

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

Attendees:

AMH TAG Data Subcommittee Members	Organization Type
AmeriHealth	Health Plan
Carolina Complete Health	Health Plan
WellCare of North Carolina	Health Plan
Atrium Health Wake Forest Baptist	Provider (CIN)
Community Care Physician Network (CCPN)	Provider (CIN)
CHESS Health Solutions	Provider (CIN)
Mission Health Partners	Provider (CIN)
Carolina Medical Home Network	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
Madhu Patel	Project Manager, Quality & Population Health, Accenture
Shani Ranatunga	Project Manager, Quality & Population Health, Accenture
Lammot du Pont	Senior Advisor, Manatt Health Strategies

Agenda

- Welcome & Roll Call
- Data Topic Updates
 - PCP Assignment Errors
 - AMH Data Interfaces Timeline Standardization
- Public Comments
- Wrap Up & Next Steps

PCP Assignment Errors (Elizabeth Kasper)

Key Takeaways

- AMH Tier 3 practices/CINs have reported substantive member misassignments, resulting in frequent changes to provider panels and provider burden to correct assignments.
- 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.
- AMH TAG Data Subcommittee Members (“Members”) have 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:
 1. Establish acceptable reasons for reassignment to allow PHPs to process reassignment requests from providers more quickly and consistently,
 2. Identify and resolve discrepancies in assignment lists from PHPs and NCTracks,
 3. Implement a simplified pathway for resolving age and gender misassignments
 4. Conduct an external audit of the accuracy of PHPs’ beneficiary assignment processes, including potential misalignment between PHPs’ auto-assignment algorithms and provider panel restrictions.
- Members are asked to submit examples from their organizations to inform the work of #1 and #2, above. See “next steps,” below.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Feedback:** Members suggested factors the Department should consider when updating reassignment guidelines and processes:
 - Reassigning hard-to-reach members may not solve the challenges with member engagement
 - Successful patient contact and sign-off should be a pre-requisite to reassignment though patient accessibility is often a challenge.
 - Notification of impacted members prior to reassignment may be beneficial for catching potential errors, along with providing an option for members to request reversion of reassignments
- **Feedback:** Health plan members shared examples of their own approaches to auditing and updating member PCP assignments:
 - Ad-hoc audit and reassignment
 - Periodic (e.g., monthly/quarterly audits and verification with members prior to reassignment)

- **Comment:** A Member suggested that the Department consider making the NCFASST acceptance process more forgiving to support member reassignment.
 - **Response:** The Department appreciates this feedback and will share this internally.

AMH Data Interfaces Timeline Standardization (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
- 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.
- To address current issues with data exchange timeliness, the Department will require AMH partners to adhere to the following standardized data transmission schedule:

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
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)

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- The Department anticipates implementation of new data specifications, including standardized data transmission timelines, by early Spring 2025.

Discussion/Feedback from AMH TAG Data Subcommittee Members

- **Comment:** A Member asked whether the Department has completed their investigation around differences in claims files layouts reported by AMHs/CINs.
 - **Response:** The Department will discuss this question internally and follow up with more information.
- **Comment:** A Member raised that there may be occasional misalignment with the proposed PRL schedule and plan data collection and internal validation process timelines.
 - **Response:** The Department appreciates this feedback and will take this into consideration.
- **Comment:** A Member asked if the proposed standardized schedule is aligned between Standard and Tailored Plans.
 - **Response:** The schedule is aligned between Standard and Tailored Plans for all file types except Encounters/Claims.
- **Comment:** A Member asked if the Department has revised data specifications that will be shared with plans.
 - **Response:** The Department is finalizing the revised data specifications, which will then be uploaded to the Medicaid portal and shared with plans.

Public Comments (Saheedat Olatinwo)

No comments.

Next Steps (Saheedat Olatinwo)

- Members will:
 - For providers: Confirm with plans that panel limits are up to date. Open/closed/age/gender limits must be updated with each plan a provider is contracted with. See this [fact sheet](#) for additional information.
 - Submit tickets to Provider Ombudsmen to report PCP assignment errors, including Medicaid IDs of affected members: Medicaid.ProviderOmbudsman@dhhs.nc.gov
 - Provide feedback on PCP Assignment proposed resolution activities (*see Slide 10 of attached presentation deck*) by September 30 to Medicaid.AdvancedMedicalHome@dhhs.nc.gov, with subject line: "PCP Assignment Feedback"
 - Submit details of discrepancies through the Medicaid Help Center (via email to Medicaid.ProviderOmbudsman@dhhs.nc.gov) using the Department template (*attached*) by September 30

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- Provide any additional feedback on today's discussion, along with any desired agenda topics for the next AMH TAG Data Subcommittee, to:
Medicaid.AdvancedMedicalHome@dhhs.nc.gov.
- The Department will post a presentation and summary of the meeting on the NCDHHS website and respond to any outstanding member questions as appropriate.
- The next AMH TAG Data Subcommittee meeting is scheduled for December 3, 2024.