

NC Medicaid Managed Care

***Requirements for Sharing Data to
Support Care Management for At-Risk
Children (CMARC) & Care Management
for High-Risk Pregnancies (CMHRP)
Programs***

**Requirements for Sharing Data to Support CMARC & CMHRP Programs
Program Version 10.0**

Change Log		
Version	Date	Updates/Change Made
1.0	1/13/2021	Initial Publication
2.0	3/10/2021	CCNC to PHP Care Plan Transfer Section Added
3.0	6/2/2021	CCNC to PHP Care Management for At-Risk Children (CMARC) Performance Report Section Added CCNC to PHP Care Management for High-Risk Pregnancy (CMHRP) Performance Report Section Added
4.0	7/28/2022	Added specifications for CMARC/CMHRP Interaction Level Report
5.0	8/26/22	Removed leading pipe delimiter. Added CM Entity Location Code to Use Cases in CMARC/CMHRP Interaction Level Report
6.0	9/7/22	Updated CMHRP Interaction Report Use Case and added field details tab
7.0	1/16/23	Updated CMHRP Interaction Report valid values for Activity Type = Care Plan
8.0	3/17/2023	Updated Patient Risk List file layouts to link to AMH Data Specifications page Link added to section VI referencing the “Instructions for Populating the Patient Risk List Data Fields” Additional guidance on populating the Tribal Code field in Pharmacy, Institutional, and Professional claims files.
9.0	10/11/2024	Updated language to specify sending weekly incremental Patient Risk List files and specifying the records to be included in the weekly incremental file.
10.0	4/27/2026	Updated all claims file layout to central location.

While the paper contains information that may be of interest to all those involved in providing care management, the document will be most useful to PHPs, Local Health Departments, information technology vendors, and other entities responsible for receiving and exchanging data.

Input is welcome and appreciated. Send comments to Medicaid.Transformation@dhhs.nc.gov.

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I. Introduction

In the previously published resources listed below, the North Carolina Department of Health and Human Services (the Department) outlined the data strategy and specific care management roles, relationships, and requirements for Prepaid Health Plans (PHPs) and Local Health Departments (LHDs).

- [Management of High-Risk Pregnancies and At-Risk Children in Managed Care Program Guide](#), provides key information to OB/GYN providers, pediatricians, LHDs, PHPs and other interested stakeholders for how the transition of care management programs for pregnant women and at-risk children will occur over time into the State’s managed care model, how the programs will operate, and the expectations of providers, LHD’s, PHP’s and the Department in each.

To help LHDs manage their assigned beneficiaries, the Department requires that PHPs share beneficiary assignment, encounters, and additional risk score data with the LHD Care Management Data Platform. This document includes the file layouts prescribed by the Department and outlines the transmission protocols and associated requirements that must be followed by the PHPs.

As a general principle, the Department expects PHPs to provide data to the LHD Care Management Data Platform on all eligible beneficiaries in a timely, accurate, and complete manner. The Department expects that the information provided will be sufficient to match patients and support the duties required under the CMARC and CMHRP programs. The Department expects the PHPs to transmit information to the LHD Care Management Data Platform only on the eligible beneficiary population (i.e. all women ages 14- the end of their birth month of their 44th birthday and children ages 0-4 years and 364 days).

II. Background

With respect to enrollment in Medicaid Managed Care, the Department will send PHP a daily 834 transaction file with new, modified, and terminated Member records and weekly 834 files to be used by the PHP for reconciliation purposes.¹ At the Department's request, the PHP shall provide a full roster of Members currently enrolled with the PHP in the Department's preferred format within seventy-two (72) hours, and the PHP is responsible for notifying the Department of any discrepancies (mismatched information) identified in reconciliation in a format defined by the Department within twenty-four (24) hours.²

Encounters include services provided through either a capitation or fee-for-service (FFS) arrangement by the PHPs. Encounters for all incurred services in the NC Medicaid managed care benefit package for which the PHP has made payment must be reported. Referrals to services that are covered by another payer should not be reported. Encounter services include, but are not limited to:

- Hospital services
- Physician visits
- Nursing visits
- Laboratory tests
- Radiology services
- Early and periodic screening, diagnosis, and treatment (EPSDT) services
- Home health services
- Behavioral health services
- Substance abuse services

To support LHDs in administrative, care management, and population health responsibilities, the LHD Care Management Data Platform needs accurate, timely and complete data from PHPs related to the beneficiaries that have been assigned to them. Given the LHD Care Management Data Platform practices' elevated roles in analytics, care management, and care coordination activities, PHPs will be required to share data they have available on a timely basis with the LHD Care Management Data Platform subject to applicable data security and privacy requirements.³

a. Record Specifications

For all data exchanges related to the CMARC and CMHRP programs, the following record file specifications for the included population criteria must be adhered to:

- CMARC: Children ages 0 – 4 years and 364 days
- CMHRP: Women ages 14 – 44 years until the end of the month of her 44th birthday

¹ According to the PHP RFP, transmission of beneficiary assignment information from the Department to PHPs, the Department will provide an attribution file layout and a companion guide with technical details that aligns with Electronic Data Interchange (EDI) 834 Benefit Enrollment and Maintenance standard.

² PHP RFP

³ ["Data Strategy to Support the Advanced Medical Home Program in North Carolina"](#) released by the Department July 20, 2018.

III. Beneficiary Assignment: Data Exchange Protocols

File Layout: To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed a flat file layout using the 834 EDI Enrollment standard file format as the baseline. The Department uses the 834 ASC X12 file format to send enrollment information to PHPs and has published a companion guide that outlines each data element, its definition and valid values. Please refer to the Beneficiary Assignment file layout in the Requirements for sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support AMH guidance document on the NC Medicaid website - [Link](#)

Data Scope: Current and future beneficiary managed care eligibility segments, separate record is expected for each eligibility segment

Data Source: PHPs

Data Target(s): LHD Care Management Data Platform

File Type: Pipe Delimited, Double Quote Qualified PSV File. The file layout prescribes maximum field lengths for each field. The source system is expected to use that information to ensure the field lengths do not exceed the maximum field length while generating the file.

Transmission Type: Secure File Transfer Protocol (sFTP)

File Delivery Frequency: Weekly Full files with daily incremental. Weekly full files will ensure that data is reconciled between the source and target every week. PHPs should share the first Beneficiary Assignment file with LHDs upon 834 confirmation of assignment for that beneficiary.

1. Upon receipt of a beneficiary the PHP should start sending the BA file to the LHD up to 30 calendar days prior to the effective date and no later than 7 business days of the effective date.
2. PHPs should continue to send the Beneficiary File to the LHD up until the beneficiary's effective end date

File Naming Convention: PHPs are expected to follow the below file naming convention
NCMT_BeneficiaryAssignmentData_<PHPShortName>_LHD_CCYYMMDD-HHMMSS.TXT
Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UHC
- BCBS = BCBS
- AmeriHealth Caritas = AMERI

File Record Count Validation: To ensure that target system received and ingested the same count of records that was sent by the source system, both source and target systems are expected to generate systemic notifications:

- Source system is required to generate an automated email notification with the file records totals once they deliver any file, to the target system. Department's governance team (NCMT.TechOps@dhhs.nc.gov) will be copied on these notifications, their email address will be provided to the source system separately.

- Target system is required to generate an automated email notification with the total records they processed, to the source system. Department's governance team (NCMT.TechOps@dhhs.nc.gov) will be copied on these notifications, their email address will be provided to the source system separately.

Custom fields not referenced in the 834-companion guide:

- Field Name: PHP Cross Reference ID – PHPs are expected to use these fields to populate their respective beneficiary cross reference IDs, they can populate up to five cross reference IDs
- Field Name: PHP Eligibility Begin Date – This represents the beneficiary's eligibility begin date with the PHP
- Field Name: PHP Eligibility End Date – This represents the beneficiary's eligibility end date with the PHP
- Field Name: AMH Begin Date – This represents the beneficiary's enrollment start date with the AMH
- Field Name: AMH End Date – This represents the beneficiary's enrollment end date with the AMH
- Field Name: PCP Begin Date – This represents the beneficiary's enrollment start date with the PCP
- Field Name: PCP End Date – This represents the beneficiary's enrollment end date with the PCP
- Field Name: PHP Cross Reference ID – PHPs are expected to use these fields to populate their respective beneficiary cross reference IDs, they can populate up to five cross reference IDs
- Field Name: New Eligibility Indicator
 - Acceptable values:
 - "Y" – Yes, represents any new eligibility segment for an existing beneficiary
 - "N" – No, in all other instances use No

Additional Field Guidance:

- Maintenance Type Code
 - Acceptable Values:
 - '001' is sent if there is a change or an update to the Recipient record
 - '021' is sent for new Recipients
 - '024' is sent when a Recipient is terminated – This should be populated if the Beneficiary's assignment to the LHD is being end dated and/or the PHP enrollment is being end dated.
- Field Name: Tribal Option Indicator
 - Acceptable Values:

- “Y” – Yes represents any beneficiary that is enrolled in tribal option based on the current enrollment segment. This can be identified by a “TRIBAL OP” value in loop 2310 NM106.
- “N” – No, in all other instances use No
- Field Name: Indian Health Services Indicator
 - Acceptable Values:
 - “Y” – Yes represents non-Federally Recognized Tribal beneficiaries that are eligible for Indian Health Services. This can be identified by a “Y” in loop 2300 REF02.
 - “N” – No, in all other instances use No

LHD Platform Integration & Testing:

- The Department expects PHPs to work with the LHD Care Management Data Platform Vendor and to successfully implement and test this interface per the implementation timeline and requirements provided by the Department . The Department will monitor testing with the LHD Care Management Data Platform.

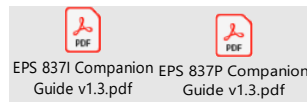
IV. Medical Managed Care Encounters & Carved-Out Fee for Service Claims: Data Exchange Protocols

File Layout: To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed flat file layouts using the standard 837 X12 Professional & Institutional file formats used by healthcare professionals to transit health care claims and encounters, as the baseline. The Department has published companion guides that outlines each data element, its definition and valid values for these file layouts. Please refer to the Professional, Institutional, and Dental claim/encounters file layout. File layouts can be found [here](#) or on the NC Medicaid website by searching for “Care Management Historic and Ongoing Claims and Encounters file layouts”.

PHPs will receive all medical claims from NCTracks through the proprietary GDIT medical claims header, line and edit file layouts. Claim type can be identified by checking the values for C-HDR-TY-CD, per below:

- Professional Claims: 'C' 'E' 'L' 'P' 'S' 'T' 'X' '1' '2' '5' '8' 'Y' 'B' 'V' 'O' 'K' '6' '9' 'Y'
- Institutional Claims: 'F' 'G' 'H' 'I' 'N' 'O' '3' 'Z' 'A' 'U' 'Q' 'Z'
- Dental Claims: 'D'

Any non-standard state-derived data fields will not be part of these standard layouts. However, the Department will work with any stakeholders to standardize these fields as requested.



Optional Fields: PHPs have the discretion to populate the following financial-related fields at the header and line levels; they can have null values.

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

Tribal Code: PHPs can populate the Tribal Code field in medical professional, and medical institutional file layouts using a 3-digit value as seen in NC Tracks, or a 0 or 1 value as seen in EPS; this field can also have null values. Target system should be able to ingest all valid values.

File Record Count Validation: To ensure that target system received and ingested the same count of records that was sent by the source system, both source and target systems are expected to generate systemic notifications:

- Source system is required to generate an automated email notification with the file records totals once they deliver any file, to the target system. The Department's governance team (NCMT.TechOps@dhhs.nc.gov) will be copied on these notifications, their email address will be provided to the source system separately.
- Target system is required to generate an automated email notification with the total records they processed, to the source system. The Department's governance team (NCMT.TechOps@dhhs.nc.gov) will be copied on these notifications, their email address will be provided to the source system separately.

The Department understands that fully implementing the file count validation requirements by Managed Care Launch could be challenging for some source and target systems. The Department will allow for manual notifications at launch and expects all Source - PHPs and Targets - LHD Platform, to fully meet these requirements within 90 days after Managed Care Launch.

The Department also understands that certain source and target systems may be ready to implement exception processing and will be able to validate counts and manage exceptions using exception files like the standard X12 file format for exceptions. They can go ahead and use that approach if the both the Source - PHP and the Target - LHDs, mutually agree in writing to implementing that exception approach. Although the Department does not need to review or approve the proposed mutually-agreed-upon change, the Department expects the PHPs to: (1) document the change and (2) notify the Department of the documented changes.

The Department expects the Source - PHPs and Target - LHDs to work together to resolve any data quality issues.

A. Medical Encounters

Data Scope: Paid and Denied Medical encounters

Data Source: PHPs

Data Target(s): LHD Care Management Data Platform.

File Type: Pipe Delimited, Double Quote Qualified PSV File. The file layout prescribes maximum field lengths for each field. The source system is expected to use that information to ensure the field lengths do not exceed the maximum field length while generating the file. The following coding method is preferred: Pipe.double quote.data.double quote.pipe. Data examples are included below:

"ABCD"|"2019-12-01"|".....

The empty fields are expected to be |""| in this format

"ABCD"|"2019-12-01"|" "|".....

Transmission Type: Secure File Transfer Protocol (sFTP)

File Delivery Frequency & Processing Rules: At least monthly – Full file followed by incremental files

1. PHPs are also expected to submit all managed care encounters to the Department EPS system. If PHPs make any changes to their encounters to resolve any exceptions reported by the EPS system. Those updated encounter records are required to be included in the incremental files that PHPs will be sending to the LHD Platform, this will ensure data integrity across systems
2. Source system should ensure that all new and updated transactions are picked up as part of Incremental file generation. If an encounter goes through multiple adjustments since the creation of last file, all those transactions should be included in the next file
3. Target system can separately request PHPs for a full file for reconciliation purposes, as needed. PHPs are required to work with target system to ensure data integrity between both systems

File Naming Convention: PHPs are expected to follow the below file naming convention
NCMT_<MedicalEncounterClaimData>_<PHPShortName>_LHD_CCYYMMDD-HHMMSS.TXT

Below are the values that need to be used for MedicalEncounterClaimData:

- Medical Encounter Claim Professional Header = MEDENCCLMPHD
- Medical Encounter Claim Professional Line = MEDENCCLMPLN
- Medical Encounter Claim Institutional Header = MEDENCCLMIHD
- Medical Encounter Claim Institutional Line = MEDENCCLMILN

Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UHC
- BCBS = BCBS
- AmeriHealth Caritas = AMERI

Full and incremental files will use the same file naming convention. The file layout includes a data field “Full or Incremental” that needs to be appropriately populated that will allow the target to identify the difference.

LHD Platform Integration & Testing:

The Department expects PHPs to work with the LHD Care Management Data Platform Vendor and to successfully implement and test this interface per the implementation timeline and requirements provided by the Department. The Department will monitor testing with the LHD Care Management Data Platform.

B. Carved Out Fee-For-Service Claims (Non Dental)

The following are the list of services carved-out of Medicaid Managed Care that PHPs must transmit to the LHD Care Management Data Platform. All Carved Out Services outside of Dental Claims should be sent using the Medical Professional and Medical Institutional Claims layouts.

- a. Services provided through Program of All-Inclusive Care for Elderly (PACE)
- b. Services documented in an Individualized Education Program (IEP), Individual Family Service Plan (IFSP), a section 504 Accommodation Plan pursuant to 34 C.F.R. § 104.36, an Individual Health Plan (IHP), or a Behavior Intervention Plan (BIP) as appropriate for each covered service and provided or billed by Local Education Agencies (LEAs)
- c. Services provided and billed by Children's Developmental Services Agency (CDSA) that are included on the child's Individualized Family Service Plan
- d. Services for Medicaid applicants provided prior to the first day of the month in which eligibility is determined in cases where retroactive eligibility is approved.
- e. Fabrication of eyeglasses, including complete eyeglasses, eyeglasses lenses and ophthalmic frames.

C. Dental

Dental services defined as all services billed as dental using the American Dental Association’s Current Dental Terminology (CDT) codes, with the exception of the two CDT codes (D0145 and D1206) associated with the “Into the Mouths of Babes” (IMB)/Physician Fluoride Varnish Program.

Data Source: PHPs

Data Target(s): LHD Care Management Data Platform

File Type: Dental claims will use the Dental file layout, Pipe Delimited, Double Quote Qualified PSV File. The file layout prescribes maximum field lengths for each field. The source system is expected to use that information to ensure the field lengths do not exceed the maximum field length while generating the file. The following coding method is preferred: Pipe.double quote.data.double quote.pipe. Data examples are included below:

"ABCD"|"2019-12-01"|".....

The empty fields are expected to be |""| in this format

"ABCD"|"2019-12-01"|"|".....

The Department will be sending dental claims to the PHPs in a different format; hence, please refer to Column H, labeled as "NC Tracks Field", for respective field mapping in the embedded layouts.

Transmission Type: Secure File Transfer Protocol (SFTP)

File Delivery Frequency & Processing Rules: At least monthly – Full file followed by incremental files

1. Target system can separately request PHPs for a full file for reconciliation purposes, as needed. PHPs are required to work with target system to ensure data integrity between both systems

File Naming Convention: PHPs are expected to follow the below file naming convention
NCMT_<DentalClaimsData>_<PHPShortName>_LHD_ CCYYMMDD-HHMMSS.TXT

Below are the values that need to be used for DentalClaimsData:

- Dental Header = DENCLMHD
- Professional Line = DENCLMLN

Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UHC
- BCBS = BCBS
- AmeriHealth Caritas = AMERI

V. Pharmacy Managed Care Encounters: Data Exchange Protocols

File Layout: To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department requires use of the standard National Council for Prescription Drug Programs (NCPDP) flat file layout that is used by healthcare professionals to transmit health care pharmacy claims. The Department has published a companion guide that outlines each data element, its definition and valid values for the NCPDP file layout. The companion guide is attached with this document. The NCPDP Batch Standard Implementation Guide and Data Dictionary are available for NCPDP members to download from the NCPDP website - www.ncpdp.org.

The Department has also developed a simpler flat file layout, using the NCPDP batch file companion guide as the baseline. The Department would prefer use of standard National Council for Prescription Drug Programs (NCPDP) flat file layout but would allow implementation of the simpler flat file layout to meet the Managed Care launch timeline. The choice of using the appropriate specification is up to the LHDs with the expectation that they will mature to the standard National Council for Prescription Drug Programs (NCPDP) flat file layout by June 30th, 2020. File layouts can be found [here](#) or on the NC Medicaid website by searching for "Care Management Historic and Ongoing Claims and Encounters file layouts".

PHPs will receive all Pharmacy claims from NCTracks through the proprietary GDIT pharmacy claims header, line and edit file layouts . Claim type can be identified by checking the values for C-HDR-TY-CD, per below:

- Pharmacy Claims: 'R'

Any non-standard state-derived data fields will not be part of these standard layout. However, state will work with any stakeholders to standardize these fields as requested.



Optional Fields: PHPs have the discretion to populate the following financial-related fields at the header and line levels; they can have null values.

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

Tribal Code: PHPs can populate the Tribal Code field in medical professional, and medical institutional file layouts using a 3-digit value as seen in NC Tracks, or a 0 or 1 value as seen in EPS; this field can also have null values. Target system should be able to ingest all valid values.

File Record Count Validation: To ensure that target system received and ingested the same count of records that was sent by the source system, both source and target systems are expected to generate systemic notifications:

- Source system is required to generate an automated email notification with the file records totals once they deliver any file, to the target system. The Department's governance team (NCMT.TechOps@dhhs.nc.gov) will be copied on these notifications, their email address will be provided to the source system separately.
- Target system is required to generate an automated email notification with the total records they processed, to the source system. The Department's governance team (NCMT.TechOps@dhhs.nc.gov) will be copied on these notifications, their email address will be provided to the source system separately.

The Department understands that fully implementing the file count validation requirements by Managed Care Launch could be challenging for some source and target systems. The Department will allow for manual notifications at launch and expects all Source - PHPs and Target - LHD Platform, to fully meet these requirements within 90 days after Managed Care Launch.

The Department also understands that certain source and target systems may be ready to implement exception processing and will be able to validate counts and manage exceptions using exception files like the standard X12 file format for exceptions. They can go ahead and use that approach if the both the Source - PHP and the Target- LHDs, mutually agree in writing to implementing that exception approach. Although the Department does not need to review or approve the proposed mutually-agreed-upon change, the Department expects the PHPs to: (1) document the change and (2) notify the Department of the documented changes.

The Department expects the Source - PHPs and Target- LHDs to work together to resolve any data quality issues.

A. Pharmacy Encounters

Data Scope: Paid and Denied Pharmacy encounters

Data Source: PHPs

Data Target(s): LHD Care Management Data Platform

File Type: Pipe Delimited, Double Quote Qualified PSV File. Companion guide includes begin and end position, please disregard that as this is a delimited file. The source system is expected to ensure that the field lengths do not exceed the field lengths included in the companion guide, while generating the file. The following coding method is preferred: Pipe.double quote.data.double quote.pipe. Data examples are included below:

"ABCD"|"2019-12-01"|".....

The empty fields are expected to be |""| in this format

"ABCD"|"2019-12-01"|" "|".....

Transmission Type: Secure File Transfer Protocol (sFTP)

File Delivery Frequency & Processing Rules: At least weekly – Full file followed by incremental files

1. PHPs are also expected to submit all managed care encounters to the Department EPS system. If PHPs make any changes to their encounters to resolve any exceptions reported by the EPS system. Those updated encounter records are required to be included in the incremental files that PHPs will be sending to the LHDs Platform, this will ensure data integrity across systems
2. Source system should ensure that all new and updated transactions are picked up as part of Incremental file generation. If an encounter goes through multiple adjustments since the creation of last file, all those transactions should be included in the next file
3. Target system can separately request PHPs for a full file for reconciliation purposes, as needed. PHPs are required to work with target system to ensure data integrity between both systems

File Naming Convention: PHPs are expected to follow the below file naming convention

NCMT_<PharmacyEncounterClaimData>_<PHPShortName>_LHD_ CCYYMMDD-HHMMSS.TXT

Below are the values that need to be used for PharmacyEncounterClaimData:

- Pharmacy Header = RXENCHD
- Pharmacy Line = RXENCLN

Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UHC
- BCBS = BCBS
- AmeriHealth Caritas = AMERI

Full and incremental files will use the same file naming convention. The file layout includes a data field “Full vs Incremental” that needs to be appropriately populated that will allow the target to identify the difference.

Optional Fields: All fields under section 7.7 in NCPDP Companion guide are optional and not required, they can have null values.

LHD Platform Integration & Testing:

The Department expects PHPs to work with the LHD Care Management Data Platform Vendor and to successfully implement and test this interface per the implementation timeline and requirements provided by the Department. The Department will monitor testing with the LHD Care Management Data Platform.

VI. PHP to LHD Care Management Data Platform Patient List/Risk Score File

File Layout: <https://medicaid.ncdhhs.gov/advanced-medical-home-data-specification-guidance> To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed a flat file layout for sharing PHP Patient List/Risk Score Data. Please refer to the [Requirements for Sharing Patient Risk List to Support AMHs](#) and leverage the **Patient Risk List Release 1.0** file layout.

For instructions on populating the Patient Risk List data fields, please refer to Section V of the [Requirements for Sharing Patient Risk List to Support AMHs](#) guidance document.

Data Scope: Beneficiaries identified as high need and identified for CMARC and CMHRP Care Management Outreach. There will be a monthly full file and a weekly incremental file. The monthly full file will contain a total list of all CMARC/CMHRP eligible members with their most up to date information. The weekly incremental file will contain New Members who have been assessed and are eligible because they meet the criteria, and Existing Members who have already been assessed and have changes to their information.

Data Source: PHPs

Data Target(s): LHD Care Management Data Platform

File Type: Pipe Delimited, Double Quote Qualified PSV File. The file layout prescribes maximum field lengths for each field. The source system is expected to use that information to ensure the field lengths do not exceed the maximum field length while generating the file.

File Encoding: Unicode Character Encoding Format

Transmission Type: Secure File Transfer Protocol (SFTP)

File Delivery Frequency: Monthly full files and weekly incremental files

File Naming Convention: PHPs are expected to follow the below file naming convention
NCMT_CareQualityManagement_CMARCCMHRP_PatientListRiskScore_<PHPShortName>_LHD_CCYYMM
MDD-HHMMSS.TXT

Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UHC
- BCBS = BCBS
- AmeriHealth Caritas = AMERI

File Record Count Validation: To ensure that target system received and ingested the same count of records that was sent by the source system, both source and target systems are expected to generate systemic notifications:

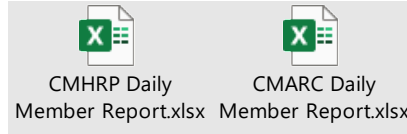
- Source system is required to generate an automated email notification with the file records totals once they deliver any file, to the target system. The Department's governance team (NCMT.TechOps@dhhs.nc.gov) will be copied on these notifications, their email address will be provided to the source system separately.
- Target system is required to generate an automated email notification with the total records they processed, to the source system. The Department's governance team (NCMT.TechOps@dhhs.nc.gov) will be copied on these notifications, their email address will be provided to the source system separately.

LHD Platform Integration & Testing:

- The Department expects PHPs to: (1) work with their respective LHD Care Management Data Platform Vendor and (2) review the file layout, associated requirements, and implementation timeline and testing expectations to ensure LHD Care Management Data Platform Vendor are ready to consume this data per the requirements and implementation timelines shared by the Department.
- PHPs must demonstrate successful end-to-end testing of this interface with LHD Care Management Data Platform Vendor. The Department will transmit the implementation and testing timelines along with additional details on testing requirements in a separate document.

VII. CMARC Daily Member Report and CMHRP Daily Member Report Files

File Layout: To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed a flat file layout for sharing CMARC and CMHRP Daily Member Report. The Department and the PHPs are using the same format to share CMARC and CMHRP Daily Member Report between themselves. The CMARC Daily Member Report layout is attached with this document.



Data Scope: Patient Referral information.

Data Source: LHD Care Management Data Platform

Data Target(s): PHP

File Type: Pipe Delimited, Double Quote Qualified PSV File. The file layout prescribes maximum field lengths for each field. The source system is expected to use that information to ensure the field lengths do not exceed the maximum field length while generating the file.

File Encoding: Unicode Character Encoding Format

Transmission Type: Secure File Transfer Protocol (SFTP)

File Delivery Frequency: At least daily. Full file followed by incremental files.

File Naming Convention:

a. CMARC Daily Member Report

The LHD Care Management Data Platform is expected to follow the below file naming convention
NCMT_CareQualityManagement_CMARCDailyMemberReport_LHD_< PHPShortName>_
CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UHC
- BCBS = BCBS
- AmeriHealth Caritas = AMERI

b. CMHRP Daily Member Report

The LHD Care Management Data Platform is expected to follow the below file naming convention
NCMT_CareQualityManagement_CMHRPDailyMemberReport_LHD_< PHPShortName>_
CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:

- Carolina Complete Health = CCH

- WellCare of North Carolina = WELLC
- UnitedHealthcare = UHC
- BCBS = BCBS
- AmeriHealth Caritas = AMERI

File Record Count Validation: To ensure that target system received and ingested the same count of records that was sent by the source system, both source and target systems are expected to generate systemic notifications:

- Source system is required to generate an automated email notification with the file records totals once they deliver any file, to the target system. The Department's governance team (NCMT.TechOps@dhhs.nc.gov) will be copied on these notifications, their email address will be provided to the source system separately.
- Target system is required to generate an automated email notification with the total records they processed, to the source system. The Department's governance team (NCMT.TechOps@dhhs.nc.gov) will be copied on these notifications, their email address will be provided to the source system separately.

LHD Platform Integration & Testing:

- The Department expects PHPs to: (1) work with their respective LHD Care Management Data Platform Vendor and (2) review the file layout, associated requirements, and implementation timeline and testing expectations to ensure LHD Care Management Data Platform Vendor are ready to consume this data per the requirements and implementation timelines shared by the Department.
- PHPs must demonstrate successful end-to-end testing of this interface with LHD Care Management Data Platform Vendor. The Department will transmit the implementation and testing timelines along with additional details on testing requirements in a separate document.

~~VIII. LHD Care Management Data Platform to PHP Patient List/Risk Score File~~ *This file will be replaced by CMARC/CMHRP Interaction Level Report from LHD TO PHP and will no longer be required after interaction level report is operational.*

File Layout: To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed a flat file layout for sharing LHD Patient List/Risk Score Data. The PHP Patient List/Risk Score file layout is attached with this document.



CMARC CMHRP
Patient Risk List

Data Scope: All Beneficiaries identified as receiving CMARC and CMHRP Care Management Services not appended for H/M/L

Data Source: LHD Care Management Data Platform

Data Target(s): PHPs

File Type: Pipe-Delimited, Double-Quote-Qualified PSV File. Each file layout prescribes maximum field lengths for each field. The source system is expected to use that information to ensure the field lengths do not exceed the maximum field length while generating the file.

File Encoding: Unicode Character Encoding Format

Transmission Type: Secure File Transfer Protocol (SFTP)

File Delivery Frequency: Weekly Full file

File Naming Convention: PHPs are expected to follow the below file naming convention
NCMT_CareQualityManagement_CMARCCMHRP_PatientListRiskScore_<PHPShortName>_LHD_CCYYMMDD_HHMMSS.TXT

Below are the short names for each PHPs:

- _____ Carolina Complete Health = CCH
- _____ WellCare of North Carolina = WELLC
- _____ UnitedHealthcare = UHC
- _____ BCBS = BCBS
- _____ AmeriHealth Caritas = AMERI

File Record Count Validation: To ensure that target system received and ingested the same count of records that was sent by the source system, both source and target systems are expected to generate systemic notifications:

- _____ Source system is required to generate an automated email notification with the file records totals once they deliver any file, to the target system. Department's governance team will be copied on these notifications, their email address will be provided to the source system separately.
- _____ Target system is required to generate an automated email notification with the total records they processed, to the source system. Department's governance team will be copied on these notifications, their email address will be provided to the source system separately.

LHD Platform Integration & Testing:

- _____ The Department expects PHPs to: (1) work with their respective LHD Care Management Data Platform Vendor and (2) review the file layout, associated requirements, and implementation timeline and testing expectations to ensure LHD Care Management Data Platform Vendor are ready to consume this data per the requirements and implementation timelines shared by the Department.
- _____ PHPs must demonstrate successful end-to-end testing of this interface with LHD Care Management Data Platform Vendor. The Department will transmit the implementation and testing timelines along with additional details on testing requirements in a separate

document and testing timelines along with additional details on testing requirements in a separate document.

IX. LHD Care Management Platform to PHP Care Plan

File Layout:



Data Scope:

- Active Care Plans identified by CCNC for beneficiaries in the CMARC/CMHRP programs as applicable for care management efforts.

Data Source: CCNC

Data Target(s): PHPs

File Naming Convention: The Department has defined the file naming convention of the Zip file that will be sent to PHPs. In addition, the underlying file naming conventions are defined – Care Plan

File Type: PHPs will receive Care Plans in .pdf format as identified above. These files will be zipped into one zipped file per PHP.

Transmission Type: Secure File Transfer through Community Care of North Carolina (CCNC) – PHP Contract Data Utility

File Delivery Frequency: Monthly Transfer

1. PHPs will receive Care Plans from CCNC for beneficiaries that are assigned to them.
2. PHPs are expected to pick up their zipped file off the CCNC's FTP and download the Care Plans. Outlined below are key functions that PHPs are expected to support using this information:
 - a. Support Care Management functions to ensure continuity of care for beneficiaries

Dependencies:

- Beneficiary assignments: PHPs will receive information on beneficiaries assigned to them through the daily 834 files. PHPs are expected to use the information provided on Care Plans to ensure continuity of care management for those members.

X. LHD Care Management Data Platform to PHP Care Management for At Risk Children (CMARC) Performance Report

This file will be replaced by CMARC/CMHRP Interaction Level Report from LHD TO PHP and will no

longer be required after interaction level report is operational. PHPs will need to use the data in the interaction level report to derive the appropriate measures.

File Layout: To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed a standard format for sharing CMARC program Performance Data. The CMARC performance file layout is attached with this document.



CMARC Performance
Report

Data Scope: Reporting on care coordination for at-risk children efforts

Data Source: LHD Care Management Platform

Data Target(s): PHPs

File Type: Standard .XLSX excel file

Transmission Type: Secure File Transfer Protocol (SFTP)

File Delivery Frequency: Monthly

File Naming Convention: PHPs are expected to follow the below file naming convention
SERVICECENTERID_BCM022-J_##_Monthly_CM_At_Risk_Children_Perf_Rpt_v03_YYYYMMDD

Below are the Service Center ID's for each PHP:

- _____ Carolina Complete Health = CCHS
- _____ WellCare of North Carolina = WELS
- _____ UnitedHealthcare = UHCS
- _____ BCBS = BLUS
- _____ AmeriHealth Caritas = AHCS

XI. LHD Care Management Data Platform to PHP Care Management for High-Risk Pregnancy (CMHRP) Performance Report

This file will be replaced by CMARC/CMHRP Interaction Level Report from LHD TO PHP and will no longer be required after interaction level report is operational. PHPs will need to use the data in the interaction level report to derive the appropriate measures.

File Layout: To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed a standard layout for sharing CMHRP program Performance Data. The CMHRP performance file layout is attached with this document.



CMHRP
Performance Report

Data Scope: Reporting on care coordination for High Risk Pregnancies

Data Source: LHD Care Management Platform

Data Target(s): PHPs

File Type: Standard .XLSX excel file

Transmission Type: Secure File Transfer Protocol (sFTP)

File Delivery Frequency: Monthly

File Naming Convention: PHPs are expected to follow the below file naming convention
SERVICECENTERID_BCM024-J_##_Monthly_CM_High_Risk_Preg_Perf_Rpt_v02_YYMMDD

Below are the Service Center ID's for each PHP:

- _____ Carolina Complete Health = CCHS
- _____ WellCare of North Carolina = WELS
- _____ UnitedHealthcare = UHCS
- _____ BCBS = BLUS
- _____ AmeriHealth Caritas = AHCS

XII. CMARC/CMHRP Interaction Level Report

File Layout: To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed a flat file layout for sharing CMARC/CMHRP Interaction Level Report. The CMARC/CMHRP Interaction Level Report file layout is embedded in this document. The CMARC/CMHRP Interaction Level Report file layout contains two use cases depicting how to populate this file layout.



CMARC_CMHRP
Interaction Level Repc

Data Scope: Transactional level report for all CMARC/CMHRP referrals received through PHPs and other referral sources until each referral case is closed.

Data Source: CCNC

Data Target(s): PHPs

File Type: Pipe Delimited, Double Quote Qualified PSV File. Each file layout prescribes maximum field lengths for each field. The source system is expected to use that information to ensure the field lengths do not exceed the maximum field length while generating the file.

File Encoding: Unicode Character Encoding Format

Transmission Type: Secure File Transfer Protocol (SFTP)

File Delivery Frequency: 1st full followed by weekly incremental and monthly full file. Monthly full files will ensure that data is reconciled between the source and target every week.

- The monthly full file should be sent on the 2nd Sunday of the month (e.g. for the Month of January 1-31st 2022, monthly file will be delivered on 13th February 2022)
- Weekly incremental files are due on the following Sunday after the close of the previous calendar week. Report period is the week Sunday through Saturday. (e.g. for the week of 2nd January 2022 – 8th January 2022 file will be delivered on 16th January 2022).
- Weekly Incremental file should also be sent on the day the Monthly full file is sent. The weekly incremental file should be sent before the full file.

File Naming Convention: PHPs are expected to follow the below file naming conventions.

- Full: NCMT_CareQualityManagement_CMARCCMHRP_InteractionLevelReport_FUL_<PHPShortName>_LHD_CCYYMMDD-HHMMSS.TXT
- Incremental: NCMT_CareQualityManagement_CMARCCMHRP_InteractionLevelReport_INC_<PHPShortName>_LHD_CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UHC
- BCBS = BCBS
- AmeriHealth Caritas = AMERI

File Record Count Validation: To ensure that target system received and ingested the same count of records that was sent by the source system, both source and target systems are expected to generate systemic notifications:

- Source system is required to generate an automated email notification with the file records totals once they deliver any file, to the target system. Department's governance team will be copied on these notifications, their email address will be provided to the source system separately.
- Target system is required to generate an automated email notification with the total records they processed, to the source system. Department's governance team will be copied on these notifications, their email address will be provided to the source system separately.

LHD Platform Integration & Testing:

- The Department expects PHPs to: (1) work with their respective LHD Care Management Data Platform Vendor and (2) review the file layout, associated requirements, and implementation timeline and testing expectations to ensure LHD Care Management Data Platform Vendor are ready to consume this data per the requirements and implementation timelines shared by the Department.
- PHPs must demonstrate successful end-to-end testing of this interface with LHD Care Management Data Platform Vendor. The Department will transmit the implementation and testing timelines along with additional details on testing requirements in a separate document and testing timelines along with additional details on testing requirements in a separate document.

XIII. References

- a. [NC Medicaid Care Management](#)
- b. [Care Management Forms](#) (CMARC Checklist Referral Form and CMHRP Pregnancy Risk Screen Form)