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NC Medicaid Managed Care

Requirements for Sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support Advanced Medical Homes (AMHs)Program

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| **Change Log** | | |
| **Version** | **Date** | **Updates/Change Made** |
| 1.0 | 6/28/19 | Initial Publication |
| 2.0 | 9/18/20 | * Updated Beneficiary Assignment Format * Updated timing for sending BA file and Lock in to AMHs * Updated guidance for Tribal Option Indicator |
| 3.0 | 8/6/24 | * Updated File Delivery Frequency requirements for sending BA Files * Updated File Naming Convention for BA Files * Updated Pharmacy Lock-In File Delivery Frequency |
| 4.0 | 5/19/2025 | * Updated 834 mapping references for several fields in the BA File Template |

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*This document is part of a series of policy papers that the Department of Health and Human Services (the Department) to provide additional details to stakeholders regarding the transition of North Carolina Medicaid and NC Health Choice programs to a managed care model. Some topics mentioned in this document may be covered in more detail in other policy papers in the series. For more information on the Department’s proposal, stakeholders are encouraged to review the Amended North Carolina Section 1115 Demonstration Waiver Application and previously released policy papers available at dhhs.gov/nc-medicaid-transformation.*

*While the paper contains information that may be of interest to all those involved in providing care management, the document will be most useful to PHPs, Advanced Medical Homes, information technology vendors, and other entities responsible for receiving and exchanging data.*

*Input is welcome and appreciated. Send comments to* [*Medicaid.Transformation@dhhs.nc.gov.*](mailto:Medicaid.Transformation@dhhs.nc.gov)

**I. Introduction**

In the previously published resources listed below, the North Carolina Department of Health and Human

Services (the Department) outlined the data strategy and specific care management roles, relationships,

and requirements for Prepaid Health Plans (PHPs), Advanced Medical Homes (AMH), and Clinically

Integrated Networks (CINs~~)~~

* [Data Strategy to Support the Advanced Medical Home Program in North Carolina](https://files.nc.gov/ncdhhs/AMH-Data-PolicyPaper_FINAL_2018720.pdf), expands on the requirements in the “Data Sharing” section of the Care Management Strategy to provide further information on the data AMH practices will likely need (and the entities responsible for providing it) to perform care coordination and management, population health improvement, and quality management functions for the beneficiaries they serve.
* [Clinically Integrated Networks and Other Partners Support of Advanced Medical Homes Care Management Data Needs](https://files.nc.gov/ncdhhs/documents/CIN-Other_Partners_policy-paper_20190305.pdf), provides updated information on specific data formats, timing, transmission methods, and testing approaches in the following areas: beneficiary assignment, transmission of encounter data, care needs screening, risk stratification, comprehensive assessments, care planning, and coordinating beneficiary care.

To help AMHs and CINs manage their assigned beneficiaries, the Department requires that PHPs share beneficiary assignment and pharmacy lock-in information with the AMHs and CINs. This document includes the file layouts prescribed by the Department and outlines the transmission protocols and associated requirements that must be followed by the PHPs.

As a general principle, the Department expects PHPs to provide beneficiary assignment and pharmacy lock-in data to AMHs and CINs, on all assigned beneficiaries 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 AMH program. The Department expects the PHPs to transmit beneficiary information to AMHs, and CINs for only the beneficiaries assigned to them.

For PHPs’ transmission of beneficiary assignment and Pharmacy lock-in information to AMHs and CINsthe Department expects that PHPs will adhere to the required specifications described here-in. A PHP may deviate from the required specifications if both the PHP and the data recipient (i.e., AMH, CIN) mutually agree in writing to the proposed changes. Although the Department does not need to review or approve the proposed mutually-agreed-upon changes, the Department expects the PHPs to: (1) document the specifications that have been changed and the effective date of the changes, and (2) transmit the documented changes to the Department. The Department also expects the PHPs and all trading partners to abide by the Department’s Data Governance Policies, which will be published in a separate document and made available on the Department’s website.

**II. Background**

With respect to enrollment in Medicaid, the Department will send PHP a daily 834 transaction with new, modified, and terminated Member records and weekly 834 files to be used by the PHP for reconciliation purposes.[[1]](#footnote-1) At the Department’s request, the PHP shall provide a full roster of Members currently enrolled in their PHP in the Department’s preferred format within seventy-two (72) hours, and the PHP is responsible for notifying the Department of any discrepancies (mismatched information) identified in reconciliation in a format defined by the Department within twenty-four (24) hours.[[2]](#footnote-2)

Every Medicaid beneficiary entering Medicaid Managed Care will be assigned to an Advanced Medical Home (AMH)/primary care provider (PCP) either by their selecting an available AMH or PCP of their choice when they enroll in a PHP, or through auto-assignment by the PHP (if the beneficiary does not select a AMH/PCP) based on a Department-prescribed algorithm designed to preserve historic patient-AMH/PCP relationships.[[3]](#footnote-3)

All AMH/PCP choices made by the Member at application will be transmitted to the PHP by the Department via an 834 transaction. PHPs will reconcile AMH/PCP data with the Department at least monthly using the monthly 834 file, and the PHP is responsible for notifying the Department of any discrepancies (mismatched information) identified in reconciliation in a format defined by the Department. PHPs will provide to the Department any AMHs that the PHP moves to a Tier other than that attested to by the Provider and sent to the PHP by the Department.[[4]](#footnote-4)

AMH practices need accurate, timely and complete information from PHPs about which members have been assigned to them. This information will serve to:

* Facilitate effective and timely patient outreach and care management
* Determine the level and accuracy of per member per month (PMPM) fees flowing from PHPs to the practice
* Serve as a key to access other applicable patient information about the assigned AMHs’ members from the North Carolina Health Information Exchange (HIE), also known as NC HealthConnex.

To help AMHs manage their assigned beneficiaries, the Department requires that PHPs share beneficiary assignment information with all AMHs.[[5]](#footnote-5)

**III. Beneficiary Assignment: Data Exchange Protocols**

**File Layout:** To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed a flat file layout using the 834 EDI Enrollment standard file format as the baseline. The Department uses the 834 ASC X12 file format to send enrollment information to PHPs and has published a companion guide that outlines each data element, its definition and valid values. The beneficiary assignment file layout is attached with this document along with the department’s 834 companion guide, this companion guide will be finalized and published once the 834 file is released in production

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**Data Scope:** Current and future beneficiary managed care eligibility segments, separate record is expected for each eligibility segment

**Data Source:** PHPs

**Data Target(s):** AMHs/CINs

**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 filed length while generating the file.

**Transmission Type:** Secure File Transfer Protocol (sFTP)

**File Delivery Frequency:** Weekly Full Files and Monthly Full files . Weekly Full Files will be sent every Sunday. Monthly Full Files will be sent on the last day of the month. If the last day of the month is the same day as the weekly full file, then only the weekly full file should be sent. Weekly full files will ensure that data is reconciled between the source and target every week. PHPs should share the first Beneficiary Assignment file with AMH/CINs upon 834 confirmation of assignment for that beneficiary.

1. Upon receipt of a beneficiary the PHP should start sending the BA file to the AMH up to 30 calendar days prior to the effective date and no later than 7 business days of the effective date.
2. PHPs should continue to send the Beneficiary File to an AMH up until the AMH’s effective end date

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

Weekly Full File: NCMT\_BeneficiaryAssignmentData\_<PHPShortName>\_<AMH/CINName>\_FUL\_ CCYYMMDD-HHMMSS.TXT

Monthly Full File: NCMT\_BeneficiaryAssignmentData\_<PHPShortName>\_<AMH/CINName>\_FME\_ CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:

• Carolina Complete Health = CCH

• WellCare of North Carolina = WELLC

• UnitedHealthcare = UCH

• BCBS = BCBS

• AmeriHealth Caritas = AMERI

**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. 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. Department’s governance team will be copied on these notifications, their email address will be provided to the source system separately.

**Custom fields not referenced in the 834-companion guide:**

* Field Name: PHP Cross Reference ID – PHPs are expected to use these fields to populate their respective beneficiary cross reference IDs, they can populate up to five cross reference IDs
* Field Name: PHP Eligibility Begin Date – This represents the beneficiary’s eligibility begin date with the PHP
* Field Name: PHP Eligibility End Date – This represents the beneficiary’s eligibility end date with the PHP
* Field Name: AMH Begin Date – This represents the beneficiary’s enrollment start date with the AMH
* Field Name: AMH End Date – This represents the beneficiary’s enrollment end date with the AMH
* Field Name: PCP Begin Date – This represents the beneficiary’s enrollment start date with the PCP
* Field Name: PCP End Date – This represents the beneficiary’s enrollment end date with the PCP
* Field Name: PHP Cross Reference ID – PHPs are expected to use these fields to populate their respective beneficiary cross reference IDs, they can populate up to five cross reference IDs
* Field Name: New Eligibility Indicator
  + Acceptable values:
    - “Y” – Yes, represents any new eligibility segment for an existing beneficiary
    - “N” – No, in all other instances use No

**Additional Field Guidance:**

* Maintenance Type Code
  + Acceptable Values:
    - ‘001’ is sent if there is a change or an update to the Recipient record
    - ‘021’ is sent for new Recipients
    - ‘024’ is sent when a Recipient is terminated – This should be populated if the Beneficiary’s assignment to the AMH is being end dated and/or the PHP enrollment is being end dated.
* Field Name: Tribal Option Indicator
  + Acceptable Values:
    - “Y” – Yes represents any beneficiary that is enrolled in tribal option based on the current enrollment segment. This can be identified by a “TRIBAL OP” value in loop 2310 NM106.
    - “N” – No, in all other instances use No
* Field Name: Indian Health Services Indicator
  + Acceptable Values:
    - “Y” – Yes represents non-Federally Recognized Tribal beneficiaries that are eligible for Indian Health Services. This can be identified by a “Y” in loop 2300 REF02.
    - “N” – No, in all other instances use No

**AMHs & CINs Onboarding & Testing:**

* **1st Release:**
  + The Department expects PHPs to: (1) work with their respective AMHs and CINs and (2) review the file layout, associated requirements, and implementation timeline and testing expectations to ensure AMHs/CINs are ready to consume this data per the requirements and implementation timelines shared by the Department.
  + PHPs must demonstrate successful end-to-end testing of this interface with AMHs/CINs. To meet this requirement, PHPs are required to identify at least two CINs and one AMH Tier 3 provider to participate in end-to-end testing. The Department will transmit the implementation and testing timelines along with additional details on testing requirements in a separate document.
* **Ongoing:** As PHPs contract with new AMHs and their respective CINs, they are expected to have an onboarding process that supports establishing and enabling the exchange of information between the PHPs and AMHs/CINs in the required specification with appropriate testing. PHPs will review their onboarding processes and associated testing timelines with DHB

**IV. Pharmacy Lock-in: Data Exchange Protocols**

**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 Pharmacy lock-in data. The Department and the PHPs are sing the same format to share Pharmacy lock-in data between themselves. The Pharmacy lock-in file layout is attached with this document.



**Data Scope:** Current Pharmacy lock-in assignments for all beneficiaries

**Data Source:** PHPs

**Data Target(s):** AMHs/CINs

**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 filed length while generating the file.

**Transmission Type:** Secure File Transfer Protocol (sFTP)

**File Delivery Frequency:** Weekly Full Files. Weekly full files should be sent every Sunday (aligned with the weekly BA full file submission). PHPs should share the first Lock In file with AMH/CINs upon 834 confirmation of assignment for that beneficiary.

1. Upon receipt of a beneficiary the PHP should start sending the Pharmacy Lock In file to the AMH up to 30 calendar days prior to the effective begin date and sent no later than 7 business days of the effective date.
2. PHPs should continue to send the Pharmacy Lock In File to an AMH up until the AMH’s effective end date

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

NCMT\_BeneficiaryPharmacyLockInData\_<PHPShortName>\_<AMH/CINName>\_ CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:

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1. According to the PHP RFP, transmission of beneficiary assignment information from the Department to PHPs, the Department will provide an attribution file layout and a companion guide with technical details that aligns with Electronic Data Interchange (EDI) 834 Benefit Enrollment and Maintenance standard. [↑](#footnote-ref-1)
2. PHP RFP [↑](#footnote-ref-2)
3. PHP RFP [↑](#footnote-ref-3)
4. PHP RFP [↑](#footnote-ref-4)
5. PHP RFP [↑](#footnote-ref-5)