Tailored Care Management Technical Support Education Series
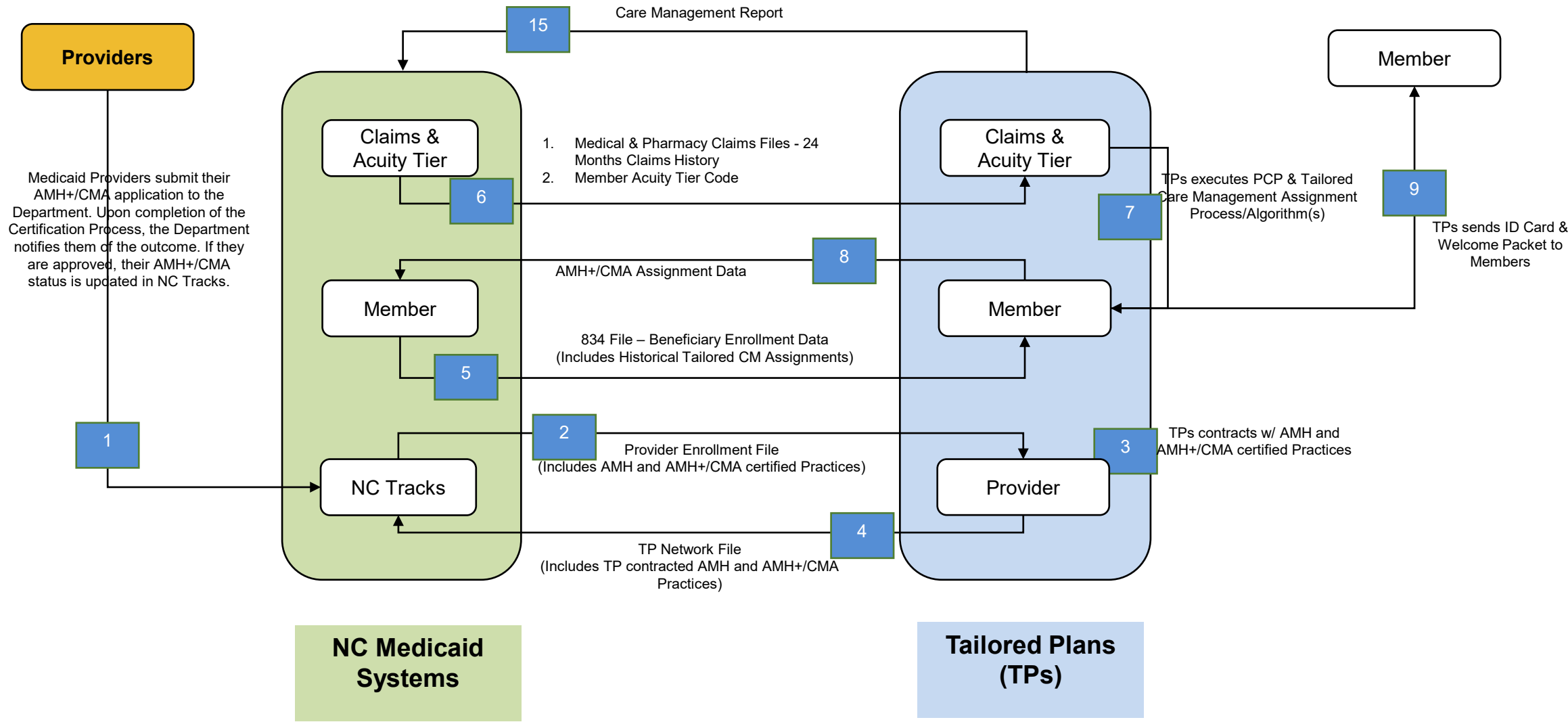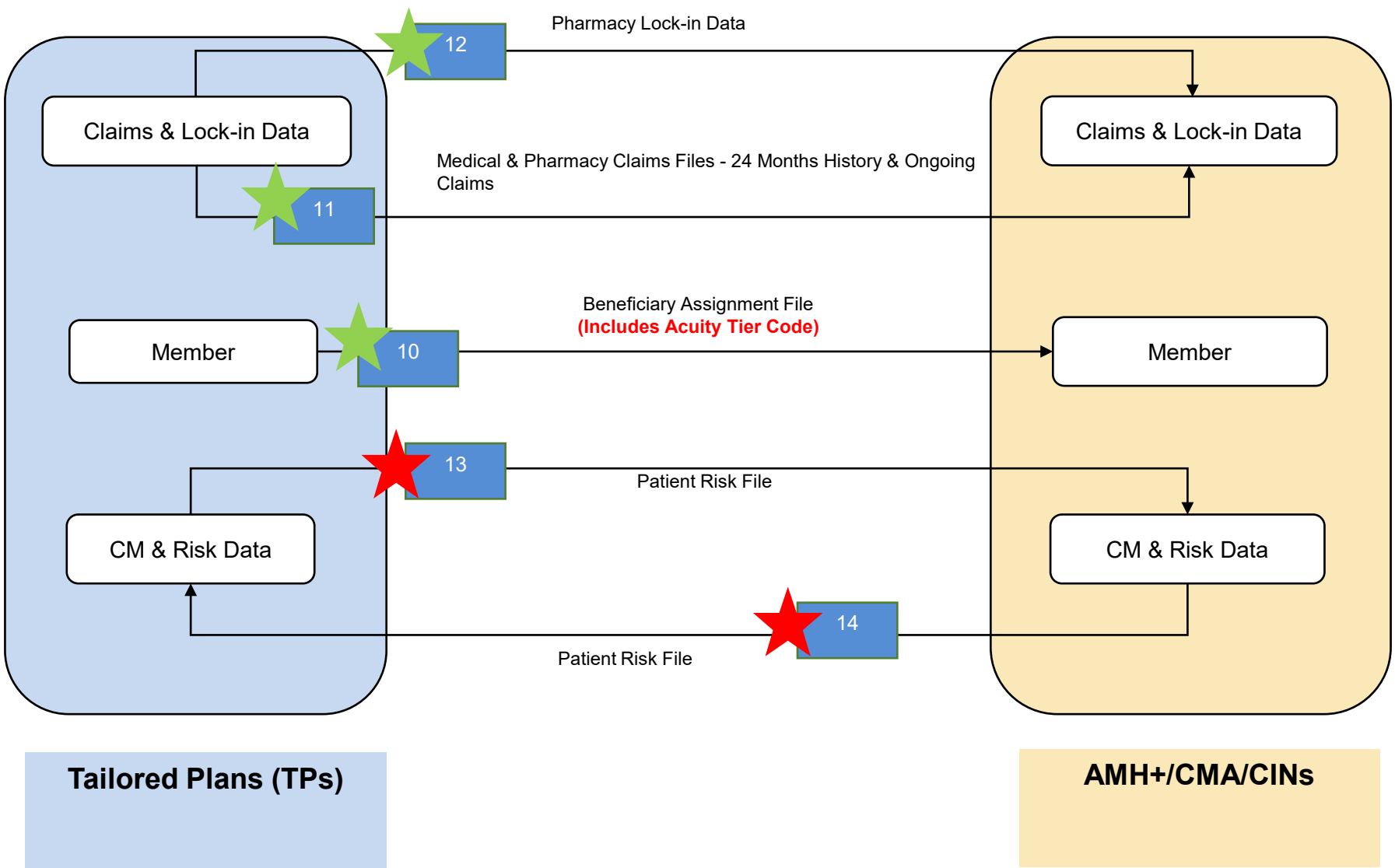
Session 2: March 17th, 2022

Agenda

- Session 1 Recap

- Data Specifications Review:

    - Care Management Interface

    - Patient Risk Files

- Testing Expectations for Standardized Interfaces

Session 1 Recap

High-Level Care Management Data Flow

Providers

1 — Medicaid Providers submit their AMH+/CMA application to the Department. Upon completion of the Certification Process, the Department notifies them of the outcome. If they are approved, their AMH+/CMA status is updated in NC Tracks.

NC Medicaid Systems

Claims & Acuity Tier

Member

NC Tracks

15 — Care Management Report

6
1. Medical & Pharmacy Claims Files - 24 Months Claims History
2. Member Acuity Tier Code

8 — AMH+/CMA Assignment Data

5 — 834 File – Beneficiary Enrollment Data (Includes Historical Tailored CM Assignments)

2 — Provider Enrollment File (Includes AMH and AMH+/CMA certified Practices)

4 — TP Network File (Includes TP contracted AMH and AMH+/CMA Practices)

Tailored Plans (TPs)

Claims & Acuity Tier

Member

Provider

7 — TPs executes PCP & Tailored Care Management Assignment Process/Algorithm(s)

3 — TPs contracts w/ AMH and AMH+/CMA certified Practices

Member

9 — TPs sends ID Card & Welcome Packet to Members

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

Care Management Interface: Data Specifications
(Acuity Tier Data Sharing)

Care Management Interface - Data Specifications

Acuity tiering information will inform Tailored CM payment and will serve as the primary risk stratification methods used by BH I/DD TPs to differentiate member needs during the early years of the Tailored CM. This information goes to AMH+/CMAs and their associated CINs on the BA file (Step 10)

File Scope:

- Current and 24 months of Acuity Tiering Data for beneficiaries enrolled with Tailored Plans receiving this data

File Source & Target:

- Source: NC Tracks
- Target: BH I/DD TPs

File Delivery Frequency:

- Full: 1st Sunday of each month between 8.00 AM and 5.00 PM
- Weekly incremental files on every Sunday between 8.00AM and 11.59 AM.
- 1st Sunday of each month both Full and incremental files.

File Layout:

Flat file layout referred to as Care Management interface for sharing Acuity Tier Data

File Type:

Fixed width text file (.txt)

Care Management Interface - File Layout Snapshot

Field	Format	Size	Start	End	Notes
Member CNDS ID	A/N	14	1	14	Required Field
TCM AT Code	A/N	5	15	19	Required Field
TCM AT Effective Start date	Date	10	20	29	Required Field-YYYY-MM-DD
TCM AT End date	Date	10	30	39	Required Field-YYYY-MM-DD
TCM AT Code Description	A/N	10	40	49	Required Field
Filler	N.A	31	50	80	For future expansion, if needed

Population Classification	Acuity Tier Code	Acuity Tier Description
Varchar(10)	Varchar(5)	Varchar(10)
BH	BH03	BH High
	BH02	BH Medium
	BH01	BH Low
UN	UN01	Undefined (Default Acuity Tier Code)
IDD	IDD03	IDD High
	IDD02	IDD Medium
	IDD01	IDD Low

Patient Risk List (TPs to AMH+/CMAs): Data Specifications

Patient Risk List (TPs to AMH+/CMAs) – Data Specifications

The Patient Risk File (PRL) is a member level interface between Tailored Plans and AMH+s/CMAs/CINs.
The PRL allows the TPs to share if member has High/Medium/Low needs to help with stratification within the member acuity tier. The PRL also has a free from risk evidence text field where TPs can share other information i.e., member has multiple ED visits etc. Plans and visits).

File Scope:

- Beneficiaries assigned to AMH+ practices, CMA's and/or their CINs
- Should align with beneficiary assignment file.

File Source & Target:

- **Source: Tailored Plans (TPs)**
- Target: AMH+ practices/CMAs and/or their affiliated CINs

File Delivery Frequency:

- Full: Monthly on 26th of each month between 8:00 PM and 11:59 PM
- Incremental if needed: Every Sunday between 8:00 PM and 11:59 PM

File Layout:

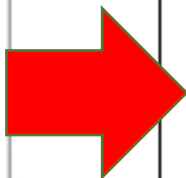Flat file layout for sharing Patient List/Risk Score data.
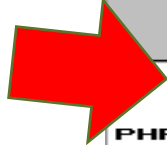
File Type:

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

File Link:

Please see Data Specifications & Requirements for sharing Patient Risk List Data to Support Tailored Care Management guidance document on the NC Medicaid website - Link

	Data Element	Maximum Length	Definition/Metadata	(M)andatory/(S)ituational/(O)ptional	Instructions/Guidance to Populate the data	(M)andatory/(S)ituational/(O)ptional	Instructions/Guidance to Populate the data
			File Layout & Definitions	**Source = Tailored Plan**		**Source = AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs)**	
Header Information	PHP ID	4	NC Medicaid assigned PHP identifier	M	Please refer to the definition column and populate accordingly	M	This should be populated with the PHP ID who is the target for this file and all members included in this file should be assigned to that PHP. The ID should match with the PHP ID that AMH/AMH+/CMA/CIN receives from the PHP in their
	PHP Name	20	PHP Name	M	Please refer to the definition column and populate accordingly	M	This should be populated with the PHP name who is the target for this file. The Name should match with the PHP name that AMH/AMH+/CMA/CIN receives
	Full vs Incremental	1	F= Full, I=Incremental	M	Please refer to the definition column and populate	M	Please refer to the definition column and populate accordingly
	File Name	70	Please refer to the Data specifications document	M	Please refer to the definition column and populate	M	Please refer to the definition column and populate accordingly
	File Type	1	D- Pipe Delimited, Double Quote Qualified CSV File	M	Please refer to the definition column and populate	M	Please refer to the definition column and populate accordingly
	Version/Release	5	2.0	M	Please refer to the definition column and populate	M	Please refer to the definition column and populate accordingly
	Create Date	8	YYYYMMDD	M	Please refer to the definition column and populate	M	Please refer to the definition column and populate accordingly
	Create Time	10	HH:MM:SS	M	Please refer to the definition column and populate	M	Please refer to the definition column and populate accordingly
	Number of Records	10	#########	M	Please refer to the definition column and populate	M	Please refer to the definition column and populate accordingly
	CNDS ID	50	Medicaid ID	M	Please refer to the definition column and populate	M	Please refer to the definition column and populate accordingly
	Maintenance Type Code	3	'001' is sent if there is a change or an update to an existing patient record '021' is sent for new patients '000' is sent if existing record with	M	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Priority Population 1	3	The priority care management population that the member falls into based on Plan or DHHS stratification. **Valid Values:** 000 = Null 001 = CMARC 002 = CMHRP 003 = LTSS 004 = Unmet Resources 005 = Adults and Children with Special Health Care Needs 006 = Rising Risk 007 = Other Priority Population 008 = Transitioning Member 009 = InCK SIL 1 010 = InCK SIL 2 011 = InCK SIL 3 012 = NICU Referral 013 = Healthy Opportunities Pilot	O	Please refer to the definition column and populate accordingly	O	Populate with data received from PHPs
	Priority Population 2	3	The priority care management population that the member falls into based on Plan or DHHS stratification. **Valid Values:** 000 = Null 001 = CMARC 002 = CMHRP 003 = LTSS 004 = Unmet Resources	O	Please refer to the definition column and populate accordingly	O	Populate with data received from PHPs

File Layout & Definitions			Source = Tailored Plan		Source = AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs)	
PHP Risk Profile	PHP Risk Score Category	3	The risk level that the member falls into (high, medium, low) based on the Plan's risk algorithm. **Valid Values:**	O	Please refer to the definition column and populate accordingly	O	Populate with data received from PHPs
	PHP Risk Evidence	255	Additional information describing member risk that the Plan wishes to share (i.e. sickle cell, high ED utilization, homelessness)	O	Please refer to the definition column and populate accordingly	O	Populate with data received from PHPs
CM Entity Risk Profile & Interactions	CM Entity Risk Score Category	3	The risk level that the member falls into (high, medium, low) based on the AMH's or Tailored Care Management Provider risk algorithm. **Valid Values:** H = High; M = Medium; L = Low;	O	If populating then populate with data received from AMH Tier 3/AMH+ practices, CMAs or their affiliated Clinically Integrated Networks (CINs)	O	Please refer to the definition column and populate accordingly
	Assigned CM Entity	80	Assigned Entity performing CM services. This should match with the NPI in the State Provider	O	Care Management Entity NPI	M	Please refer to the definition column and populate accordingly
	Number of CM Interactions	10	Total number of beneficiary CM interactions completed in the reporting month	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Number of Face to Face Encounter	10	Total number of face to face beneficiary interactions completed in the reporting month	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Date Comprehensive Assessment Completed	8	The date that a Comprehensive Assessment was completed for a beneficiary YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Care Plan Created (Y/N)	1	Identifies if a Care Plan has or has not yet been created	O	Please refer to the definition column and populate	M	Please refer to the definition column and populate accordingly
	Date Care Plan Created	8	The date that a Care Plan was created for a beneficiary YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Date Care Plan Updated	8	The date that a Care Plan was most recently updated for a beneficiary	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Date Care Plan Closed	8	The date that a Care Management episode was closed for a beneficiary. This should align with end-dating a care plan.	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly
	Date Care Manager Assigned	8	The date that a beneficiary's last/current Care Manager was assigned. YYYYMMDD	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly.
	Initial Care Manager Outreach Date	8	The date that a Care Manager first attempted outreach to a beneficiary.	O	Please refer to the definition column and populate accordingly	M	Please refer to the definition column and populate accordingly.
	Name of Care Manager Assigned	30	The name of the last/current Care Manager assigned to a beneficiary during the reporting	O	Please refer to the definition column and populate accordingly	M for InCK beneficiaries only	Please refer to the definition column and populate accordingly.
	Phone Number for Care Manager Assigned	12	The phone number of a beneficiary's last/current Care Manager.	O	Please refer to the definition column and populate accordingly	M for InCK beneficiaries only	Please refer to the definition column and populate accordingly
	Email for Care Manager Assigned	100	The email address of a beneficiary's last/current Care	O	Please refer to the definition column and populate	M for InCK beneficiaries only	Please refer to the definition column and populate accordingly
	Date Shared Action Plan Created	8	The date that a Shared Action Plan was created for an SIL 3 InCK beneficiary. YYYYMMDD	O	Please refer to the definition column and populate accordingly	M for InCK beneficiaries only	Please refer to the definition column and populate accordingly
	Assigned CM Entity Location Code	3	The location code of the AMH that performed the care	O	Please refer to the definition column and populate	M	Please refer to the definition column and populate accordingly

Patient Risk List (AMH+/CMAs to TPs): Data Specifications

The Patient Risk File is a member level interface between Tailored Plans and AMH+s/CMAs/CINs. AMH+/CMAs/CINs will use the PRL to share information on the Care Management (CM) activity i.e., CM interactions, Care Plan creation and updates dates etc. with the TPs.

File Scope:

- Beneficiaries assigned to AMH+ practices, CMA's and/or their CINs
- Should align with beneficiaries BH I/DD TPs are sharing through beneficiary assignment file.

File Source & Target:

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

File Delivery Frequency:

- Full: Monthly on 7th of each month between 8:00 PM and 11:59 PM

File Layout:

Flat file layout for sharing Patient List/Risk Score data.
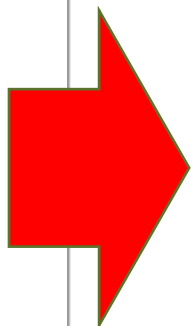
File Type:

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

File Link:

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	PHP Name	20	PHP Name	M	Please refer to the definition column and populate accordingly	M	This should be populated with the PHP name who is the target for this file. The Name should match with the PHP name that AMH/AMH+/CMA/CIN receives from
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InCK Fields
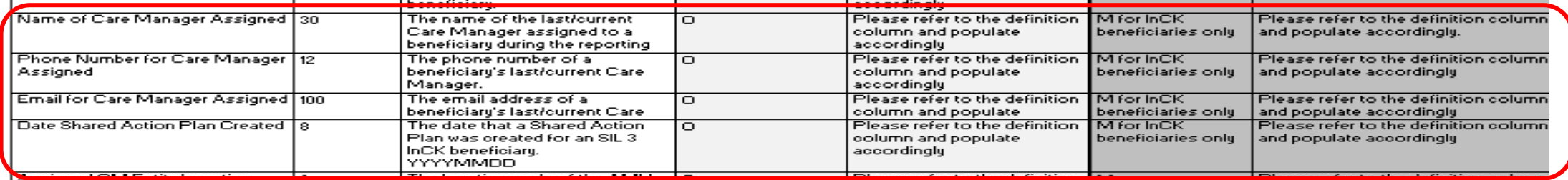
Testing Expectations for Standardized Interfaces

Prerequisites:

❑ Provider should be certified as an AMH+/CMA by the Department
❑ Provider should have an active AMH+ or CMA contract with one or more Tailored Plans.
❑ Provider should have completed development and unit testing of the Department defined standard interfaces.

What is Department managed End-to-End (E2E) Testing?

❑ As part of the overall Tailored Plan launch E2E testing. Department will work with TPs and will select at least 3 AMH+/CMA Providers or their affiliated CINs per Tailored Plan to participate in Department managed E2E testing.
❑ AMH+/CMA Providers or their affiliated CINs that will be participating in E2E testing are expected to complete their development, unit testing and basic integration testing with their TP partner by June 10th,2022 to participate in Department managed E2E testing.
❑ Department will communicate to Providers directly who are selected to participate in E2E testing. They will also need to sign a Data Use Agreement (DUA) for participation.

E2E Testing Schedule & Environment Setup:

❑ E2E testing is planned for two cycles:
- Cycle 1 Dates: June 20,2022 to August 15,2022
  - Scope: Test all standardized Tailored CM interfaces without any enrollment changes
- Cycle 2 Dates: August 18,2022 to September 14,2022
  - Scope: Test all standardized Tailored CM interfaces with & without enrollment changes

❑ E2E test environment(s) setup: TPs will work with their respective participation AMH+/CMA/CINs partners to setup the E2E test environment(s) and data exchange protocols prior to cycle 1 start date.

E2E Testing Expectations:

- ❑ TPs will share the test cases that their respective participation AMH+/CMA/CINs partners must execute for E2E testing.
- ❑ TPs will generate all standardized Tailored CM interfaces and deliver to participating AMH+/CMA/CINs.
- ❑ AMH+/CMA/CINs will ingest these files. They will share the test results with the TPs based on the test cases shared by their respective TP partner.
- ❑ TPs will validate test results and upload them to the Department test system. If any defects are found, TPs will work with the respective AMH+/CMA/CINs partner to address that and retest that function.
- ❑ Testing results will be validated by the Department and if approved test case will be closed. Testing will be marked as complete once all test cases have been tested successfully and results approved by the Department.

Testing Expectations for AMH+/CMA Providers not participating in E2E testing:

❑ Tailored Plans and their contracted AMH+/CMA Providers or their affiliated CINs are expected to work together to align on a development and testing schedule along with test cases that will be required to be executed to validate that all interfaces are working as expected.

❑ The Department will be tracking their plan and progress through a weekly report that each TP must submit to the Department.

❑ The Department will be publishing a deployment schedule for Tailored CM interfaces. All testing is expected to be complete at least 1 week prior to the launch date of an interface.

❑ TPs and their contracted AMH+/CMA Providers or their affiliated CINs are expected to setup their development and testing schedule to align with the launch date of each Tailored CM interface.

Questions