North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group Data Subcommittee Meeting #1
June 21, 2019

Meeting Attendees	Organization
AMH TAG Data Subcommittee Members, North Carolina DHHS, and Manatt Project Team	
Adam LoCasale	AmeriHealth Caritas North Carolina, Inc
Carla Slack *(by phone)*	Blue Cross and Blue Shield of North Carolina
Barbara Williams *(by phone)*	Carolina Complete Health, Inc
Mark Massing *(by phone)*	Carolina Medical Home Network
Chris Danzi *(by phone)*	Carolinas Physician Alliance (Atrium)
Jason Durham *(by phone)*	Carolinas Physician Alliance (Atrium)
Anna Boone	Community Care Physician Network (CCPN)
Carlos Jackson *(by phone)*	CCPN
Christoph Diasio	CCPN
Mary Schilder	Duke Primary Care
Brad Horling	Emtiro Health
Ryan Maccubbin *(by phone)*	Mission Health Partners
Shaun McDonald	UNC Alliance Network
Michael Rogers	UnitedHealthcare of North Carolina, Inc
Nathan Barbur	WellCare of North Carolina, Inc
Kelly Crosbie	DHHS
Vinay Kancharla	DHHS
Jessie Tenenbaum	DHHS
Vikas Gupta	Accenture
Jonah Frohlich *(by phone)*	Manatt Health Strategies
Lammot du Pont	Manatt Health Strategies
Bardia Nabet	Manatt Health Strategies
Michelle Carrera	Manatt Health Strategies
Umayr Hassan	Nuna
Public Attendees	
Pruyam Sengupta *(by phone)*	Anthem, Inc.
Jennifer Dabbs *(by phone)*	Carolina Complete Health, Inc
Donetta Godwin *(by phone)*	Carolina Complete Health, Inc
Johna Mowrey *(by phone)*	Carolinas Physician Alliance (Atrium)
Stephanie Boschenreither *(by phone)*	Centene
Penny Brocksmith *(by phone)*	Centene
Kana Ferguson *(by phone)*	Centene
Laura Lindy *(by phone)*	Centene
Penny Ramsey *(by phone)*	Centene
Melanie Whitener *(by phone)*	DHHS
Kristen Dubay *(by phone)*	North Carolina Community Health Center Association
Elizabeth Hudgins *(by phone)*	North Carolina Pediatric Society (NCPeds)
Glenn Walsh *(by phone)*	UnitedHealthcare of North Carolina, Inc
Paige Bennett	Wake County Government
William Heemstra	Wake County Government

Agenda

- Welcome and Introductions
- Advanced Medical Home (AMH) Data Strategy: An Overview
- Data Governance: Overview & Subcommittee Role
- Beneficiary Assignment
- Break
- Encounter Data
- Public Comments
- Next Steps

Please refer to the June 21st Technical Advisory Group (AMH TAG) Data Subcommittee slide deck available here.

Welcome and Introductions (slides 1 – 6)

Ms. Kelly Crosbie of North Carolina Department of Health and Human Services (DHHS) convened the meeting at 9:30 am and welcomed meeting attendees. Ms. Crosbie led a rollcall of attendees participating both in person and via phone and introduced DHHS staff and advisors.

Overview: Data Strategy (slides 7 – 11)

Ms. Crosbie began by reviewing the data strategy guiding principles:

- Ensure AMH professionals have timely access to relevant information
- Equip AMH Tier 3 practices to seamlessly manage care across their Prepaid Health Plan (PHP) populations
- Minimize administrative and cost burdens on AMs and PHPs wherever possible
- Engage beneficiaries in their own health and health care decisions

Ms. Crosbie reviewed the twelve data elements within the AMH data strategy and indicated that the meeting's focus was on the transmission of beneficiary assignment and encounter data from PHPs to AMH practices. Ms. Crosbie emphasized the Department's focus on minimizing administrative burden on practices and opened a discussion on what data elements can be standardized in order to enable high-quality patient care and care coordination.

Overview: Data Governance (slides 12 – 15)

Ms. Crosbie reviewed the role of the AMH TAG in nominating organizational counterparts to the Data Subcommittee to discuss data issues related to providing care management and advancing population health. Ms. Crosbie noted that the AMH TAG had identified beneficiary assignment and encounter claims data as the highest priority data topics to discuss further with the expert stakeholders nominated to the Data Subcommittee.

Ms. Crosbie then asked Mr. du Pont to review the AMH Data Governance Process (**slide 14**). The governance process is a four step process that includes: 1) issue identification, 2) issue definition, 3) issue resolution, and 4) ongoing data management. Mr. du Pont gave an overview of completed work to date from issue identification to issue resolution. Mr. du Pont indicated that ad hoc "tiger teams" comprised of subject matter experts from PHPs and Clinically Integrated Networks (CINs) would be asked to provide feedback on key data elements. Mr. du Pont then expanded on the process for ongoing

data management, which encompasses establishing a data management plan for ongoing oversight and compliance and how the Department is open to shaping these guidelines through ongoing feedback.

- Data Subcommittees members ("Members") sought clarification on the authority of the AMH TAG and Data Subcommittee. Mr. du Pont clarified that the AMH TAG makes recommendations to the Department, including recommendations formed by the Data Subcommittee. Recommendations from the Data Subcommittee and AMH TAG inform the Department's decision-making process; the recommendations do not supersede contractual terms or other published guidelines or decision by the Department.
- Dr. Jessie Tenenbaum, Chief Data Officer for DHHS, noted that DHHS leadership will review all recommendations to assess their impact within the AMH program and across other Departmental efforts to ensure that decisions meet the goals of North Carolina Medicaid.

Discussion: Beneficiary Assignment (slides 17 – 20)

Moving on to the first primary data element for discussion, Mr. du Pont guided Members through the background and finalized Version 1.0 Specifications for beneficiary assignment data. Mr. du Pont reviewed the required specifications for data layout and file type, transmission/access method, transmission frequency and required fields (**slide 18**). Mr. du Pont emphasized these were "baseline" specifications to which all parties were expected to adhere. However, PHPs and AMH practices and CINs can decide to exchange data in accordance with different specifications if they found that mutually beneficial.

- Members sought clarification on whether the Department would need to provide state approval between these separate arrangements. Members noted having one-off arrangements could bring data conflicts in the future and noted payors can have differing values for the 834 file fields and sought further clarification to what level standardization would address these potential discrepancies. Ms. Crosbie indicated this was feedback the Department would take into consideration before finalizing the specifications.

DHHS representatives also discussed the ANSI EDI 834 file format and its place as an industry standard. Mr. Vikas Gupta from Accenture and representing DHHS noted that most of the 1,000 AMH Tier 3 practices don't have experience receiving beneficiary assignment information in the ANSI EDI 834 file format. In order to accommodate AMH Tier 3 practices' differing levels of capabilities, DHHS sought to create a data specification that could be used by the majority of practices. The Department envisions these specifications as a first version that will evolve over time as PHPs, AMHs, and CINs increase their capabilities to share data using more sophisticated approaches.

- Members discussed the benefits and drawbacks of the selected data layout and file type of beneficiary assignment data (**slide 18**). Members recommended the use of pipe delimited files instead of fixed width. Members indicated that a majority of health plans and provider organizations currently utilize pipe delimited file formats because they can more easily accommodate variable length data fields (e.g., first and last names) than fixed width formats. The Department noted that they would take this feedback into consideration before finalizing the required specifications.

Mr. du Pont, Mr. Gupta, and Mr. Vinay Kancharla continued the review of the highlighted data fields (**slide 18**). Discussion continued around the following data fields to include in 834:

- **Historical enrollment:** The Department identified it would send two years of history and claims data in order to provide two year look back on certain quality measures. Members noted the importance of this information in their workflows.

- **Race:** The 834 file format contains a field for race, but does not contain a data element for ethnicity; based on feedback from PHPs and CINs, the Department will add a data element for ethnicity in the final specification.
- **Multiple ID numbers:** Based on feedback from PHPs and CINs, the final specification will have data elements for both Department IDs and plan IDs.
- **Social Security Number:** Based on feedback from PHPs and CINs, Social Security numbers were removed from the proposed beneficiary assignment specifications.
- **Pharmacy lock-in:** Department recommends sending the pharmacy lock-in information in a separate file.
- **Additional topics:** Members expressed questions and interest in understanding: 1) how newborns would be accounted for in historical enrollment, 2) dual Medicaid-Medicare enrollee status, and 3) the process by which an AMH and/or CIN could find a data testing PHP-partner. These topics were noted by DHHS for additional follow up.

Mr. Gupta then reviewed the timeline for implementing and testing Version 1.0 of the beneficiary assignment specification data. DHHS and Members collectively acknowledge the fast moving timelines but appreciated the efforts of DHHS to ensure AMHs, CINs, and PHPs are prepared for managed care launch.

Discussion: Encounter Data (slides 20 – 26)

Mr. du Pont guided Members through the background and draft Version 1.0 Specifications for the transmission of encounter data from the PHPs to the AMH Tier 3 practices. Mr. du Pont reviewed these specifications for two types of encounter data: 1) medical, including professional and institutional, and 2) pharmacy (**slides 21 – 24**). Members agreed to the recommendations and continued to discuss the payment amount data field.

Mr. du Pont acknowledged the differing perspectives of the utility and potential contractual restrictions for the sharing of payment amounts in encounter data. DHHS emphasized that the exchange of encounter data in Medicaid managed care would differ from the current data exchange model. Currently, the fee-for-service Medicaid fee schedules are public information and rates are standardized across providers. In this environment, DHHS receives all the Medicaid claims data, including payment amounts, and transmits it to the PCCM vendor (CCNC) to support its care management processes. Members emphasized that payment information is important for value-based payment (VBP), but is often treated by health plans and providers as confidential information in managed care arrangements and is not typically shared unless the entities are in down-side risk contracts. Members emphasized that if providers will be held accountable for Total Cost of Care (TCOC), they will need access to payment information. The Department indicated they will continue to collect feedback on this matter.

Mr. Gupta reviewed the timeline for implementation and testing of encounter data, highlighting the rapidly approaching deadlines and, in particular, end-to-end testing period (**slide 25**).

Finally, Mr. Gupta discussed the PHPs' transmission of "historic" encounter data from DHHS to PHPs and PHPs to AMH Tier 3 practices and CINs. DHHS verified that their teams are in the process of testing file transmission and noted the size of these files would be large, approximately 40 GB (compressed). DHHS emphasized that PHPs, AMHs, and CINs should begin to prepare their data systems for the receipt of these files.

Members asked for clarification on the timing of the frequency of file transmission. In particular, Members wanted to understand whether there would be guidance for PHPs to share the information on certain days of the month, in order to ensure alignment across PHPs. DHHS acknowledged the feedback and noted that it would consider additional guidance or further discussion on the topic at a future meeting.

Next Steps

After opening the floor for public comment (of which there was none), Mr. du Pont highlighted the next steps (**slide 29**):

- Baseline Specifications for PHP Transmission of “Historic” Encounter Data
  - DHHS to transmit proposed specifications to PHPs & Data Subcommittee members (June 28).
- Baseline Specifications for PHP Transmission of “Ongoing” Encounter Data
  - DHHS to transmit proposed specifications to PHPs & Data Subcommittee members (June 28).
- AMD Data “Dossiers”
  - DHHS to develop and distribute “Dossiers” on the beneficiary assignment and encounter data that provide context and considerations.
- AMH Data “Dashboard”
  - DHHS to create, curate, and share a “Dashboard” that summarizes the current status for each data element.
- Proposed Topics for Next Meeting
  - Discussion of next wave of “high priority” data topics.
  - Feedback on beneficiary assignment and encounter data exchange testing efforts.

Members are encouraged to send any additional feedback or suggestions to Kelly Crosbie (Kelly.Crosbie@dhhs.nc.gov) of NC DHHS.

The meeting adjourned at 12:30 pm.