



# 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 any anyone else who is interested.

Date <i>Fridays 12 -1 PM</i>	Topic
October 1, 2021	Introduction to Tailored Care Management
October 8, 2021	Becoming an AMH+/CMA
October 15, 2021	Health IT Requirements and Data Sharing
October 22, 2021	Partnering with a Clinically Integrated Network and Other Partners
October 29, 2021	Delivery of Tailored Care Management
November 5, 2021	Transitional Care Management Community Inclusion Activities
November 19, 2021	Conflict-Free Care Management and Additional Care Coordination Functions for Members Enrolled in the Innovations or TBI Waiver
<b>December 3, 2021</b>	<b>Deep Dive on Data Specifications</b>
December 10, 2021	Intro to Oversight and Quality Measurement/Improvement Misconceptions on the Tailored Care Management Model

# 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](mailto: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

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NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**

# Agenda

- **Tailored Care Management Data Strategy Source Documents**
- **Deep Dive on Data Specifications**
- **Question & Answer**

# **Tailored Care Management Data Strategy Source Documents**

# 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.

### Tailored Care Management Data Strategy FAQ



North Carolina Department of Health and Human Services  
Tailored Care Management Data Strategy  
Questions and Answers

In September 2019, the Department released "North Carolina's Data Strategy for Tailored Care Management," a policy paper describing how Behavioral Health Y/DD Tailored Plans and other organizations providing Tailored Care Management will be expected to use data and information to fulfill their care management responsibilities. Data, dataflow, and system requirements were outlined across seven core functional areas: from care management enrollment to population health management and risk stratification to care team formation and person-centered care planning; it included details on:

- Types of data to be received, generated, collected and/or transmitted;
- Triggers, formats and methods for exchange;
- Data security and privacy standards; and
- Data sharing oversight and accountability expectations.

The Department received 16 public comments on the paper through October 2019, including notes of support for the model, questions on model implementation, and requests for requirement clarification. The Behavioral Health Y/DD Tailored Plan Request for Applications (RFA), released on Nov. 13, 2020, and the "Tailored Care Management Provider Manual," released on June 9, 2020, and updated on Dec. 2, 2020, addressed many of the questions raised during the public comment period.<sup>1</sup>

This Questions and Answers (Q&A) document summarizes Tailored Care Management data- and system-related requirements across several key areas for stakeholder consideration. This document is for informational purposes only and readers are encouraged to review the RFA for specific requirements and details. **If there is any conflict between this document and the RFA or any contract resulting from the RFA, the RFA/contract shall prevail.**

### Tailored Care Management Provider Manual

Provider Manual  
Tailored Care Management  
June 9, 2020



North Carolina Department of Health and Human Services  
Behavioral Health and Intellectual/Developmental Disability Tailored Plan  
Tailored Care Management Provider Manual  
June 9, 2020

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### Care Management Data System Guidance



North Carolina Department of Health and Human Services  
Tailored Care Management  
Care Management Data System Guidance

Effective, integrated and well-coordinated care management depends on care team members having the ability to efficiently exchange timely and actionable member health information and use that information to monitor and respond to medical and nonmedical events that could impact a member's well-being. The success of Tailored Care Management will depend on Behavioral Health and Intellectual/Developmental Disability (Y/DD) Tailored Plans, Advanced Medical Home Plus (AMH+) practices, and Care Management Agencies (CMAs) having the technological capabilities to collect, use and share data in support of an integrated and coordinated approach to care.

#### Care Management Data System Requirements

AMH+ practices, CMAs, and other organizations providing Tailored Care Management will be expected to have care management platforms – or "data systems" – that allow care managers to understand who their assigned populations are, document and monitor member care needs, and respond as those needs change. Care management data systems should be tools that **allow AMH+ practices and CMAs to:**

- Maintain up-to-date records of assigned members, the care managers those members are assigned to, and their interactions;
- Consume and store patient data;
- Perform analyses on data to share patient health needs, potential indicators of changing needs (e.g., new visits with specialists, new medications) and potential care gaps (e.g., missed appointments, flagging outdated assessments or care plans, gaps in medication adherence);
- Maintain care management documentation (e.g., assessments, care plans, care manager interaction notes);
- Reporting on care management performance, both internally (e.g., supervisor reporting and externally (e.g., encounter data with Behavioral Health and Y/DD Tailored Plans, quality reporting with Behavioral Health and Y/DD Tailored Plans).
- Transmitting a practice's care management data to another selected system, if needed; and
- Provide access to – and electronically share, if requested – member records (e.g., assessments, care plans, summary of care documentation) with the member's care team to support coordinated care management, as well as the member.<sup>1</sup>

Care management data systems may be part of – or separate from – an organization's Electronic Health Record (EHR) or clinical system of record, or other analytic and reporting tools. However, the most effective care management data systems will be integrated with an organization's EHR or clinical system of record to support responsive and informed care delivery; they may also link to Admission, Discharge, and Transfer (ADT) data sources to help care managers centrally track unexpected service needs.

### Tailored Care Management Data Specifications Guidance



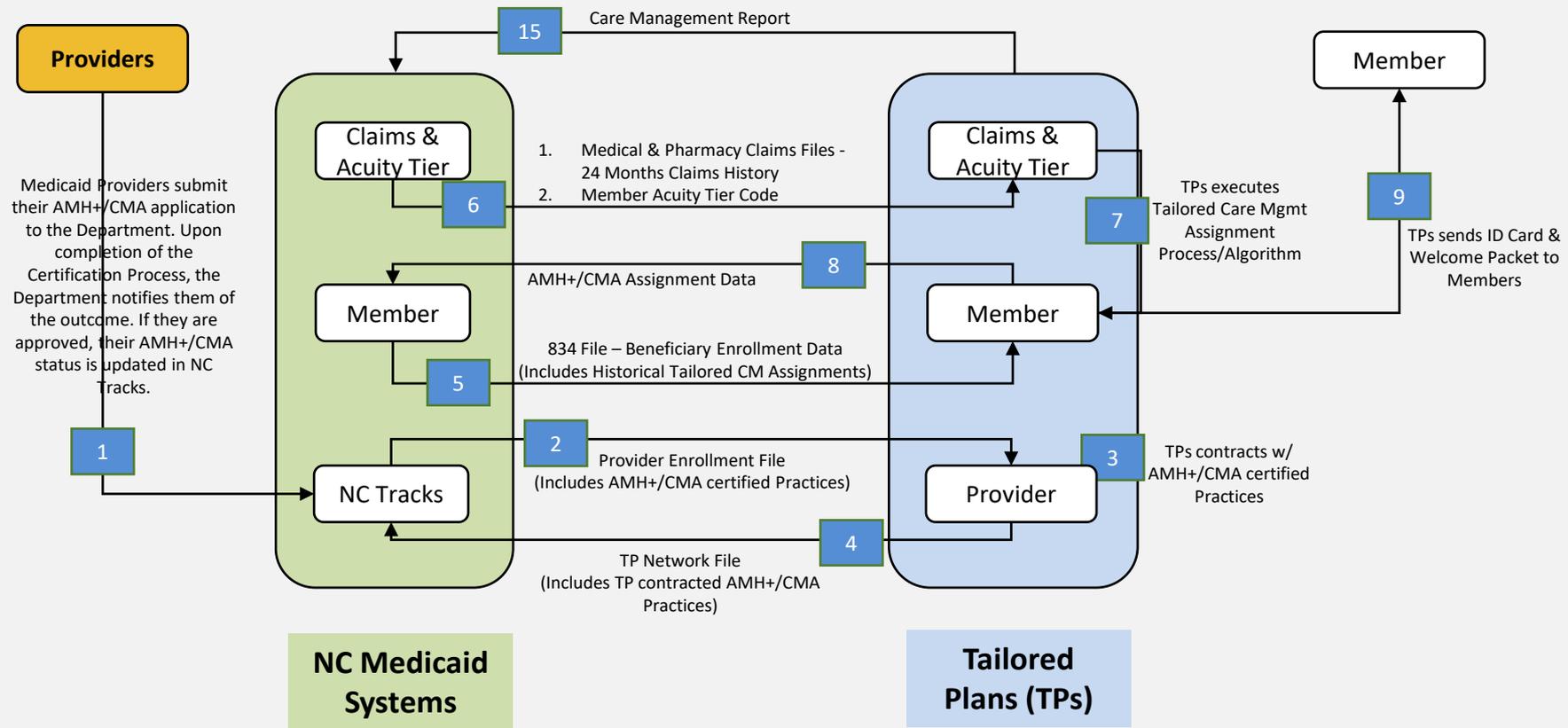


NC Medicaid Managed Care  
Data Specifications & Requirements for Sharing Patient Risk Data to Support Tailored Care Management

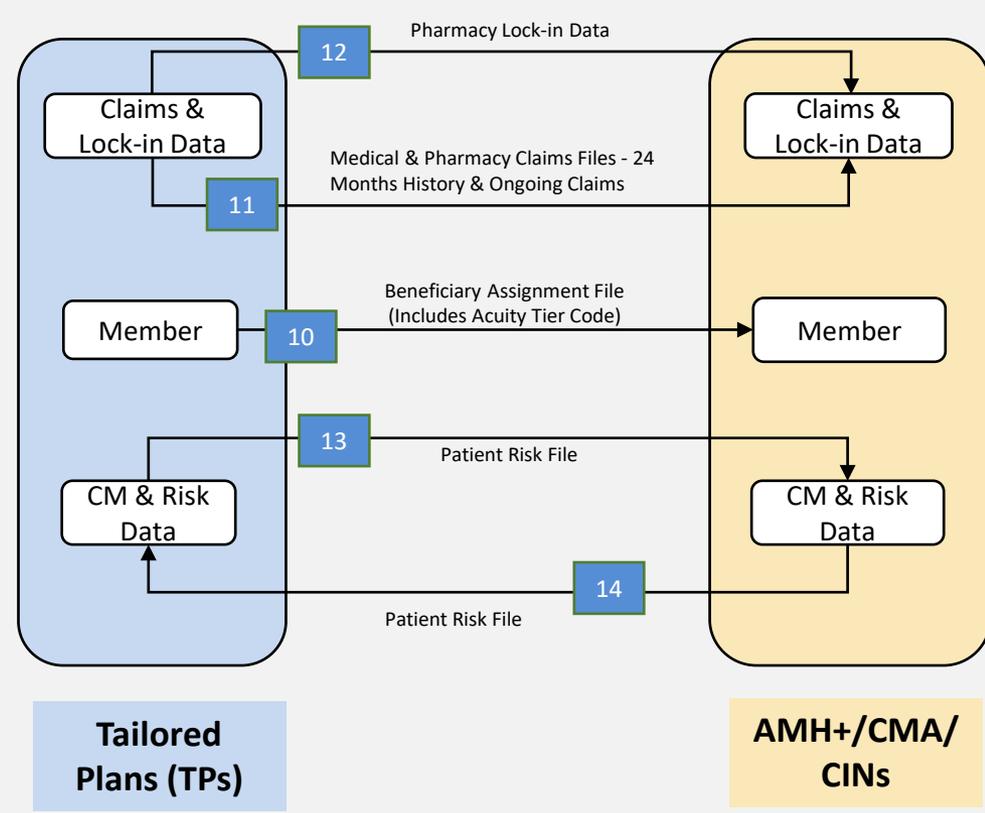
1. North Carolina's Tailored Care Management Provider Manual. Last Updated: December 2, 2020 - [Link](#)
2. Tailored Care Management Care Management Data System Guidance. Last Updated: July 13, 2021 - [Link](#)
3. Tailored Care Management Data Strategy FAQ. Last Updated July 13, 2021 - [Link](#)
4. Tailored Care Management Data Specifications Guidance. Published Nov 2021 - [Link](#)

# **Deep Dive on Data Specifications**

# Tailored Care Management (CM): High Level Data Flow (1/2)



# Tailored Care Management (CM): High Level Data Flow (2/2)



# Tailored Plan to AMH+ Practice/CMA Data Exchange

## Tailored Plan to AMH+ Practice/CMA Data Exchange Requirements<sup>1</sup>

**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<sup>2</sup>
2. **Pharmacy Lock-in information**<sup>2</sup>
3. **Member claims/encounter data**, including historical physical (PH), behavioral health (BH), and pharmacy (Rx) claims/encounter data<sup>2</sup>
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)<sup>2</sup>
5. **Quality measure performance information** at the practice level<sup>3</sup>
6. **Other data** to support Tailored Care Management on an as-needed basis (e.g., previously established care plans, historical member clinical info)

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<sup>1</sup>

**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 .<sup>2</sup>
- 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)<sup>3</sup>

 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

# Patient Risk and Care Management Data

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## Data Specifications

[Data Specifications & Requirements for sharing Patient Risk Data to Support Tailored Care Management](#)

**Questions?**

# Additional Questions

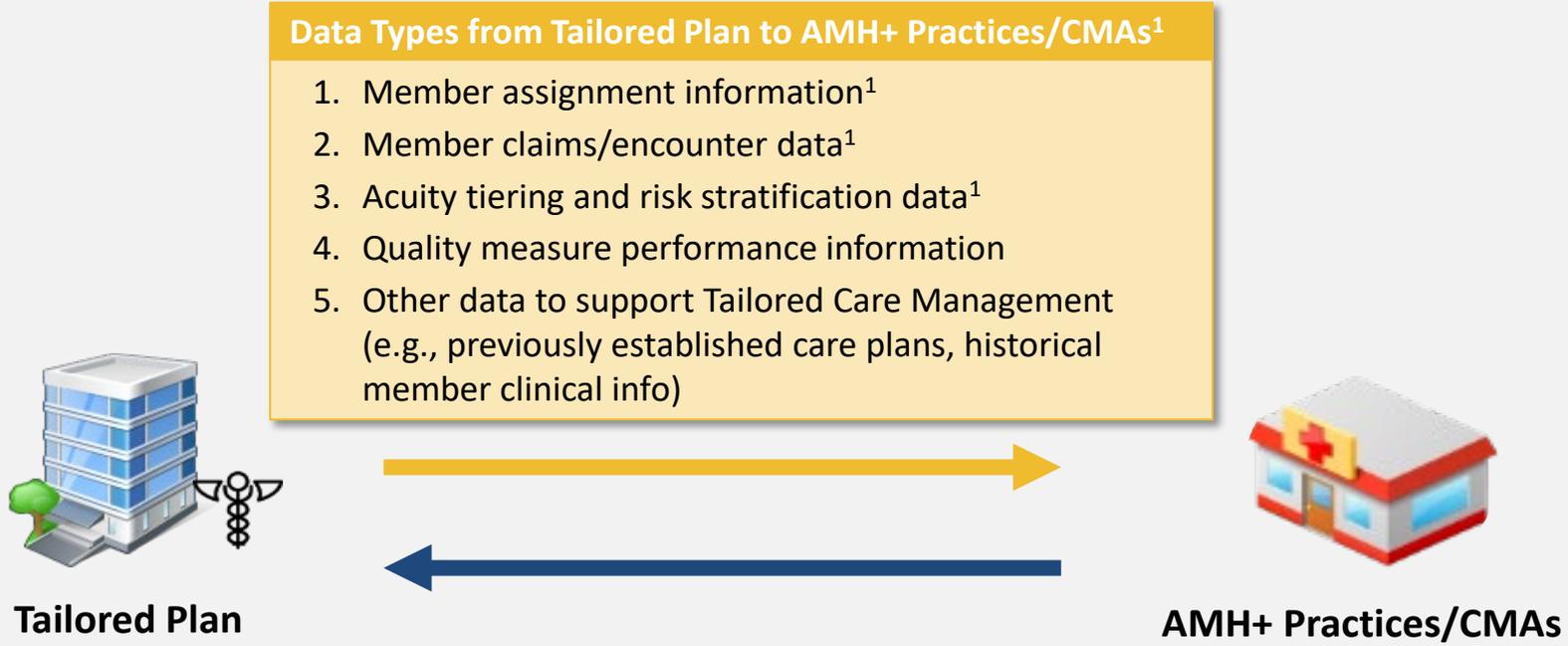
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# Appendix

# Data Exchange Requirements Overview



- Data Types from Tailored Plan to AMH+ Practices/CMAs<sup>1</sup>**
1. Member assignment information<sup>1</sup>
  2. Member claims/encounter data<sup>1</sup>
  3. Acuity tiering and risk stratification data<sup>1</sup>
  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<sup>1,2</sup>**
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.

# 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.

