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NC Medicaid Managed Care

Requirements Tribal Option Transition of Care Data

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| **Change Log** | | |
| **Version** | **Date** | **Updates/Change Made** |
| 1.0 | 9/11/2020 | Initial Publication |
| 1.1 | 10/16/2020 | * Updated Claims Formats * Included COBOL Copybooks |
| 2.0 | 3/10/2020 | * Added requirements for CCNC sharing care plans with the Tribal Option |

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# Department to Tribal Option: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data

**Scope:**

* 24 months of historical Medical & Pharmacy claims and LME-MCO encounters data for beneficiaries who are transitioning from Medicaid Direct to the Tribal Option
* All approved and denied claims
* Edits/updates to any historical claims or new claims that are received as Medicaid direct (FFS) claims in future due to claims lag will be shared through incremental files
* All LME-MCO claims and encounters payment fields will be zeroed out
* In order to comply with 42 CFR Part 2, these files will not include any records with SUD detail.

**Data Source:** NC Tracks

**Data Target(s):** Tribal Option

**File Layout(s):** The Department has established attached file layouts to send Medical & Pharmacy Claims and LME-MCO Encounters data from NC Tracks to PHPs. There are total 9 interfaces using 5 file layouts, see details below:

1) Medical Claims Header – Medical Header Data Elements.xlsx

2) Medical Claims Line - Medical Line Data Elements.xlsx

3) Medical Claims Edit – ClaimsEdit\_Data Elements.xlsx

4) Pharmacy Claims Header - Pharmacy Header Data Elements.xlsx

5) Pharmacy Claims Line - Pharmacy Line Data Elements.xlsx

6) Pharmacy Claims Edit - ClaimsEdit\_Data Elements.xlsx

7) LME-MCO Encounters Header - Medical Header Data Elements.xlsx

8) LME-MCO Encounters Line - Medical Line Data Elements.xlsx

9) LME-MCO Encounters Edit - ClaimsEdit\_Data Elements.xlsx

The Master Data Element Dictionary for the Claims and LME-MCO Encounters is also attached.

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The associated COBOL Copybooks for the Claims and LME-MCO Encounters are also included



**File Naming Convention:** Please refer to the below attachment for the file naming convention

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**File Type:** Fixed width flat file. All files will be zipped using ASCII format

**Transmission Type:** Secure File Transfer Protocol (sFTP) on GDIT’s Move IT Site

**File Delivery Frequency: Weekly with a custom schedule during MCL Auto-assignment**

1. Tribal Option will receive initial full files from NC Tracks for all beneficiaries assigned to the Tribal Option. This will be followed by weekly incremental files. Incremental files will include any new or adjusted claims for beneficiaries with claims history previous sent, along with 24 months of claims history for newly assigned beneficiaries.
2. After Tribal Option Auto-Assignment the Tribal Option will receive daily TOC Medical & Pharmacy claims and LME-MCO encounters files.
3. Weekly schedule will resume after Tribal Option Auto-Assignment is complete

**File Processing Rules:**

1. Tribal Option should have the capability to unzip the files posted by GDIT and load the records into the appropriate operation environments. Tribal Option should be expected to show how the data is going to flow through their operational system.
2. The expectation is for the Tribal Option to use this data to support care management functions
3. Tribal Option is expected to ingest all claims records for beneficiaries that they have a record for in their eligibility system as recorded on the daily 834s. Tribal Option should be able to ingest claims records for beneficiaries with merged IDs
4. Tribal Option is expected to report any errors/exceptions to the Department following the process defined by the Department’s technology operations team

**Dependencies:**

* Beneficiary assignments: The Tribal Option will receive information on beneficiaries assigned to them through the daily 834 files. Tribal Option is expected to load their beneficiary assignment prior to processing the claims files.
* Member Cross Reference IDs/Merged Member IDs: Beneficiaries can have multiple member Ids and those values are included in the 834 file – please refer to the 834 companion guide for appropriate loop and reference. The Tribal Option is expected to use that data to link beneficiaries with multiple IDs with their active member id and properly ingest and map claims data with the appropriate active member id.

# PHPs to Tribal Option: Medical Managed Care Encounters data

**Scope:**

* 24 months of Medical Encounter data for beneficiaries who are transitioning from a PHP to the Tribal Option after Managed Care go-live date.
* All approved and denied encounters for carved in services.
* Edits/updates to any encounters
* Any new encounters that are received in future due to claims lag
* In order to comply with 42 CFR Part 2, PHPs are required to remove/scrub SUD encounters if consent has not otherwise been secured.

**Data Source:** PHPs

**Data Target(s):** Tribal Option

**File Layout & Naming Convention:** 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. Both the medical professional and institutional encounter file layouts are attached with this document along with the Department’s 837 Institutional and professional companion guides.

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

**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 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 will be copied on these notifications, their email address will be provided to the source system separately.

**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:** Tribal Option Secure File Transfer Protocol (sFTP)

**File Delivery Frequency:** Weekly - Full files followed by weekly incremental files

**File Creation & Processing Rules:**

1. Transferring PHPs will receive information on disenrollment from them and enrollment with the Tribal Option through the 834 files, that should trigger the creation of these files. Transferring PHPs will have 5 days to send the Tribal Option 24 months of encounters data followed by weekly incremental updates.
2. The Tribal Option should have the capability to load this data into the appropriate operational environments. The Tribal Option should be expected to show how the data is going to flow through their operational systems.
3. The expectation is for the Tribal Option to use this data to support additional care management functions.
4. The Tribal Option is expected to ingest all encounters records for beneficiaries that they have a record for in their eligibility system as recorded on the daily 834s. The Tribal Option should be able to ingest encounter records for beneficiaries with merged IDs.
5. PHPs and the Tribal Option are expected to report any errors/exceptions to the Department following the process defined by the Department’s technology operations team.

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

NCMT\_<MedicalEncounterClaimData>\_<PHPShortName>\_<TribalOptionName>\_ 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

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

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.

# PHPs to Tribal Option: Pharmacy Managed Care Encounters data

**Scope:**

* 24 months of Pharmacy Encounter data for beneficiaries who are transitioning from a PHP to the Tribal Option after Managed Care go-live date.
* All approved and denied encounters for carved in services.
* Edits/updates to any encounters
* Any new encounters that are received in future due to claims lag
* In order to comply with 42 CFR Part 2, PHPs are required to remove/scrub SUD encounters if consent has not otherwise been secured.

**Data Source:** PHPs

**Data Target(s):** Tribal Option

**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 is are available for NCPDP members to download from the NCPDP website - [www.ncpdp.org](http://www.ncpdp.org).

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

**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 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 will be copied on these notifications, their email address will be provided to the source system separately.

**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 Creation & Processing Rules:**

1. Transferring PHPs will receive information on disenrollment from them and enrollment with the Tribal Option through the 834 files, that should trigger the creation of these files. Transferring PHPs will have 5 days to send the Tribal Option 24 months of encounters data followed by weekly incremental updates.
2. The Tribal Option should have the capability to load this data into the appropriate operational environments. The Tribal Option should be expected to show how the data is going to flow through their operational systems.
3. The expectation is for the Tribal Option to use this data to support additional care management functions.
4. The Tribal Option is expected to ingest all encounters records for beneficiaries that they have a record for in their eligibility system as recorded on the daily 834s. The Tribal Option should be able to ingest encounter records for beneficiaries with merged IDs.
5. PHPs and the Tribal Option are expected to report any errors/exceptions to the Department following the process defined by the Department’s technology operations team.

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

NCMT\_<PharmacyEncounterClaimData>\_<PHPShortName>\_<TribalOptionName>\_ 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

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

* + Pharmacy Header = RXENCHD
  + Pharmacy Line = RXENCLN

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.

# *N3CN to Tribal Option: Care Plans and Warm Handoff Spreadsheet*

**Scope:**

* All existing Care Plans identified by N3CN for beneficiaries who will be transitioning from Medicaid Direct to Tribal Option at Managed Care Launch.
* In order to comply with 42 CFR Part 2, N3CN will ensure that SUD details are scrubbed from the Care Plans being sent over using data suppression logic authorized or provided by the Department.
* N3CN will also include a care plan file transfer spreadsheet which notes all care plans included in the transition and also indicates whether a beneficiary necessitates a Warm Handoff. The spreadsheet will include the following fields:
  + MID
  + First Name
  + Last Name
  + Date of Birth
  + Confirmation of Care Plan File Attached
  + Name of Care Plan File
  + Warm Handoff Required indicator (Y/N)
  + Comments

**Data Source:** N3CN

**Data Target(s):** Tribal Option

**File Layout:** The Care Plans have no set layout. However, the Warm Handoff Spreadsheet will follow the below layout as defined by the Department.



**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 and Warm Handoff Spreadsheet.

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**File Type: The** Tribal Option will receive Care Plans in .pdf format along with a .csv Warm Handoff Spreadsheet as identified above. These files will be zipped into one zipped file per PHP.

**Transmission Type:** N3CN sFTP Site

**File Delivery Frequency & Processing Rules:** One Time Transfer Followed By Ad Hoc Transfers

1. Prior to Standard Plan Launch, the Tribal Option will receive Care Plans from N3CN for all beneficiaries that are assigned to them. This will be followed by ad hoc transfers as needed.
2. The Tribal Option is expected to pick up their zipped file off of the N3CN sFTP site and store the Care Plans file transfer Spreadsheet for future use. Outlined below are key functions that the Tribal Option is expected to support using this information:
   1. Support Care Management functions to ensure continuity of care for beneficiaries
   2. Contact N3CN to initiate warm handoff knowledge transfer sessions for beneficiaries with a Warm Handoff indicator by N3CN on the Warm Handoff Spreadsheet

**Dependencies:**

* Beneficiary assignments: The Tribal Option will receive information on beneficiaries assigned to them through the daily 834 files. The Tribal Option is expected to use the information provided on Care Plans to ensure continuity of care for those members.