WEBVTT

1
00:00:39.390 --> 00:00:42.000
Mario Schiavi: Thank you for joining today's program will begin shortly.

2
00:01:15.750 --> 00:01:21.600
Mario Schiavi: hello, and welcome to today's webinar my name is Mario and i'll be in the background answering any zoom technical questions.

3
00:01:22.170 --> 00:01:28.710
Mario Schiavi: you've experienced difficulties during this session, please type your question into the Q amp a section in a producer will respond.

4
00:01:29.400 --> 00:01:42.780
Mario Schiavi: We will be holding a q&a session during today's webinar we encourage you to submit written questions at any time, using the Q amp a panel located at the bottom of the zoom webinar viewer please type your questions in the text field and click sound.

5
00:01:43.890 --> 00:01:51.330
Mario Schiavi: Should you wish to view closed captioning during the program please click CC at the bottom of your zoom window to enable or hide some time.

6
00:01:53.340 --> 00:02:00.330
Mario Schiavi: During today's event all participants remain in listen only mode without like to get started, we hope you enjoyed today's presentation.

7
00:02:01.050 --> 00:02:14.670
Mario Schiavi: i'd now like to introduce our speaker for today grinch for on senior program manager for population health North Carolina medicaid quality and population health when you don't have before.

8
00:02:15.690 --> 00:02:24.420
Gwendolyn Sherrod: Thank you, Mario good afternoon and welcome to our 800 care management.

9
00:02:25.470 --> 00:02:26.250
Gwendolyn Sherrod: We call them our.

10
00:02:27.390 --> 00:02:30.870
Gwendolyn Sherrod: series are eight in our series of.

11
00:02:32.040 --> 00:02:42.510
Gwendolyn Sherrod: webinars specifically dedicated to helping the Community the providers at large, learn more about tailored care management.

12
00:02:45.420 --> 00:02:50.040
Gwendolyn Sherrod: Today we're going to have our deep dive on data specifications.

13
00:02:51.750 --> 00:02:58.200
Gwendolyn Sherrod: And so we thank you for taking the time to spend with us to learn a little bit more about data specifications.

14
00:02:59.370 --> 00:02:59.970
Gwendolyn Sherrod: Next slide.

15
00:03:02.520 --> 00:03:05.580
Gwendolyn Sherrod: just want to start with a little bit of housekeeping.

16
00:03:06.930 --> 00:03:15.840
Gwendolyn Sherrod: time permitting we will be holding a q&a session and the conclusion of today's presentation, you can ask the question by typing your questions in the Q amp a box.

17
00:03:18.000 --> 00:03:29.670
Gwendolyn Sherrod: If you have any additional questions after this webinar you can email us at medicaid that Taylor career management at DHS that nc.gov.

18
00:03:30.510 --> 00:03:41.250
Gwendolyn Sherrod: And a recording of today's presentation, a slide deck will be available on our website on our tailored career management website, which is on our on our medicaid.

19
00:03:42.750 --> 00:03:46.380
Gwendolyn Sherrod: website, the transformation page under Taylor care management.

20
00:03:48.330 --> 00:03:48.960
Gwendolyn Sherrod: Next slide.

21
00:03:50.760 --> 00:04:10.350

Gwendolyn Sherrod: Again i'm going to ride our speakers today will be big gutter who is in project executive who who supports quality and population health benefits and and analytics with Center and Kevin the gayby he's a director at Monette health strategies.

22
00:04:15.210 --> 00:04:16.410
Gwendolyn Sherrod: our agenda today.

23
00:04:17.580 --> 00:04:30.450
Gwendolyn Sherrod: is just a review of the Taylor care management data strategy source documents, and then we will have a deep dive on the data specifications and, at the end, we will have question and answer.

24
00:04:33.510 --> 00:04:37.140
Gwendolyn Sherrod: So we're going to start by talking about the data strategy source documents.

25
00:04:39.720 --> 00:04:59.250
Gwendolyn Sherrod: We have done quite a bit of restructuring, to our Taylor care management web page and the Taylor care management data strategy source documents has their own page So if you go to the Taylor care management web page, the third.

26
00:05:01.320 --> 00:05:08.190
Gwendolyn Sherrod: set of items is our is our Taylor care management strategy document data strategy documents.

27
00:05:09.480 --> 00:05:17.460
Gwendolyn Sherrod: The Taylor care management provider manual is the primary source for a major practices and cma data exchange and HIV requirements.

28
00:05:17.880 --> 00:05:39.570
Gwendolyn Sherrod: The Taylor care management data strategy frequently asked questions and care management data system guidance may also be helpful, resources and we have included screenshots of that all of the documents and all of these again are on our Taylor care management data strategy source.

29
00:05:40.800 --> 00:05:42.330
Gwendolyn Sherrod: Guidance page.

30
00:05:44.940 --> 00:05:45.510
Gwendolyn Sherrod: Next slide.

31
00:05:47.310 --> 00:05:54.420
Gwendolyn Sherrod: So I want to hand it over to BIC gupta to begin our deep dive on data specifications.

32
00:05:57.120 --> 00:05:59.340
Vikas Gupta: Thank you Glenn and good afternoon everyone.

33
00:06:00.810 --> 00:06:02.190
Vikas Gupta: excited to share.

34
00:06:03.360 --> 00:06:04.980
Vikas Gupta: and talk about data with you guys.

35
00:06:06.360 --> 00:06:24.390
Vikas Gupta: So i'll start foundation really we're just talking about high level data flows that how the department shares data with the Taylor plans is expected to share it with Taylor plans and then how they will be sharing the same data with you guys going forward so next slide please.

36
00:06:25.530 --> 00:06:36.840
Vikas Gupta: So this is a very high level flow data flow divided into kind of two slides one is more focused on that data sharing between the department and the pillar plans and then the next will focus.

37
00:06:37.260 --> 00:06:56.730
Vikas Gupta: More on the data sharing between the pilot plants and image plus practices and cms so i'll start with number one here so in order for providers to get certified for a image plus cma program they will have to submit an application to the state.

38
00:06:57.780 --> 00:07:06.810
Vikas Gupta: That application goes through a whole process of review and certification and once they are completed that process.

39
00:07:07.320 --> 00:07:25.560
Vikas Gupta: The providers are notified of the outcome if they are approved and certified to be either an image plus practice or a CME, then the state, basically, will be able to reflect that information in the provider system which exists within nc tracks, so that information will be available there.

40
00:07:26.910 --> 00:07:36.840

Vikas Gupta: How will the tailored plan know about, like the providers who are certified as an image plus or a cma so the department will be working with Taylor plan.

41
00:07:37.860 --> 00:07:47.100
Vikas Gupta: There is an interface, which we will be setting up between the department and the Taylor plants that is called a provider in Norman file and through this file.

42
00:07:47.820 --> 00:07:57.810
Vikas Gupta: We will be sending that information to the tailored plan, so this is how the tailored plan will know that these are the providers who are certified in the image plus and the same a program.

43
00:07:58.830 --> 00:08:09.240
Vikas Gupta: Once the Taylor plans receive that information, then they will be contracting with these providers in the certified status which they receive from the State.

44
00:08:09.990 --> 00:08:13.770
Vikas Gupta: Once they have done the contracting, they will update their systems reflected.

45
00:08:14.220 --> 00:08:21.990
Vikas Gupta: And then they will communicate that back to the department, so there is another file data plan network file through which they will be sending that data back.

46
00:08:22.290 --> 00:08:31.080
Vikas Gupta: So this is how like you know, this information will be shared between the department in a tailor plans and they will keep their systems up to date and reconcile on that.

47
00:08:32.190 --> 00:08:39.330
Vikas Gupta: So that's the provider piece of it, so now the providers are all set up so when we are going to be launching the Program.

48
00:08:41.070 --> 00:08:52.230
Vikas Gupta: Then, at that time, the State will be basically assigning members to the respective tailored plans so once that is done, they will be sending that information.

49
00:08:52.800 --> 00:09:01.980

Vikas Gupta: To the tailored plans through the 834 interface, so this is the beneficiary and women data which they will receive through the 33rd interface.

50
00:09:02.670 --> 00:09:13.110
Vikas Gupta: At the launch at crossover because tailored case management is more like a new program, we will not have any historical tailored case management assignments.

51
00:09:13.620 --> 00:09:21.480
Vikas Gupta: Because that is the time, the beneficiaries will be getting assigned to tailored career management entities, for the first time either image plus or a cma.

52
00:09:21.870 --> 00:09:31.470
Vikas Gupta: So there will be no information at that time, but in future as a beneficiary gets enrolled into Taylor plan or maybe it moves counties.

53
00:09:31.830 --> 00:09:38.400
Vikas Gupta: and move into a different Taylor plan that historical information will be available, and that will be part of the 834 or five.

54
00:09:38.880 --> 00:09:53.610
Vikas Gupta: that's how the new tailored plan or if a beneficial is getting nearly enrolled with a pillar plan, they will know if the beneficiary has any history of a historical tailored care management assign so that's the interface, through which the pilot plans we get that information.

55
00:09:55.020 --> 00:10:07.470
Vikas Gupta: Once they receive that like that information, we will also be initiating some others supplemental information relevant information that the tailored plan will need.

56
00:10:07.890 --> 00:10:12.810
Vikas Gupta: to manage care for these beneficiaries, so if you see number six here.

57
00:10:13.530 --> 00:10:23.100
Vikas Gupta: As part of our transition of care process will be sending medical and pharmacy claim files with 24 months of claims history to the telus plans.

58
00:10:23.580 --> 00:10:29.760

Vikas Gupta: We will also be sending Member acuity to code, so if you have gone through our.

59
00:10:30.270 --> 00:10:37.500
Vikas Gupta: The contract data plan contract, this is something new that department will be doing, they will be data mining the carrot here for a beneficiary.

60
00:10:37.830 --> 00:10:51.990
Vikas Gupta: And then they will be sending that to the tailored plan so all that data will also be available with the tailored plans so as soon as they get the beneficiary information these files will follow that information so that the Left plan has all that.

61
00:10:53.760 --> 00:11:03.540
Vikas Gupta: Now, once they receive all this information that tailored plans are expected to assign the beneficiary to their tailored care management.

62
00:11:04.350 --> 00:11:12.420
Vikas Gupta: provider So these are the image plus cma providers who have already been certified and the pilot plans have contracted with them.

63
00:11:12.870 --> 00:11:17.220
Vikas Gupta: So they will do that they will use all information department has shared with them.

64
00:11:17.760 --> 00:11:24.270
Vikas Gupta: We will be actually giving them requirements and rules of how to run that assignment process, so they will be using that to do that.

65
00:11:24.780 --> 00:11:34.560
Vikas Gupta: Once they have done, that they will be actually be sending the data back to the department, so the department can verify and validate that it's been done correctly.

66
00:11:35.040 --> 00:11:40.110
Vikas Gupta: And once that is done, they will be sending ID cards and welcome packets, to the Members.

67
00:11:40.770 --> 00:11:49.470
Vikas Gupta: So basically, this is just very high level flow and i'll talk about number 15 after I cover the next slide where it's a very high level flow.

68
00:11:50.010 --> 00:12:07.830
Vikas Gupta: just wanted to get a good foundation set up on how the data is flowing between different entities, so this is between department and tailored plans, and if you go to the next slide i'll cover how tailored plan the sharing data with the image plus cms our data affiliated science so.

69
00:12:08.850 --> 00:12:11.190
Vikas Gupta: we'll pick up with a number in here.

70
00:12:12.540 --> 00:12:19.080
Vikas Gupta: Once we have that data plans have confirmation from the department that they have accepted the assignment.

71
00:12:19.740 --> 00:12:29.370
Vikas Gupta: Then they will start sending data to the respective am it last cma or they are affiliated CIS, based on the Members assigned to them.

72
00:12:30.060 --> 00:12:40.290
Vikas Gupta: And this will be done through a beneficiary assignment file and in the deep dive we will talk about a little bit of the details, this is a standard format which we have defined.

73
00:12:40.620 --> 00:12:46.230
Vikas Gupta: That all tailored plan will be using so it's very standard everybody will be using the same format.

74
00:12:46.620 --> 00:12:53.130
Vikas Gupta: This file will also include the acuity or information which the tailored plans will be receiving from the Department.

75
00:12:53.640 --> 00:13:01.380
Vikas Gupta: So this is how an image plus practice or a cma or their affiliate ID scan will receive that information that's number 10 here.

76
00:13:02.040 --> 00:13:10.680
Vikas Gupta: After that they will also be sending them the claims information which they receive from the Department so at crossover at launch.

77
00:13:11.550 --> 00:13:16.350

Vikas Gupta: They will receive that 24 months of history, from the Department, they will send that and in future.

78
00:13:16.800 --> 00:13:26.280
Vikas Gupta: They will also start sending new claims new encounter which are being created within the tailored plan system to the image plus practices cms or their affiliates yeah.

79
00:13:26.940 --> 00:13:34.770
Vikas Gupta: So that's number 11 so that's ongoing for the beneficiaries that are assigned to the image blocks factors cms or they're affiliated science.

80
00:13:35.670 --> 00:13:42.030
Vikas Gupta: Number 12 talks about another piece of data that is a pharmacy locking information so that will also be sent.

81
00:13:42.450 --> 00:13:56.670
Vikas Gupta: From the tailored plans to the image plus cma practices and CIS, and this is also something they will receive from the Department at cross over at launch but later on, as the tailored plan to start doing that themselves, they will they will use their own information as well.

82
00:13:57.840 --> 00:14:08.280
Vikas Gupta: Number 13 talks about the patient risk file and you see number 14 is also the same, so this is one interface, which basically is a bi directional interface.

83
00:14:09.210 --> 00:14:17.310
Vikas Gupta: Initially, the tailored plans will be sending information through this interface regarding the patient risk data, the care management data.

84
00:14:17.790 --> 00:14:28.050
Vikas Gupta: To the image plus practices and cms and of course this these practices are now delivering care management to the beneficiaries, so they will be sending it back.

85
00:14:28.680 --> 00:14:39.990
Vikas Gupta: Their encounter information care plan information back to the tailor plans through that same interface, and when we do the little bit deep dive into formats i'll talk about you know.

86
00:14:40.350 --> 00:14:48.600

Vikas Gupta: What sections of the file that tailored plans are expected to populate and what sections of the file the Amish plus practices cms will have to populate.

87
00:14:49.620 --> 00:14:55.530
Vikas Gupta: I go back to the previous slide and then we i'll talk about number 15 which I left earlier.

88
00:14:56.160 --> 00:15:06.900
Vikas Gupta: So when you when you look at all this flow all these like three kinds of entities, they are sharing a lot of data together now after the tailored plans will get the.

89
00:15:07.350 --> 00:15:13.530
Vikas Gupta: Patient risk file back from the image plus practices, the cms or they're affiliated CIS.

90
00:15:14.070 --> 00:15:20.910
Vikas Gupta: This is where they will use that information and there is a care management report which they have to submit to the state.

91
00:15:21.360 --> 00:15:32.850
Vikas Gupta: that's how they will populate that report and submitted back to the State so that's where this number 15 is very dependent on getting all the data from you guys and that's what they will use to populate that.

92
00:15:34.470 --> 00:15:41.040
Vikas Gupta: So I think this is very high level, but I think, hopefully, this is helpful for everyone, from understanding from a foundational perspective.

93
00:15:41.340 --> 00:15:47.850
Vikas Gupta: How the data is going to be flowing between the department detailed plans and the Amish plus practices in the cms.

94
00:15:48.810 --> 00:16:02.940
Vikas Gupta: At this point of time, I think I will be giving control to Kevin Kevin will walk you through very like overall what are some of the requirements we have for the image plus cma Program.

95
00:16:03.420 --> 00:16:11.850
Vikas Gupta: For both the tailor plans and the image plus practices, and then we will do a little bit deep dive into those specific format which we just talked about.

96
00:16:16.560 --> 00:16:24.570
Kevin McAvey: Okay Thank you so much vic and and thank you all for joining us during during this December December holiday season, as we, as we think about.

97
00:16:25.230 --> 00:16:34.200
Kevin McAvey: Not only things going on in our personal lives, but also the the inevitable launch of Taylor care management and what our requirements are to support its success.

98
00:16:34.590 --> 00:16:45.300
Kevin McAvey: And it's been our pleasure to support php and designing the digital strategy for tailored career management and it's been a pleasure working with Accenture our technical partners and implementing it.

99
00:16:45.990 --> 00:16:57.360
Kevin McAvey: These forums, providing valuable feedback, not only to share more information about the requirements, but also to identify where there are additional questions, so I would encourage all of you to use the Q amp a.

100
00:16:57.990 --> 00:17:04.740
Kevin McAvey: Here, to share to share your questions, we might not be able to get to all of them today, I know I know we will be able to answer all them today.

101
00:17:05.190 --> 00:17:12.660
Kevin McAvey: But we can certainly make sure that in future presentations and and guidance and information put out by the Department.

102
00:17:13.350 --> 00:17:23.520
Kevin McAvey: We we really work to to answer as many of them as possible so as vic said and I actually I love his head, that the slides that they developed on.

103
00:17:24.210 --> 00:17:34.200
Kevin McAvey: slides nine and 10 and there's a lot there to unpack I would encourage you, if you're going to print out anything from this this conversation to try to print out slides nine and 10.

104
00:17:34.800 --> 00:17:45.300
Kevin McAvey: really think about them make sure you understand them, and again use that email that were mentioned at the top of the call and which

will repeat at the end of our presentation to raise up any questions you have.

105
00:17:45.960 --> 00:17:55.890
Kevin McAvey: i'm going to take us back up a level to really think at that 10 now that we kind of have the sense of the data exchange ecosystem that's required to support.

106
00:17:56.370 --> 00:18:11.970
Kevin McAvey: Taylor care management what what types of data is expect are expected to be exchange between specifically tailored plans and H plus practices and cma so so what what's actually being shown on slide 10, in other words.

107
00:18:12.450 --> 00:18:16.110
Kevin McAvey: And as you as you see, on your on your screen right now.

108
00:18:17.040 --> 00:18:29.010
Kevin McAvey: There are six different types of data that we're anticipating being exchanged between Taylor plans and Amish plus practices and cma is for individuals assigned to those to those.

109
00:18:29.610 --> 00:18:38.700
Kevin McAvey: entities, the first is Member assignment information, I think this is embedded and what vic was speaking to is the beneficiary assignments data.

110
00:18:39.300 --> 00:18:47.280
Kevin McAvey: This is information, including demographic data and any relevant and clinical are in available eligibility information that that might be available.

111
00:18:47.730 --> 00:18:51.720
Kevin McAvey: After this like for for these files vic is actually going to do.

112
00:18:52.140 --> 00:19:04.770
Kevin McAvey: more of a deep dive so we're kind of writing a high level what here we're going to get into like what does that what comprise as well as how that data is expected to be transmitted and what's when it's expected to be transmitted.

113
00:19:05.190 --> 00:19:16.920

Kevin McAvey: Between Taylor plans and H plus practices EMAS next so beneficiary assignment data Member assignment information is one type of data that's expected to be exchanged between Taylor plans and.

114
00:19:17.400 --> 00:19:29.820
Kevin McAvey: And and downstream entities pharmacy lock in information in the block in data files Member claims and encounter data, including physical health behavioral health and pharmacy.

115
00:19:30.360 --> 00:19:38.700
Kevin McAvey: vic mentioned the 24 months look back, but we're also anticipating and expecting Keller plans to share back on an ongoing basis.

116
00:19:39.390 --> 00:19:50.310
Kevin McAvey: Member claims and encounter data to inform Amish plus practice and cma understanding of their members of clinical means, as well as their service utilization.

117
00:19:50.820 --> 00:19:58.140
Kevin McAvey: And I should mention we have on the slide this is exchange between Taylor plans in English, plus practices and and cms.

118
00:19:58.620 --> 00:20:07.770
Kevin McAvey: I want to also just have to take up take a beat to acknowledge that many H plus practices in cma might not be directly receiving some of these files that might be.

119
00:20:08.220 --> 00:20:24.150
Kevin McAvey: engaged and partnered with a CIS clinically integrated network or another data partner to to to accept and period analyze this data on on their behalf, including and potentially that the tailored plan itself.

120
00:20:25.410 --> 00:20:39.780
Kevin McAvey: acuity tearing and risk stratification data tell her plans are expected to transmit acuity tier assignments downstream to H plus practices and cms and any results or or methods of risk stratification they may conduct.

121
00:20:40.440 --> 00:20:51.450
Kevin McAvey: So if they have, above and beyond the acuity tea or other information about the risk factors tell her fans are expected to not only share that that measure or those factors, but just.

122

00:20:51.870 --> 00:21:02.250
Kevin McAvey: an overview of how they arrived at that at that assessment and then, finally, and some of this is still to be determined quality measure performance information at the practice level to.

123
00:21:02.820 --> 00:21:19.380
Kevin McAvey: Support practice awareness benchmarking and and improvement, I think more information on that will be forthcoming and I encourage you all to join the the upcoming webinar on quality in later on and in December.

124
00:21:21.360 --> 00:21:38.970
Kevin McAvey: And then finally other data sport tailored career management on an as needed basis, some of this may include include establish care plans historical Member clinical information in may be more ad hoc to the individual Taylor plan H plus practice cma relationship next slide please.

125
00:21:40.560 --> 00:21:55.110
Kevin McAvey: So again, referring back to slide 10 we're thinking about the data and moving from Taylor plans downstream to H plus instead practices and cma is or their car their representative CNN.

126
00:21:55.590 --> 00:22:10.230
Kevin McAvey: We are now thinking in this slide up to the information that's expected to be exchanged from the image plus practices and cma to the tailor plans one thing that's not mentioned here, which just want to call out it's not explicitly.

127
00:22:11.250 --> 00:22:16.860
Kevin McAvey: A data exchange requirement, but it is part of the billing process and will go to inform.

128
00:22:17.970 --> 00:22:29.670
Kevin McAvey: Taylor plan understanding of their patient populations are our claims and encounters that do upstream beyond that a couple of things that we can mention care manager.

129
00:22:30.450 --> 00:22:40.530
Kevin McAvey: Contacts so H plus practices and cms are going to be expected to share information on care manager contact with assigned members, along with the care management.

130
00:22:41.040 --> 00:23:00.750
Kevin McAvey: Care manager assignment and clear plan dates with the care plan so again, and you, hopefully you'll have this in front of you, if

you look back on on site at this slide can you will see that this is this will be part of that that back upstream xchange.

131
00:23:03.420 --> 00:23:15.390
Kevin McAvey: Taylor care management comprehensive assessments and care plans individual support plans are not expected to be actively transmitted upstream from a major plus practices in cms.

132
00:23:15.630 --> 00:23:27.480
Kevin McAvey: But they are expected to be in a system that allows them to be available to tailor plans on on on request or within 14 days of completion.

133
00:23:28.260 --> 00:23:33.180
Kevin McAvey: And then finally quality measurement and reporting a lot of the information that's going to.

134
00:23:33.780 --> 00:23:42.780
Kevin McAvey: be required by Taylor plans should already be native to the claims and encounter information that H plus practices and cm maze.

135
00:23:43.080 --> 00:23:51.900
Kevin McAvey: Our training transmitting upstream we didn't want to call this down as as like a long term kind of on the horizon, if additional information is required.

136
00:23:52.350 --> 00:24:01.290
Kevin McAvey: Additional guidance might come out for for to support quality measurement and reporting we're not expecting anything at this time, and when can correct me if i'm if i'm wrong.

137
00:24:02.250 --> 00:24:08.760
Kevin McAvey: So again, like we're now at this kind of 10,000 foot level of the types of data that are that are meant to be exchanged.

138
00:24:09.120 --> 00:24:18.750
Kevin McAvey: And now pass it back to back to really unpack that a little bit more really talk about those specific data fields in each of those standardized exchanges.

139
00:24:19.290 --> 00:24:24.930
Kevin McAvey: How that data will be exchanged and and when again, please, I encourage you to please all use the.

140

00:24:25.380 --> 00:24:34.110
Kevin McAvey: Q amp a to flag any high level or more detailed questions and we'll try to get to as many as possible towards the end of this presentation, thank you all for joining and i'll pass it back to back.

141
00:24:35.340 --> 00:24:37.530
Vikas Gupta: Thank you so much Kevin this was so helpful.

142
00:24:38.610 --> 00:24:56.100
Vikas Gupta: As Kevin mentioned right now we go a little bit do a deep dive into those standard interfaces which you all will be using for really accurately exchanging this data between yourself and the tailored plan so next slide please.

143
00:24:58.320 --> 00:25:12.330
Vikas Gupta: And i'll take control from here i'm going to start sharing my screen because i'm going to go deeply into documents and file specifications so i'll take control here and we'll move it to my screen just give me one minute.

144
00:25:17.820 --> 00:25:20.820
Vikas Gupta: Please confirm that you are now able to see my screen.

145
00:25:22.770 --> 00:25:23.130
Okay.

146
00:25:28.590 --> 00:25:42.480
Vikas Gupta: Someone from our group can confirm okay perfect Thank you so much, so I want to first start with Glenn covered this at the start, as part of the data strategy source documents on the places, you can find all these documents.

147
00:25:42.900 --> 00:25:51.030
Vikas Gupta: So this is the link, which is already available in the slide deck, but I just wanted to take you to that link what it looks like So you can see.

148
00:25:52.140 --> 00:26:01.500
Vikas Gupta: You have that tailored care management data specification guidance and then you see all these links here related to the different interfaces which we will cover today.

149
00:26:02.640 --> 00:26:07.500
Vikas Gupta: there's a lot of information here, so I just wanted to show you that I wanted to start with that now.

150
00:26:08.550 --> 00:26:19.560
Vikas Gupta: i'll start with the first interface, which is the
beneficiary assignment interface, this document is the first document you
when you click those links, you will open up this document.

151
00:26:20.310 --> 00:26:25.350
Vikas Gupta: This document has information on the beneficiary assignment
file and the pharmacy locking files.

152
00:26:26.310 --> 00:26:43.140
Vikas Gupta: So i'm going to cover this and and we will go through what
is in the document and how this is helpful for you to really set up and
develop the capability to receive this data from your respective Taylor
plans, so there is some i'm going to skip some of the.

153
00:26:44.460 --> 00:27:00.600
Vikas Gupta: Earlier context and background information here you already
talked about it and more focus on the interface file and and basically
all the attributes related to the file so some background, on how we
created this layout.

154
00:27:02.370 --> 00:27:14.400
Vikas Gupta: So, as you guys are already aware that be used 830 for vdi
file format for enrolled exchanging enrollment data that is the file
format, through which we are sharing the Department of sharing.

155
00:27:15.030 --> 00:27:22.800
Vikas Gupta: enrollment data with the tailored plans, when we were
working on the advanced medical home program as part of our standard plan
launch.

156
00:27:23.490 --> 00:27:37.380
Vikas Gupta: We met with a lot of practices across the state and we
learned that they wanted something more simpler, so what we did was we
use the 834 file format, as the foundation.

157
00:27:37.830 --> 00:27:51.420
Vikas Gupta: And we love this more flatter more simpler file format it's
basically using the 34 as a foundation, but it's much flatter much
simpler to ingest so that's what this format came out from.

158
00:27:51.840 --> 00:28:04.980
Vikas Gupta: So it is on that basis, and hopefully in future next few
years, we will probably be able to mature it into an e di kind of a

format, in the future, but that's kind of just giving you some background of how this is created.

159
00:28:06.180 --> 00:28:14.550
Vikas Gupta: So if you refer to the 834 file companion guide, you will be able to see a lot of those same fields will be there okay so.

160
00:28:16.560 --> 00:28:24.330
Vikas Gupta: What I want to go through and i'll open the file format as well, and I will go through that as well, but just want to go through some key things which are in the document.

161
00:28:24.810 --> 00:28:34.440
Vikas Gupta: which will be helpful for you guys, so the document clarifies the scope of the data that you know this is for the current and future beneficiary eligibility segments.

162
00:28:34.950 --> 00:28:41.520
Vikas Gupta: Which vendor tailored plans will assign them to you, that is what they expect to include in this fight.

163
00:28:42.120 --> 00:28:49.890
Vikas Gupta: The source is the tailored plans and the target our the image plus practices cms and are they are affiliated CIO once.

164
00:28:50.430 --> 00:29:02.670
Vikas Gupta: The the type is a pipe the limited with double code qualified file, so I have an example of this i'll show you that how that looks like to so that's the type you you expect to receive.

165
00:29:03.120 --> 00:29:13.410
Vikas Gupta: How are you going to receive it is through secure file transfer protocol so from our perspective, you need to work with your tailor plans and figure out.

166
00:29:13.860 --> 00:29:24.120
Vikas Gupta: You know how whether that would be their secure ftp site or your side, how you will do that so that's something we are aligned that flexibility that you guys work on together.

167
00:29:24.690 --> 00:29:30.450
Vikas Gupta: I do want to mention one thing I talked about the advanced medical home program which, which is already working in live.

168

00:29:30.810 --> 00:29:43.230
Vikas Gupta: For standard plans, so the standard plans are already sharing this data in this format, with the image practices Amish to to practice in their scan so it's already live and working right now.

169
00:29:43.740 --> 00:29:55.560
Vikas Gupta: So what we have tried to also do is ensure that there is standardization across programs in terms of sharing the same type of data so that's that's why I wanted to call that out and make sure we are all aligned on that.

170
00:29:57.270 --> 00:30:03.660
Vikas Gupta: document also have the delivery frequency I learned going to all of these for every file, but I wanted to just talk about.

171
00:30:04.110 --> 00:30:16.680
Vikas Gupta: That in the document you have this level of detail, which gives you all this information, then we also have the naming Convention so if you're receiving this file from different DPS you will be able to know.

172
00:30:17.520 --> 00:30:23.910
Vikas Gupta: Which dp is sending you the file and of course it will tell you like dates and everything is done as part of the naming dimension.

173
00:30:25.110 --> 00:30:37.890
Vikas Gupta: In terms of you know when the file is delivered how you ensure that it is processed correctly, how we are ensuring that the two systems are able to share data accurately, so we have a process.

174
00:30:38.490 --> 00:30:48.960
Vikas Gupta: This is a process our technology team technology operations team and set up now, as part of your working with your tailored plans as part of that onboarding you will do with them.

175
00:30:49.350 --> 00:31:02.220
Vikas Gupta: They should be sharing this with you of what your requirements are as a target when you receive this file, how should you be sending them a notification of receiving the data and ingesting the data so.

176
00:31:02.940 --> 00:31:09.420
Vikas Gupta: That should be covered, as part of those onboarding sessions, when you will work with them so so stay tuned for that when you start working on that.

177
00:31:10.290 --> 00:31:19.620
Vikas Gupta: The document also includes information so when I said earlier that we build this format, based on the 834 file.

178
00:31:20.250 --> 00:31:30.240
Vikas Gupta: But definitely it has certain fields which are not in the 834 file, so we call out those fields here separately and we try to explain what those are.

179
00:31:30.690 --> 00:31:39.360
Vikas Gupta: And how we are referencing them I mentioned earlier, when I was going through the data flows that the acuity or information is, you will receive as part of this file.

180
00:31:39.690 --> 00:31:46.590
Vikas Gupta: So you can see that, like you know we have mentioned that here, this is not in a 34 file, so this is different so it's called out here.

181
00:31:47.190 --> 00:31:54.450
Vikas Gupta: I also want to note to you guys is like these are the values which are currently been identified and defined by the state now.

182
00:31:54.990 --> 00:32:04.590
Vikas Gupta: What can happen as we start working and we are, we are kind of like still working on developing a lot of this if we come back with a new value.

183
00:32:04.950 --> 00:32:19.500
Vikas Gupta: We will update this document and we'll version it so you guys are aware of it right, so we will ensure that all changes are also communicated to you guys so just wanted to point that out, as well as we go through that, so this is just that section kind of clarifying what we have done.

184
00:32:20.700 --> 00:32:29.070
Vikas Gupta: There is also a section very small section here related to the onboarding and testing a little bit referred how that onboarding should work.

185
00:32:29.760 --> 00:32:37.980
Vikas Gupta: As your onboarding there is that you should be setting up testing expectations with your tps and should test.

186

00:32:38.730 --> 00:32:48.210
Vikas Gupta: That department, as part of their end to end process also what they do is they work with tps and and they identify a couple of.

187
00:32:48.990 --> 00:33:04.830
Vikas Gupta: Practices CIS, who can participate in that that testing, so of course your tailored plan partner will let you know if you are part of that, so you will be included in that otherwise you still are expected to work with your team at nine and do all this testing with them.

188
00:33:05.880 --> 00:33:20.580
Vikas Gupta: So I just wanted to cover this like more talk about how the format of the document is and what kind of information you're able to see into the document Now I will kind of go into the beneficiary assignment file and talk about that.

189
00:33:21.630 --> 00:33:27.000
Vikas Gupta: And someone from the team confirmed that they are able to see the file layout now.

190
00:33:30.360 --> 00:33:41.820
Vikas Gupta: awesome Thank you so much, so this is the file layout of the beneficiary assignment file and, as you guys like saw this is attached in that documentary you should be able to open it up and see.

191
00:33:42.720 --> 00:33:51.210
Vikas Gupta: I I mentioned about the like using the 834 as a foundation so like some of these columns here are actually.

192
00:33:52.440 --> 00:34:02.670
Vikas Gupta: Basically, relating to how this this kind of goes back and aligns with a 34 file So this has been very helpful for the standard plans, when we work with them.

193
00:34:03.030 --> 00:34:10.680
Vikas Gupta: So this is also very helpful for anybody who is looking at the companion guide and trying to figure out what that field means and what value they should expect in that.

194
00:34:11.130 --> 00:34:20.310
Vikas Gupta: So that's why we have done that mapping here, so you can see that this is a pretty straightforward file, but I will just quickly cover that we definitely have the header record.

195
00:34:20.760 --> 00:34:30.630

Vikas Gupta: Again, within the header also you know which plan is sending you the data, whether it's a full or incremental file what version, it is so again the naming Convention, and all that.

196
00:34:31.050 --> 00:34:38.760
Vikas Gupta: The number of records, you will receive in the file so that helps you in your data validation file record count kind of validation.

197
00:34:39.810 --> 00:34:52.830
Vikas Gupta: Then we have Member demographic data their address the Cross references so basically these are what happens in our world is if a Member.

198
00:34:53.370 --> 00:35:01.200
Vikas Gupta: Like get merged with an older ID then that's where we use their so in terms of when you receive claims history.

199
00:35:01.650 --> 00:35:08.130
Vikas Gupta: Maybe an older ID is associated with that claims history, so you can use that cross those cross references.

200
00:35:08.880 --> 00:35:17.100
Vikas Gupta: Then, when we were working on the advanced medical home program with the standard plans, they also mentioned that they have similar things in their system also.

201
00:35:17.550 --> 00:35:31.740
Vikas Gupta: So we allow the flexibility for them to share that as well, through this file now, this is something which is not in the 34, so I think in the document it's called out, you know that this is something which they will be populating from their systems.

202
00:35:33.120 --> 00:35:40.860
Vikas Gupta: A lot of this is like very much enrollment demographic data, all of this data, the tailor plans will be receiving from the department to the.

203
00:35:41.340 --> 00:35:46.620
Vikas Gupta: file so pretty much on their side they are taking it in and then populating this file for you guys.

204
00:35:47.250 --> 00:35:54.330
Vikas Gupta: i'm going like i'm going to focus on some new things which we have done for us very specific to the pilot care management program here.

205
00:35:54.840 --> 00:36:04.020
Vikas Gupta: Now again this section our talk a little bit about this section this section is about the plan which is managing this beneficiary, and also the.

206
00:36:04.530 --> 00:36:13.050
Vikas Gupta: The image and the PCP that are assigned to so a beneficiary will be either assigned to an image or a PCP as their primary care so.

207
00:36:13.590 --> 00:36:22.830
Vikas Gupta: There are different fields here, so if they are assigned to an image these fields, will be populated if they are assigned to a PCP the PCP fields will be populated so one of the other.

208
00:36:23.700 --> 00:36:37.260
Vikas Gupta: Then some information and their address php address the PCP address, we also included this field in this document, this is also coming from the 834 file and function very similarly on Howard, a 34 uses it.

209
00:36:37.770 --> 00:36:46.020
Vikas Gupta: So that allows you to understand, like a beneficiaries you're receiving for the first time, through this file from from the tailored plan.

210
00:36:46.740 --> 00:36:57.330
Vikas Gupta: If there are any changes happening or if the beneficiary is terminating basically their coverages terminating with either you or the plan like so that information, you can get through this as well.

211
00:36:59.610 --> 00:37:09.450
Vikas Gupta: Then I want to touch on this one, this is an important piece, so this is a security or information, this is new only applies to tailor care management.

212
00:37:10.050 --> 00:37:18.450
Vikas Gupta: This is something that department is data mining and then they will be sending this data to the toilet plans and then they will be populating it through this file and sending to you.

213
00:37:19.260 --> 00:37:29.160
Vikas Gupta: So, this information will come through that and now the last piece, this is the tailored care management assignment, so in this case, if a beneficiary is assigned to.

214
00:37:29.700 --> 00:37:39.390
Vikas Gupta: image plus practice or a cma so if this data is coming to you, you should be the one assigned to that beneficiaries, so this is how they will populate in and share this data with you.

215
00:37:40.260 --> 00:37:47.040
Vikas Gupta: Again this is high level, but I think I wanted to get into some details this file is, I think, very simply more.

216
00:37:47.520 --> 00:37:55.020
Vikas Gupta: demographic data off of beneficiaries in their assignment, but we want to talk through and make sure you understand, this is a standard file format.

217
00:37:55.740 --> 00:38:04.560
Vikas Gupta: Currently, with the image program this is already live and working, and this is what the tailored plans will be using for sharing the information with you guys.

218
00:38:04.860 --> 00:38:15.330
Vikas Gupta: In the standard plan version we don't have this acuity level in the period case management assignment, this was newly added for specifically for the pilot key management piece so.

219
00:38:16.740 --> 00:38:23.760
Vikas Gupta: After covering this I go back to the document so that's what this assignment file document talks about.

220
00:38:25.320 --> 00:38:36.660
Vikas Gupta: And then, in the later part of the document we have the pharmacy locking file so that file format similarly exactly the way you have the beneficiary file details.

221
00:38:37.110 --> 00:38:49.710
Vikas Gupta: All those details are here, exactly in the same kind of format so i'm not going to open this and go through this, but I think what we want you guys to do is use this document go through that.

222
00:38:50.220 --> 00:39:00.090
Vikas Gupta: And if you have any questions for us as Glenn and Kevin mentioned, there is an email address within this deck which you can use to send your questions to us.

223

00:39:00.780 --> 00:39:10.170
Vikas Gupta: So this is the first link here, which I covered now I opened the second link here, which is the claims files and there are a lot of them.

224
00:39:11.490 --> 00:39:11.970
Vikas Gupta: So.

225
00:39:13.710 --> 00:39:19.410
Vikas Gupta: If someone from my team can again confirm that they can see this new document, I just want to make sure that i'm changing documents.

226
00:39:20.910 --> 00:39:22.500
Vikas Gupta: It is viewable to everyone.

227
00:39:25.380 --> 00:39:40.710
Vikas Gupta: awesome so I got the confirmation, so this is the claims file document, this is about how the tailored plans will be sharing historical and current claims information with you guys and we use claims and encounters both together.

228
00:39:41.730 --> 00:39:50.190
Vikas Gupta: So that everything is inclusive here in terms of claims and encounters kind of you're dividing into medical encounters.

229
00:39:50.730 --> 00:39:58.170
Vikas Gupta: And then we have a separate layout for the dental ones, and then of course pharmacy so you will see, these are a lot of different file formats.

230
00:39:59.160 --> 00:40:04.140
Vikas Gupta: And i'll skip the background again here and then focus on the file format.

231
00:40:05.010 --> 00:40:11.940
Vikas Gupta: Now little bit background on this, and again the the guiding principle we have used to do a lot of this work is.

232
00:40:12.360 --> 00:40:27.030
Vikas Gupta: Try to as much as possible use standard layouts which even the cms kind of recommends for sharing this data again when we started working on the advanced medical home program first like our first.

233
00:40:28.140 --> 00:40:32.970

Vikas Gupta: Like objective, as to how we can start using the 837, which is an Ada again format.

234
00:40:33.450 --> 00:40:47.550
Vikas Gupta: But as we got feedback from the field we try to make a much simpler flatter kind of a document, but again using the 837 as a foundation very similar to what we did on the beneficiary side as well.

235
00:40:48.000 --> 00:41:01.950
Vikas Gupta: So in here, you can see that we have a file format for the professional for the institutional and for the dental i'm not going to open all of these three i'm going to focus on one of them, and we can look at it together.

236
00:41:03.270 --> 00:41:09.330
Vikas Gupta: The one more thing I want to point out, which I mentioned earlier, like, I want to make sure everybody understand what does.

237
00:41:09.660 --> 00:41:20.400
Vikas Gupta: pipe the limited double coated qualified means and in this document we have given some examples here so that would be helpful for you to understand how you expect to receive data here so.

238
00:41:20.910 --> 00:41:33.810
Vikas Gupta: Definitely check that and i'm just really quickly go into the document to even see if something else needs to be called out I think that's pretty much it i'm going to now move to the file format.

239
00:41:35.850 --> 00:41:36.270
Okay.

240
00:41:39.240 --> 00:41:50.460
Vikas Gupta: From my team again Can someone confirm that you can see the file for Thank you Kevin Okay, so this is the file format for the professional file.

241
00:41:51.060 --> 00:42:00.120
Vikas Gupta: And it has two tabs here, and we also have a tab at some examples like we can see, it has a header and align tab so you will receive both of them.

242
00:42:00.780 --> 00:42:10.500
Vikas Gupta: Again, this is all very like you know basic claims information, it is built from the foundation of the 837 files, so you can see the same.

243
00:42:11.010 --> 00:42:18.630
Vikas Gupta: Really, the same thing, what we're done with a 34 file and a beneficiary assignment file, we have given information from where this data is coming.

244
00:42:19.260 --> 00:42:29.370
Vikas Gupta: And then, giving that loop information, the reference ID everything here so it's very easy to reflect back to those companion guides which are pretty standard, so you can use that to understand that.

245
00:42:29.880 --> 00:42:36.900
Vikas Gupta: One more thing I want to point out here, when I was going through the data flow with you guys, I told you that department will be sending.

246
00:42:37.380 --> 00:42:41.310
Vikas Gupta: Historical claims information to the tailor class and.

247
00:42:42.030 --> 00:42:49.830
Vikas Gupta: That file format is a little bit different than this file format and again this is based on some of the proprietary system we have in place and we have to use.

248
00:42:50.190 --> 00:42:59.820
Vikas Gupta: So what we also did this is for the benefit of the tailored plans that they we are able to map these fields back to the way they are receiving the data.

249
00:43:00.330 --> 00:43:10.800
Vikas Gupta: So it's kind of straightforward for them, and they are pulling up like this data for you guys, so this is not something for you, but just want to point out that that's what that's why you see this this column here.

250
00:43:11.550 --> 00:43:19.260
Vikas Gupta: Now, again, this is also very straightforward if you guys have seen planes file format, in the past, again, this is based on the 837 format.

251
00:43:19.710 --> 00:43:26.370
Vikas Gupta: i'm not going to go in deep on this, but this is where you know as you guys get the opportunity.

252

00:43:26.850 --> 00:43:31.980
Vikas Gupta: would definitely want you guys to go through the format, let us know if you guys have any any questions here.

253
00:43:32.610 --> 00:43:49.710
Vikas Gupta: This is like really have everything what you receive in an 835 37 files so have all the information which you will get on claims and encounters one thing I want to point out, and which is also noted in the document, there are there is payment information here.

254
00:43:50.760 --> 00:43:56.310
Vikas Gupta: So for the historical claims which the department will be sending to the tailored plans.

255
00:43:57.240 --> 00:44:02.610
Vikas Gupta: We are going to request them that they include this information because that's like information they're getting from the Department.

256
00:44:02.970 --> 00:44:08.940
Vikas Gupta: But the state has provided them flexibility for the new claims and encounters which they will be setting up.

257
00:44:09.510 --> 00:44:15.450
Vikas Gupta: That is optional for them to populate this so just want to call it out and and make sure you guys have understanding of that.

258
00:44:16.260 --> 00:44:24.150
Vikas Gupta: I will also very quickly go through the line tab so we can we can quickly look at it together again the header and everything is same.

259
00:44:24.720 --> 00:44:37.770
Vikas Gupta: And you can see, this is again very similar to the 37 format and how this information is pretty much this is very extensive gives you all the information you need on on on claims about a beneficiary.

260
00:44:39.480 --> 00:44:59.700
Vikas Gupta: Okay, so i'm going to go back to this document just going to talk about So this is the claims file, we talk about, and of course there is institutional and dental file has a separate format, so please encourage everyone to open these up look at it and let us know if you have any questions.

261
00:45:00.750 --> 00:45:02.430

Vikas Gupta: Then we'll go down.

262
00:45:03.870 --> 00:45:09.750
Vikas Gupta: To the pharmacy file Similarly, the pharmacy has the has the trauma and again.

263
00:45:10.410 --> 00:45:19.890
Vikas Gupta: same guiding principle here on the pharmacy side we use the nc PDP file as a foundation, so we try to use the really the standard across industry.

264
00:45:20.580 --> 00:45:25.560
Vikas Gupta: As our foundation to create these flatters simpler file versions for everyone.

265
00:45:26.100 --> 00:45:33.600
Vikas Gupta: So that's what we use here, you can see, like some of the fields, which we call out the claims thing I just talked about this is also mentioned in the document.

266
00:45:34.590 --> 00:45:43.770
Vikas Gupta: Remaining documents same format, as other document should give you what you need and again if you have any questions we are here to answer those so please send it our way.

267
00:45:44.340 --> 00:45:54.390
Vikas Gupta: So this is the claims file format i'm going to go back to this page, where all the formats are, and then the last one is the patient risk.

268
00:45:54.870 --> 00:46:05.490
Vikas Gupta: listed down, so this is the one which is bi directional which you will be receiving from the tailor plans and then, of course, you will be sending it back to them as well, so we will now look at that one.

269
00:46:07.440 --> 00:46:11.610
Vikas Gupta: So this is the document you will, you will see when you click on that link.

270
00:46:13.170 --> 00:46:30.570
Vikas Gupta: This is again very similar in the way it's laid out the format and everything is very similar some introduction and background here, and then we go into the file format now I have this open, so I

talked about it, but just wanted to make sure like I don't have anything to call out here.

271
00:46:33.480 --> 00:46:45.660
Vikas Gupta: We like in this data scope wherever there is some additional clarification needed on how to populate certain fields, we have tried to incorporate that some of this is based on.

272
00:46:46.200 --> 00:46:53.730
Vikas Gupta: like this file format is also live a little bit different version of this is already live for the standard plan so some of this information.

273
00:46:54.090 --> 00:47:02.910
Vikas Gupta: We have tried to incorporate more in these data specification based on some of the lesson learned from that work and some questions we have received so hopefully.

274
00:47:03.330 --> 00:47:13.560
Vikas Gupta: It should have more information, up to date information which is very helpful for you guys again very similar file naming conventions, everything is very similar here.

275
00:47:14.160 --> 00:47:23.310
Vikas Gupta: And then we have a separate section about the file, which you will be sending out so some more information about what your responsibilities are also here.

276
00:47:24.510 --> 00:47:30.810
Vikas Gupta: So this is the document you will see, and then i'm going to open the file format we're going to spend a little time on that.

277
00:47:32.040 --> 00:47:35.040
Vikas Gupta: So this is the patient risk five file format.

278
00:47:39.930 --> 00:47:52.080
Vikas Gupta: In this, because this is a bi directional file, the way we created the file format is we have columns here which clarify when the tailored plan is the source for this file.

279
00:47:52.620 --> 00:47:58.080
Vikas Gupta: How they are expected to populate the information and then we have two columns here.

280

00:47:58.530 --> 00:48:12.060
Vikas Gupta: When the source is an image plus practice or a cma or
they're affiliated ci so how they will do it, so that should help and
providing clarity, based on who is the one populating the file and
sending the file.

281
00:48:13.200 --> 00:48:19.140
Vikas Gupta: The header again very similar as other headers like giving
you information on the ids and everything.

282
00:48:20.310 --> 00:48:28.410
Vikas Gupta: Now, when we come into the detail, of course, you have the
medicaid ID the codes are still This is very similar to how the 30 the
beneficiary file is.

283
00:48:29.010 --> 00:48:34.680
Vikas Gupta: Now this is one field, which basically the tps will be
populating.

284
00:48:35.460 --> 00:48:43.920
Vikas Gupta: They will be really advising us the sharing with you the
different types of priority population, a beneficiary can fall under.

285
00:48:44.340 --> 00:48:54.450
Vikas Gupta: And we have valid values here for them to use, so it is
pretty standard when you take this data in this is going to be pretty
standard, so you can see that these are the values they will use.

286
00:48:55.200 --> 00:49:05.190
Vikas Gupta: This also include values for the ink program that will be
launched in January here as well, so we have tried to make it very
comprehensive.

287
00:49:05.550 --> 00:49:14.280
Vikas Gupta: So that's what you will receive from from them, as they are
populating this data and then sending your way and we created a couple of
different fields for them.

288
00:49:14.550 --> 00:49:21.900
Vikas Gupta: So if a beneficiary falls into different priority
population, they are able to populate that and there is some there are
some instructions for them to us.

289
00:49:23.610 --> 00:49:32.460

Vikas Gupta: on how to populate these values, as well as in the data specification document, then there is php risk or category.

290
00:49:34.260 --> 00:49:43.620
Vikas Gupta: For my understanding the risk stratification is optional for the tps and there is a there is a slide in the appendix which kind of little bit talks about it.

291
00:49:44.130 --> 00:49:55.740
Vikas Gupta: But if they are doing it, then this is how they will have to share that information with you, they also have a field more for narrative providing you a little bit more information on that so that they can include here.

292
00:49:57.060 --> 00:50:08.340
Vikas Gupta: Now, this is a section where really the fields which which you guys are, as you guys are providing care to the beneficiaries are will be populating so.

293
00:50:09.240 --> 00:50:15.720
Vikas Gupta: that's where like the risk or category the based on the risk stratification you're doing, you will be populating and then sending it back.

294
00:50:16.890 --> 00:50:22.230
Vikas Gupta: Who are the assigned CSM, who is the entity assign This is where your NP I will come.

295
00:50:23.130 --> 00:50:30.450
Vikas Gupta: Your your career management interactions which ones are the face to face all that, like this is all that information Kevin kind of covered that.

296
00:50:31.140 --> 00:50:42.480
Vikas Gupta: You know how, when you create a clear plan, when it was created, who was a case manager assigned all that information will be shared back through you, through this file to the painted plans.

297
00:50:43.140 --> 00:50:52.770
Vikas Gupta: You know you're assigned to plan so that's what this file is about and what what you will see here is this these columns will give you understanding of how to populate.

298
00:50:53.820 --> 00:51:02.130

Vikas Gupta: These these fields, there are certain fields which might only apply for beneficiaries who are in the ink Program.

299
00:51:02.760 --> 00:51:08.700
Vikas Gupta: This is the integrated care delivery program for kids so you know that will go live next year.

300
00:51:09.270 --> 00:51:15.660
Vikas Gupta: For standard plans and later 14 at nine so you don't need to populate this for other so it's for others it's optional so.

301
00:51:16.080 --> 00:51:29.640
Vikas Gupta: You can see, we try to do as norden provide more clarity on how all this information will be populated what you will receive from the PhDs and then what are you going to send it back to the PhDs on the patient risk file.

302
00:51:31.410 --> 00:51:35.640
Vikas Gupta: i'm going to go back to the document just to make sure I didn't leave anything.

303
00:51:37.830 --> 00:51:55.650
Vikas Gupta: yeah I think that's that's pretty much it like the file format here for what you receive versus what you're sharing back is same and, as I covered right the way you populate it's all kind of clearly outlined in the in the document so that's what you need to use to do that.

304
00:51:58.050 --> 00:52:03.630
Vikas Gupta: I think that's pretty much the whole deep dive we want to recover on the file specifications.

305
00:52:04.320 --> 00:52:17.400
Vikas Gupta: I think we have some time where we can kind of take some questions from you guys so i'll i'll give it back to gwen or ELISE who can kind of walk us through the remaining part Thank you and i'll stop sharing.

306
00:52:22.980 --> 00:52:23.610
Jonathan DiBello: Okay.

307
00:52:24.150 --> 00:52:37.350
Jonathan DiBello: So we have a few questions teed up from the audience and we encourage you to keep them coming in and we'll get to as many as

we can to start us off on our first couple questions our PR Kevin mack
obey.

308
00:52:38.940 --> 00:52:57.150
Jonathan DiBello: The first question is about whether care management
entities so cma and H pluses need to share or make available the care
plan with members of the care team, as well as the tailored plan so Kevin
would you like to weigh in on that one.

309
00:52:57.570 --> 00:52:59.850
Kevin McAvey: yeah absolutely absolutely and i'm.

310
00:53:00.330 --> 00:53:01.650
Kevin McAvey: Mary Oh, if you could bring down the.

311
00:53:01.650 --> 00:53:03.630
Jonathan DiBello: Size that would be terrific.

312
00:53:03.990 --> 00:53:17.190
Kevin McAvey: temporarily um so it's a really good question and in the in
the presentation on slide 12 you will you'll you'll note the following
text which i'm going to try to put in the chat for everyone.

313
00:53:18.960 --> 00:53:31.440
Kevin McAvey: which does explicitly states that care plans and is fees
are expected to be documented story and made available to tell her plan
within 14 days of completion of the of the care plan and ISP.

314
00:53:32.010 --> 00:53:46.560
Kevin McAvey: This is also reflected in the latest tailored career
management provider manual specifically on pages 22 and 29 on 22
documentation storage of the care plan or ISP.

315
00:53:48.030 --> 00:53:59.790
Kevin McAvey: H pluses are seeing these are required to ensure that each
care plan or ISP is documented story and made available to the Member and
representatives, including the Taylor plan within 14 days of completion.

316
00:54:00.630 --> 00:54:09.450
Kevin McAvey: going to page 29 it reiterate this, but I just want to
clarify in the language to the can get a little bit tricky here, so I
very much understand and empathize with the question.

317
00:54:10.110 --> 00:54:21.870

Kevin McAvey: The care management data system that must be in place by for H plus practices and receive as must be a system, whether or not it's integrated with within the ehr that.

318
00:54:22.170 --> 00:54:29.730
Kevin McAvey: is able to a is that is able to electronically document and store the care plan or ISP and.

319
00:54:30.210 --> 00:54:46.650
Kevin McAvey: A electronically, secure and transmit the care management comprehensive assessment care plan or is a ISP so again, it has to have those capabilities, but it's not natural active requirement for for transmission, so I hope that clears out.

320
00:54:50.160 --> 00:55:11.910
Jonathan DiBello: Thank you Kevin so our next question is about how you know all the files and transfers that we covered today pertain to a cma or I guess an H plus that may be using a tailored plans H I T systems so Kevin would you like to weigh in there.

321
00:55:12.930 --> 00:55:21.990
Kevin McAvey: yeah absolutely happy to and i'm also knew that there were the questions coming up for Quinn and Vex to close us out on our section.

322
00:55:22.410 --> 00:55:38.220
Kevin McAvey: All over for you, so all of the data that we are talking about today, if your system is housed within the tp I think you could think about the expectations that the tp or should have that data available to you within their system.

323
00:55:38.850 --> 00:55:46.170
Kevin McAvey: for use against the the the the same the same requirements, I also point you just in case you haven't seen it.

324
00:55:46.500 --> 00:55:49.260
Kevin McAvey: A couple of months ago we put out care management.

325
00:55:49.500 --> 00:56:01.560
Kevin McAvey: system guidance, if there are folks on the call who are trying to figure out where they should be procuring their systems from in the advantages and disadvantages of both and the requirements of those systems and hopefully this guidance will provide a little bit.

326
00:56:03.060 --> 00:56:03.840
Kevin McAvey: More clarity.

327
00:56:04.680 --> 00:56:09.030
Kevin McAvey: But please let us know in the chat if if that answers your question, or if you're in any any follow ups.

328
00:56:09.120 --> 00:56:10.380
Kevin McAvey: But i'll pass back to you john.

329
00:56:12.510 --> 00:56:13.230
Kevin McAvey: Thanks Kevin.

330
00:56:13.770 --> 00:56:27.570
Jonathan DiBello: We have a few questions for vic So the first one, I think one person was just asked him to clarify what the file name that contains the beneficiary enrollment data so what's the name of that file.

331
00:56:28.860 --> 00:56:34.800
Vikas Gupta: It is the beneficiary assignment interface, that is, the interface name.

332
00:56:34.830 --> 00:56:35.910
That we will use.

333
00:56:37.050 --> 00:56:43.530
Vikas Gupta: Between the Taylor plans and the Amish plus practices in the cms or they're affiliated CIS.

334
00:56:46.620 --> 00:57:03.090
Jonathan DiBello: Thank you vic will keep going with the questions for you, so another question was what's the expectation for data sharing frequency from mh pluses or cma is all for the to tps for the patient risk file.

335
00:57:04.980 --> 00:57:07.830
Vikas Gupta: It is all mentioned in the document.

336
00:57:07.980 --> 00:57:09.150
Jonathan DiBello: That I have shared.

337
00:57:10.020 --> 00:57:12.180
Vikas Gupta: For the patient res file and i'm.

338

00:57:12.210 --> 00:57:14.010
Vikas Gupta: Speaking just based on my.

339
00:57:14.550 --> 00:57:17.970
Vikas Gupta: Knowledge I think it's a it's a monthly file at least
monthly file.

340
00:57:18.810 --> 00:57:28.170
Vikas Gupta: that they will have to share so same frequency for both and
what the department is also doing in Basically, they will be publishing a
deployments can you.

341
00:57:28.620 --> 00:57:37.110
Vikas Gupta: which will try to clarify and standardized when the tps are
sharing this file so standardizing the day of the month, they will be
sharing and then, when the.

342
00:57:37.920 --> 00:57:48.930
Vikas Gupta: Amish plus and cms sharing it back with the dp so that way
it's consistent, you know the you're going to get it at a certain day of
the month, and then you will revert it back on a certain day of the month
as well.

343
00:57:51.030 --> 00:58:01.950
Jonathan DiBello: I think we have time for one final quick question are
the our claims being processed through and see tracks for teepees and
baylor care management.

344
00:58:04.590 --> 00:58:07.560
Vikas Gupta: know the tailored plans once.

345
00:58:07.620 --> 00:58:08.790
Vikas Gupta: We are live with.

346
00:58:08.820 --> 00:58:09.150
Vikas Gupta: Taylor.

347
00:58:09.180 --> 00:58:22.800
Vikas Gupta: plans and the beneficiaries of transition, but dilip plans
claims will be processed through their own system, so the providers will
have to submit it to the tailored plan and see tracks will no longer be
processing those Games.

348
00:58:24.960 --> 00:58:38.760

Jonathan DiBello: Okay, so that does it for the question that we have time for today I thanks everyone for their participation, if we could bring this slide back up, and I think i'm going to turn it over to Glenn just to.

349
00:58:40.020 --> 00:58:41.940
Jonathan DiBello: Give a few closing remarks.

350
00:58:46.440 --> 00:58:51.150
Gwendolyn Sherrod: Well, thank you all for attending today and we.

351
00:58:52.530 --> 00:59:14.070
Gwendolyn Sherrod: hope that you have a greater understanding of the data specification just wanted to remind you that if you have any any further questions you can send them to us at our on our Taylor career management medicaid Taylor care management got D H H S, but in c.gov.

352
00:59:16.140 --> 00:59:31.950
Gwendolyn Sherrod: email address, and we will make every effort to get you be to answer your questions, thank you, and thanks for adding for showing showing slide.

353
00:59:33.930 --> 00:59:50.490
Gwendolyn Sherrod: So medicaid Taylor care management at DHS that mp.gov and our table care management web page is on the medicaid website under under Taylor care management Thank you all, and we look forward to seeing you.

354
00:59:51.690 --> 00:59:56.040
Gwendolyn Sherrod: On the 13th for our next.

355
00:59:58.710 --> 00:59:59.550
Gwendolyn Sherrod: For our next.

356
01:00:02.130 --> 01:00:02.760
Kevin McAvey: The 10th.

357
01:00:03.240 --> 01:00:06.570
Gwendolyn Sherrod: The 10th Okay, I was I didn't have a calendar in front of me.

358
01:00:06.870 --> 01:00:09.360
Gwendolyn Sherrod: Know We look forward to seeing you on the 10th.

359
01:00:09.390 --> 01:00:10.830
Gwendolyn Sherrod: Thank you Kevin persistence.

360
01:00:11.940 --> 01:00:12.990
Gwendolyn Sherrod: And you have a great day.

361
01:00:16.620 --> 01:00:18.570
Mario Schiavi: Thanks for joining you may now disconnect.