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 **NC Medicaid Managed Care**

**Data Specifications & Requirements for sharing Patient Risk Data to Support Tailored Care Management**

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| **Change Log** |
| **Version** | **Date** | **Updates/Change Made** |
| 1.0 | 11/15/2021 | Initial Document |
| 2.0 | 3/7/2022 | Files Delivery Timing expectations confirmation and additional guidance |

**I. Introduction**

The Behavioral Health (BH) and Intellectual/Developmental Disability (I/DD) Tailored Plan (TP) Contract is the primary source for BH I/DD TP and Tailored Care Management (Tailored CM) data exchange and health information technology requirements. The Tailored CM Data Strategy FAQ and Care Management Data System Guidance are also helpful resources that should be referenced by the Tailored Plans in enabling Tailored CM data exchanges to support the Tailored CM requirements.

* [North Carolina’s Behavioral Health I/DD Tailored Plan RFA & Contract Documents](https://medicaid.ncdhhs.gov/providers/programs-and-services/behavioral-health-idd/behavioral-health-idd-tailored-plan)
* [Tailored CM Data System Guidance](https://medicaid.ncdhhs.gov/tailored-care-management-data-system-guidance/)
* [Tailored CM Data Strategy FAQ](https://medicaid.ncdhhs.gov/documents/tailored-care-management-data-strategy-questions-and-answers/)

BH I/DD TPs will be expected to share the following data in a machine-readable format with Advanced Medical Home + (AMH+) practices and Care Management Agencies (CMA), or their designated Clinically Integrated Networks (CINs) or Other Partners, for their attributed members to support Tailored CM:​

1. **Beneficiary assignment info**, including demographic data and any clinically relevant and available eligibility info.​
2. **Pharmacy Lock-in data**
3. **Member claims/encounter data**, including historical physical (PH), behavioral health, and pharmacy (Rx) claims/encounter data with new data delivered monthly (PH/BH) or weekly (Rx).​
4. **Acuity tiering and risk stratification data.**BH I/DD TPs will receive an acuity tier (e.g., low, medium, high) from the North Carolina Department of Human Services (the Department); BH I/DD TPs required to transmit acuity tier 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 CM (e.g., previously established care plans, ADT data, historical member clinical info).

To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed standard file layouts to assist with the exchange of most of the data required for effective Tailored Care Management. This requirement document outlines the data specifications and requirements for sharing Patient risk data.

As a general principle, the Department expects BH I/DD TPs to provide Patient Risk information to AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs) for beneficiaries assigned to them 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 Tailored CM program.

**II. Patient Risk Data Sharing by BH I/DD TPs with AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs)**

**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 Patient List/Risk Score Data. The BH I/DD TPs Patient List/Risk Score file layout is attached with this document. Please review information where source is “Tailored Plan” in the file layout (Columns E & F), to understand the specific requirements related to the data that needs to be populated by BH I/DD TPs.



**File Data Scope:** Beneficiaries assigned to AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs). These should align with the beneficiaries that the BH I/DD TPs are sharing through the beneficiary assignment file.

BH I/DD TPs can identify that a beneficiary has unmet resource needs using the “Priority Population” option = “004 – Unmet Resources”. To identify any such beneficiaries that are enrolled in the Healthy Opportunities pilot, BH I/DD TPs should instead use “Priority Population” option = “013 – Healthy Opportunities Pilot”.

**File Source:** BH I/DD TPs

**File Target(s):** AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs)

**File Type:** Pipe Delimited, Double Quote Qualified 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.

**File Transmission Type:** Secure File Transfer Protocol (sFTP). Source and Target entities should work together to establish file exchange through secure file transfer protocol.

**File Delivery Frequency:** At least monthly. The file should include all currently active and future assignment date beneficiaries with the respective AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs). The file should be sent on the 26th of each month between 8:00 PM and 11:59 PM. In case, BH I/DD TPs are sending these weekly, then they should send the file every Sunday between 8:00 PM to 11:59 PM.

**File Naming Convention:** BH I/DDTPs are expected to follow the below file naming convention

NCMT\_PatientListRiskScore\_Rel2.0\_<TPShortName>\_<AMH+ practice/CIN1/CMA>\_CCYYMMDD-HHMMSS.TXT

Below are the short names for each BH I/DD TPs, use these for <TPShortName>:

* Alliance Health = ALLT
* Eastpointe = EAST
* Partners Health Management = PART
* Sandhills Center = SANT
* Trillium Health Resources = TRIT
* Vaya Health = VAYT

For < AMH+ practice/CMA/CIN Name>, BH I/DD TPs should work with the AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs) to align on a unique name/identifier that they can use.

**File Delivery, Acceptance & Processing Validation:** The Department has setup a standard process to validate successful file creation and delivery by the source entity and successful acceptance and ingestion by the target entity. All source and target entities will need to follow these standards and report information to the Department that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the Department. These requirements will be shared with both the source and target entities by the Department’s Technology Operations (Tech Ops) team.

**AMH+ practices/CMAs Onboarding & Testing:** As BH I/DD TPs contract with AMH+ practices and CMAs and/or their affiliated CINs, they are expected to have an onboarding process that supports establishing and enabling the exchange of information between the BH I/DD TPs and these practices. BH I/DD TPs shall review these standard file layouts, associated requirements, testing and implementation expectations with their contracted AMH+ practices, CMAs and/or their affiliated CINs and work with them to enable these data exchanges per the requirements outlined in the TP managed care contract and this requirements document.

**III. Patient Risk Data Sharing by AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs) with BH I/DD TPs**

**File Layout:** Same layout that BH I/DD TPs will share with AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs). Please review information where source is “AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs)” in the file layout (Columns G & H), to understand the specific requirements related to the data that needs to be populated by AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs).



**File Data Scope:** Beneficiary panel of AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs) beneficiary panel. These should align with the beneficiaries that the BH I/DD TPs are sharing through the beneficiary assignment file.

**File Source:** AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs)

**File Target(s):** BH I/DD TPs

**File Type:** Pipe Delimited, Double Quote Qualified 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.

**File Transmission Type:** Secure File Transfer Protocol (sFTP). Source and target entities should work together to establish file exchange through secure file transfer protocol.

**File Delivery Frequency:** Monthly. 1st Full file should be sent on the 7th of each month between 8:00 PM and 11:59 PM.

**File Naming Convention:** AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs) are expected to follow the below file naming conventions.

NCMT\_PatientListRiskScore\_Rel2.0\_<AMH+ practice/CIN1/CMA>\_<TPShortName>\_CCYYMMDD-HHMMSS.TXT

Below are the short names for each BH I/DD TPs, use these for <TPShortName>:

* Alliance Health = ALLT
* Eastpointe = EAST
* Partners Health Management = PART
* Sandhills Center = SANT
* Trillium Health Resources = TRIT
* Vaya Health = VAYT

For < AMH+ practice/CMA/CIN Name>, BH I/DD TPs should work with the AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs) to align on a unique name/identifier that they can use.

**File Delivery, Acceptance & Processing Validation:** The Department has setup a standard process to validate successful file creation and delivery by the source entity and successful acceptance and ingestion by the target entity. All source and target entities will need to follow these standards and report information to the Department that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the Department. These requirements will be shared with AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs) by BH I/DD TPs.

**AMH+ practices/CMAs Onboarding & Testing:** As BH I/DD TPs contract with AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs), they are expected to have an onboarding process that supports establishing and enabling the exchange of information between the BH I/DD TPs and these practices. AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs) should work with their respective BH I/DD TPs to review these standard file layouts, associated requirements, testing and implementation expectations to effectively enable these data exchanges.