

NC Medicaid Managed Care

Addendum to ***Requirements for Sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support Advanced Medical Homes (AMHs), Care Management for At-Risk Children (CMARC) & Care Management for High Risk Pregnancy (CMHRP) Programs***

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

Change Log		
Version	Date	Updates/Change Made
1.0	1/13/2020	Initial Publication
2.0	11/13/2020	<ul style="list-style-type: none">• Updated Member File Clarification• Updated Patient Risk List Format• Revised Patient Risk List Section PHP to LHD Management Data Platform Frequency• Added Section for LHD Management Data Platform to PHP Care<ul style="list-style-type: none">○ Patient List/Risk Score File

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This document is part of a series of policy papers that the Department of Health and Human Services (the Department) to provide additional details to stakeholders regarding the transition of North Carolina Medicaid and NC Health Choice programs to a managed care model. Some topics mentioned in this document may be covered in more detail in other policy papers in the series. For more information on the Department's proposal, stakeholders are encouraged to review the Amended North Carolina Section 1115 Demonstration Waiver Application and previously released policy papers available at dhhs.gov/nc-medicaid-transformation.

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, Advanced Medical Homes, 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.

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 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 DHB 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 need 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

The most recent version of the document titled *Requirements for Sharing Beneficiary Assignment & Pharmacy Lock-in Data to Support AMHs, CMARC & CMHRP Programs* posted at <https://medicaid.ncdhhs.gov/amh-data-specification-guidance> for file format and frequency specifications. Additionally, refer to section IIa for record specification requirements to transmit this file to the LHD Care Management Data Platform.

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

a. Medical Managed Care Encounters

The most recent version of the document titled *Requirements for Sharing Encounters and Historical Claims Data to Support AMHs, CMARC and CMHRP* at <https://medicaid.ncdhhs.gov/amh-data-specification-guidance> for file format and frequency specifications. Additionally, refer to section IIa for record specification requirements to transmit this file to the LHD Care Management Data Platform.

b. Carved-Out Fee for Service Claims:

The most recent version of the document titled *Requirements for Sharing Encounters and Historical Claims Data to Support AMHs, CMARC and CMHRP* at <https://medicaid.ncdhhs.gov/amh-data-specification-guidance> for file format and frequency specifications. Additionally, refer to section IIa for record specification requirements to transmit this file to the LHD Care Management Data Platform.

Carved-Out Claims should be transmitted in accordance with the Medical Professional Claims (Header and Line files) and Medical Institutional Claims (Header and Line Files) outlined in the Requirements for Sharing Encounters and Historical Claims Data to Support AMHs, CMARC and CMHRP. The following are the list of services carved-out of Medicaid Managed Care that PHPs must transmit to the LHD Care Management Data Platform:

- 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. 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 Babies" (IMB)/Physician Fluoride Varnish Program.

- e. 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.
- f. Fabrication of eyeglasses, including complete eyeglasses, eyeglasses lenses and ophthalmic frames.

V. Pharmacy Managed Care Encounters: Data Exchange Protocols

- I. The most recent version of the document titled *Requirements for Sharing Encounters and Historical Claims Data to Support AMHs, CMARC & CMHRP Programs* at <https://medicaid.ncdhhs.gov/amh-data-specification-guidance> for file format and frequency specifications. Additionally, refer to section IIA for record specification requirements to transmit this file to the LHD Care Management Data Platform.

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

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 PHP Patient List/Risk Score Data. The PHP Patient List/Risk Score file layout is attached with this document.



Data Scope: Beneficiaries identified for CMARC and CMHRP services

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: Monthly full file

File Naming Convention: PHPs are expected to follow the below file naming convention
NCMT_CareQualityManagement_CMARCCMHRP_PatientListRiskScore_<PHPShortName>_<LHD1>_CCYY
MMDD-HHMMSS.TXT
Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UCH
- 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:

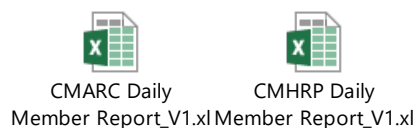
- Source system is required to generate an automated email notification with the file records totals once they deliver any file, to the target system. Department's governance team will be copied on these notifications, their email address will be provided to the source system separately.
- Target system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

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.

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_< LHD1>_< PHPShortName>_CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UCH
- 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_< LHD1>_< PHPShortName>_CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UCH
- 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.

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

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 PHP
Patient Risk Score.xlsx

Data Scope: Beneficiaries receiving CMARC and CMHRP services

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.

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>_<LHD1>_CCYY
MMDD-HHMMSS.TXT

Below are the short names for each PHPs:

- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UCH
- 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. References

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