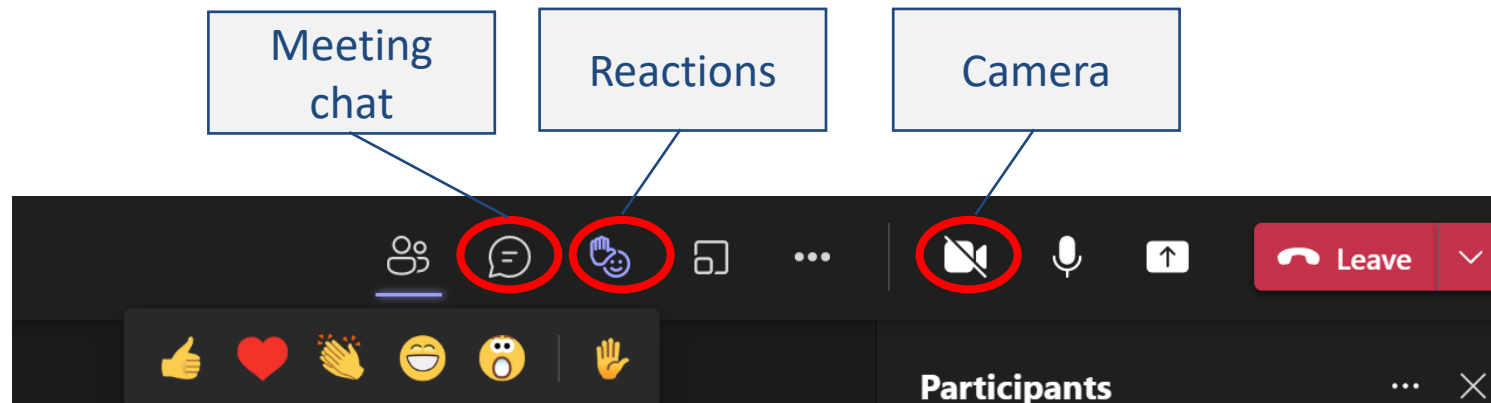
- **Loul Alvarez**, Associate Director, Population Health, DHB
- **Seirra Hamilton**, Data Analyst, Population Health, DHB

## 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.



# Review of Data Topics and Prioritization

# Data Topics

Today, we will discuss progress on three of the data topics highlighted below.

Data Topics	
★	1. Beneficiary Assignment
★	2. Patient Risk List
	3. Quality Measures
	4. Claims Files
★	5. Tracking CIN-AMH Relationships
	6. PHP & AMH Data Transmission Timing
	7. Care Needs Screening

★ *For Discussion Today*

# **Update on Progress**

## *Beneficiary Assignment*



# Beneficiary Assignment

## *Recap: Key Issues*

### Root Cause Analysis & Initial Findings

DHHS and Accenture engaged stakeholders and reviewed PHPs' Panel Issue Reports (BCM903) and Help Center tickets and identified six issues.

Today, we will discuss the two issues highlighted below:

1. **834 Enrollment Segment Eligibility Extension** ★
2. Beneficiary Assignment Errors Due to Providers' Panel Restrictions
3. **Provider Practice Location Changes** ★
4. Panel Inconsistencies Between NCTracks and Beneficiary Assignment Files
5. Providers' Outdated NPI and Location Codes in NCTracks
6. Inconsistent Quality of Data in Beneficiary Assignment Files Transmitted to AMHs

# Beneficiary Assignment

## *834 Enrollment Segment Eligibility Extension*

### Issue Description

DHB's 834 files include a Medicaid eligibility termination date that has downstream impacts on quality measure reporting and operations.

**Quality Measure Impacts:** Month-to-month eligibility extensions impact quality measurement and reporting, since individuals with projected gaps in enrollment are excluded from interim quality measure and care gap reports.

**Operational Impacts:** 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.

### Status Update

DHB is actively working with stakeholders to understand and mitigate downstream impacts.

**Addressing the Quality Measure Impacts:** DHB is developing a proposed workaround solution to address impacts on quality measure calculation and reporting. DHB continues to use existing quality working groups to work with PHPs to test and implement the solution.

**Addressing the Operational Impacts:** DHB continues to work with PHPs to understand why 834 enrollment extension may result in PCP member reassignment and churn.

# Beneficiary Assignment

## *Provider Practice Location Changes*

### Issue Description

In some instances, when a provider moves practice locations, their members are reassigned to other providers.

### Status Update

**Process:** When a provider wants to change their address, they need to submit a change request form to the Department. Providers should not make their previous address inactive until the new address is active in NCTracks to avoid member reassignments.

**Existing Guidance:** The Department published guidance to support providers' management of their addresses in NCTracks:

*How to Manage Your NC Tracks Addresses*  
<https://www.nctracks.nc.gov/content/public/providers/provider-user-guides-and-training/fact-sheets.html>

**Subcommittee Feedback:** The Department requests the data subcommittee's feedback regarding the usefulness of the existing guidance.

# Beneficiary Assignment

## *End-to-End Audit of Beneficiary Assignment File Transmission*

### Status Update

**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.
- The Department has begun to analyze PHPs' Beneficiary Assignment file ingestion and transmission processes and requested select CINs to participate in the audit.

# Updates on Progress

## *Patient Risk List*

# Patient Risk List

## *Recap: Key Issues, Root Causes, and Initial Findings*

### Root Cause Analysis & Initial Findings

**DHHS and Accenture engaged stakeholders and reviewed Technology Operations and Help Center tickets to better understand root causes.**

**Two root causes have been identified to date:**

1. Files with format and/or completeness issues, potentially due to non-compliance and unclear guidance
2. Varying definitions for the risk level categories

# Files with Format and/or Completeness Issues

## *Status Update*

### Root Cause Analysis



PHPs



AMH Practices/CINs

**Format Issues:** PHPs and AMH/CINs are receiving PRL files with data that do not align with DHHS format requirements. DHHS guidance ambiguities may contribute to field non-compliance.

**Completeness Issues:** Some PRL files are missing data elements including header tabs, risk score category, NPI, and full panel lists; other PRL files include duplicate members.

### Status Update

To address PRL issues, the Department has:

- ✓ **Assessed PRL Guidance.** DHB reviewed the current PRL file and identified areas requiring clarification.
- ✓ **Published PRL Companion Guide.** DHB published the PRL Companion Guide with additional guidance on how to complete the PRL.
- ☐ **Drafted PRL FAQs.** DHB is developing responses to frequently asked questions on the PRL file. DHB will share the draft FAQs with the data subcommittee later this month for feedback.



Do Subcommittee members have any feedback on the published PRL Companion Guide?  
Are there any additional areas on the PRL that may require clarification?

# Varying Definitions of Risk

## *Status Update*

### Root Cause Analysis



PHPs



AMH Practices/CINs

Definitions of risk level categorizations (e.g., “high”, “medium”, “low”) vary among PHPs, AMH Tier 3 practices and CINs, which makes consistent interpretation of an individual’s clinical risk challenging.

### Status Update

To improve stakeholders’ interpretation of risk level categories, the Department has:

1. **Analyzed PHPs’ and AMH/CINs’ risk stratification approaches and their impact on care management.** Stakeholders reported difficulty interpreting risk stratification categories due to variation in risk stratification category definitions and lack of guidance to interpret and utilize risk stratification classifications.



# Addressing the Varying Definitions of Risk

## *Risk Stratification Guidance*

### Risk Stratification Guidance and Requirements Development

To support PHPs' and AMH/CINs' ability to interpret and utilize risk stratification classifications, the Department will:

1. **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
2. **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
3. **Obtain feedback** on the proposed risk stratification guidance and requirements
4. **Provide training to support implementation** of the risk stratification guidance

**Update on Progress**  
*CIN-AMH Relationship Tracking*

# Tracking CIN-AMH Relationships

## *Root Causes*

### Root Cause Analysis

**There is no standard system across PHPs 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.

# Tracking CIN-AMH Relationships

## *Proposed Solution*

A potential solution will create a single source of truth for CIN-AMH relationships and create a standardized process to document, maintain, and update CIN-AMH relationships.

### Potential Solution

DHHS is working with stakeholders to assess the feasibility of the following solution:

1. **Registration:** CINs will have the ability to register in NCTracks.
2. **CIN and AMH Affiliation Management:**
  - DHB will be able to track CIN and AMH affiliations. The functionality will be built into NCTracks.
  - Active CINs will need to keep their AMH affiliations up-to-date.
3. **Member Assignments:** Registered CINs will receive a monthly panel report from DHHS with members assigned to their AMHs. This allows for member reconciliation with the Beneficiary Assignment file.
4. **Provider AMH Portal:** The Provider AMH Portal will be updated to only allow Providers attesting for AMH Tier 3 status to choose registered CINs.

# Tracking CIN-AMH Relationships

## *Proposed Tasks for Solution Development*

**The Department proposes the following implementation tasks for solution development.**

### High Level Tasks to Implementation

1. Generate internal design and technical requirements
2. Confirm resolution of applicable legal, privacy, and data security concerns
3. Define solution development timeline
4. Identify three AMHs and three CINs to participate in solution testing
5. Create test scenarios and validate process workflow
6. Develop and communicate implementation approach for current CINs and AMHs
7. Develop implementation approach for new CINs and AMHs

# Public Comments

# Next Steps

# Next Steps

## Subcommittee Members will:

- 1 Provide additional feedback on today's discussion topics to Gigi Cloney ([giovanna.cloney\\_acn@dhhs.nc.gov](mailto:giovanna.cloney_acn@dhhs.nc.gov)).

## DHHS will:

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

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