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

February 2022 Meeting

February 8, 2022

Agenda

Welcome & Roll Call	5 min
AMH Data & HIT Overview	5 min
Objectives & Role of the AMH TAG Data Subcommittee	5 min
Known Data Concerns and Recent Resolution Activities	20 min
Data Topics for Discussion • PHP & AMH Interface Timing Standardization • PHP & CIN Data Quality	45 min
Public Comments	5 min
Next Steps	5 min

AMH TAG Data Subcommittee Member Roll Call

Stakeholder	Organization	Representative(s)
Health Plan	AmeriHealth Caritas North Carolina, Inc.	**Hazen Weber**
Health Plan	Blue Cross and Blue Shield of North Carolina	Ebony Gilbert Seth Morris **Carla Slack**
Health Plan	Carolina Complete Health, Inc.	Sharon Greer **Matthew Lastrina**
Health Plan	UnitedHealthcare of North Carolina, Inc.	**Russ Graham** Atha C Gurganus
Health Plan	WellCare of North Carolina, Inc.	**Nathan Barbur**
Provider (CIN)	Atrium Health Wake Forest Baptist	**Misty Hoffman**
Provider (CIN)	Carolina Medical Home Network	**Chris Scarboro**
Provider (CIN)	Community Care Physician Network (CCPN)	Gregory Adams Anna Boone **Carlos Jackson** Trista Pfeiffenberger
Provider (CIN)	Emtiro Health	**Brad Horling** Alexander Lindsay
Provider (CIN)	Duke University Health System	**Mary Schilder**
Provider (CIN)	Mission Health Partners	**Cynthia Reese**
Provider (CIN)	UNC Health System	**Shaun McDonald**
Provider (Independent)	Sandhills Pediatrics/CCPN	**Christoph Diasio**
Provider (Independent)	Blue Ridge Pediatrics/CCPN	**Gregory Adams**
Tribal Option Representative	Cherokee Indian Hospital Authority	**Sarah Wachacha**
MCAC Quality Committee Member	ECU Physicians / Vidant Health	**Debra Roper**

The name of each organization's lead representative is in **bold.**

DHHS and Advisors

DHHS

- **Kelly Crosbie,** Chief Quality Officer, DHHS
- **Jahaziel Zavaleta,** Senior Program Manager, DHHS

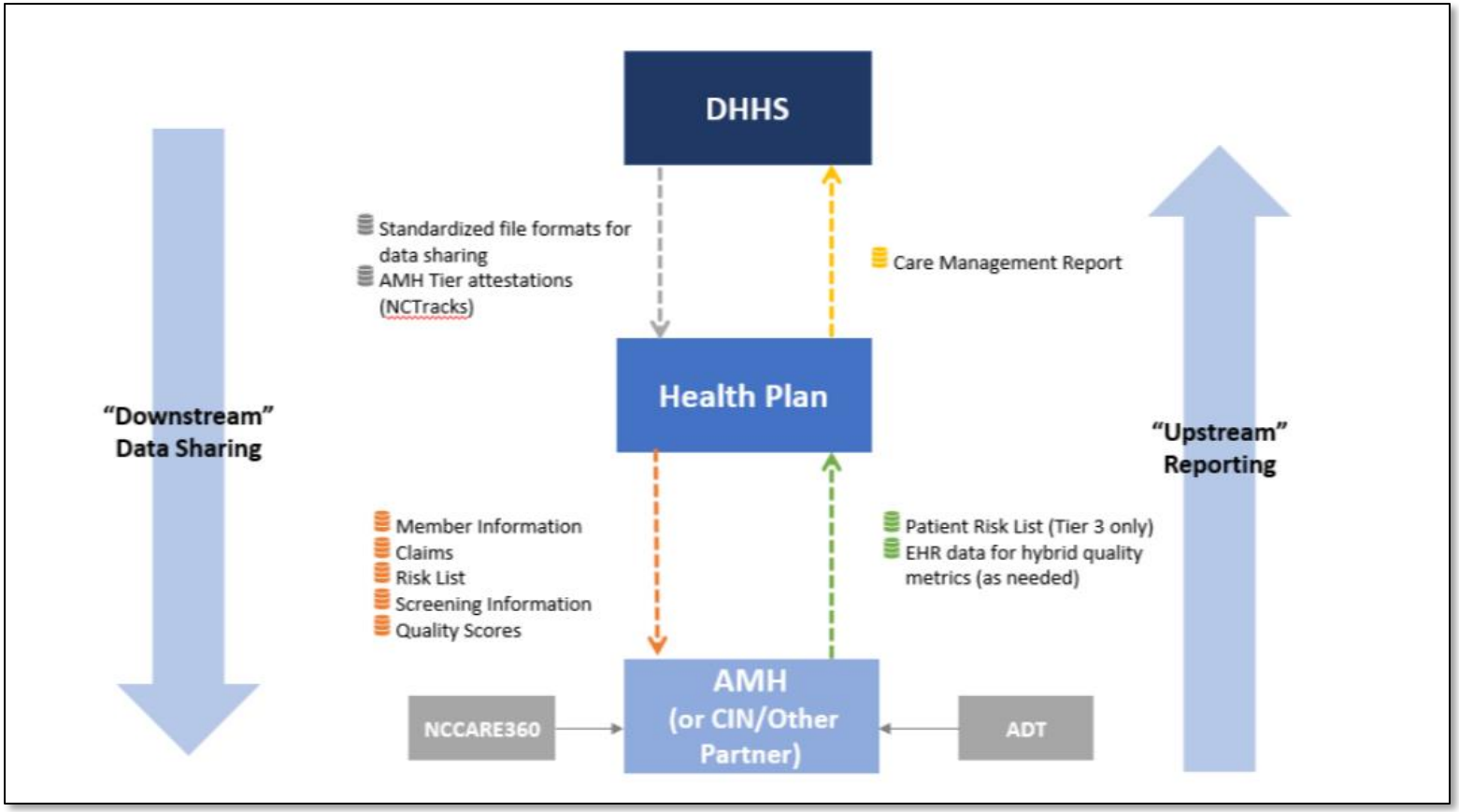
Advisors

- **Vik Gupta,** Medicaid Transformation Project Executive, Quality & Population Health, Accenture
- **Sachin Chintawar,** Medicaid Transformation Project Manager, Quality & Population Health Accenture
- **Lammot du Pont,** Senior Advisor, Manatt Health Strategies

AMH Data & HIT Overview

Standard Plan Data Landscape

The Standard Plan data ecosystem includes exchanges among DHHS, health plans (PHPs), AMHs and their CINs/data partners.



This visualization as depicted in the AMH Provider Manual and is intended for illustrative purposes only.

DHHS AMH Data Strategy Guiding Principles

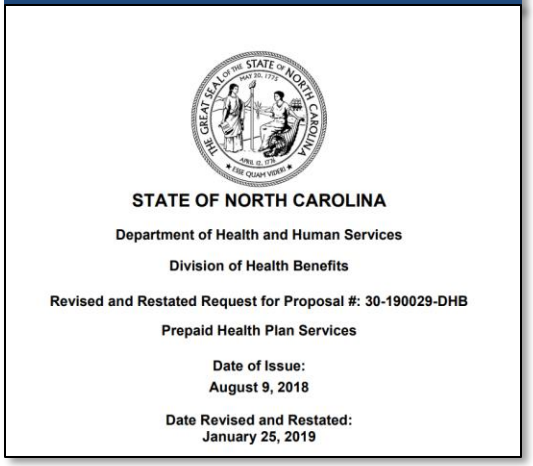
During AMH TAG Data Subcommittee launch in June 2019, DHB shared the following AMH Data Strategy principles.

1. **Ensure AMH professionals have timely access to relevant information**
2. **Equip AMH Tier 3 practices to seamlessly manage care across their PHP populations**
3. **Minimize administrative and cost burdens on AMHs and PHPs wherever possible**
4. **Engage beneficiaries in their own health and health care decisions**

AMH Data Strategy Resources

The PHP Contract, AMH Provider Manual, and AMH Data Specification Guidance documents provide key data and HIT requirements for PHPs and AMHs.

PHP Contract[1]



STATE OF NORTH CAROLINA

Department of Health and Human Services

Division of Health Benefits

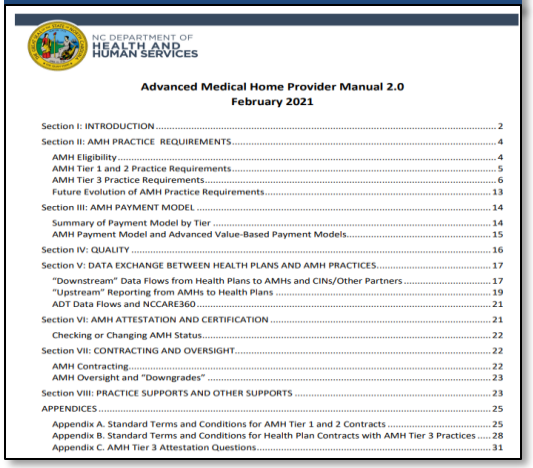
Revised and Restated Request for Proposal #: 30-190029-DHB

Prepaid Health Plan Services

Date of Issue:
August 9, 2018

Date Revised and Restated:
January 25, 2019

AMH Provider Manual[2]



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES

Advanced Medical Home Provider Manual 2.0
February 2021

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AMH Data Specification Guidance[3]

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Advanced Medical Home Data Specification Guidance

This page contains a list of the NC Medicaid data specification guidance documents in support of the Advanced Medical Home (AMH) program. The table below provides the name, date, version and link to the current data specification guidance. The bottom of the page includes links to access previous versions of the data specification guidance documents that have been archived.

Current Guidance

Data Specification Guidance	Date	Version
Requirements for Sharing Beneficiary Assignment and Pharmacy Lock-In Data to Support AMHs	1/21/2021	2.0

1. https://files.nc.gov/ncdma/Contract--30-190029-DHB-Prepaid-Health-Plan-Services.pdf
2. https://files.nc.gov/ncdma/documents/Transformation/Advanced-Medical-Home-Provider-Manual.pdf
3. https://medicaid.ncdhhs.gov/transformation/advanced-medical-home/advanced-medical-home-data-specification-guidance

AMH Data Strategy Forums

DHHS continues to engage stakeholders in several forums in support of data and HIT design and implementation.

Meeting Title	Frequency	Topic(s)	Stakeholder(s)
NCMT Population Health All-PHP Meetings (Primarily Program Focus)	Weekly	• Defined in collaboration with the respective PHPs	PHPs
NCMT Population Health PHP 1:1 Meetings (Primarily Program Focus)	Monthly	• All Population Health Programs Topics including topics related to AMH program operational support	PHPs
Daily Help Center & Technology Operations Status Calls (Data Focus)	Daily	• Track & Review Medical Managed Care Program Operational Issues • Issues raised by AMHs/CINs are flagged for resolution	PHPs and other State Partners and Technology Vendors
AMH Technical Advisory Group (AMH TAG) (Primarily Program Focus)	Monthly	• Both process and technology challenges	PHPs

Materials from 2019 AMH TAG Data Subcommittee meetings are available here.

Objectives & Role of the AMH TAG Data Subcommittee

Data Strategy: Roles and Relationships

DHHS gathers feedback and recommendations on key topics from the AMH TAG and the TAG Data Subcommittee.

North Carolina DHHS

↑

AMH TAG

Members
- *Clinical Leaders*

Role
- *Advise DHHS on key aspects of the design and evolution of the AMH program*
- *Identify key AMH-related data priorities and concerns; charge Data Subcommittee DSC with providing feedback and developing recommendations on priorities and concerns*

↓↑

AMH TAG Data Subcommittee

Members
- *Data and information system SMEs*

Role
- *Identify and consider critical AMH-related data, data exchange, and HIT priorities and concerns; identify opportunities for data system efficiencies and alignment*
- *Serve as ambassadors to their networks, sharing and collecting input on data issues*

Data Subcommittee Meeting Operations & Logistics

Data Subcommittee meetings will focus on high-priority data topics.

- The Data Subcommittee provides **subject-specific counsel to the AMH TAG and DHHS**. The Subcommittee is not a decision-making body.
- The Data Subcommittee may **propose recommendations through consensus**, as needed.
- Data Subcommittee **meetings will occur approximately bi-monthly**.
- Meeting agendas will be organized around DHHS, TAG, and Data Subcommittee priorities.
- Agendas and materials will be transmitted to Data Subcommittee members in advance of each meeting. Materials and meeting summaries will be publicly posted after each meeting.

Expectations of Data Subcommittee Members

Members are expected to actively engage in Data Subcommittee discussions.

Member Expectations

Data Subcommittee members have been selected by TAG representatives for their expertise and will serve in an important advisory role to DHHS and the TAG on data matters and policy.

Subcommittee members will be expected to:

- Consistently attend subcommittee meetings;
- Review shared materials in advance of each meeting;
- Elevate key data, data exchange, and HIT concerns and opportunities for alignment for DHHS consideration;
- Keep statements respectful, constructive, relevant, and brief;
- Be solutions-oriented in deliberations and comments; and
- Serve as ambassadors to their networks, sharing and collecting input on topics and promoting dialogue and communication with stakeholders.

Known Data Concerns and Recent Resolution Activities

Data Issues: Selection and Prioritization

Discussion Questions

DHHS seeks feedback on the data issues that are most urgent to address.

Known data exchange concerns are listed on the next slide. We are seeking your input on:

1. **Completeness:** Are any issues missing?
2. **Prioritization:** In what order should the issues be addressed?

DHHS will solicit additional feedback on data topics after the meeting.

Known Data Concerns and Recent Resolution Activities

Data Topic	Description of Key Issues	Activities to Address Issues
Beneficiary Assignment	Data quality and completeness	• Tech Ops Activities to address issues w/each PHP (*ongoing*)
Patient Risk List	Inconsistencies between files Additional guidance on file transfer schedule	• Tech Ops Activities to address issues w/each PHP • Review with PHPs and AMHs to gather additional inputs and present to AMH TAG Data Subcommittee for discussion.
Care Needs Screening	Lack of standardized file format	• Design longer term solution to increase standardization • Recommend discussing issue and solutions at future AMH TAG Data Subcommittee meeting
Claim Files (Pharmacy, Dental, Institutional)	Data completeness	• Tech Ops Activities to address issues w/each PHP (*ongoing*)
PHP and AMH Interface Timing	Data interfaces between PHPs and AMHs vary by PHPs	• Recommend discussing issue and solutions at future AMH TAG Data Subcommittee meeting

PHP & AMH Interface Timing Standardization

PHP and AMH Interface Timing

Issue Description

PHPs have different schedules for sharing data through the standard interfaces that the Department has defined for data sharing between them and CINs/AMHs.

Issue Implications to CINs/AMHs

- CINs/AMHs have processes which they are expected to execute after receiving data from PHPs. Receiving data on differing schedules impacts CINs'/AMHs' ability to:
  - Efficiently executing their downstream processes to provide more complete, accurate, and timely data available 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 PHPs through the patient risk file from the CINs/AMHs.
- Potentially impacts the reconciliation of PHP's care management and health home payments to CINs/AMHs.

PHP and AMH Data Interface Timing (Cont)

Issue Root Cause

- DHHS was not prescriptive in originally requiring a standardized reporting cadence. However, many stakeholders have requested DHHS reconsider setting a standard for PHP and CIN/AMH implementation.

- [Presentation of current schedule shared by the PHPs for each of the standard interfaces.]

Potential Pathways for Issue Resolution

OPTION 1: Increase PHP Schedule Transparency

Publish the PHPs' current schedule of data transfers on the Medicaid portal

Pros:

- Each AMH/CIN could utilize this schedule to support process automation.
- Low level of effort for PHPs.

Cons:

- Does not fully address the timing discrepancy issue as: (1) the files will still be delivered at different times and (2) the files still vary in the way the PHPs provide them.

OPTION 2: Ensure PHP Schedule Alignment

Update the PHP contract and Data Specification Guidance that provides descriptive guidance of data transfers between PHPs and AMHs.

Pros:

- Resolves core reporting issues raised by AMH/CINs by implementing a long-term structural solution.
- Streamlines when data moves from PHPs and AMHs potentially improving data timeliness.

Cons:

- Requires PHPs to make changes to existing scheduling report transfers.
- Implementation may not be possible until Dec 2022 or later, with the issue remaining in the short-term.

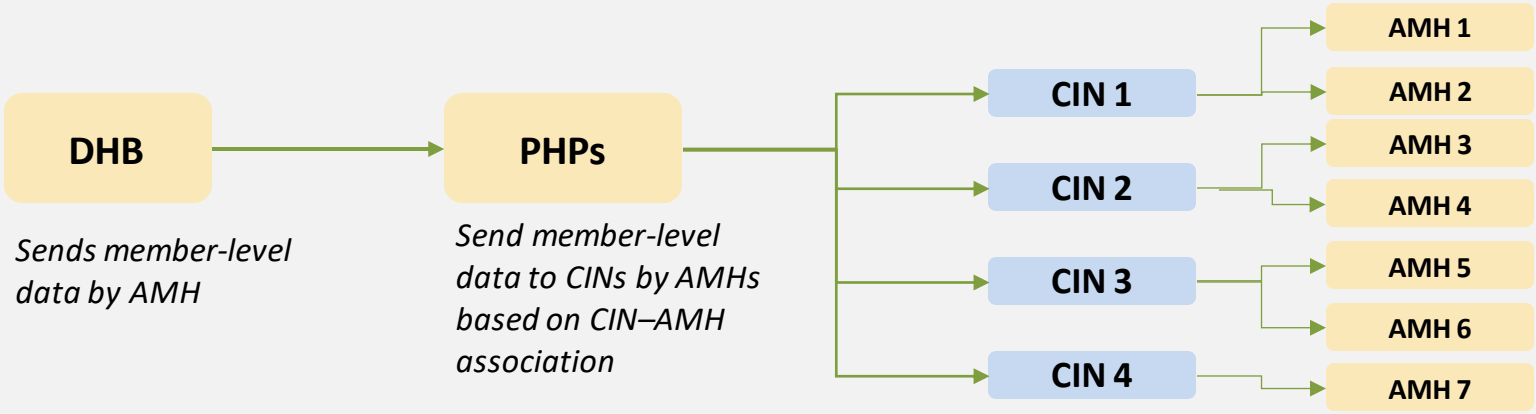
PHP and CIN Data Quality

PHP and CIN Data Quality

Issue Description

Current Data Flow

- PHPs maintain information on the CIN and AMH relationship.



Issues

- PHPs information on the relationships between CINs and their associated AMHs is not always aligned with the information that CINs have.
- Files that are routinely shared between PHPs and CINs are incomplete and inaccurate

Implications

- **Impact on PHPs**: PHPs' systems may be missing information on AMHs and the beneficiaries in CINs' network.
- **Impact on DHHS**: Without accurate CIN to AMH mapping details, DHHS lacks a single source of truth and must use a manual process to support reconciliation of these payments between PHPs and CINs.
- **Impact on Beneficiaries**: Potential impact on beneficiary care due to CINs having incomplete information.

PHP and CIN Data Quality (Continued)

Issue Root Cause

- There are no standardized CIN identifiers that can be used to facilitate issue tracking in an automated and streamlined manner.

Stakeholder Implications

- DHHS, PHPs and CINs spend multiple hours manually resolving this issue each cycle when CINs report missing members or payment and AMHs report incorrect payments.
- This typically involves routine code changes on PHPs to align AMHs and associated members to the right CINs and reshare files that were missed.

Potential Pathways for Issue Resolution

Potential Solution

Goal

Create a single source of truth that provides consistency across all stakeholders.

Advantage(s)

- Reduces manual post-Remittance Advice solution to address discrepancies in payment.
- Increases transparency and potential relationships between CINs and PHPs.

Disadvantage(s)

- Manage new taxonomy for CINs.

Potential Mechanism

- Allow CINs to register on the Provider Portal and enable modules that support verification of AMHs/ beneficiaries in the Portal.

DHHS seeks feedback on other potential solutions to this issue for discussion at our next meeting.

Public Comments

Next Steps

Next Steps

Subcommittee Members will:

1. Respond to DHHS' data topic survey.
2. Review materials in advance of the next Subcommittee meeting.

DHHS will:

1. Post today's presentation and a summary of today's meeting on the DHHS website.
2. Develop and share materials in advance of the next Subcommittee meeting.

Logistics and Questions

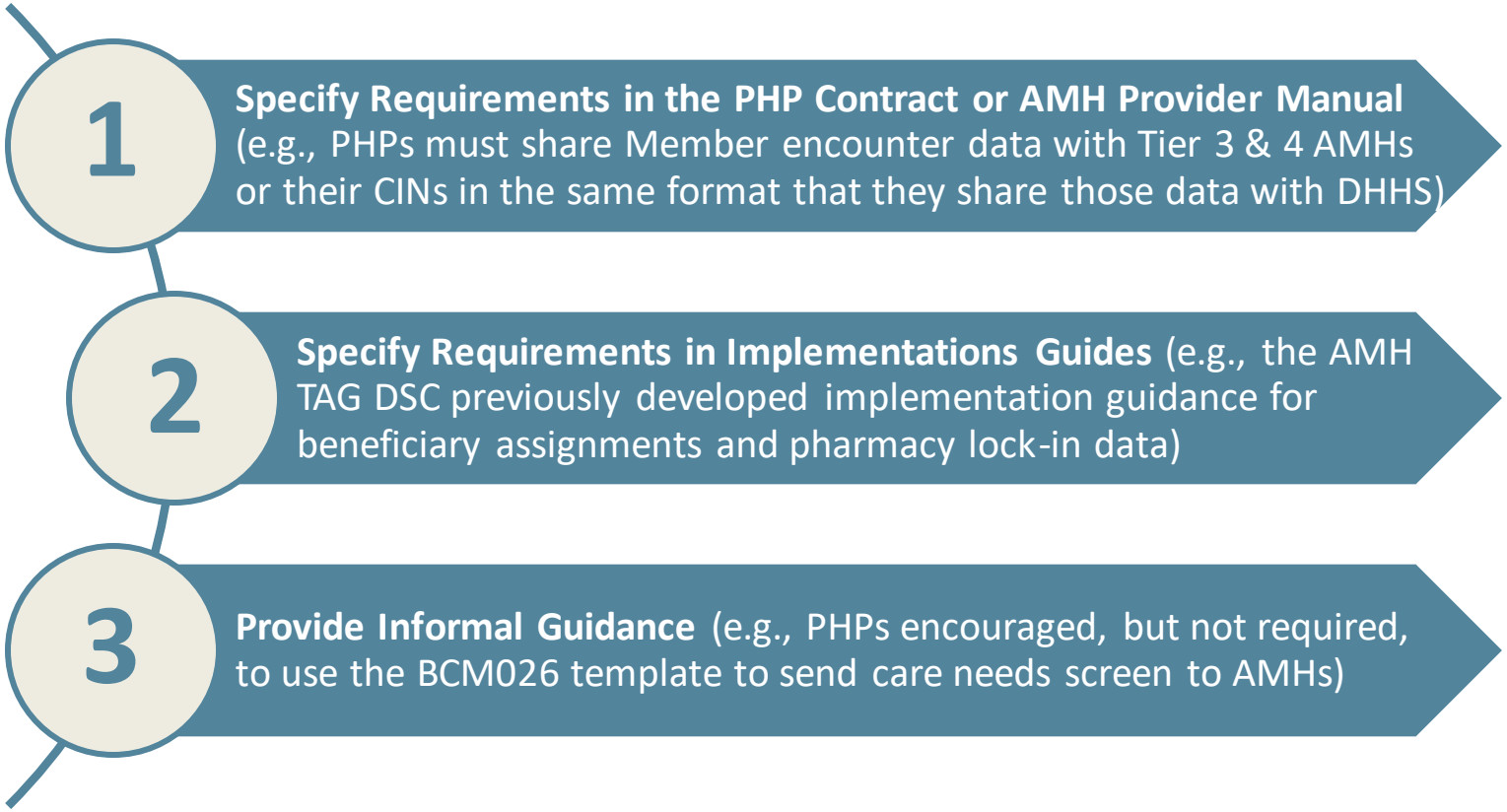
- The bimonthly series of AMH TAG Data Subcommittee meetings is being scheduled. Our next meeting will likely occur in April.
- Please submit questions or comments on AMH TAG Data Subcommittee topics or meeting logistics to Jahaziel Zavaleta (jahaziel.zavaleta@dhhs.nc.gov).

Thank you for participating!

Appendix

Options for Issue Resolution

There are three primary avenues to align stakeholders on data exchange standards.



*See notes for citations