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NC Medicaid Managed Care

***Requirements for Sharing Patient Risk List to Support Advanced Medical Homes (AMHs)***

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| **Change Log** |
| **Version** | **Date** | **Updates/Change Made** |
| 1.0 | 01/11/2021 | Initial Publication |
| 2.0 | 04/06/2021 | Updates to the language around fie frequency  |

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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), Advanced Medical Homes (AMH), and Clinically

Integrated Networks (CINs).

* [Data Strategy to Support the Advanced Medical Home Program in North Carolina](https://files.nc.gov/ncdhhs/AMH-Data-PolicyPaper_FINAL_2018720.pdf), expands on the requirements in the “Data Sharing” section of the Care Management Strategy to provide further information on the data AMH practices will likely need (and the entities responsible for providing it) to perform care coordination and management, population health improvement, and quality management functions for the beneficiaries they serve.
* [Clinically Integrated Networks and Other Partners Support of Advanced Medical Homes Care Management Data Needs](https://files.nc.gov/ncdhhs/documents/CIN-Other_Partners_policy-paper_20190305.pdf), provides updated information on specific data formats, timing, transmission methods, and testing approaches in the following areas: beneficiary assignment, transmission of encounter data, care needs screening, risk stratification, comprehensive assessments, care planning, and coordinating beneficiary care.

To help AMHs and CINs manage their assigned beneficiaries, the Department has established a standardized format and method of sharing of Patient Risk information via a Patient Risk List. 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, AMHs and CINs.

As a general principle, the Department expects PHPs to provide Patient Risk information to AMHs and CINs, on all assigned 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 AMH program. The Department expects the PHPs to transmit beneficiary information to AMHs, and CINs for only the beneficiaries assigned to them.

**II. PHP to AMH Tier 3/CINs 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 AMH Patient List/Risk Score Data. The PHP Patient List/Risk Score file layout is attached with this document.

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**Data Scope:** Beneficiaries assigned to an AMH Tier 3

**Data Source:** PHPs

**Data Target(s):** AMH Tier 3s or CINs

**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 filed length while generating the file.

**Transmission Type:** Secure File Transfer Protocol (sFTP)

**File Delivery Frequency:** For the first 8 weeks of launch AMH Tier 3s who have been delegated to follow up with transitioning members should be sending the risk list to PHPs on a weekly basis. Outside of the 8-week window all AMH Tier 3 practices should share on a monthly basis.

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

NCMT\_CareQualityManagement\_AMH\_PatientListRiskScore\_<PHPShortName>\_<AMH/CIN1>\_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.

**AMH Tier 3s/CIN Platform Integration & Testing:**

* + The Department expects PHPs to: (1) work with their respective AMH Tier 3s/CIN partners and (2) review the file layout, associated requirements, and implementation timeline and testing expectations to ensure AMH Tier 3s/CIN partners are ready to consume this data per the requirements and implementation timelines shared by the Department.

**III. AMH Tier 3/CINs Patient List/Risk Score File to PHP**

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

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**Data Scope:** Beneficiaries who have been assigned to the AMH Tier 3

**Data Source:** AMH Tier 3 or CIN

**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 filed length while generating the file.

**Transmission Type:** Secure File Transfer Protocol (sFTP)

**File Delivery Frequency:** For the first 8 weeks of launch AMH Tier 3s who have been delegated to follow up with transitioning members should be sending the risk list to PHPs on a weekly basis. Outside of the 8-week window all AMH Tier 3 practices should share on a monthly basis.

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

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**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.
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