



**North Carolina Department of Health and Human Services
Tailored Care Management Data Strategy
Questions and Answers**

In September 2019, the Department released “North Carolina’s Data Strategy for Tailored Care Management,” a policy paper describing how Behavioral Health I/DD Tailored Plans and other organizations providing Tailored Care Management will be expected to use data and information to fulfill their care management responsibilities. Data, dataflow, and system requirements were outlined across seven core functional areas, from care management enrollment to population health management and risk stratification to care team formation and person-centered care planning; it included details on:

- Types of data to be received, generated, collected and/or transmitted;
- Triggers, formats and methods for exchange;
- Data security and privacy standards; and
- Data sharing oversight and accountability expectations.

The Department received 16 public comments on the paper through October 2019, including notes of support for the model, questions on model implementation, and requests for requirement clarification. The Behavioral Health I/DD Tailored Plan Request for Applications (RFA), released on Nov. 13, 2020, and the “Tailored Care Management Provider Manual,” released on June 9, 2020, and updated on Dec. 2, 2020, addressed many of the questions raised during the public comment period.¹

This Questions and Answers (Q&A) document summarizes Tailored Care Management data- and system-related requirements across several key areas for stakeholder consideration. This document is for informational purposes only and readers are encouraged to review the RFA for specific requirements and details. **If there is any conflict between this document and the RFA or any contract resulting from the RFA, the RFA/contract shall prevail.**

¹ North Carolina’s “Tailored Care Management Provider Manual”. December 2, 2020. Available here: <https://files.nc.gov/ncdma/Tailored-Care-Management-Provider-Manual20201202.pdf>

1. What Health Information Technology (HIT) capabilities will Behavioral Health I/DD Tailored Plans need to support Tailored Care Management?

Behavioral Health I/DD Tailored Plans will be required to have IT infrastructure and data analytic capabilities to:

- Consume and use physical health, Behavioral Health, I/DD and Traumatic Brain Injury (TBI), pharmacy and encounter claim and encounter data, Admission, Discharge, and Transfer (ADT) data, risk stratification information and/or unmet health-related resource needs data; and
- Share and transmit data with Advanced Medical Home Plus (AMH+) practices, Care Management Agencies (CMAs), and other providers.

2. What data will Behavioral Health I/DD Tailored Plans receive about their members at enrollment?

At Behavioral Health I/DD Tailored Plan launch, the Department will generate and share available information with plans about their members, including:

- Eligibility and enrollment data (e.g., ANSI 834 EDI enrollment data), including relevant clinical data acquired through the eligibility determination process (e.g., qualifying diagnoses or service use);
- Historical physical, behavioral health, and pharmacy claims/encounter data with up to a 24-month lookback;
- Medical and pharmacy prior approval data;
- Pharmacy lock-in data; and
- Acuity tiering data (see Question #7).²

After Behavioral Health I/DD Tailored Plan launch, the Department expects similar data will be shared among Standard Plans and Behavioral Health I/DD Tailored Plans to support transitions of care.

3. What data will AMH+ practices and CMAs receive about their members from Behavioral Health I/DD Tailored Plans for assigned members?

The Department believes that effective, integrated and well-coordinated care management depends on care team members having the ability to efficiently exchange timely and actionable member health information and use that information to monitor and respond to medical and nonmedical events that could impact a member's well-being. The success of Tailored Care Management will depend on Behavioral Health I/DD Tailored Plans, AMH+ practices, CMAs, Clinically Integrated Networks (CINs) and other partners, pharmacies, and healthcare and social service providers collecting, using and sharing data in support of an integrated and coordinated approach to care.

To support this model, Behavioral Health I/DD Tailored Plans will be required to share administrative and clinical information about their attributed members with their AMH+ practices and CMAs - or their designated CIN or other partner - including:

- Member assignment files with any clinically relevant and available eligibility and enrollment data in a machine-readable format or other format that may be specified by the Department. This will include:³
 - Point-in-time assignment information on at least a monthly basis;

² North Carolina's Behavioral Health I/DD Tailored Plan RFA. Section V.B.8.i. Data Exchange Model. Nov. 13, 2020. <https://medicaid.ncdhhs.gov/media/8017/download>

³ North Carolina's Behavioral Health I/DD Tailored Plan RFA. Section V.B.3.ii.(xv). Data System Requirements, Data Sharing, and Risk Stratification. Nov. 13, 2020. <https://medicaid.ncdhhs.gov/media/8017/download>

- Projected assignment information; and
- Newly assigned member information (e.g., demographic information), within seven business days of enrollment with notifications of any ad hoc changes in assignment within seven business days of each change.
- Member historical physical, behavioral health and pharmacy claims (including pharmacy lock-in data), encounter data (24-month lookback) in a machine-readable format, with new claims/encounter data:
 - Delivered at least monthly thereafter for physical and behavioral health “medical” claims/encounters (i.e., non-pharmacy);
 - Delivered at least weekly for pharmacy claims/encounters or more frequently as requested by the Department.
- Acuity tiering and risk stratification information, including up-to-date acuity tiering results for each member and any other risk scoring/stratification the Behavioral Health I/DD Tailored Plan has conducted, in a machine-readable format (see questions 7 and 8 for more on acuity tiering and risk stratification). Behavioral Health I/DD Tailored Plans will also be encouraged to share the types or categories of risk stratification model inputs (e.g., frequent hospital utilization) and any clinically-relevant information identified through the risk score development process that can inform specific actions by the AMH+ practice or CMA.
- Quality measure performance information at the practice level on an annual and interim basis as specified by the Department, in a format to be determined by the Department.

The Behavioral Health I/DD Tailored Plan will also be required to share other data or information that may be used to support Tailored Care Management (e.g., historical member clinical information) to AMH+ practices and CMAs (or their data partners) in a format agreed to by the plan and the AMH+ practice/CMA, unless otherwise specified by the Department. The Behavioral Health I/DD Tailored Plan will also be required to share data to support the Healthy Opportunity Pilots. Additional details on data exchange requirements are included in the Behavioral Health I/DD Tailored Plan RFA.⁴

4. What functionality is required of the care management data systems maintained by Behavioral Health I/DD Tailored Plan, AMH+ practices, or CMAs?

Organizations providing Tailored Care Management will be required to have care management data systems that can:

- Maintain up-to-date documentation of members enrolled in Tailored Care Management and assignments of individual members to care managers;
- Electronically document and store care management comprehensive assessments, re-assessments, care plans and Individual Support Plans (ISPs);
- Consume and store claims and encounter data; and
- Provide access to – and electronically share, if requested – member records with the member’s care team to support coordinated care management, as well as the member, in accordance with federal, state, and Department privacy, security, and data-sharing requirements.

The care management data systems, which may comprise EHRs and/or separate care management platforms or analytic/reporting tools, should allow care managers to:

- Identify risk factors for individual members;
- Monitor and respond to changes in a member’s health;

⁴ Ibid.

- Monitor a beneficiary’s medication adherence;
- Develop actionable care plans and ISPs;
- Track a beneficiary’s referrals and provide alerts where gaps in care occur;
- Share reports and summaries of care records with other care team members;
- Support data analytics and performance; and
- Record and transmit quality and performance metrics for assigned populations.⁵

Care management data systems may be part of – or separate from – an organization’s Electronic Health Record (EHR) or clinical system of record, or other analytic and reporting tools. However, the most effective care management data systems will be integrated with an organization’s EHR or clinical system of record to support responsive and informed care delivery; they may also link to Admission, Discharge, and Transfer (ADT) data sources to help care managers centrally track unexpected service needs. AMH+ practices and CMAs are expected to have an EHR or clinical system of record in-place to support care management, by electronically recording, storing and transmitting member clinical information.⁶

The Department recognizes that deploying and maintaining care management data systems may represent a significant change, particularly for many Behavioral Health, I/DD and TBI providers. The Department anticipates that many AMH+ practices and CMAs will partner with a CIN or other partner to meet these criteria or use the Behavioral Health I/DD Tailored Plan’s care management data system as an alternative to building or maintaining its own.

5. How are organizations providing Tailored Care Management required to access and use ADT data?

Organizations providing Tailored Care Management will be required to have access to ADT data that identify when members are transitioned into or out of an Emergency Department (ED) or hospital in real-time or near real-time. Organizations providing Tailored Care Management will be responsible for ensuring there are systematic, clinically appropriate processes in-place to support care transitions, with designated care manager staffing responding to certain high-risk ADT alerts including:

- Real-time (i.e., within minutes/hours) responses to ED visit notifications;
- Same-day or next-day outreach for designated high-risk members; and
- Additional outreach within several days for those discharged from a hospital or ED to confirm outpatient needs are being addressed (e.g., to confirm follow-up visits are scheduled).^{7,8}

6. What is NCCARE360 and how will Behavioral Health I/DD Tailored Plans be required to use it?

NCCARE360 is North Carolina’s statewide coordinated care network to electronically connect those with identified needs to community resources and allow for a feedback loop on the outcome of that connection. The Department believes that NCCARE360 will be a key resource for uniting communities and health care systems to address the full set of factors that impact health.

At launch, Behavioral Health I/DD Tailored Plans will be required to ensure that all organizations providing Tailored Care Management for its members will use NCCARE360 to:

⁵ Ibid.

⁶ North Carolina’s “Tailored Care Management Provider Manual”. December 2, 2020. Available here: <https://files.nc.gov/ncdma/Tailored-Care-Management-Provider-Manual20201202.pdf>

⁷ Ibid.

⁸ North Carolina’s Behavioral Health I/DD Tailored Plan RFA. Section V.B.3.ii.(xv). Data System Requirements, Data Sharing, and Risk Stratification. Nov. 13, 2020. <https://medicaid.ncdhhs.gov/media/8017/download>

- Leverage the NCCARE360 resource repository to identify Health Service Organizations (HSOs) that offer services specific to a beneficiary’s unmet health-related needs;
- Refer and directly connect members to community resources identified via NCCARE360; and
- Track closed-loop referrals to confirm services were received.

The Department anticipates working with Behavioral Health I/DD Tailored Plans on their use of NCCARE360 by facilitating regular meetings with Behavioral Health I/DD Tailored Plans during the implementation, onboarding and training process to discuss progress, challenges and best practices.

7. What is the difference between “acuity tiering” and “risk stratification” that might be conducted by Behavioral Health I/DD Tailored Plan and AMH+ practices/CMAAs?

The Department is developing a standard methodology to assign Behavioral Health I/DD Tailored Plan members to an “acuity tier” (e.g., low, medium, high), enabling a consistent Tailored Care Management payment approach that aligns the member need with a payment level. The Behavioral Health I/DD Tailored Plan will be required to use acuity tiering to guide the intensity of a member’s care management, according to minimum contact requirements.⁹

The Department anticipates that the acuity tiering will be the primary method that Behavioral Health I/DD Tailored Plans, CMAAs and AMH+ practices use to segment and manage their populations, particularly during the initial years of Tailored Care Management.

Behavioral Health I/DD Tailored Plans may choose to conduct risk scoring and stratification for their members beyond the acuity tiering information they receive, taking a broader range of inputs into account for the purpose of supporting care management assignment, assessing the success of care management interventions, and making program adjustments to drive health improvement (see Question #8). Risk scoring and stratification would help to identify where additional supports, investments and condition-specific monitoring may be beneficial and to hold providers accountable for being responsive to members’ care needs. To the extent that Behavioral Health I/DD Tailored Plans establish risk stratification methodologies beyond acuity tiering, they will be required to share risk stratification results and methodologies with AMH+ practices and CMAAs to which they have members assigned.^{10,11}

AMH+ practices and CMAAs may similarly choose to conduct risk scoring and stratification for their members beyond the acuity tiering or plan risk stratification information they receive. By the third year after Behavioral Health I/DD Tailored Plan launch, AMH+ practices and CMAAs will be required to establish their own risk stratification methodologies, incorporating the unique - and critical - clinical and

⁹ North Carolina’s Behavioral Health I/DD Tailored Plan RFA. Section V.B.3.ii.(x) Ongoing Care Management. Nov. 13, 2020. <https://medicaid.ncdhhs.gov/media/8017/download>

¹⁰ Behavioral Health I/DD Tailored Plans will be required to have the technical capacity to review the utilization patterns of enrollees receiving care management, assessing whether members are receiving the appropriate level of care for their identified clinical needs. Utilization reviews will also be required to be used to ensure program compliance and integrity, identifying patterns that indicate care managers may have steered members in such a way that favors particular providers, less cost-effective interventions, or results in under- or over-utilization of services, counter to Tailored Care Management goals and regulatory requirements.

¹¹ North Carolina’s Behavioral Health I/DD Tailored Plan RFA. Section V.B.3.ii.(xv). Data System Requirements, Data Sharing, and Risk Stratification. Nov. 13, 2020. <https://medicaid.ncdhhs.gov/media/8017/download>

unmet health-related resource data to which they have access to generate actionable risk scores.¹²

8. What data sources should Behavioral Health I/DD Tailored Plans consider when developing their own risk stratification methodologies?

As previously discussed, and like Standard Plans, Behavioral Health I/DD Tailored Plans will have flexibility to implement their own risk scoring and stratification methodologies, which they will be required to describe as part of their RFA responses. Behavioral Health I/DD Tailored Plans that adopt their own risk stratification methodologies will be required to share inputs and results of the model with AMH+ practices and CMAs providing Tailored Care Management for its members. There are a number of data sources the Department would encourage Behavioral Health I/DD Tailored Plans (and AMH+ practices/CMAs) to consider when developing risk strata to the extent available, as listed below.¹³

Acuity tier results	Member’s zip code
Claims/encounter history	Member’s race and ethnicity
Claims analysis results	Administrative data to identify risk for: <ul style="list-style-type: none"> ▪ Overutilization of physical & behavioral health services ▪ Adverse events ▪ High cost of care
Pharmacy data	
Risk factor assessment, incl. tobacco use assessment	
Immunizations	
Lab results	Results of level-of-care determination and screening tools (e.g., LOCUS, CALOCUS, ASAM, SIS)
ADT feed data	
Provider referral data	Results of care management screenings or care management comprehensive assessments
Member or caretaker self-referral information	
Referrals from social services	Identified unmet health resource needs

9. Will there be opportunities for Behavioral Health I/DD Tailored Plans, AMH+ practices, and CMAs to engage with the Department on data requirements and developing data exchange standards?

The Department is developing a process for overseeing and updating data specification guidance for the Tailored Care Management. Upon procurement of the Behavioral Health I/DD Tailored Plans, the Department anticipates working with Behavioral Health I/DD Tailored Plans, AMH+ practices, CMAs and CINs involved in Tailored Care Management to establish data standards, where beneficial, through a AMH+/CMA Subcommittee of the established AMH Technical Advisory Group (TAG). In 2019 and 2020, the AMH TAG Data Subcommittee developed data specification standards for beneficiary assignment file, encounter data, and care management encounter data exchanges.¹⁴ The Department expects that data specification standards between Behavioral Health I/DD TPs and AMH+ practices and CMAs will align with those developed for Prepaid Health Plans (PHPs) and AMHs to the extent possible.

¹² ¹² North Carolina’s “Tailored Care Management Provider Manual”. December 2, 2020. Available here: <https://files.nc.gov/ncdma/Tailored-Care-Management-Provider-Manual20201202.pdf>

¹³ North Carolina’s Behavioral Health I/DD Tailored Plan RFA. Section V.B.3.ii.(xv). Data System Requirements, Data Sharing, and Risk Stratification. Nov. 13, 2020. <https://medicaid.ncdhhs.gov/media/8017/download>

¹⁴ Additional information about the AMH TAG Data Subcommittee is available here: <https://medicaid.ncdhhs.gov/transformation/advanced-medical-home/advanced-medical-home-technical-advisory-group#data-subcommittee-2019-meetings>