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

Meeting #2: Update on Beneficiary Assignment and Encounter Data Specifications & Consideration of Other Data Topics for Standardization

August 21, 2019, 10:00 am – 1:00 pm

Williams Building, 1800 Umstead Drive, Room 123B

Agenda

1	Welcome and Re-Introductions	10:00 am – 10:10 am
2	Review AMH Data Governance Approach	10:10 am – 10:30 am
3	Discuss Progress on Data Specifications for “High Priority” Data Topics	10:30 am – 11:00 am
4	Discuss Additional Data Topics	11:00 am – 12:15 pm
5	Public Comments	12:15 pm – 12:20 pm
6	Next Steps	12:20 pm – 12:30 pm

Agenda

1	Welcome and Re-Introductions	10:00 am – 10:10 am
2	Review AMH Data Governance Approach	10:10 am – 10:30 am
3	Discuss Progress on Data Specifications for “High Priority” Data Topics	10:30 am – 11:00 am
4	Discuss Additional Data Topics	11:00 am – 12:15 pm
5	Public Comments	12:15 pm – 12:20 pm
6	Next Steps	12:20 pm – 12:30 pm

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	Stephanie Boschenreither, Director of Business Implementation Amy Friedman, Corporate Operations Manager Donetta Godwin, MBA, Senior Consultant 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

Agenda

1	Welcome and Re-Introductions	10:00 am – 10:10 am
2	Review AMH Data Governance Approach	10:10 am – 10:30 am
3	Discuss Progress on Data Specifications for “High Priority” Data Topics	10:30 am – 11:00 am
4	Discuss Additional Data Topics	11:00 am – 12:15 pm
5	Public Comments	12:15 pm – 12:20 pm
6	Next Steps	12:20 pm – 12:30 pm

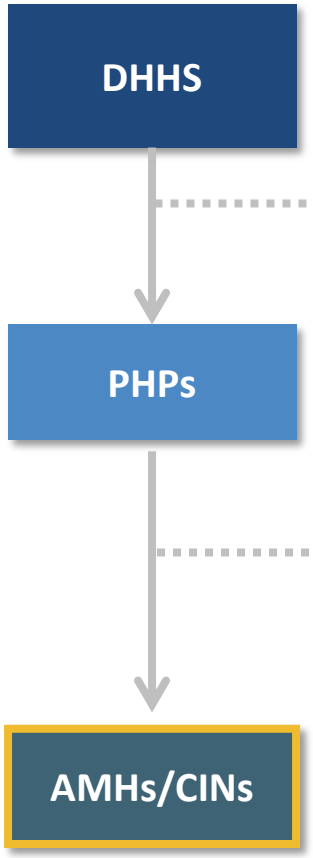
AMH Data Governance
The Process

When necessary, the Department will support the development of specifications and guidance that facilitate the exchange of data that are critical to care management

Steps	Actions
1: Issue Identification	Identify the data flows, sources, and targets.
2: Issue Definition	Define key considerations, cross-cutting dependencies. Determine if, how, and when to standardize based on an assessment of: • The expected value of standardization (i.e., will it remove critical roadblocks) • The expected costs of standardization (i.e., what resources are needed, how long will it take)
3: Issue Resolution	• Draft applicable guidance and/or specifications and vet with stakeholders • Finalize the guidance and/or specifications • Publish the guidance and/or specifications • Test the guidance and/or specifications
4: Ongoing Management	• Monitoring • Compliance • Enforcement • Updates and modifications

Recap: AMH Data Requirements on PHPs and AMHs/CINs

PHPs and AMH practices/CINs are accountable for adhering to the AMH data requirements established by the Department



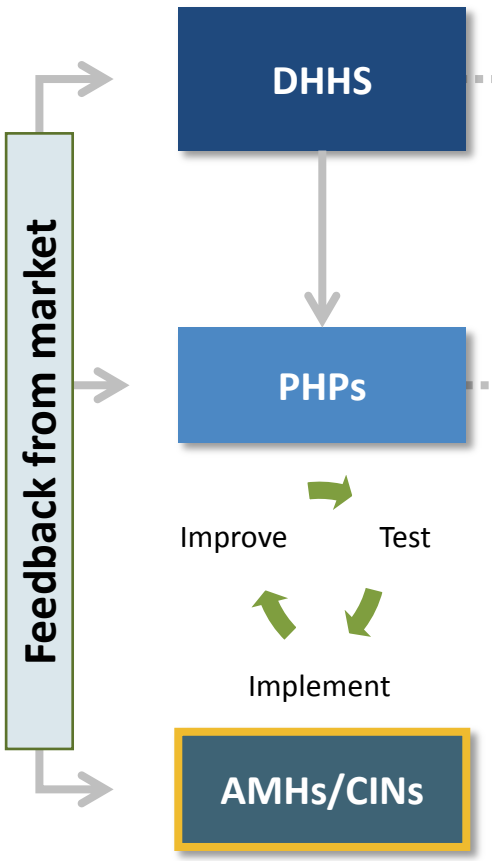
- **PHPs are accountable to DHHS for AMH data sharing**
  - PHP contract specifies: *"In cases where the Department establishes a standard file format for data sharing reports, the PHP shall utilize the file format as specified by the Department."**

- **AMHs/CINs are accountable to PHPs (and vice versa) under their individual contracts.**
  - PHPs and providers will follow Department guidance for data sharing and document their agreements via contracting language
  - Variations from the Department's required specifications are permitted as long as the data trading partners mutually agree to the change and document and report it to the Department (see slide 10)

**PHP RFP Section V. Scope of Services, page 130:* https://files.nc.gov/ncdhhs/30-19029-DHB-1.pdf.

Monitoring & Continuous Improvement Processes

While the Department sets guidance at a statewide level and performs statewide monitoring, PHP/provider relationships will be critical for improving data sharing over time



- Department monitors overall implementation via required PHP reports as well as other sources of information (including this group)
- Department updates guidance with input from AMH TAG, Data Subcommittee, and others in the market
- For serious or persistent issues, Department could use its enforcement powers under the PHP contract for remedies (liquidated damages, etc.)

- **Getting data sharing between PHPs and AMHs/CINs "right" is an iterative process that will take time**

- **For serious/persistent issues,** PHPs & AMHs can utilize their standard processes:
  - AMHs can address issues with PHPs through the PHPs' complaint/dispute resolution processes.
  - PHPs can address issues with AMHs through corrective action plan processes.

Compliance

The Department permits variations to the required specifications as long as the data trading partners mutually agree to the change and document and report it to the Department

1. **The PHP documents the specifications that have been changed and the effective date of the changes.**
2. **The PHP shares information on documented changes with the Department.**

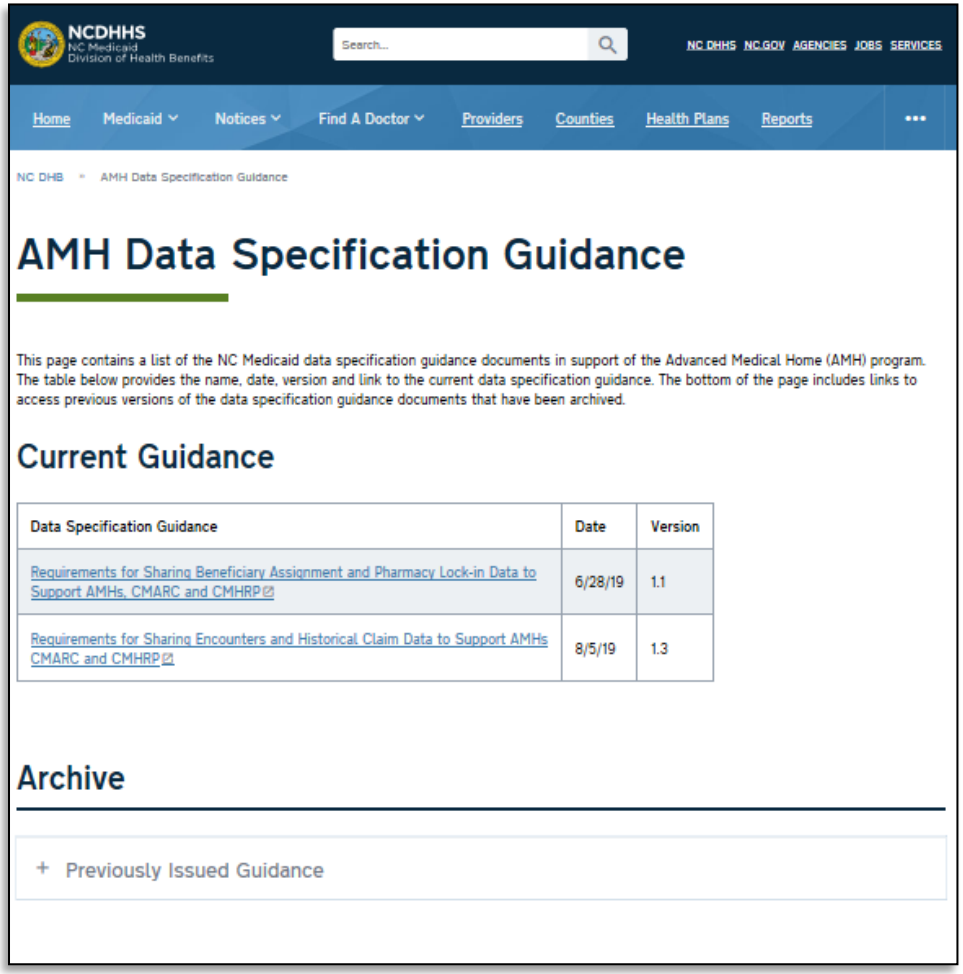
Discussion: *Are there any examples of alternative arrangements that have been made?*

Updates and Modification Processes

Communication of Updates Will Depend Upon the Nature of the Modification

1. For minor modifications (e.g., correction to a misspelling of a file name), DHHS will communicate changes through email to the applicable parties and provide an update via a FAQ posted on the DHHS website.

2. For significant modifications (e.g., changes to the required fields, format, valid values), DHHS will revise the existing specification guidance, transmit the revised guidance via email to the affected parties and Data Subcommittee, and post the revised guidance on the DHHS website.



Agenda

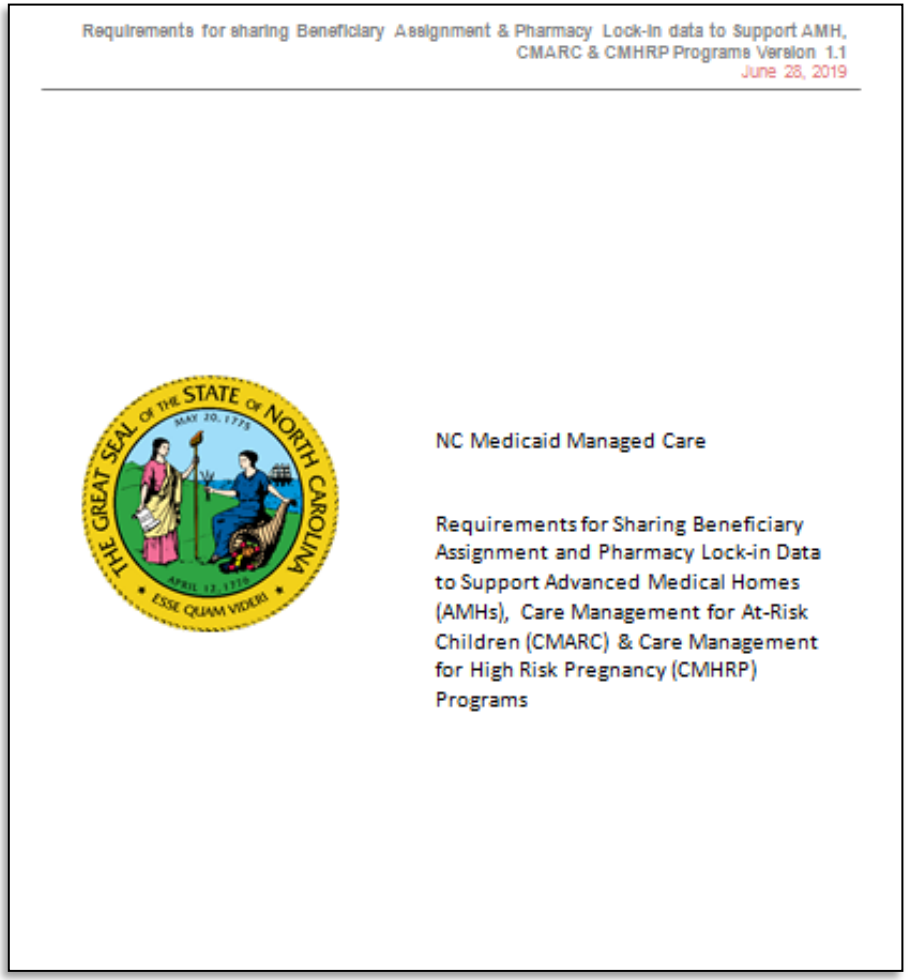
1	Welcome and Re-Introductions	10:00 am – 10:10 am
2	Review AMH Data Governance Approach	10:10 am – 10:30 am
3	Discuss Progress on Data Specifications for "High Priority" Data Topics	10:30 am – 11:00 am
4	Discuss Additional Data Topics	11:00 am – 12:15 pm
5	Public Comments	12:15 pm – 12:20 pm
6	Next Steps	12:20 pm – 12:30 pm

"High Priority" Data Topics
Beneficiary Assignment/ Pharmacy Lock-in & Encounter Data

AMHs, CINs, and PHPs identified PHPs' transmission of beneficiary assignment and encounter data to AMHs/CINs as the most critical data element to address prior to Standard Plan launch.

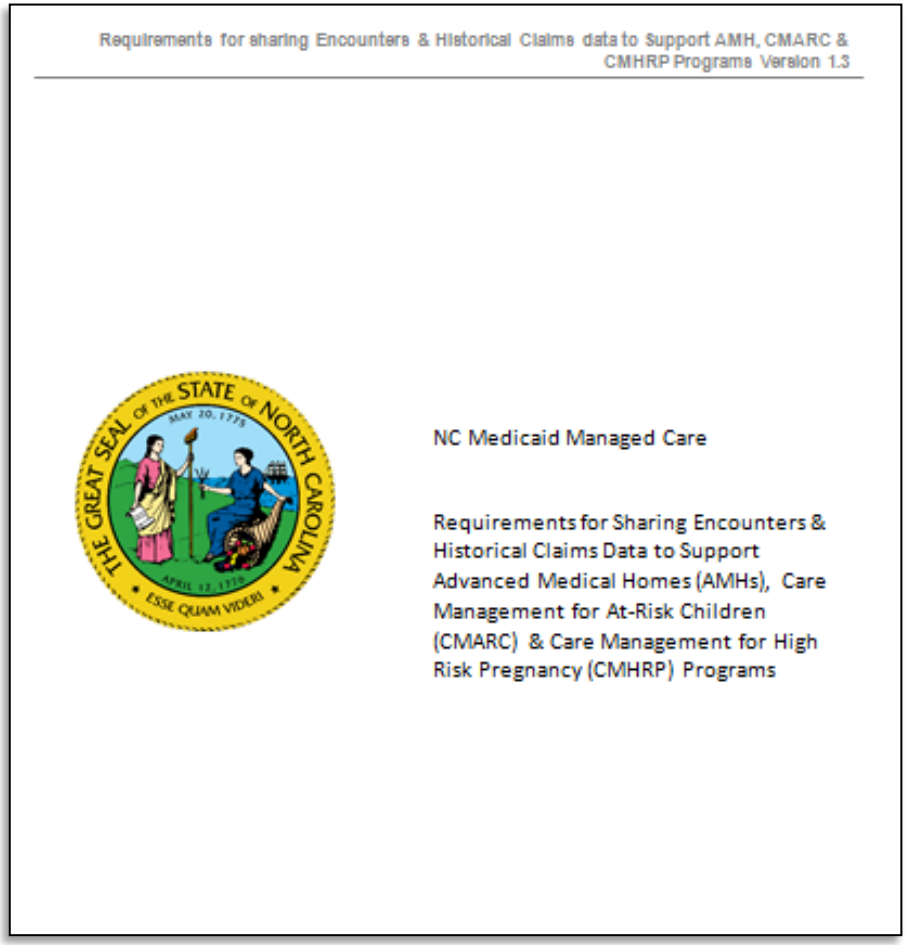
Steps	Beneficiary Assignment & Pharmacy Lock-in from PHPs to AMHs/CINs	Encounter Data from PHPs to AMH Tier 3s /CINs
1: Issue Identification	✓ Identify the data flows, sources, & targets	✓ Identify the data flows, sources, & targets
2: Issue Definition	✓ Define key considerations, cross-cutting dependencies ✓ Determine if, how, & when to standardize	✓ Define key considerations, cross-cutting dependencies ✓ Determine if, how, & when to standardize
3: Issue Resolution	✓ Draft applicable specifications ✓ Vet with data exchange participants ✓ **Finalize the specifications** ✓ **Communicate specifications via email and AMH website** ❑ **Test the specifications**	✓ Draft applicable specifications ✓ Vet with data exchange participants ✓ **Finalize the specifications** ✓ **Communicate specifications via email and AMH website** ❑ **Test the specifications**

Beneficiary Assignment and Pharmacy Lock-in Data
Finalized Specification (version 1.1, released June 28th)



Decisions Made Based Upon Feedback
1. Use of pipe delimited files matching the entire set of applicable 834 data fields
2. Send of 2 years of history and claims data
3. Add a data element for ethnicity, and contain data elements for both Department IDs & plan IDs
4. Social Security numbers were removed from the proposed beneficiary assignment specifications
5. Pharmacy lock-in information should be sent in a separate file

Encounter Data
Finalized Specification (version 1.3, released Aug 5th)



Decisions Made Based Upon Feedback
1. PHPs transmit paid and denied claims
2. PHPs transmit all 837 file fields in a flat file
3. All Pharmacy Data fields in NCPDP file format
4. Definition of required and optional fields aligned with the NCPDP Companion Guide

Request to Require PHPs to Include Payment Amount Information
Background, Recommendation, and Next Steps

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 prohibits nor mandates that PHPs disclose payment amount information to AMHs and/or CINs/other partners.

Recommendation and Next Steps

1. DHHS will not require PHPs to include payments to specific providers in the encounter data they transmit to Tier 3 AMH practices, CINs/other partners in the short term.
2. To ensure that providers have the information they need to support participation in Value-Based Payment, DHHS will engage the AMH TAG and Data Subcommittee to:
   - review the options to make actionable and appropriate financial information available; and
   - develop consensus regarding the optimal options and timeframe for moving forward.

Testing The Specifications

Feedback and Steps to Improve the Process

PHPs, AMHs, and CINs are in the midst of the testing process and topics may arise that impact the Department's specifications

Discussion Questions:

1. *Were AMHs (CINs and their providers) able to find the appropriate testing partners?*
2. *How did/should PHPs address testing of AMH Tier 1 and 2 practices and/or AMH Tier 3s that are not affiliated with a CIN?*
3. *Are there other training or support resources that PHPs, AMHs, and CINs need to make testing more effective and efficient?*

Agenda

1	Welcome and Re-Introductions	10:00 am – 10:10 am
2	Review AMH Data Governance Approach	10:10 am – 10:30 am
3	Discuss Progress on Data Specifications for “High Priority” Data Topics	10:30 am – 11:00 am
4	Discuss Additional Data Topics	11:00 am – 12:15 pm
5	Public Comments	12:15 pm – 12:20 pm
6	Next Steps	12:20 pm – 12:30 pm

AMH Data Topics to Examine in Data Subcommittee Meeting

The CIN Tiger Team participants identified additional data topics that they believe could benefit from additional specification and/or standardization

1. **Initial Care Needs Screen Results**

   Information collected to meet the federal requirement for an initial screening of a beneficiary's health and unmet health resource needs.

2. **Comprehensive Assessments Results**

   Information collected as part of required comprehensive assessments to inform care management for priority populations.

3. **Risk Stratification Scores**

   Results of risk stratification assessments for beneficiaries that fall into priority population categories.

4. **Care Plan Information**

   Information on a beneficiary's plan of care that includes data from the initial care needs screen, claims analysis, risk scoring, comprehensive assessment and other sources.

Initial Care Needs Screen Results
Current State and Discussion Questions

Definition: Information collected to meet the federal requirement for an initial screening of a beneficiary's health and unmet health resource needs

Data Flows	Specifications to Date*	Discussion Questions
1. PHPs → AMHs/CINs/LHDs	• **Data Collection Timing:** Within 90 days of enrollment and must attempt a Care Needs Screening at least annually for individuals not engaged in care management. • **Transmission Timing:** PHPs must share the Care Needs Screening results with AMH within 7 calendar days of screening or within 7 calendar days of assignment of a new AMH/PCP, whichever is earlier • **Content:** Screening tool must identify (at a minimum): ▪ Chronic or acute conditions ▪ Chronic pain ▪ Behavioral health needs ▪ Medications ▪ Other factors or conditions to inform available interventions ▪ Unmet health-related as specified by 11 question Healthy Opportunities questionnaire (*see Appendix*)	**For PHPs** 1. What instruments will you use to collect initial care needs screen information? 2. How will you store the initial care needs screen results? 3. Will you treat the collection of "unmet health-related needs" as per the Dept SDOH questionnaire differently from the other data that you collect? 4. What is your plan or roadmap for the data format, transmission methods to share initial care needs screen information with AMHs and CINs? 5. The Dept currently requires PHPs to use the "Care Needs Screening Report" Excel file template for PHPs to transmit initial care need screening information to the Dept on a quarterly basis. Would you consider using the Dept's template as a format to share data with the AMHs and CINs? **For AMHs/CINs** 1. In what format and by what transmission method would you prefer to receive initial care needs screen information? 2. How will you store and/or integrate the SDOH-related care needs screen results?

** PHP RFP, CIN Issue brief, and AMH Data Strategy*

Comprehensive Assessments
Current State and Discussion Questions

Definition: Information collected as part of required comprehensive assessments to inform care management for priority populations

Data Flows	Specifications to Date*	Discussion Questions
1. PHPs → AMHs/CINs/LHDs 2. AMHs/CINs/LHDs → PHPs	• **Data Collection Timing:** PHP complete within 30 calendar days of identifying a Member as being part of one or more priority populations or having received a referral for care management. • **Transmission Timing:** Unit performing assessment must share the comprehensive assessment within 14 days of completion with the AMH, PHP, and beneficiary. • **Content:** The comprehensive assessment must identify (at a minimum): ▪ Patient's immediate care needs and current services; ▪ Other State or local services currently used; ▪ Physical health conditions; ▪ Current and past behavioral and mental health and substance use status and/or disorders; ▪ Physical, intellectual developmental disabilities; ▪ Medications; ▪ Priority SDOH domains; ▪ Available informal, caregiver, or social supports, including peer supports	**For PHPs** 1. What instruments will you use to collect the comprehensive assessment information? 2. How will you store the comprehensive assessment information results? 3. What is your plan or roadmap for the data format, transmission methods to share comprehensive assessment information with AMHs and CINs? 4. How do you intend to safeguard Part II information and ensure that it is protected and shared in adherence with applicable state & federal rules. **For AMHs/CINs** 1. In what format and by what transmission method would you prefer to receive comprehensive assessment data? 2. What is your plan or roadmap for the data format, transmission methods to share comprehensive assessment information with PHPs? 3. How do you intend to safeguard Part II information and ensure that it is protected and shared in adherence with applicable state & federal rules.

** PHP RFP, CIN Issue brief, and AMH Data Strategy*

Risk Stratification Scores
Current State and Discussion Questions

Definition: Results of risk stratification assessments for beneficiaries that fall into priority population categories

Data Flows	Specifications to Date*	Discussion Questions
1. PHPs → AMHs/CINs/LHDs	• **Transmission Trigger:** PHPs must notify AMHs when beneficiaries fall into priority population categories. • **Content:** PHPs must share risk scoring results with AMH practices for assigned beneficiaries. • **Risk Score Methodologies:** PHPs are encouraged to share an explanation of their risk scoring methodologies but are permitted to use their own proprietary risk scoring algorithms	**For PHPs** 1. What is your risk stratification methodology? 2. What is your plan or roadmap for the data format, transmission methods to share risk stratification methodology with AMHs and CINs? 3. What is your plan or roadmap for the data format, transmission methods to share risk stratification results with AMHs and CINs? **For AMHs/CINs** 1. How valuable is the PHPs' risk stratification score to helping you guide your care management efforts? 2. In what format and by what transmission method would you prefer to receive risk stratification scores? 3. Is it critical to receive the PHP risk-stratification methodology and/or guide to interpreting risk scores so that you can compare and normalize each PHP's risk stratification results?

** PHP RFP, CIN Issue brief, and AMH Data Strategy*

Care Plans
Current State and Discussion Questions

Definition: Information on a beneficiary's plan of care that includes data from the initial care needs screen, claims analysis, risk scoring, comprehensive assessment and other sources

Data Flows	Specifications to Date*	Discussion Questions
1. PHPs → AMHs/CINs/LHDs	• **Content:** Each care plan should identify (at minimum): ▪ Measurable goals; ▪ Medical needs including any behavioral health or dental needs; ▪ Interventions including addressing medication management, including adherence; ▪ Intended outcomes; ▪ Social, educational, and other services needed by the beneficiary	**For PHPs** 1. What is your plan or roadmap for the timing, data format, or data transmission methods to share care plans with AMHs/CINs/LHDs? 2. To what extent are your plans influenced by the national care plan standardization efforts? **For AMHs/CINs** 1. In what format and by what transmission method would you prefer to receive care plan information? 2. Do you plan to share care plan information with PHPs?

** PHP RFP, CIN Issue brief, and AMH Data Strategy*

Agenda

1	Welcome and Re-Introductions	10:00 am – 10:10 am
2	Review AMH Data Governance Approach	10:10 am – 10:30 am
3	Discuss Progress on Data Specifications for “High Priority” Data Topics	10:30 am – 11:00 am
4	Discuss Additional Data Topics	11:00 am – 12:15 pm
5	Public Comments	12:15 pm – 12:20 pm
6	Next Steps	12:20 pm – 12:30 pm

Agenda

1	Welcome and Re-Introductions	10:00 am – 10:10 am
2	Review AMH Data Governance Approach	10:10 am – 10:30 am
3	Discuss Progress on Data Specifications for “High Priority” Data Topics	10:30 am – 11:00 am
4	Discuss Additional Data Topics	11:00 am – 12:15 pm
5	Public Comments	12:15 pm – 12:20 pm
6	Next Steps	12:20 pm – 12:30 pm

Next Steps

1. Data Subcommittee members to share key takeaways with stakeholders and continue to assess opportunities to standardize other data topics
2. DHHS to finalize and share pre-read materials for upcoming session of AMH TAG (September 18, 10:00 am – 1:00 pm)
3. DHHS to schedule upcoming session of Data Subcommittee (tentatively early October)

Appendix

State-Standardized Healthy Opportunities Screening Questions*

Domain and Question	Yes	No
Food		
Within the past 12 months, did you worry that your food would run out before you got money to buy more?		
Within the past 12 months, did the food you bought just not last and you didn't have money to get more?		
Housing/Utilities		
Within the past 12 months, have you ever stayed: outside, in a car, in a tent, in an overnight shelter, or temporarily in someone else's home (i.e., couch-surfing)?		
Are you worried about losing your housing?		
Within the past 12 months, have you been unable to get utilities (heat, electricity) when it was really needed?		
Transportation		
Within the past 12 months, has a lack of transportation kept you from medical appointments or from doing things needed for daily living?		
Interpersonal Safety		
Do you feel physically or emotionally unsafe where you currently live?		
Within the past 12 months, have you been hit, slapped, kicked or otherwise physically hurt by anyone?		
Within the past 12 months, have you been humiliated or emotionally abused by anyone?		
Optional: Immediate Need		
Are any of your needs urgent? For example, you don't have food for tonight, you don't have a place to sleep tonight, you are afraid you will get hurt if you go home today.		
Would you like help with any of the needs that you have identified?		

** Source: DHHS SDOH Screening Questions (https://files.nc.gov/ncdhhs/Screening-Tool-English-Providers---FINAL.docx)*