

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

*Meeting #3: Update on Beneficiary Assignment
and Encounter Data Specifications & Consideration
of Other Data Topics for Standardization*

October 3, 2019, 10:00 am – 1:00 pm

Williams Building, 1800 Umstead Drive, Room 123B

Meeting Objectives

- 1 Discuss process to communicate data specification guidance**
- 2 Review findings from interviews and research on use of financial data to support care management and value-based payments (VBP)**
- 3 Develop recommendation regarding modification of the encounter data file specification**
- 4 Review and consider other priority AMH Data topics for future Subcommittee meetings**

Agenda

- 1** Welcome and Re-Introductions 10:00 am – 10:05 am
- 2** Recap of Data Subcommittee #2 10:05 am – 10:15 am
- 3** Update on Testing/Implementation of Beneficiary Assignment and Encounter Data 10:15 am – 10:45 am
- 4** Availability & Use of Financial Data to Support Care Management & VBP: Research Findings and Discussion 10:45 am – 11:30 am
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Data Subcommittee Representatives

Organization	Representative(s), Title(s)
AmeriHealth Caritas North Carolina, Inc	Adam LoCasale, MSHCA, Director of Enterprise Data Architecture
Blue Cross and Blue Shield of North Carolina	Seth Morris, MBA, RVP Provider Solutions and Provider Lead Carla Slack, IT Account Management
Carolina Complete Health, Inc	Peter Bird, Senior Director of Performance & Analytics Barbara Williams, IT Senior Director of New Business Implementation & Acquisitions Julia Ghurtskaia, MPH, Vice President of Population Health
Carolina Medical Home Network	Mark Massing, MD, PhD, Analytic Data Scientist Kristen Dubay, MPP, Senior Policy Advisor Lauren Lowery, MPH, Network Development Manager
Carolinas Physician Alliance (Atrium)	Chris Danzi, MBA, Assistant Vice President of Information Services Jason Durham, MA, Director of Enterprise Information
Community Care Physician Network (CCPN)	Greg Adams, MD, CCPN Board of Managers Christoph Diasio, MD, CCPN Board of Managers Anna Boone, RN, BSN, Director of Quality Management for CCNC Carlos Jackson, PHD, Chief Data and Analytics Officer
Duke	Mary Schilder, RN, Analytics Customer Solutions, Analytics Center of Excellence Tara Kinard, RN, MSN, MBA, CCM, CENP, Associate Chief Nursing Officer
Emtiro Health	Brad Horling, Director of Business Intelligence
Mission Health Partners	Ryan Maccubbin, MBA, Team Lead, Senior Analyst
UNC Alliance Network	Shaun McDonald, Enterprise Architect, Analytics
UnitedHealthcare of North Carolina, Inc	Michael Rogers, IT Director
WellCare of North Carolina, Inc	Nathan Barbur, Enterprise Architect

Department of Health and Human Services (DHHS) and Advisors

DHHS

- **Kelly Crosbie – Deputy Director of Quality and Population Health, DHHS**
- **Vinay Kancharla – Data Architect, Information Technology Division – Application Management, DHHS**
- **Jessie Tenenbaum, PhD – Chief Data Officer, DHHS**

Advisors

- **Vikas Gupta – Medicaid Transformation Project Manager – Care and Quality Management, Accenture**
- **Aaron McKethan, PhD – Duke University**
- **Jonah Frohlich – Managing Director, Manatt Health Strategies**
- **Lammot du Pont – Senior Advisor, Manatt Health Strategies**
- **Edith Stowe – Senior Manager, Manatt Health Strategies**
- **Bardia Nabet – Consultant, Manatt Health Strategies**
- **Umayr Hassan – Software Engineer, Nuna**

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Recap: AMH TAG Data Subcommittee Meeting #2

1 AMH 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, CMARC and CMHRP	6/28/2019	1.1
Requirements for Sharing Encounters and Historical Claim Data to Support AMHs, CMARC and CMHRP	9/5/2019	1.5

2 Requirements for sharing Encounters & Historical Claims data to Support AMH, CMARC, CMHRP Programs Version



NC Medicaid Managed Care

Requirements for Sharing Encounters & Historical Claims Data to Support Advanced Medical Homes (AMHs), Care Management for At-Risk Children (CMARC) & Care Management for High Risk Pregnancy (CMHRP) Programs

4 Data Elements detailed in AMH Policy Papers:

1. Beneficiary Assignment
2. Encounter Data from PHPs
3. Initial Care Needs Screen Results
4. Comprehensive Assessments
5. Risk Stratification Scores
6. Care Plans
7. Quality Measure Performance Information
8. Care Management Performance Information
9. Admission, Discharge, Transfer (ADT) Information
10. Clinical Data
11. Unmet Health Resource Needs
12. Sharing Data With Patients and Caregivers

1. **Review Progress On High-Priority Data Topics (to be discussed today)**
2. **Communicating the Department's Specification Guidance ([link](#))**
3. **Inclusion of Financial Information in PHP's Transmission of Encounter Data to AMH Tier 3 Practices and CINs (to be discussed today)**
4. **Discussion of Additional Data Topics (to be discussed today)**

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Recap: Medicaid Transformation Milestones

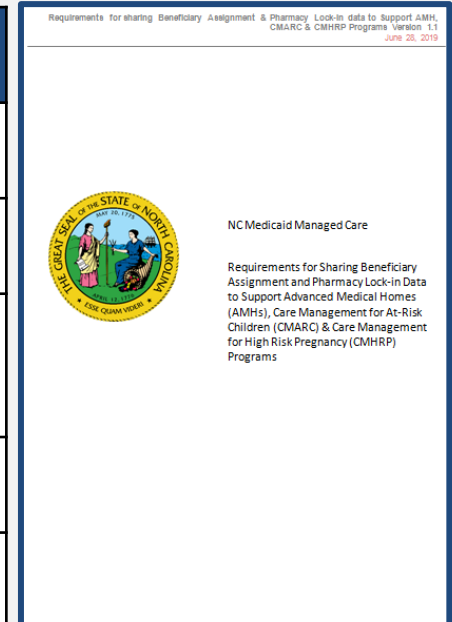
Milestone	Regions 2 and 4	Regions 1, 3, 5, and 6
Enrollment Packets Mailed	6/28/2019 (already occurred)	10/1/2019
Open Enrollment Begins	7/15/2019 (already occurred)	10/14/2019
Provider Contracts Must be Signed for Inclusion in Auto-Assignment	Mid-November	
Open Enrollment Ends	12/13/19	
Auto-Assignment to PHPs and PCPs	Starting 12/16/19	
Standard Plan Effective Date	2/1/2020	

Beneficiary Assignment Data Specifications

Updated Timeline for Implementation and Testing of Version 1.1

The goal is to finalize the specification by mid-January

Task(s)	Expected Start Date Based on Revised MCL	Expected Completion Date Based on Revised MCL
PHP & AMH/CIN Development	Complete	Complete
PHP & AMH/CIN System Integration Testing*	Complete	Complete
Auto Assignment End-to-End Testing (State to PHPs to AMHs/CINs)	In Progress	9/30/2019
Managed Care Launch End-to-End Testing	11/18/2019	12/23/2019
Production Release - 1st Delivery to AMHs/CINs	1/12/2020	1/12/2020

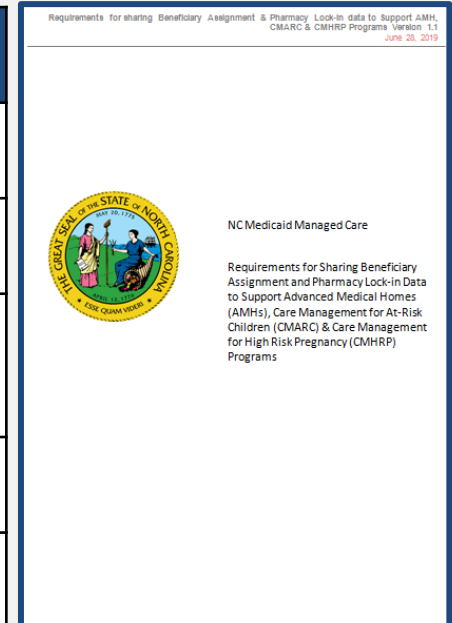


Pharmacy Lock-In Data Specifications

Updated Timeline for Implementation and Testing of Version 1.1

The goal is to finalize the specification by the end of January

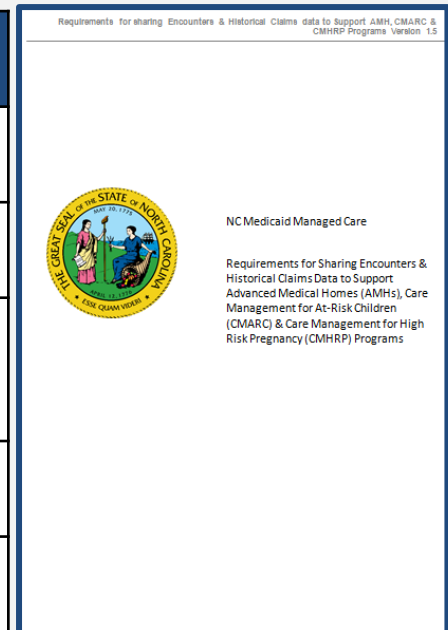
Task(s)	Expected Start Date Based on Revised MCL	Expected Completion Date Based on Revised MCL
PHP & AMH/CIN Development	Complete	Complete
PHP & AMH/CIN System Integration Testing*	Complete	Complete
Auto Assignment End-to-End Testing (State to PHPs to AMHs/CINs)	In Progress	9/30/2019
Managed Care Launch End-to-End Testing	11/18/2019	1/10/2020
Production Release - 1st Delivery to AMHs/CINs	1/26/2020	1/26/2020



Claims & Encounter Data (Medical, Pharmacy, & Dental) Specs Updated Timeline for Implementation and Testing of Version 1.5

The goal is to finalize the specification by the end of January

Task(s)	Expected Start Date Based on Revised MCL	Expected Completion Date Based on Revised MCL
PHP & AMH/CIN Development	In Progress	11/1/2019
PHP & AMH/CIN System Integration Testing*	In Progress	11/1/2019
Managed Care Launch End-to-End Testing	11/18/2019	1/10/2020
Production Release - 1st Delivery to AMHs/CINs	1/26/2020	1/26/2020
	2/17/2020	2/17/2020



Specification Guidance

Communicating Specifications & Addressing Questions

- 1 *The Department will transmit final and updated specifications to PHPs*
- 2 *The Department will post final and update specification guidance documents on the DHHS website*
- 3 *The Department will facilitate a series of recurring calls to address common testing and implementation issues*
- 4 *PHPs will be responsible for working with their AMHs and CINs to address questions regarding the specifications*

The screenshot shows the NCDHHS website header with the logo, search bar, and navigation menu. The main content area displays the title 'AMH Data Specification Guidance' and a table of current guidance documents.

Data Specification Guidance	Date	Version
Requirements for Sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support AMHs, CMARC and CMHRP	6/28/2019	1.1
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Request For AMH/CIN Access to Payment Amount Information

Background and Initial DHHS Decisions

Background

- **CINs** indicated that payment information will inform their care management processes, and improve their ability to understand total cost of care and prepare for value-based arrangements
- **PHPs** indicated that some of their contracts with health systems contain non-disclosure clauses that prevent them from sharing paid claims amount with any entities other than DHHS
- Currently, **DHHS** neither mandates nor prohibits that PHPs disclose payment amount information to AMHs and/or CINs/other partners

DHHS's Initial Decisions

1. DHHS would not require PHPs to include payment amounts in the line-level encounter data they transmit to Tier 3 AMH practices, CINs/other partners
2. DHHS's initial specification guidance for PHPs' transmission of encounter data to Tier 3 AMH practices, CINs/other partners did not include fields for payment-related information

Request For AMH/CIN Access to Payment Amount Information

Goals and Follow-up Steps

Goals

Ensure that providers have actionable and appropriate information to support:

1. their care management efforts
2. their participation in VBP

Follow-up Steps

1. Assessment of how Medicaid stakeholders in other states share financial information
2. Discussions with PHPs and CINs regarding their current and planned approaches to use financial information in support of care management and value-based payments

Accessing Financial Information for Care Management & VBP

Summary of Findings in Other States

The Process

Interviews with State Medicaid Agencies, Medicaid MCOs, providers, Medicaid ACOs, claims aggregation organizations, and subject matter experts

States

- California
- Massachusetts
- Minnesota
- New York
- Ohio
- Oregon

Key Findings

- 1. Non-disclosure clauses constrain Medicaid MCOs' ability to transmit payment information to providers**
- 2. In the states that were studied, the State Medicaid Agencies did not mandate that MCOs transmit payment information; MCOs had discretion to determine if, how, and what type of financial data to transmit**
- 3. Varying types of financial information are transmitted to providers:**
 - Paid claim amount (note that "allowed amount" not typically disclosed)
 - Anonymized payment information (e.g., provider name removed)
 - Aggregated reports (e.g., cost and utilization trend reports)
- 4. The sources of the financial information also vary:**
 - In many states, MCOs transmit relevant financial information directly to providers
 - In some states, the Medicaid Agencies transmit relevant financial information to providers
 - In a few states, 3rd party organization transmit relevant financial information financial data to providers

Accessing Financial Information for Care Management & VBP

Summary of Findings from PHP and CIN Interviews

The Process

Asked PHPs and CINs to describe the current and planned approaches to using financial information in support of their: (1) care management; and (2) VBP efforts

Interviewed PHPs & CINs

PHPs

- BCBS NC
- Carolina Complete Health

CINs

- CCPN
- Emtiro
- UNC Health Alliance

Key Findings

- 1. Payment amounts are important input for some CINs' risk stratification methods**
- 2. PHPs and AMHs are poised to begin VBP arrangements at Managed Care Launch**
- 3. Access to financial information, particularly paid claim amount, is important for upside risk arrangement and essential for downside risk and Total Cost of Care (TCOC)**
- 4. PHPs are eager to transmit actionable and appropriate financial information**
- 5. PHPs may be able to transmit "paid claim" amounts without violating disclosure prohibitions**
- 6. Preferences voiced for PHPs serving as the source of truth via a common transmission method**
 - PHPs preferred to be the source of truth and transmit paid claim data in the existing encounter file format
 - CINs preferred to receive paid claim amount directly from the PHPs and in the existing encounter file format

Accessing Financial Information for Care Management & VBP

Proposal and Discussion Questions

1 DHHS Modifies the Encounter Specifications to Include Fields for Financial Information

Proposal: Modify the current encounter specification to include a new fields as follows:

Header Level

1. Total Claim Charge Amount
2. Claim allowed Amount
3. Payers Claim Payment Amount

Line Level

1. Line Item Charge Amount
2. Claim allowed amount
3. Payers Claim Payment Amount

2 DHHS Neither Mandates nor Prohibits PHPs' Transmission of Financial Information

Proposal: DHHS understands that PHPs are committed to transmitting the financial information that providers need to be successful in both their care management effort and VBP arrangements. Rather than establishing a mandate, DHHS seeks to provide PHPs with the flexibility to determine how best to share financial information with providers.

3 DHHS Updates the Encounter Specifications With New Financial Fields and Distributes ASAP

Proposal: DHHS revises the current encounter specification to include new fields for financial information and releases: (1) the layouts to PHPs by Oct 4th and (2) the revised specification guidance by Oct 11th.

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Approach and Actions to Address AMH Data Topics

Approach

DHHS is listening to stakeholders to determine if, how, and when to address data issue challenges

Possible Actions

Depending on the data topic and the anticipated challenges, there are a range of actions that could be taken:

- increased standardization
- streamlining the data that are being requested
- increased definition of valid responses
- adoption of more effective, efficient transmission methods
- addressing the availability of certain types of data services

AMH Data Topics Addressed To Date

Data Topic	Actions Taken	Immediate Next Steps
<p>1. Beneficiary Assignment</p> <p><i>[PHPs' transmission of beneficiary assignments to AMHs and CINs]</i></p>	<ol style="list-style-type: none"> 1. DHHS team worked with PHPs/CIN to develop initial specifications 2. DHHS published final specifications 3. PHPs and AMHs/CINs have begun testing and implementation 	<ol style="list-style-type: none"> 1. Finalize testing
<p>2. Encounter Data</p> <p><i>[PHPs' transmission of encounter data to AMHs and CINs]</i></p>		
<p>3. Care Management Encounter Data</p> <p><i>[PHPs' collection of care management encounter data and transmission to DHHS]</i></p>	<ol style="list-style-type: none"> 1. DHHS is working with PHPs to review and revise the data fields in the current specification for the "Care Management Beneficiary Extract" template 	<ol style="list-style-type: none"> 1. Engage CINs to help finalize the file specifications

Prioritization of Additional AMH Data Topics

Suggestions from Data Subcommittee Members During Previous Meetings

- **Initial Care Needs Screen Results**
- **Prior Authorization**

Suggestions from AMH TAG Members During Sept 17 Meeting

- **Risk Stratification**
- **Access to ADT Information**

Polling of Priorities

1. To determine which data topics to address and when, the Department seeks prioritization feedback
2. Following today's meeting, the Department will distribute a survey to the Data Subcommittee Member organizations; each organization will be asked to complete and submit one survey
3. The survey will be distributed this week, with the goal of the Department receiving responses by October 10th
4. Survey results will be presented to the AMH TAG on October 16th, where the AMH TAG will make final recommendations

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Next Steps

- 1 Data Subcommittee members to share key takeaways with stakeholders**
- 2 Data Subcommittee members to identify the appropriate respondent and complete the AMH data topic prioritization survey**
- 3 DHHS to finalize and share pre-read materials for the next AMH TAG (October 16, 11:30 am – 2:30 pm)**
- 4 DHHS to schedule upcoming session of Data Subcommittee (tentatively early-December)**