****

**NC Medicaid**

**Requirements for Sharing Data to Support Nutrition Insecurity Cross-Enrollment (NICE)**

**Contents**

1. **Introduction**
2. **DHB-Led Pilot Cross-Enrollment Report: Data Exchange Protocols Between BIDP and DHB**
3. **WIC and SNAP Cross-Enrollment Report: Data Exchange Protocols Between DHB and PHPs**
4. **Patient Risk List: WIC and SNAP Cross-Enrollment Flags**

|  |
| --- |
| **Change Log** |
| **Version** | **Date** | **Updates/Change Made** |
| 01 | 5/01/2023 | Initial Publication |
| 02 | 5/10/2023 | Updated PRL valid values for priority populations to support Nutrition Insecurity Cross Enrollment (NICE) Pilot  |
| 03 | 6/21/2023 | Updated publication based on updates to the program and eligible populations |

**I. Introduction**

The Nutrition Insecurity Cross Enrollment (NICE) pilot aims to facilitate the sharing of member-level data related to the Special Nutrition Program for Women, Infants, and Children (WIC) potential eligibility and Supplemental Nutrition Assistance Program (SNAP) enrollment and potential eligibility with Care Managers. These data will be generated by the Division of Health Benefits (DHB) and shared with Phase I and Phase II participating Prepaid Health Plans (PHPs). Phase I participating PHPs will only integrate these data into their care management platforms, while Phase II participating PHPs will go a step further by adding these data as flags to the Patient Risk List (PRL) of the participating Clinically Integrated Network (CIN) or Data Partners. The participating CIN / Data Partners will receive this data via the Patient Risk List and integrate it into their care management platform.

The participating CIN / Data Partners and PHPs are expected to use these data to inform their care management efforts and target outreach accordingly, with the ultimate goal of addressing food insecurity by facilitating access to the WIC and SNAP programs for more members. Although care managers already screen members for food insecurity and can assist members with WIC and SNAP enrollment, these data can streamline the process by notifying care managers of a member’s enrollment in SNAP or eligibility for WIC/SNAP programs upfront. DHB will engage with the Department of Social Services (DSS) offices, which support SNAP enrollment, and Local Health Departments (LHDs), which support WIC enrollment, to streamline coordination with care management entities and improve referral processes. The NICE pilot will focus on members who reside in five counties: Alamance, Durham, Granville, Orange, and Vance.

Participating entities must comply with [federal WIC regulations](https://www.fns.usda.gov/wic/wic-laws-and-regulations). Pilot participating entities will only leverage WIC data shared through this pilot for the purpose of WIC enrollment and will not utilize this information for any other intended purposes.

To streamline information exchange and reduce costs and administrative burden for all partners, the DHB has developed standard file layouts to assist with the exchange of most of the data required for successful implementation of the NICE pilot. This requirement document outlines the data specifications and requirements for sharing data across source and target entities.

**II. DHB-Led Pilot Cross-Enrollment Report: Data Exchange Protocols Between BIDP and DHB**

**File Layout:** DHB has developed a CSV file layout for sharing the WIC and SNAP cross-enrollment data. The file layout is attached within this document.



**File Data Scope:** The DHB-Led Pilot Cross-Enrollment Report contains member-level data on WIC potential eligibility and SNAP potential eligibility and enrollment. The Report contains cross-enrollment data for Medicaid members.

**File Source:** BIDP

**File Target(s):** DHB

**File Type:** Comma Delimiter 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:** sFTP. Source and Target entities should work together to establish file exchange through secure file transfer protocol.

**File Delivery Frequency:** Monthly. 1st full followed by monthly full files. The Department will share the first production date for the full file through Deployment schedule.

* Ongoing monthly full files should be sent between 8:00 PM and 11:59 on the first Sunday of the month.

**File Naming Convention:** BIDP is expected to follow the below file naming conventions.

NCMT\_WICSNAPCrossEnrollment\_CCYYMMDD-HHMMSS.CSV

**File Delivery, Acceptance & Processing Validation:**

The DHB 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 DHB. These requirements will be shared with both the source and target entities by the DHB’s Technology Operations (Tech Ops) team.

**III.** **WIC and SNAP Cross-Enrollment Report: Data Exchange Protocols between DHB and PHPs**

**File Layout:** To streamline information exchange and reduce costs and administrative burden for all partners, the Department has developed a xlsx file layout for sharing the WIC and SNAP cross-enrollment data. The file layout is attached within this document.



**File Data Scope:** The WIC and SNAP Cross-Enrollment Report file contains member-level data on WIC potential eligibility and SNAP potential eligibility and enrollment for each member enrolled in the participating PHP and who resides in one of the five pilot counties.

**File Source:** DHB

**File Target(s):** PHPs

**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.

The following coding method is preferred: Pipe.double quote.data.double quote.pipe. Data examples are included below:

”ABCD”|”2019-12-01”|”......

The empty fields are expected to be |””| in this format - ”ABCD”|”2019-12-01”|””|”......

**File Transmission Type:** Secure File Transfer Protocol (sFTP). Source and Target entities should work together to establish file exchange through secure file transfer protocol. The files will be uploaded to MFT and notifications will be sent to PHPs once the files are uploaded.

**File Delivery Frequency:** Full files will be sent on a monthly cadence on the second Sunday of the month between 8:00 PM to 11:59 PM. The Department will share the first production date for the full file through Deployment schedule.

**File Naming Convention:** DHB is expected to follow the below file naming conventions.

NCMT\_NICEPilot\_<PHPShortName>\_ CCYYMMDD-HHMMSS.TXT

Below are the short names, use these for <PHPShortName>:

• BlueCross BlueShield = BLUS

• Carolina Complete Health = CCHS

• United Health Care = UHCS

• WellCare = WELS

• AmeriHealth = AHCS

**File Delivery, Acceptance, & Processing Validation:** The DHB 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 DHB that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the DHB. These requirements will be shared with both the source and target entities by the DHB’s Technology Operations (Tech Ops) team.

**IV. Patient Risk List: WIC and SNAP Cross-Enrollment Flags**

To help AMHs and CINs manage their assigned beneficiaries, the DHB has established a standardized format and method of sharing patient risk information via the Patient Risk List. More information about the Patient Risk List can be found in the “[Data Specifications & Requirements for sharing Patient Risk List to Support Advanced Medical Homes (AMHs)](https://medicaid.ncdhhs.gov/advanced-medical-home-data-specification-guidance)” document.

1. In order to share data with the participating CIN, the participating PHPs will utilize the current outbound Patient Risk List (from PHPs to AMH Tier 3s and/or CINs/Other Partners) with the valid values presented below. Valid values to the Priority Population fields (rows 15-17 in the file layout):
	1. 015 = WIC Eligible but not Enrolled
	2. 016 = SNAP Enrolled
	3. 017 = SNAP Eligible but not Enrolled

**V. BCM-051 Care Management Report**

Phase I and Phase II participating PHPs will leverage the BCM-051J to report monthly care management activities. For more guidance on the BCM-051J refer to the [Data Specifications & Requirements for sharing Patient Risk List to Support AMHs](https://medicaid.ncdhhs.gov/advanced-medical-home-data-specification-guidance).