

**NC Medicaid Managed Care
Data Specifications & Requirements for
Sharing Data to Support Care
Management for High-Risk Pregnancies
(CMHRP)**

**Requirements for Sharing Data to Support CMHRP Programs
Program Version 8.0**

Change Log		
Version	Date	Updates/Change Made
1.0	1/14/2021	Initial Publication
2.0	3/7/2022	File Delivery & Frequency Updates File Naming convention Updates
3.0	8/9/2022	Removed LHD to BH I/DD TP Patient Risk List Removed CMHRP Performance Report Added specifications for CMHRP Interaction Level Report
4.0	9/12/22	Updated CMHRP Interaction Report Use Case and added field details tab
5.0	1/16/2023	Updated CMHRP Interaction Report valid values for Activity Type = Care Plan
6.0	4/14/2023	Additional guidance on populating the Tribal Code field in Pharmacy, Institutional, and Professional claims files.
7.0	6/3/2024	Replaced daily incremental Beneficiary Assignment (BA) file with an end of month full BA file.
8.0	8/1/2024	Updated Member Report file delivery frequency to weekly.

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 BH I/DD TPs, 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.

Contents

- I. Introduction**
- II. Beneficiary Assignment: Data Exchange Protocols**
- III. Medical Claims & Encounters Data: Data Exchange Protocols**
 - a. Medical Encounters**
 - b. Carved-Out Non-dental Fee-For-Service (FFS) Claims**
 - c. Historical & Ongoing FFS Dental Claims**
- IV. Pharmacy Encounters: Data Exchange Protocols**
 - a. Pharmacy Encounters**
- V. Patient List/Risk Score File – BH I/DD Tailored Plans to LHD Care Management Data Platform**
- VI. CMHRP Member Report File**
- VII. Care Plan(s) - LHD Care Management Data Platform to BH I/DD Tailored Plans**
- VIII. CMHRP Interaction Level Report**
- IX. References**

I. Introduction

Currently, the North Carolina Department of Health and Human Services (the Department), provides care management for women experiencing high-risk pregnancies through programs run by Local Health Departments (LHDs). The Behavioral Health (BH) and Intellectual/Developmental Disability (I/DD) Tailored Plan (TP) will be required to contract with LHDs during a transitional period that is clarified in the Contract. Accordingly, for the second BH I/DD Tailored Plan contract year, the BH I/DD Tailored Plan is required to extend to LHDs the “right of first refusal” as contracted providers of CMHRP.

Please refer to the BH I/DD TP Contract as the primary source for information on CMHRP program. The Tailored CM Provider Manual & Data Strategy FAQ are also helpful resources that should be referenced by the Tailored Plans in enabling the data exchanges to support the CMHRP program.

- [North Carolina’s Behavioral Health I/DD Tailored Plan RFA & Contract Documents](#)
- [Tailored CM Data System Guidance](#)
- [Tailored CM Data Strategy FAQ](#)

BH I/DD TPs will be expected to exchange the following data in a machine-readable format with the LHD Data Platform for the beneficiary population eligible for CMHRP program (i.e. all women ages 14 - the end of their birth month of their 44th birthday).

1. **Beneficiary assignment information**, including demographic data and any clinically relevant and available eligibility information.
2. **Member claims/encounters data**, including historical physical (PH), behavioral health, and pharmacy (Rx) claims/encounter data with new data delivered monthly (PH/BH) or weekly (Rx).
3. **Patient Risk List**
4. **Member & Performance Reports**
5. **Member Care Plans**

To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed standard file layouts to assist with the exchange of most of the data required for support CMHRP program. This requirements document outlines the data specification and requirements prescribed by the Department that must be followed.

II. 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 BH I/DD TPs and has published a Companion Guide that outlines each data element, its definition, and valid values. The Beneficiary Assignment file layout for CMHRP program will match the beneficiary standard layout that will be used to support Tailored Care Management. Please refer to the Beneficiary Assignment file layout in the Data Specifications & Requirements for sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support Tailored Care Management guidance document on the NC Medicaid website - [Link](#)

File Data Scope: Current and future beneficiaries who are eligible for CMHRP per guidance in the BH I/DD TP Contract. Full file should include the current active/future panel for the File Target. Full file should also include any termination since the previous full file.

- Example: If a member is terminated with an effective date of 8/12/2021, and the BH I/DD TP receives this data on the same date. Then the incremental file should report this termination. The weekly full file for the week of 8/15/2021 should also include this member’s termination record.

Member CNDS ID	Start Date	End Date
123456789	7/1/2021	8/12/2021

File Source: BH I/DD TPs

File Target(s): LHD Care Management Data Platform

File Type: Please refer to the Beneficiary Assignment file type section of the Data Specifications & Requirements for sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support Tailored Care Management guidance document on the NC Medicaid website - [Link](#)

File Transmission Type: Secure File Transfer Protocol (sFTP). Source and Target entities should work together to establish file exchange through secure file transfer protocol.

File Delivery Frequency: 1st Full file followed by weekly full files. Weekly full files will ensure that data is reconciled between the source and target every week. The Department will share the production date for the 1st full file through the Deployment schedule.

Upon receipt of a beneficiary enrollment information through the 834 files, the BH I/DD TPs shall start sending the beneficiary data to the LHD Care Management Data Platform up to 30 calendar days prior to their coverage effective date and no later than 7 business days of the coverage effective date.

BH I/DD TPs should continue to send the beneficiary data to the LHD Care Management Data Platform until beneficiary’s assignment coverage end date with them.

- The weekly full file should be sent every Sunday between 8:00 PM to 11:59 PM.
- A full file should also be sent at the end of the month between 8:00 PM to 11:59 PM. If the end of the month is a Sunday, only weekly full file should be sent. If the end of the month is not Sunday, a monthly full file should be sent.

File Naming Convention: BH I/DD TPs are expected to follow the below file naming conventions for full and incremental files.

- Weekly Full: NCMT_LHD_BeneficiaryAssignmentData_FUL_<TPShortName>_<LHD>_CCYYMMDD-HHMMSS.TXT
- End of Month Full : NCMT_LHD_BeneficiaryAssignmentData_FME_<TPShortName>_<LHD>_CCYYMMDD-HHMMSS.TXT

Below are the short names for each TP, use these for <TPShortName>:

- Alliance Health = ALLT
- Partners Health Management = PART
- Trillium Health Resources = TRIT
- Vaya Health = VAYT

For < LHD>, BH I/DD TPs should work with the LHD Care Management Data Platform vendor to align on a unique name/identifier that they can use.

If an LHD is looking for historical reconciliation management then, they should work with the BH I/DD TPs to do so.

File Delivery, Acceptance & Processing Validation: The Department has setup a standard process to validate successful file creation and delivery by the source entity and successful acceptance and ingestion by the target entity. All source and target entities will need to follow these standards and report information to the Department that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the Department. These requirements will be shared with both the source and target entities by the Department’s Technology Operations (Tech Ops) team.

Data Guidance: Please refer to the Beneficiary Assignment Data & Additional guidance section of the Data Specifications & Requirements for sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support Tailored Care Management guidance document on the NC Medicaid website - [Link](#)

LHD Care Management Data Platform Integration & Testing: The Department expects BH I/DD TPs 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.

III. 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 transmit health care claims and encounters, as the baseline. The medical claims and encounters file layout for CMHRP program will match the medical claims and encounters standard layout used to support Tailored Care Management. Please refer to the Medical Encounters & Historical Claims file layout in the Data Specifications & Requirements for sharing Historical and Current Claims & Encounters Data to Support Tailored Care Management guidance document on the NC Medicaid website – [Link](#).

File Delivery, Acceptance & Processing Validation: The Department has setup a standard process to validate successful file creation and delivery by the source entity and successful acceptance and ingestion by the target entity. All source and target entities will need to follow these standards and report information to the Department that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the Department. These requirements will be shared with both the source and target entities by the Department’s Technology Operations (Tech Ops) team.

Data Guidance: Please refer to the Medical Claims & Encounters file Data & Additional guidance sections of the Data Specifications & Requirements for sharing Historical and Current Claims &

Encounters Data to Support Tailored Care Management guidance document on the NC Medicaid website – [Link](#).

Tribal Code: BH I/DD TPs can populate the Tribal Code field in medical professional, and medical institutional claims 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.

LHD Care Management Data Platform Integration & Testing: The Department expects BH I/DD TPs 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.

A. Medical Encounters

File Data Scope: Paid and Denied Medical encounters. 1st file should include 24 months of historical medical encounters.

File Source: BH I/DD TPs

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

File Type: Please refer to the Medical Encounters file type section of the Data Specifications & Requirements for sharing Historical and Current Claims & Encounters Data to Support Tailored Care Management guidance document on the NC Medicaid website – [Link](#).

File Transmission Type: sFTP. Source and Target entities should work together to establish file exchange through secure file transfer protocol.

File Delivery Frequency: At least Monthly. Department recommends weekly frequency. 1st full file followed by incremental files.

- 1st full and ongoing incremental files should be sent between 8:00 PM and 11:59 PM on Sunday. Weekly frequency files should be sent every Sunday. Monthly frequency files should be sent on 1st Sunday of the month.
1. BH I/DD TPs should share the first Medical Encounter file LHD vendors upon 834 confirmation of assignment for that beneficiary.
 - Upon receipt of a beneficiary the BH I/DD TP should start sending the Medical Encounters file to the LHD vendors up to 30 calendar days prior to the effective begin date and sent no later than 7 business days of the effective date.
 - BH I/DD TPs should continue to send the Medical Encounter File to the LHD vendors up until the LHD's effective end date
 2. BH I/DD TPs 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. BH I/DD TPs are required to submit all managed care encounters to the Department EPS system. If BH I/DD TPs 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 BH I/DD TPs will be sending to LHD vendors this will ensure data integrity across systems.

4. LHD vendors can separately request BH I/DD TPs for a full file for reconciliation purposes, as needed. BH I/DD TPs are required to work with LHD vendors to ensure data integrity between both systems.

File Naming Convention: BH I/DD TPs are expected to follow the below file naming convention. NCMT_LHD_<MedicalEncounterClaimData>_<TPShortName>_<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 TP, use these for <TPShortName>:

- Alliance Health = ALLT
- Partners Health Management = PART
- Trillium Health Resources = TRIT
- Vaya Health = VAYT

For <LHD>, BH I/DD TPs should work with the LHD vendors to align on a unique name/identifier that they can use.

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

Please refer to the BH I/DD TP contract for the services that are carved-out. All Carved Out Services outside of Dental Claims should be sent using the Medical Professional and Medical Institutional Claims layouts.

C. Historical & Ongoing Fee-for-service (FFS) Dental Claims

Dental services defined as all services billed as dental using the American Dental Association's Current Dental Terminology (CDT) codes, except for the two CDT codes (D0145 and D1206) associated with the "Into the Mouths of Babies" (IMB)/Physician Fluoride Varnish Program.

File Source: BH I/DD TPs

File Target(s): LHD Care Management Data Platform

File Type: Please refer to the Dental Claims file type section of the Data Specifications & Requirements for sharing Historical and Current Claims & Encounters Data to Support Tailored Care Management guidance document on the NC Medicaid website – [Link](#).

File Transmission Type: sFTP. Source and Target entities should work together to establish file exchange through secure file transfer protocol.

File Delivery Frequency: At least Monthly. Department recommends weekly frequency. 1st full file followed by incremental files.

- 1st full and ongoing incremental files should be sent between 8:00 PM and 11:59 PM on Sunday. Weekly frequency files should be sent every Sunday. Monthly frequency files should be sent on 1st Sunday of the month
1. BH I/DD TPs should share the first Dental file with LHD vendors upon 834 confirmation of assignment for that beneficiary.
 - Upon receipt of a beneficiary the BH I/DD TP should start sending the Dental Encounters file to the LHD vendors up to 30 calendar days prior to the effective begin date and sent no later than 7 business days of the effective date.
 - BH I/DD TPs should continue to send the Dental File to the LHD vendors up until the LHD's effective end date
 2. BH I/DD TPs should ensure that all new and updated transactions are picked up as part of Incremental file generation.
 3. LHD vendors can separately request BH I/DD TPs for a full file for reconciliation purposes, as needed. BH I/DD TPs are required to work with LHD vendors to ensure data integrity between both systems.

File Naming Convention: BH I/DD TPs are expected to follow the below file naming convention.
NCMT_<DentalClaimsData>_<TPShortName>_<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 TP, use these for <TPShortName>:

- Alliance Health = ALLT
- Partners Health Management = PART
- Trillium Health Resources = TRIT
- Vaya Health = VAYT

For <LHD>, BH I/DD, TPs should work with the LHD vendors to align on a unique name/identifier that they can use.

IV. Pharmacy Managed Care Encounters: 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 National Council for Prescription Drug Programs (NCPDP) file format used by healthcare professionals to transit health care claims and encounters, as the baseline. The Department has published the NCPDP Companion Guide that outlines each data element, its definition, and valid values. The pharmacy encounters file layout for CMHRP program will match the pharmacy encounters standard layout in the Tailored Care Management Data Specifications. Please refer to the Pharmacy Encounters file layout in the Data Specifications &

Requirements for sharing Historical and Current Claims & Encounters Data to Support Tailored Care Management guidance document on the NC Medicaid website – [Link](#).

File Delivery, Acceptance & Processing Validation: The Department has setup a standard process to validate successful file creation and delivery by the source entity and successful acceptance and ingestion by the target entity. All source and target entities will need to follow these standards and report information to the Department that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the Department. These requirements will be shared with both the source and target entities by the Department’s Technology Operations (Tech Ops) team.

Data Guidance: Please refer to the Pharmacy Claims & Encounters file Data & Additional guidance sections of the Data Specifications & Requirements for sharing Historical and Current Claims & Encounters Data to Support Tailored Care Management guidance document on the NC Medicaid website – [Link](#).

Tribal Code: BH I/DD TPs can populate the Tribal Code field in pharmacy claims 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.

LHD Care Management Data Platform Integration & Testing: The Department expects BH I/DD TPs 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.

A. Pharmacy Encounters

File Data Scope: Paid and Denied Pharmacy encounters

File Source: BH I/DD TPs

File Target(s): LHD Care Management Data Platform

File Type: Please refer to the Pharmacy Encounters file type section of the Data Specifications & Requirements for sharing Historical and Current Claims & Encounters Data to Support Tailored Care Management guidance document on the NC Medicaid website – [Link](#).

File Transmission Type: sFTP. Source and Target entities should work together to establish file exchange through secure file transfer protocol.

File Delivery Frequency: At least Monthly. Department recommends weekly frequency. 1st full file followed by incremental files.

- 1st full and going Incremental files should be sent between 8:00 PM and 11:59 PM on Sunday. Weekly frequency files should be sent every Sunday. Monthly frequency files should be sent on 1st Sunday of the month.

1. BH I/DD TPs should share the first Pharmacy Encounter file with LHD vendors upon 834 confirmation of assignment for that beneficiary.
 - Upon receipt of a beneficiary the BH I/DD TP should start sending the Pharmacy Encounters file to the LHD vendors up to 30 calendar days prior to the effective begin date and sent no later than 7 business days of the effective date.
 - BH I/DD TPs should continue to send the Pharmacy Encounter File to the LHD vendors up until the AMH's effective end date
2. BH I/DD TPs 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. BH I/DD TPs are required to submit all managed care encounters to the Department EPS system. If BH I/DD TPs 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 BH I/DD TPs will be sending to the LHD vendors this will ensure data integrity across systems.
4. LHD vendors can separately request BH I/DD TPs for a full file for reconciliation purposes, as needed. BH I/DD TPs are required to work with LHD vendors to ensure data integrity between both systems.

File Naming Convention: BH I/DD TPs are expected to follow the below file naming convention.
NCMT_LHD_<PharmacyEncounterClaimData>_<TPShortName>_<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 TP, use these for <TPShortName>:

- Alliance Health = ALLT
- Partners Health Management = PART
- Trillium Health Resources = TRIT
- Vaya Health = VAYT

For < LHD>, BH I/DD TPs should work with the LHD vendors to align on a unique name/identifier that they can use.

V. Patient List/Risk Score File - BH I/DD TPs to LHD Care Management Data Platform

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 BH I/DD TP Patient List/Risk Score Data. The patient list/risk file layout for CMHRP program will match the patient list/risk standard layout that will be used to support Tailored Care Management. Please refer to the Patient List/Risk file layout in the Data Specifications and Requirements for Sharing Patient Risk List Data guidance document on the NC Medicaid website – [Link](#). Please review information where source is “Tailored Plan” in the file layout (Columns E & F), to understand the specific requirements related to the data that needs to be populated by BH I/DD TPs.

File Data Scope: Beneficiaries identified as high need and identified for CMHRP Care Management Outreach. These should align with the beneficiaries BH I/DD TPs are sharing through the Beneficiary Assignment file. BH I/DD TPs will only share Beneficiaries who are CMHRP eligible.

BH I/DD TPs can identify unmet needs of beneficiaries using the “Priority Population” option = “004 – Unmet Resources”. To identify any such beneficiaries that should be enrolled in the Healthy Opportunities pilot, BH I/DD TPs should instead use “Priority Population” option = “013 – Healthy Opportunities Pilot”.

File Source: BH I/DD TPs

File Target(s): LHD Care Management Data Platform

File Type: Please refer to the Patient List/Risk file type section of the Data Specifications and Requirements for Sharing Patient Risk List Data guidance document on the NC Medicaid website – [Link](#).

File Transmission Type: sFTP. Source and Target entities should work together to establish file exchange through secure file transfer protocol.

File Delivery Frequency: Weekly. Weekly full files should be sent every Thursday between 6:00 PM and 10:00 PM. The file should include all currently active and with future assignment date beneficiaries with the respective LHD.

File Naming Convention: BH I/DD TPs are expected to follow the below file naming convention.
NCMT_LHD_PatientListRiskScore_<TPShortName>_<LHD>_CCYYMMDD-HHMMSS.TXT

Below are the short names for each TP, use these for <TPShortName>:

- Alliance Health = ALLT
- Partners Health Management = PART
- Trillium Health Resources = TRIT
- Vaya Health = VAYT

For <LHD>, BH I/DD TPs should work with the LHD vendors to align on a unique name/identifier that they can use.

File Delivery, Acceptance & Processing Validation: The Department has setup a standard process to validate successful file creation and delivery by the source entity and successful acceptance and ingestion by the target entity. All source and target entities will need to follow these standards and report information to the Department that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the Department. These requirements will be shared with both the source and target entities by the Department’s Technology Operations (Tech Ops) team.

Data Guidance: Please refer to the Patient List/Risk file Data & Additional Guidance sections of the Data Specifications and Requirements for Sharing Patient Risk List Data guidance document on the NC Medicaid website – [Link](#).

LHD Care Management Data Platform Integration & Testing: The Department expects BH I/DD TPs 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.

VI. CMHRP 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 CMHRP Member Report. The CMHRP Member Report file layout is attached to this document.



CMHRP Member
Report

File Data Scope: Patient Referral information. CMHRP Member Report should include all CMHRP members whether they were a referral from a BH I/DD TP or not.

File Source: LHD Care Management Data Platform

File Target(s): BH I/DD TP

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 Transmission Type: sFTP. Source and Target entities should work together to establish file exchange through secure file transfer protocol.

File Delivery Frequency: Weekly. 1st full file followed by weekly full files between 8:00 PM and 11:59 PM.

File Naming Convention: LHD vendors are expected to follow the below file naming conventions.
NCMT_LHD_CMHRPMemberReport_<LHD>_<TPShortName>_CCYYMMDD-HHMMSS.TXT

Below are the short names for each TP, use these for <TPShortName>:

- Alliance Health = ALLT
- Partners Health Management = PART
- Trillium Health Resources = TRIT
- Vaya Health = VAYT

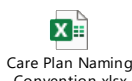
For <LHD>, BH I/DD TPs should work with the LHD vendors to align on a unique name/identifier that they can use.

File Delivery, Acceptance & Processing Validation: The Department has setup a standard process to validate successful file creation and delivery by the source entity and successful acceptance and ingestion by the target entity. All source and target entities will need to follow these standards and

report information to the Department that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the Department. These requirements will be shared with both the source and target entities by the Department's Technology Operations (Tech Ops) team.

LHD Vendor Onboarding & Testing: As BH I/DD TPs contract with LHD vendors, they are expected to have an onboarding process that supports establishing and enabling the exchange of information between the BH I/DD TPs and these vendors. BH I/DD TPs shall review these standard file layouts, associated requirements, testing and implementation expectations with their contracted LHD vendors and work with them to enable these data exchanges per the requirements outlined in the TP managed care contract and this requirements document.

VII. Care Plans - LHD Care Management Platform to BH I/DD TPs



File Data Scope: Active Care Plans identified by LHD vendors for beneficiaries in the CMHRP programs as applicable for care management efforts.

File Source: LHD Care Management Data Platform

File Target(s): BH I/DD TPs

File Naming Convention: Please see the embedded file naming convention document.

File Type: BH I/DD TPs will receive Care Plans in .pdf format as identified above. These files will be zipped into one zipped file per BH I/DD TP.

File Transmission Type: sFTP. Source and Target entities should work together to establish file exchange through secure file transfer protocol.

File Delivery Frequency: Monthly transfer on the 5th of each month between 8:00 PM and 11:59 PM.

1. BH I/DD TPs will receive Care Plans from CCNC for beneficiaries that are assigned to them.
2. BH I/DD TPs are expected to pick up their zipped file from the LHD CM Data Platform sFTP and download the Care Plans. Outlined below are key functions that BH I/DD TPs are expected to support using this information:
 - a. Support Care Management functions to ensure continuity of care for beneficiaries

VIII. 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 CMHRP Interaction Level Report. The CMHRP Interaction Level Report file layout is embedded in this document. The CMHRP Interaction Level Report file layout contains two use cases depicting how to populate this file layout.



File Data Scope: Transactional level report for all CMHRP referrals received through BH I/DD TPs and other referral sources until each referral case is closed.

File Source: CCNC

File Target(s): BH I/DD TPs

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 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: BH I/DD TPs are expected to follow the below file naming conventions.

- Full: NCMT_CareQualityManagement_CMHRP_InteractionLevelReport_FUL_<TPShortName>_LHD_CCYYMMDD-HHMMSS.TXT
- Incremental: NCMT_CareQualityManagement_CMHRP_InteractionLevelReport_INC_<TPShortName>_LHD_CCYYMMDD-HHMMSS.TXT

Below are the short names for each TP, use these for <TPShortName>:

- Alliance Health = ALLT
- Partners Health Management = PART
- Trillium Health Resources = TRIT
- Vaya Health = VAYT

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 BH I/DD TPs 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.
- BH I/DD TPs 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. References

- a. [NC Medicaid Tailored Care Management](#)
- b. [NC Medicaid Care Management](#)
- c. [Care Management Forms \(CMHRP Pregnancy Risk Screen Form\)](#)