Tailored Care Management 108:

Deep Dive on Data Specifications

December 3, 2021
## Tailored Care Management Webinar Series

Today’s webinar is a part of a series to help develop a shared understanding of the Tailored Care Management model across the North Carolina provider community and anyone else who is interested.

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Tailored Care Management Webinar Series

- Time permitting, we will be holding a Q&A session at the conclusion of today’s presentation.
  - You may ask a question at any time throughout the presentation, using the Q&A text box
  - Q&A Text Box is located at the lower right-hand side of the screen
  - Simply type in your question and click send

For additional questions on Tailored Care Management, please email: Medicaid.TailoredCareMgmt@dhhs.nc.gov

- A recording of today’s presentation and the slide deck will be available at the below website.

For more information on Tailored Care Management, please visit: https://medicaid.ncdhhs.gov/transformation/tailored-care-management
## Presenters

<table>
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**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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Agenda

- Tailored Care Management Data Strategy Source Documents
- Deep Dive on Data Specifications
- Question & Answer
Tailored Care Management
Data Strategy Source Documents
The **Tailored Care Management Provider Manual** is the primary source for AMH+ practice and CMA data exchange and HIT requirements. The Tailored Care Management Data Strategy FAQ and Care Management Data System Guidance may also be helpful resources.
Deep Dive on Data Specifications
Providers submit their AMH+/CMA application to the Department. Upon completion of the Certification Process, the Department notifies them of the outcome. If they are approved, their AMH+/CMA status is updated in NC Tracks.

1. Medical & Pharmacy Claims Files - 24 Months Claims History
2. Member Acuity Tier Code

TPs contracts w/ AMH+/CMA certified Practices

TPs executes Tailored Care Mgmt Assignment Process/Algorithm

TPs sends ID Card & Welcome Packet to Members

TPs network file (includes TP contracted AMH+/CMA Practices)

Provider enrollment file (includes AMH+/CMA certified Practices)

Provider

Member

NC Tracks

Claims & Acuity Tier

Member

Claims & Acuity Tier

Provider

Tailored Plans (TPs)

NC Medicaid Systems

834 File – Beneficiary Enrollment Data (Includes Historical Tailored CM Assignments)

AMH+/CMA Assignment Data

Care Management Report

1. Medical & Pharmacy Claims Files - 24 Months Claims History
2. Member Acuity Tier Code
Tailored Care Management (CM): High Level Data Flow (2/2)

- **Patient Risk File**
- **Member**
- **Claim & Lock-in Data**
- **CM & Risk Data**
- **Tailored Plans (TPs)**
- **Claims & Lock-in Data**
- **Medical & Pharmacy Claims Files - 24 Months History & Ongoing Claims**
- **Beneficiary Assignment File (Includes Acuity Tier Code)**
- **Pharmacy Lock-in Data**
- **AMH+/CMA/CINs**
- **CM & Risk Data**
- **Patient Risk File**
- **10**
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Tailored Plan to AMH+ Practice/CMA Data Exchange

Tailored Plan to AMH+ Practice/CMA Data Exchange Requirements

Tailored Plans will be expected to share the following data in a machine-readable format with AMH+ practices, CMAs, or their designated CINs or Other Partners, for their attributed members to support Tailored Care Management:

1. **Member assignment information**, including demographic data and any relevant clinical and available eligibility information

2. **Pharmacy Lock-in information**

3. **Member claims/encounter data**, including historical physical (PH), behavioral health (BH), and pharmacy (Rx) claims/encounter data

4. **Acuity tiering and risk stratification data**. Tailored Plans required to transmit acuity tier assignments to AMH+ practices/CMAs (and results & methods of any risk stratification they conduct)

5. **Quality measure performance information** at the practice level

6. **Other data** to support Tailored Care Management on an as-needed basis (e.g., previously established care plans, historical member clinical info)

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1. Member consent to share data will be obtained to the extent it is required by law or DHHS policy.

2. These data types will be shared through consolidated standard data interfaces.

3. DHHS will standardize the measure set that needs to be shared.
AMH+ Practice/CMA to Tailored Plan Data Exchange

AMH+ Practice/CMA to Tailored Plan Data Exchange Requirements

AMH+ practices, CMAs, or their designated CINs or Other Partners, will be expected to share the following data with Tailored Plans to support Tailored Care Management:

1. **Care manager contacts.** AMH+ practices/CMAs must share information on care manager contacts with assigned members along with Care manager assignment and Care plan dates with the Tailored Plan.

2. **Care plans and individual support plans (ISPs).** AMH+ practices/CMAs are required to ensure that care plans and ISPs are documented, stored, and made available to Tailored Plans within 14 days of completion of the care plan or ISP.

3. **Quality measurement and reporting.** AMH+ practices/CMAs are required to gather, process, and share data with Tailored Plans for the purpose of quality measurement and reporting. (measure set TBD)

AMH+ Practices and CMAs will also provide important information to Tailored Plans through the claims/encounters they submit and the data those claims/encounters possess about members’ service utilization and conditions.

1. Member consent to share data will be obtained to the extent it is required by law or DHHS policy.
2. These data types will be shared through consolidated standard data interfaces.
3. This only applies if DHHS will pick measures in which AMH+ practices/CMAs will have necessary information to share.
Beneficiary Assignment & Pharmacy Lock-in Data

Data Specifications

Data Specifications & Requirements for sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support Tailored Care Management
Claims & Encounter Data

Data Specifications

Data Specifications & Requirements for sharing Historical and Current Claims & Encounters Data to Support Tailored Care Management
Data Specifications

Data Specifications & Requirements for sharing Patient Risk Data to Support Tailored Care Management
Questions?
Additional Questions

For additional questions on Tailored Care Management, please email:

Medicaid.TailoredCareMgmt@dhhs.nc.gov

For more information on Tailored Care Management, please visit:
https://medicaid.ncdhhs.gov/transformation/tailored-care-management
Appendix
Data Exchange Requirements Overview

**Data Types from Tailored Plan to AMH+ Practices/CMAs**
1. Member assignment information
2. Member claims/encounter data
3. Acuity tiering and risk stratification data
4. Quality measure performance information
5. Other data to support Tailored Care Management (e.g., previously established care plans, historical member clinical info)

**Data Types from AMH+ Practices/CMAs to Tailored Plan**
1. Care manager contacts
2. Care management comprehensive assessments
3. Care plans and individual support plans (ISPs)
4. Quality measure and reporting (measure set TBD)

1. These data types will be shared through consolidated standard data interfaces. The data interfaces used to transmit these data types will be described in a future training.

2. DHHS is working on standardizing the sharing of care needs and assessment data.
AMH+ Practice/CMA Data Acquisition & Use

Data-Driven Tailored Care Management Functions

AMH+ practices and CMAs will be expected to consume, analyze, and apply the following types of data to support critical Tailored Care Management program functions:

- **Member clinical, claims, and encounter data** will be used to guide care manager assignment, inform the care management comprehensive assessment, aid in developing actionable care plans or individual support plans (ISPs), and support ongoing care management (e.g., providing information on member diagnoses, medications, and active treatments).

- **Admission, Discharge, and Transfer (ADT) information** will be used to identify when members are transitioning into or out of the hospital and trigger systematic, clinically appropriate processes to support care transitions.

See the Tailored Care Management Provider Manual for additional detail on the HIT requirements for AMH+ Practices and CMAs.
Acuity Tiering & Risk Stratification Overview

Acuity tiering will likely serve as the primary risk stratification method used by stakeholders to differentiate member need during the Tailored Care Management program’s early years.

- **DHHS Acuity Tiering**: The Department is developing a standard methodology to assign Tailored Plan members to an “acuity tier” (e.g., low, medium, high), to inform Tailored Care Management delivery and payment.

- **Tailored Plan Risk Stratification**: Tailored Plans may choose to further stratify members beyond the acuity tiering categories to inform Tailored Care Management delivery.

- **AMH+ Practice/CMA Practice-Level Risk Stratification**: AMH+ practices and CMAs may choose to further stratify members beyond the acuity tiering categories; by the third year of Tailored Care Management, they will be required to establish their own methodologies.

See the Tailored Care Management Provider Manual for additional detail on AMH+ Practice/CMA risk stratification.