

Tailored Care Management Technical Support Education Series

Session 1: March 10th, 2022

Agenda

- Tailored CM Provider Reminders & Clarifications: Care Management Platform & EHRs
- Care Management Data Flow
- Data Specifications Review:
 - Beneficiary Assignment
 - Medical, Pharmacy & Dental Claims & Encounters
 - Pharmacy Lock-in

**Tailored CM Provider Reminders & Clarifications:
Care Management (CM) Platform & EHRs**

Tailored CM Provider Reminders & Clarifications: CM Platform & EHRs

EHRs DO NOT need to integrate with their care management platforms:

- Providers are required to have an EHR.
- EHRs **DO NOT** need to be certified nor do they need to integrate with the CM Platform to meet Tailored CM data requirements.

EHRs DO NOT need to connect with an HIE:

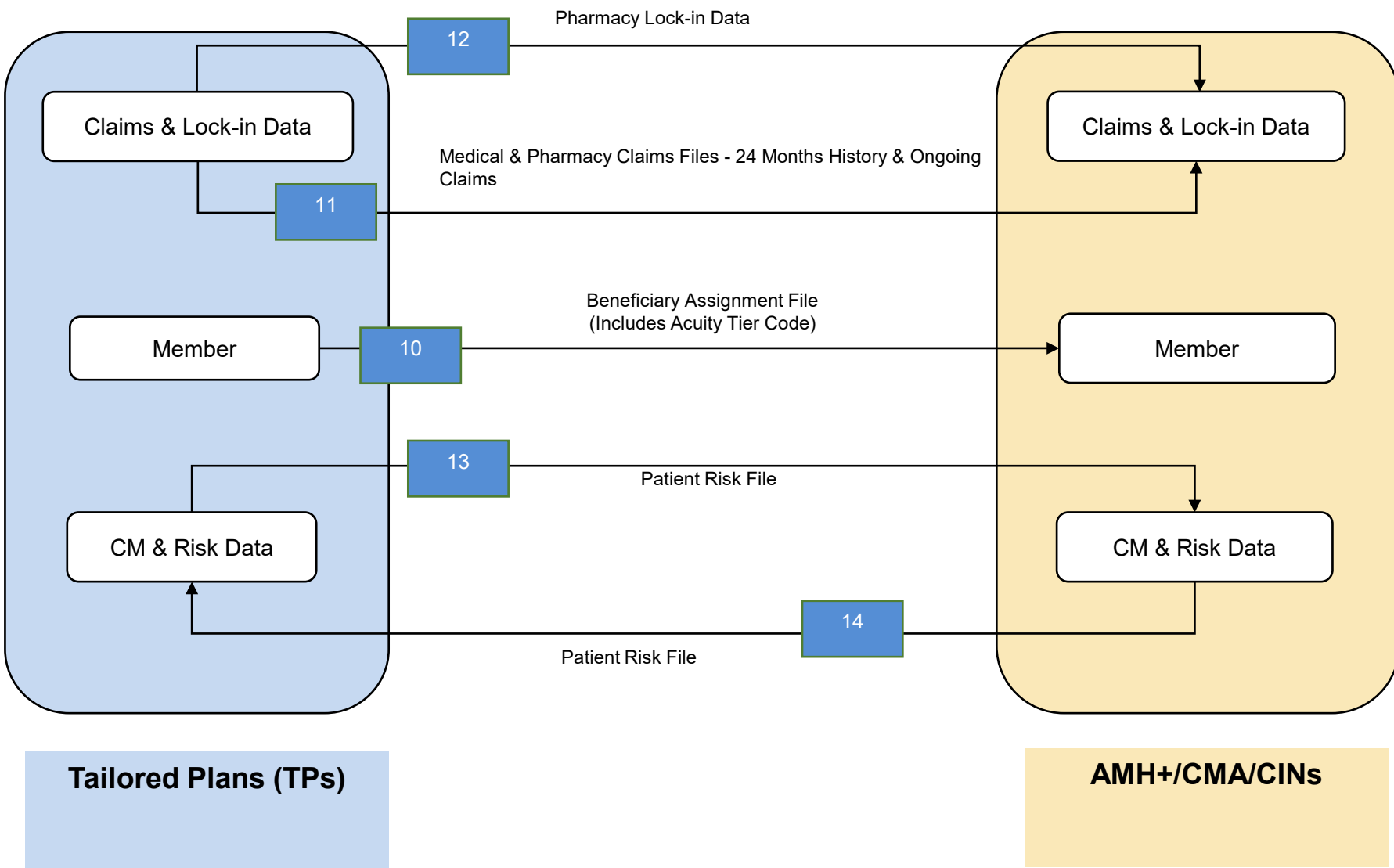
- Provider's EHRs are **NOT** required to connect to an HIE to meet Tailored CM data requirements.

EHRs DO NOT need to receive ADT feeds

- Providers are required to receive ADT feeds, but these can be accessed through the CM Platform or other applications.
- Most ADT-based alert notification tools have multiple non-EHR based options for users to access and receive alerts.
- For example, NC HIEA's HealthConnex NC*Notify subscribers have the following alternatives:
 - Notifications via the NC*Notify Dashboard, a web portal accessed via the NC HealthConnex clinical portal
 - Notification flat files that can be delivered as batches of alerts, at a frequency mutually agreed upon during onboarding
 - HL7 v2 messages that can be delivered as soon as they are processed by NC HealthConnex
 - Direct integration with some electronic health records (EHR) using XDR encoded messages
 - Notifications delivered via DSM as individual messages with the full alert details
 - [Full List of Notification Methods and Additional NC*Notify NE HealthConnex Documentation](#)

High-Level Care Management Data Flow

High-Level Care Management Data Flow (2/2)



Beneficiary Assignment: Data Specifications

The Beneficiary Assignment file includes demographic data and any clinically relevant and available eligibility information on beneficiaries (i.e. name, address, phone, contact info, race, ethnicity, gender, date of birth).

File Scope:

- Both active and future beneficiary assignments
- Information on assignment changes/terminations

File Source & Target:

- Source: BH I/DD TPs
- Target: Contracted AMH+ practices/CMAs and/or their affiliated CINs

File Delivery Frequency:

- Full: Weekly on Sunday between 8:00 PM and 11:59 PM
- Incremental: Daily between 8:00 PM and 11:59 PM

File Layout:

Flat file layout using 834 EDI Enrollment as a baseline

File Type:

Pipe Delimited Double Quote Qualified file
|"ABCD"|"2019-12-01"|".....

File Link:

Please see Data Specifications & Requirements for sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support Tailored Care Management guidance document on the NC Medicaid website - [Link](#)

Beneficiary Assignment (BA) File Layout Snapshot

STEP 10

	834 Loo	834 Segmer	REF DE #	Data Element	Max Length	Notes	Standard Plan	Tailored Plan
Header Record				PHP ID	3		x	x
				PHP Name	20		x	x
				Full vs Incremental	1	F- Full; I=Incremental;	x	x
				File Name	3	ELG	x	x
				File Type	1	D- Pipe Delimited, Double Quote Qualified PSV File	x	x
				Version/Release	5	V2.00	x	x
				Create Date	8	YYYYMMDD	x	x
				Create Time	10	HH:MM:SS	x	x
			Number of Records	10	#####	x	x	
	2000	REF02	127	CNDS ID	50		x	x
Demographics	2100A	NM103	1035	Member Last Name	60	PHP's are expected to send current member demographic information	x	x
	2100A	NM104	1036	Member First Name	35		x	x
	2100A	NM105	1037	Member Middle Name	25		x	x
	2100A	NM106	1038	Member Name Prefix	10		x	x
	2100A	NM107	1039	Member Name Suffix	10		x	x
	2100A	DMG02	1251	Member DOB	35		x	x
	2000	INS12	1251	Member DOD	35		x	x
	2100A	DMG03	1068	Member Gender Code	1		x	x
	2100A	DMG03	1068	Member Gender Desc	20		x	x
	2100A	PER04	364	Member Phone Number	256		x	x
Residential Address	2100A	N301	166	Member Address Line1	55	PHP's are expected to send current residential address information	x	x
	2100A	N302	166	Member Address Line2	55		x	x
	2100A	N401	19	Member City Name	30		x	x
	2100A	N402	156	Member State Code	2		x	x
	2100A	N403	116	Member ZIP Code	15		x	x
	2100A	N406	310	Member County Code	30		x	x
Mailing Address	2100C	N301	166	Member Mailing Address Line1	55	PHP's are expected to send current mailing address information	x	x
	2100C	N302	166	Member Mailing Address Line2	55		x	x
	2100C	N401	19	Member Mailing City Name	30		x	x
	2100C	N402	156	Member Mailing State Code	2		x	x
	2100C	N403	116	Member Mailing ZIP Code	15		x	x

Beneficiary Assignment (BA) File Layout Snapshot (2/2)

STEP 10

	834 Loo	834 Segmer	REF DE #	Data Element	Max Length	Notes	Standard Plan	Tailored Plan
AMH Address				AMH Address Line2	55		x	x
				AMH City	30		x	x
				AMH State	2		x	x
				AMH ZIP Code	15		x	x
				AMH Contact Number	256		x	x
Maintenance Type Code	2000	INS03		Maintenance Type Code	3	'001' is sent if there is a change or an update to the Recipient record '021' is sent for new Recipients '024' is sent when a Recipient is terminated	x	x
New Eligibility Indicator				New Eligibility Indicator	1	'Y' for New eligibility segment, otherwise 'N'	x	x
Additional Provider Details	2310	NM107	1039	AMH/PCP Service Location Code	3	Provider Service Location Code (Source of Truth: NC Tracks)	x	x
				PHP AMH/PCP Type & Tier	4	PHP Provider Type: PCP or AMH. If AMH then include their AMH Tier. Valid Values: PCP, AMH1, AMH2 & AMH3. PHPs should be populating the AMH Tier based on their contracted tier with the AMH.	x	x
Tribal Option Indicators	2310	NM106	127	Tribal Option Indicator	1	Valid Values: 'Y' for Yes, otherwise 'N'	x	x
	2300	REF02	127	Indian Health Service Indicator	1	Valid Values: 'Y' for Yes, otherwise 'N'	x	x
Acuity Tier Level				Acuity Tier Code	5	Valid Values: BH01, BH02, BH03, UN01, IDD01, IDD02, IDD03		x
				Acuity Tier Description	10	Valid Values: BH High, BH Medium, BH Low, Undefined, IDD High, IDD Medium, IDD Low		x
				Acuity Tier Assignment Date	8	YYYYMMDD		x
				Acuity Tier Effective Date	8	YYYYMMDD		x
				Acuity Tier End Date	8	YYYYMMDD. High Date of 12/31/9999 reflects no end date		x
Tailored Care Management Entity Assignment	2310			TCM NPI		NPI / ATY (Source of Truth: NC Tracks)		x
	2310			TCM Service Location Code	3	(Source of Truth: NC Tracks)		x
	2310			TCM Begin Date	8	YYYYMMDD - Date TCM assignment is effective for the Beneficiary		x
	2310			TCM End Date	8	YYYYMMDD - Date TCM assignment ends for the Beneficiary		x
				PHP TCM Type	4	Valid Values: AMH+/CMA PHPs should be populating the TCM Type based on their contracted status and the information they receive from NC Tracks.		x
				TCM Address Line1	55	TCM Entity Contact Information		x
				TCM Address Line2	55			x
				TCM City	30			x
			TCM State	2			x	
			TCM ZIP Code	15			x	
			TCM Contact Number	256			x	

Medical, Pharmacy, & Dental Claims & Encounters Data Specifications

The BH I/DD TPS will receive historic claims information on all of their assignment members (date of service, diagnosis, CPT/procedure codes, provider ID) and this information is used for Tailored Care Management risk algorithms and day to day care management.

File Scope:

- Paid and denied Medical and Pharmacy Encounters
- 1st full file should include 24 months of historical paid and denied Medical, Dental, and Pharmacy Claims

File Source & Target:

- Source: BH I/DD TPS
- Target: Contracted AMH+ practices/CMAAs and/or their affiliated CINs

File Delivery Frequency:

- At least monthly. 1st full and ongoing weekly incremental files should be sent every Sunday between 8:00 PM and 11:59 PM
- Monthly files should be sent on the first Sunday of the month

File Layout:

Standard 837 X12 Professional & Institutional flat file formats

File Type:

Pipe Delimited Double Quote Qualified file
|"ABCD"|"2019-12-01"|".....

File Link:

Please see Data Specifications & Requirements for sharing Historical and Current Claims & Encounters Data to Support Tailored Care Management guidance document on the NC Medicaid website – [Link](#).

Note: Medical Claims, Pharmacy Claims, Dental Claims, Medical Encounter, and Pharmacy Encounters are all separate files and will be sent individually.

	837P Loop	837P Element	REF DE	Data Element	Maximum Length	Notes	NCTracks Field
Header Information				PHP ID	3		
				PHP Name	20		
				Full vs Incremental	1	F- Full; I=Incremental;	
				File Name	3	PRO	
				File Type	1	D- Pipe Delimited, Double Quote Qualified PSV File	
				Version/Release	5	V1.01	
				Create Date	8	YYYYMMDD	
				Create Time	10	HH:MM:SS	
Transaction Information				Number of Records	10	#####	
				Transaction Control Number	50		C-TCN-NUM
				Transaction Count	4	Total number of lines	C-TOT-LI-CNT
	2300	K301		Claim Header Status Code	1		C-HDR-STAT-CD
2000A	PRV03	127	Provider Taxonomy Code	50		C-BLNG-TAXON-CD	
Billing Provider Information	2010AA	NM103	1035	Billing Provider Last or Organizational Name	60		C-BLNG-PROV-NAM
	2010AA	NM104	1036	Billing Provider First Name	35		
	2010AA	NM105	1037	Billing Provider Middle Name	25		
	2010AA	NM107	1039	Billing Provider Name Suffix	10		
	2010AA	NM109	67	Billing Provider Identifier	80		C-BLNG-NPI-NUM
	2010AA	N301	166	Billing Provider Address Line	55		C-BLNG-ADDR-1
	2010AA	N302	166	Billing Provider Address Line	55		C-BLNG-ADDR-2
	2010AA	N401	19	Billing Provider City Name	30		C-BLNG-CITY
	2010AA	N402	156	Billing Provider State or Province Code	2		C-BLNG-ST-CD
	2010AA	N403	116	Billing Provider Postal Zone or Zip Code	15		C-BLNG-PSTL-CD
	2010AA	N404	26	Billing Provider Country Code	3		
	2010AA	PER02	93	Billing Provider Contact Name	60		
	2000B	SBR03	127	Subscriber Group or Policy Number	50		
	2000B	SBR04	93	Subscriber Group Name	60		
	2000B	SBR05	1336	Insurance Type Code	3		
	2000B	PAT 06	1251	Insured Individual Death Date	8		C-DOD-DT
	2000B	PAT 08	81	Patient Weight	10		

	837P Loop	837P Element	REF DE	Data Element	Length	Notes	NCTracks Field
Context				PHP ID	3		
				PHP Name	20		
				Full vs Incremental	1	F- Full; I=Incremental;	
				File Name	3	PRO	
				File Type	1	D- Pipe Delimited, Double Quote Qualified PSV File	
				Version/Release	5		
				Create Date	8	YYYYMMDD	
				Create Time	10	HH:MM:SS	
				Number of Records	10	#####	
Transaction Information				Transaction Control Number	50		C-TCN-NUM
	2400	LX01	554	Line Number	6		C-LI-NUM
	2300	K301		Claim Header Status Code	1		C-HDR-STAT-CD
	2400	PWK06		Line Status Code	1		C-LI-STAT-CD
	2300	CLM05-3	1325	Claim Frequency Code	1		C-ADJ-VOID-CD
Service Line Level Information	2400	SV101-2	234	Procedure Code	48		R-PROC-CD
	2400	SV101-3	1339	Procedure Modifier 01	2		C-PROC-MOD-1ST-CD
	2400	SV101-4	1339	Procedure Modifier 02	2		C-PROC-MOD-2ND-CD
	2400	SV101-5	1339	Procedure Modifier 03	2		C-PROC-MOD-3RD-CD
	2400	SV101-6	1339	Procedure Modifier 04	2		C-PROC-MOD-4TH-CD
	2400	SV101-7	352	Description	80		
	2400	SV103	355	Unit or Basis for Measurement Code	2		
	2400	SV104	380	Service Unit Count	15		C-LI-SUBM-UNT-NUM
	2400	SV105	1331	Place of Service Code	2		C-PLC-OF-SRV-CD
	2400	SV107-1	1328	Diagnosis Code Pointer 01	2		C-DIAG-PTR-1-CD
	2400	SV107-2	1328	Diagnosis Code Pointer 02	2		C-DIAG-PTR-2-CD
	2400	SV107-3	1328	Diagnosis Code Pointer 03	2		C-DIAG-PTR-3-CD
	2400	SV107-4	1328	Diagnosis Code Pointer 04	2		C-DIAG-PTR-4-CD
	2400	SV109	1073	Emergency Indicator	1		C-LI-EMRGCY-CD
	2400	SV111	1073	EPSDT Indicator	1		C-LI-EPSDT-IND
	2400	SV112	1073	Family Planning Indicator	1		C-LI-FAM-PLNG-IND
	2400	SV501-2	234	Procedure Code	48		

Pharmacy Lock-in Data Specifications

The Pharmacy Lock-in file includes current Pharmacy Lock-in assignments for beneficiaries. NC Medicaid lock-in program limits identified patients for a 12-month period to 1 prescriber and 1 pharmacy for benzodiazepine, opiate, and certain anxiolytic prescriptions in order to prevent misuse and reduce overutilization. The files contains data including: member ID, lock-in dates, lock-in type, NPI of provider or pharmacy.

File Scope:

- Current Pharmacy lock-in assignments for all beneficiaries

File Source & Target:

- Source: BH I/DD TPs
- Target: Contracted AMH+ practices/CMAs and/or their affiliated CINs

File Delivery Frequency:

- Weekly full files
- Weekly full files should be sent every Sunday between 8:00 PM and 11:59 PM

File Layout:

The Department has developed a flat file layout for sharing Pharmacy lock-in data

File Type:

Pipe Delimited Double Quote Qualified file
|"ABCD"|"2019-12-01"|".....

File Link:

Please see Data Specifications & Requirements for sharing Beneficiary Assignment and Pharmacy Lock-in Data to Support Tailored Care Management guidance document on the NC Medicaid website - [Link](#)

Field Name	Type	Max Length	Definition	Default	ATT.	Valid values
RECORD IDENTIFIER	A/N	2	Unique record type 00- Header Record	01	M	
PHPID	A	10	PHPID	NONE	M	
Field Name	Type	Length	Definition	Default	ATT.	Valid values
RECORD IDENTIFIER	A/N	2	Unique record type 01- Detail Record	01	M	
Card Holder ID	A/N	11	The ID number assigned to the cardholder	NONE	M	
Lock-in Type Code	A/N	3	Lock type code identifies if the recipient locked into Prescriber/ Pharmacy	NONE	M	PH1,PR1, PH2,PR2
NPI	A/N	10	Prescriber / Pharmacy NPI based on lock-in type code	NONE	M	
Effective Date*	N	10	The effective date of the lock-in period.(Transaction segment)	NONE	M	
Termination date*	N	10	Termination date of lock-in period. (Transaction segment)	NONE	M	
Lock-in status code	A	1	Lock-in status code	NONE	M	A (active) / I Inactive (I) /C (Change)
Lock-in Start Date*	A	10	Start of the lock-in period.	NONE	M	
Lock-in End Date*	A	10	End of the lock-in period.	NONE	M	
Filler	A	13	Future Usage	Spaces	O	
Field Name	Type	Length	Definition	Default	ATT.	Valid values
RECORD IDENTIFIER	A/N	2	Unique record type 99- Trailer Record	99	M	
RECORD COUNT	N	8	Count of detail records submitted. This count excludes the trailer record.	NONE	M	

Questions

Tailored Care Management Technical Support Education Series will continue next week with Session 2.

Date: March 17th, 2022

Duration: 1 ½ Hours; 11:30 AM – 1:00 PM

Agenda for Next Week:

- Data Specifications Review: Inbound and Outbound Patient Risk Files
- Care Management Report Review
- Testing and Readiness Expectations