

North Carolina Department of Health and Human Services (DHHS)
 Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee Meeting
 June 4, 2024, 3:30-5:00 PM ET

Attendees:

AMH TAG Data Subcommittee Members	Organization Type
AmeriHealth	Health Plan
Carolina Complete Health	Health Plan
Healthy Blue	Health Plan
UnitedHealthcare	Health Plan
WellCare of North Carolina	Health Plan
Atrium Health Wake Forest Baptist	Provider (CIN)
Community Care Physician Network (CCPN)	Provider (CIN)
Mission Health Partners	Provider (CIN)
UNC Health [UNC Health Alliance]	Provider (CIN)
Children First of NC	Provider (Independent)
Cherokee Indian Hospital Authority	Tribal Option
NC DHHS Staff and Speaker	Title
Kristen Dubay	Chief Population Health Officer
Andrew Clendenin	Deputy Director
Loul Alvarez	Associate Director
Saheedat Olatinwo	AMH Program Lead
Evelin Lazaro	AMH Program Specialist
Elizabeth Kasper	Care Delivery and Payment Reform Sr Advisor
Advisors	Title
Vik Gupta	Medicaid Transformation Project Executive, Quality & Population Health, Accenture
Sachin Chintawar	Medicaid Transformation Project Manager, Quality & Population Health, Accenture
Lammot du Pont	Senior Advisor, Manatt Health Strategies

Agenda

- Welcome & Roll Call
- AMH Data Topics Prioritization
- Deep Dive: High-Priority Data Topics
 - Care Management Interactions Data Quality
 - PCP Assignment Errors
 - PHP-AMH Data Transmission Timing
 - Claims Files Data Quality
- Public Comments
- Next Steps

AMH Data Topics Prioritization (Evelin Lazaro)

Key Takeaways

- In March 2024, the Department administered a survey to request feedback from Data Subcommittee Members on the following data topics:
 1. PCP Assignment Errors
 2. Beneficiary Assignment File Data Quality
 3. Tracking CIN-AMH Relationships
 4. PHP & AMH Data Transmission Timing
 5. Risk Stratification Data (PRL File, BCM051 Report) – Data Quality
 6. Care Management Data (PRL File, BCM051 Report) – Data Quality
 7. Patient Risk List Consolidation
 8. Care Management PMPM Reconciliation
 9. Claims Files Data Quality
 10. Care Needs Screenings Data

- The survey prompted respondents to:
 - Validate the list of identified data issues and define any additional issues encountered,
 - Prioritize the issues based on impact on critical operations and urgency for resolution, and
 - Comment on the nature, impact, urgency of the issue and/or potential solutions.

- Informed by the survey results and Data Subcommittee Members' prioritization of data topics, the Department identified four data issues as high priority:
 - Care Management Interactions Data Quality
 - PCP Assignment Errors
 - PHP & AMH Data Transmission Timing
 - Claims Files Data Quality

Care Management Interactions Data Quality (Saheedat Olatinwo)

Key Takeaways

- Standard Plans, AMH Tier 3 practices, and CINs have varying approaches to documenting care management interactions on the standardized Patient Risk List file (AMH Tier 3 practices and CINs) and BCM051 report (Standard Plans), resulting in potentially inconsistent and inaccurate care management data.

- In the AMH Data Topics Survey, AMH TAG Data Subcommittee Members reported:
 - High-quality care management interactions data is important for accurate and timely measurement of care management process performance.
 - Suggestions that the Department provide additional clarity and education on how to accurately complete the Patient Risk List file and report care management interactions data. These actions would help to reduce variation in reporting approaches and underreporting of care management interactions.

- To address care management interactions data quality issues, the Department will:
 - Conduct an external audit to validate care management interactions data, including:
 - Standard Plans' and AMH/CINs' risk scoring processes;

- AMH/CINs' documentation of care management interactions through the Patient Risk List file; and
- Standard Plans' and AMH/CINs' exchange of care management interactions data and potential data accuracy, completeness, and consistency pain points
- Update the Patient Risk List file template to incorporate stakeholder feedback and clarify ambiguities
 - The Department will review pending changes with the Data Subcommittee prior to their publication
 - After publication of updated guidance anticipated later this year, the Department will host a training session to review the updated Patient Risk List file and to answer stakeholder questions
- Engage with Standard Plans and providers to discuss improvements to care management interactions data quality and opportunities for additional data collection
- Leverage North Carolina's health information exchange to facilitate care management interactions data exchange in the long-term

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** An AMH TAG Data Subcommittee Member asked the Department to clarify what will be included in the audit.
 - **Response:** The audit will (a) assess the methodology, risk definitions, and reporting of risk assignment through the PRL, (b) assess self-reported care management data that is shared between PHPs and AMHs/CINs, and (c) assess risk assignment and care management data aggregation within the BCM051 Care Management Interaction report
- **Comment:** An AMH TAG Data Subcommittee Member observed that inconsistencies between data on the Beneficiary Assignment file and the Patient Risk List file may be an additional root cause of care management interactions data quality challenges.
 - **Response:** The Department appreciates the feedback. As the external audit progresses and sheds light on other root causes, the Department will be better equipped to identify and work towards long-term solutions.
- **Comment:** An AMH TAG Data Subcommittee Member noted that health plans currently conduct provider audits of care management documentation and asked if the Department plans to leverage those results for the audit to avoid duplicating efforts.
 - **Response:** This is an external audit by HSAG and in addition to assessing systems and process at the AMH/CIN level, it will also assess PHPs' systems, processes, and data transmission.

PCP Assignment Errors (Elizabeth Kasper)

Key Takeaways

- AMH Tier 3 practices/CINs have reported substantive member misassignments, resulting in frequent changes to provider panels.
- The root causes of these misassignments are investigated on a case-by-case basis. Some identified causes include:
 - PHPs' auto-assignment algorithm errors; and

- Lack of timely and up-to-date panel requirements from providers in NCTracks
- In the AMH Data Topics Survey, AMH TAG Data Subcommittee Members highlighted the continued occurrence of misassignments and the resulting impacts to:
 - The effective administration of care management programs and
 - The accuracy of care management payments.
- To understand and address observed PCP assignment errors, the Department will take actions, including but not limited to:
 - Conduct an external audit of the accuracy of PHPs' beneficiary assignment processes, including potential misalignment between PHPs' auto-assignment algorithms and provider panel restrictions
 - Monitor and analyze Standard Plan operational reporting data and Help Center tickets to track the frequency and appropriateness of reassignments and misassignments
 - Monitor provider perspectives via periodic surveys gauging provider satisfaction with PCP assignments and related data and processes

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** An AMH TAG Data Subcommittee Member asked if the Department plans to review Tailored Care Management auto assignment processes for similar errors.
 - **Response:** TP PCP assignment work ahead of launch has included reviews of age/gender assignment accuracy and reassignments if necessary.
- **Comment:** An AMH TAG Data Subcommittee Member asked how they should share examples of PCP assignment errors and their root causes with the Department.
 - **Response:** AMH TAG Data Subcommittee Members should share examples of root causes and potential solutions to Medicaid.AdvancedMedicalHome@dhhs.nc.gov. Specific misassignment issues should be submitted to the Department ombudsman at Medicaid.ProviderOmbudsman@dhhs.nc.gov, including Medicaid IDs for affected members, so that the root causes can be identified
- **Comment:** An AMH TAG Data Subcommittee Member reported that some PCP assignment errors appear to come from enrollment broker assignments.
 - **Response:** The Department appreciates the feedback and will share this observation internally.
- **Comment:** An AMH TAG Data Subcommittee Member asked if patients who are aging out of a pediatric panel would be reassigned to another provider within the same CIN as the pediatric practice.
 - **Response:** The auto assignment algorithm does not include criteria related to the network of the previous provider. The algorithm does consider family PCP assignment and claims history.
- **Comment:** An AMH TAG Data Subcommittee Member asked about the results of the provider satisfaction survey on panel management (conducted in March 2024).

- **Response:** The Department is reviewing the survey data and will follow up with (a) the survey results as well as (b) proposed updates to the survey cadence.

PHP-AMH Data Transmission Timing (Madhu Patel)

Key Takeaways

- Standard Plans have different schedules for sharing standard data interfaces between Standard Plans and AMH Tier 3 practices or CINs.
- Receiving data on differing schedules impacts AMHs’/CINs’ ability to:
 - Efficiently execute downstream processes (e.g., automated ETL) to provide more complete, accurate, and timely data to their care managers; and
 - Provide timely updates to their care management systems, creating a data lag in what is getting reported back to the Standard Plans
- In the AMH Data Topics Survey, AMH TAG Data Subcommittee Members:
 - Agreed that streamlining data exchange could improve data timeliness and downstream data ingestion process issues
 - Expressed support for:
 - Standardizing file transmission schedules,
 - Reducing the frequency of required file exchange, and
 - Using a centralized platform to facilitate data exchange.
- Based on Data Subcommittee feedback, the Department will update the AMH Data Specifications to provide descriptive guidance for standardized file generation and data delivery transfers between Standard Plans and AMHs/CINs.
- To inform development and implementation, the Department established an AMH Data Interface Timeline Standardization Workgroup, consisting of Standard Plans, AMH Tier 3 practices, and CINs.
- In early spring 2024, the Workgroup:
 - Completed its review of current data transmission schedules;
 - Aligned on a draft standardized data transmission schedule (see below); and
 - Reviewed a tentative implementation timeline, providing feedback that any implementation timeline should consider updates to the claims files data specifications to clarify existing ambiguities (see next section).

File Type	Current Requirements	Draft Standardized Schedule
Beneficiary Assignment Full File	Weekly	Weekly full files every Sunday and the last day of each month
Beneficiary Assignment Incremental	Daily	Decommissioned

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Patient Risk List Outbound to Providers	At least monthly on the 26 th	Monthly on the 26 th
Patient Risk List Inbound to Plans	At least monthly on the 7 th	Monthly on the 7 th
Encounters/Claims Institutional, Professional, Dental, and Pharmacy	At least monthly	First full and ongoing incremental files every Tuesday
Pharmacy Lock-In Full File	Weekly	Weekly full files every Sunday (aligned with weekly BA full file)

- The Department requests additional feedback from the AMH TAG Data Subcommittee on the draft standardized data transmission schedule by Fri, 6/21.

Claims Files Data Quality (Saheedat Olatinwo)

Key Takeaways

- Claims files shared between Standard Plans, AMH Tier 3 practices, and CINs have issues with data completeness, formatting, and timeliness.
- In the AMH Data Topics Survey, AMH TAG Data Subcommittee Members provided additional detail on observed data quality issues and noted that these data challenges introduce significant time and resource burdens and limit usability of claims files.
- To understand and address claims files data quality issues, the Department will:
 - Update Claims Files data specifications to clarify ambiguities on the following data elements:
 - Mandatory (M) fields, aligned with the 837 file layout requirements.
 - Optional (O) fields, aligned with the 837 file layout requirements. These fields can be shared by Plans to AMH/CINs, as available.
 - Situational (S) fields, that have other dependencies.
 - Review current NCDHHS guidance and policy on sharing 42 CFR Part 2 data
 - Leverage North Carolina’s health information exchange to facilitate address encounters and historical claims data exchange in the long-term
- The Department requests additional feedback from the AMH TAG Data Subcommittee on the proposed updates to the claims interfaces data specifications by Fri, 6/21.

Public Comments (Evelin Lazaro)

- **Comment:** A member of the public reported an ongoing issue with incorrectly denied claims due to errors in listed primary insurance coverage.
 - **Response:** The Department appreciates the feedback and will follow up.

Next Steps (Evelin Lazaro)

- AMH TAG Data Subcommittee Members will:

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- Respond to HSAG audit requests, as applicable
 - Provide feedback on the draft standardized data transmission schedule by Friday, 6/21/24
 - Provide feedback on the proposed changes to the Claims File Data Specifications by Friday, 6/21/24
 - Provide any additional feedback on today's discussion to:
Medicaid.AdvancedMedicalHome@dhhs.nc.gov by Friday, 6/21/24.
- The Department will post a presentation and summary of the meeting on the NCDHHS website.
 - The next AMH TAG Data Subcommittee meeting is scheduled for September 3, 2024.