

Tailored Care Management Technical Support Education Series

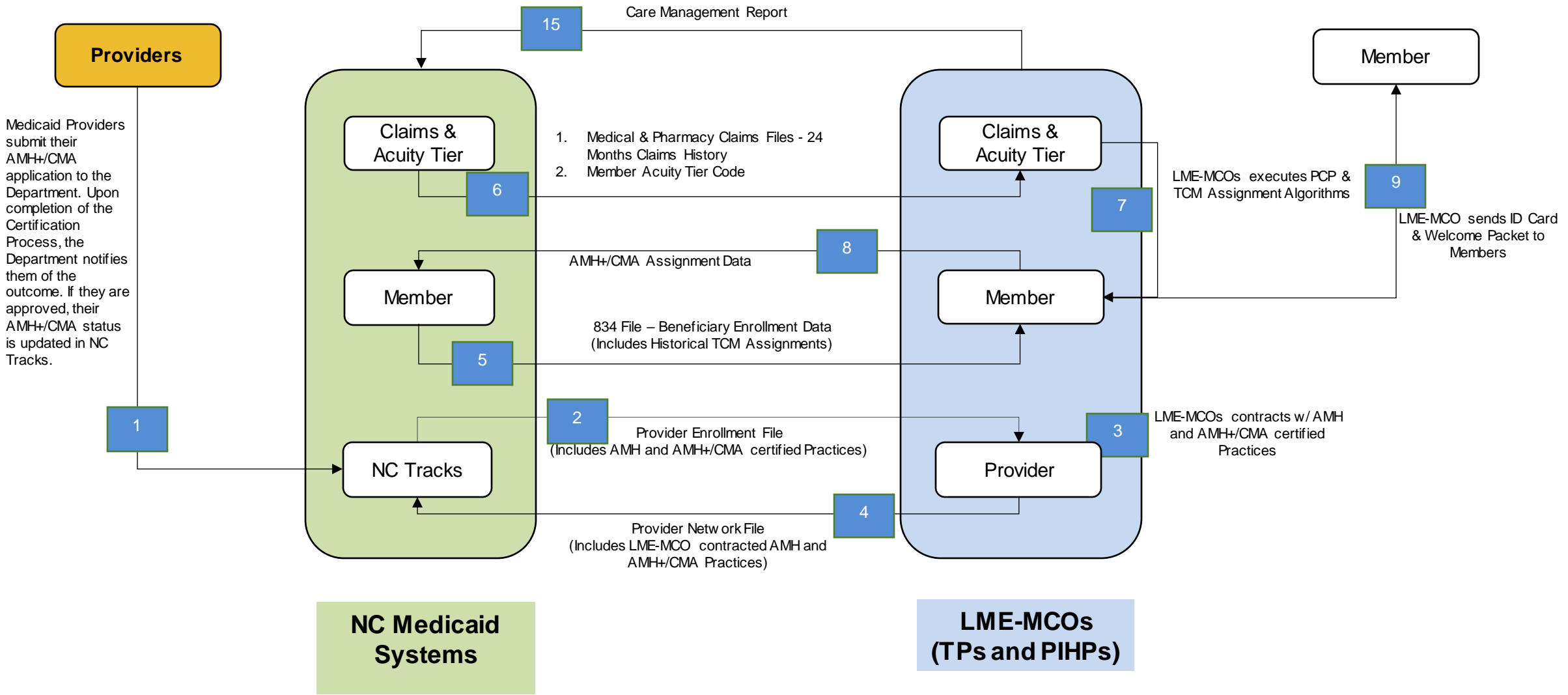
Session 1: May 9th, 2024

Agenda

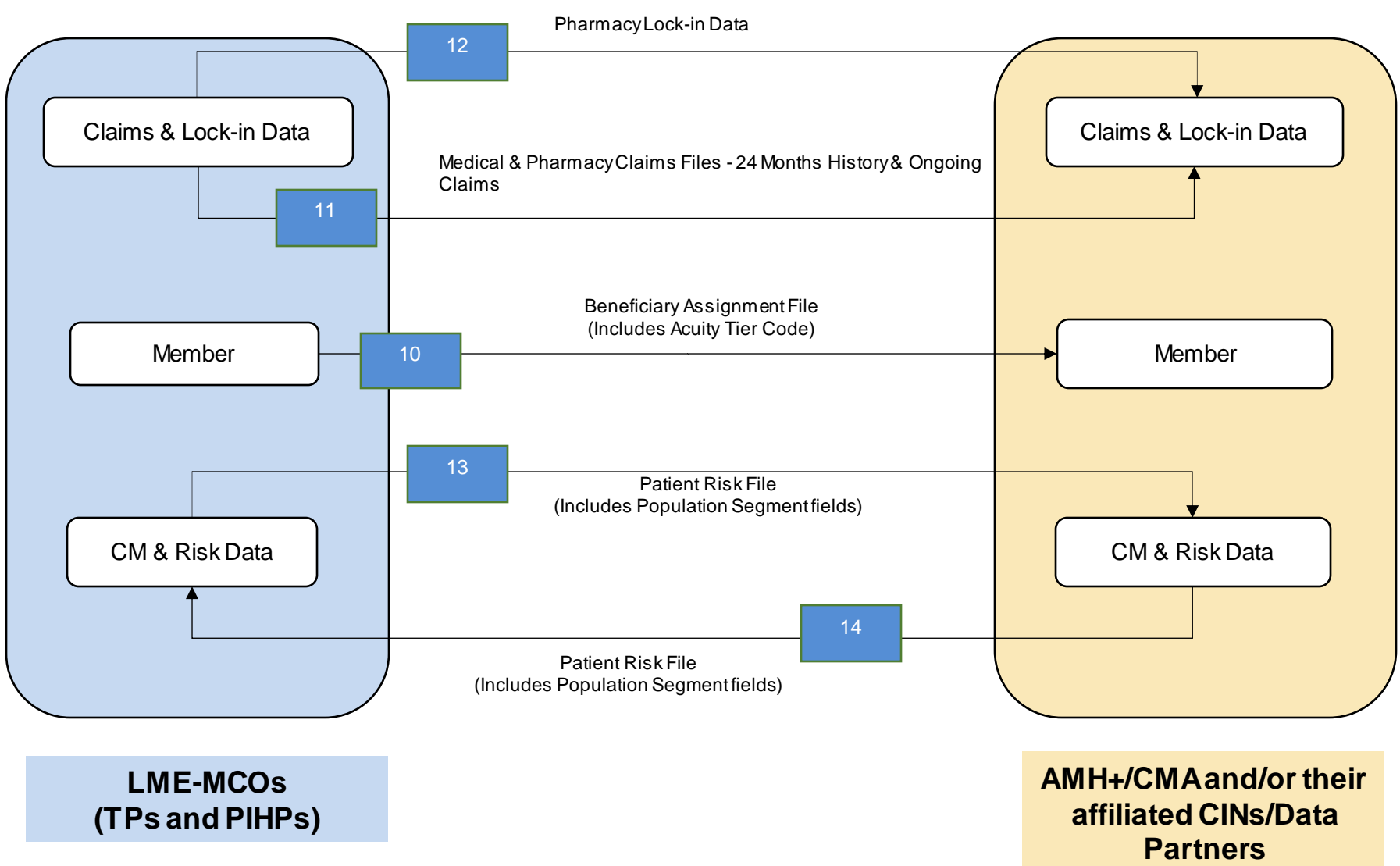
- Care Management Data Flow
- Consolidated TCM Data Interfaces Deployment
- Data Specifications Review:
 - Beneficiary Assignment file
 - Medical, Pharmacy & Dental Claims & Encounters

High-Level Care Management Data Flow

High-Level Care Management Data Flow



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



Consolidated TCM Data Interfaces

Consolidated TCM Data Interfaces

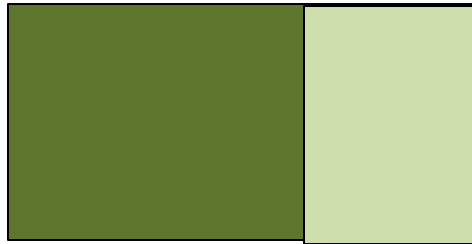
As part of Tailored Plan launch, data across Plans and TCM providers will utilize the [current PIHP TCM Data interfaces](#).

- Based on feedback from TCM Providers, the Department has worked with LME-MCOs to implement the consolidated TCM Data Interfaces. This entails combining the PIHP and TP versions of TCM Data Interfaces so that one file includes members enrolled with either health plan.
- TCM Data Interfaces to consolidated:
 - Beneficiary Assignment File
 - Patient Risk List
 - Professional, Institutional, Pharmacy, and Dental Claims
 - Pharmacy Lock-in file
- The Department has discussed and aligned with the Privacy and Security Office (PSO), on feasibility of the new design so long as contractual obligations are met.

TCM Population 12/1/22 vs 7/1/24

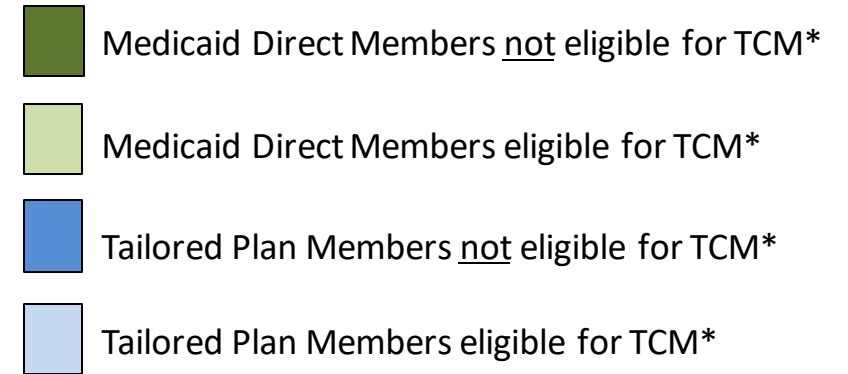
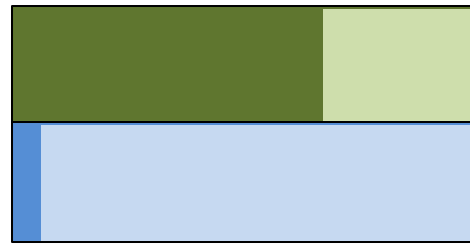
12/1/2022 TCM Launch

Medicaid Direct members



7/1/2024 TP Launch

Tailored Plan (TP) & Medicaid Direct members



- **Medicaid Direct Members >> PIHP Data Interfaces:** Currently PIHP data interfaces are being used for Medicaid Direct members who are TCM eligible. Plans and TCM Providers will continue to use them after 7/1 for Medicaid Direct members.
- **Tailored Plan Members >> PIHP Data Interfaces:** Once members get enrolled with Tailored Plans effective 7/1, TP members will be incorporated into the existing PIHP data interfaces. Plans and TCM Providers will continue to PIHP data interface for all TCM members 7/1 onwards.

**All Diagrams/Pictures shown are for illustrative purposes only*

Consolidated TCM Data Interfaces

There will be **no changes to current file layouts** of the TCM data interfaces. Below are the mechanisms by which Health Plans will identify if a member is enrolled in Tailored Plan or Medicaid Direct through the 834 file.

- **Member Benefit Plan: Loop 2300 Ref HD04:**

- If a member's benefit plan (Loop 2300 ref HD04) value is **PHPB, PHPC, or TBI** they are enrolled with a **PIHP**.
- If a member's benefit plan (Loop 2300 ref HD04) value is **TPMC, TPINV, or TPTBI** they are enrolled with a **TP**.
- Benefit Plan information can be utilized by TCM Providers on Beneficiary Assignment file.
- *Note: a member cannot be enrolled in both PIHP and TP benefit plans for the same enrollment period.*

- **Provider Information: Loop 2310 Ref NM101-109:**

- Loop 2310 repeats up to 30 times to share provider and plan assignment information. When a member is assigned to an LME-MCO or TP, the following will occur in at least one iteration of loop 2310 Ref NM101-109:
 - Ref NM101 will equal "Y2"
 - Ref NM106 will equal either "LME MCO" or "PHPTP"
 - Ref NM108 will equal "SV" or "XX" - SV is populated atypicalID and XX is populated for an NPI number.
 - Ref NM109 will equal the LME-MCO or TP's atypical ID/NPI number. In the case of Alliance, this will be either "ALLTAL00" or "3404933" allowing Plans to differentiate between Alliance the TP and Alliance the LME-MCO respectively.

Consolidated TCM Data Interfaces Deployment with TP Members

TCM Data Interface	Frequency	First Consolidated Interface Deployment Date
Beneficiary Assignment File	Weekly full file End of month full file	June 9 th , 2024
Pharmacy Lock-in	Weekly full file	June 16 th , 2024
Medical Professional Claims (header and line file)	At least monthly incremental	June 16 th , 2024
Medical Institutional Claims (header and line file)	At least monthly incremental	June 16 th , 2024
Pharmacy Claims (header and line file)	At least monthly incremental	June 16 th , 2024
Dental Claims (header and line file)	At least monthly incremental	June 16 th , 2024
Outbound Patient Risk List (LME-MCO to TCM Provider)	Full file 26 th of each month	July 26 th , 2024
Inbound Patient Risk List (TCM Provider to LME-MCO)*	Full file 7 th of each month	September 7 th , 2024

** August 7th Inbound Patient Risk List should match members sent on June 26th Outbound Patient Risk List file. First Inbound PRL capturing interaction data for the transitioning members will be September 7th.*

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, Acuity Tier).

File Scope:

- Both active and future beneficiary assignments
- Information on assignment changes/terminations
- PIHP and TP members assigned to a TCM Provider

File Source & Target:

- Source: LME-MCOs
- Target: Contracted AMH+ practices/CMAs and/or their affiliated CINs/Data Partners

File Delivery Frequency:

- Full: Weekly on Sunday between 8:00 PM and 11:59 PM
- Full Month End: Last day of the month between 8:00 PM and 11:59 PM
- If the last day of the month is a Sunday weekly full file should be sent

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 Loop	834 Segmen	REF DE #	Data Element	Max Length	Notes	Standard Plan	Tailored Plan
Benefit Plan	2300	HD04	1204	Plan Coverage Description	50		x	x
Enrollment Dates	2300	DTP03	1251	Enrollment Start Date	8		x	x
	2300	DTP03	1251	Enrollment End Date	8		x	x
Amounts	2300	AMT02	782	Deductible Amount	18	Amount Qualifier Code='D2'	x	x
	2300	AMT02	782	Monthly Liability Amount	18	Amount Qualifier Code='FK'	x	x
Eligibility Codes	2300	REF02	127	Program Category Code	50	REF01='M7'	x	x
	2300	REF02	127	Living Arrangement Code	50	Living Arrangement will have the label LA	x	x
	2300	REF02	127	Admin County Code	50	Administrative County Code label ADMCO	x	x
	2300	REF02	127	Residential County Code	50	Residential County label RESCO	x	x
	2300	REF02	127	Behavioral Health Administrative Entity	50	Behavioral Health Administrative Entity label BHADM	x	x
	2300	REF02	127	Sub Program 01	10	label SUBPGM1	x	x
	2300	REF02	127	Sub Program 02	10	label SUBPGM2	x	x
	2300	REF02	127	Sub Program 03	10	label SUBPGM3	x	x
	2300	REF02	127	Sub Program 04	10	label SUBPGM4	x	x
	2300	REF02	127	Eligibility Status Code	10	Eligibility Status Code label ELIGSTAT	x	x
	2300	REF02	127	Managed Care Status Code	20	Managed Care Status label MCSTATUS	x	x
	2300	REF02	127	Tailored Plan Eligibility	20	Tailored Plan Eligibility Type label TLRD PLAN	x	x
	PHP & Provider Details	2310			PHP Organization Name	60		x
2310				PHP Identification Code	80	NPI / ATY	x	x
				PHP Eligibility Begin Date	8	YYYYMMDD	x	x
				PHP Eligibility End Date	8	YYYYMMDD	x	x
2310				AMH Last Name	60		x	x
2310				AMH First Name	35		x	x
2310				AMH Middle Name	25		x	x
2310				AMH Identification Code	80	NPI / ATY	x	x
				AMH Begin Date	8	YYYYMMDD	x	x
				AMH End Date	8	YYYYMMDD	x	x
2310				PCP Last Name	60		x	x
2310				PCP First Name	35		x	x
2310				PCP Middle Name	25		x	x
2310			PCP Identification Code	80	NPI / ATY	x	x	
			PCP Begin Date	8		x	x	
			PCP End Date	8		x	x	

Consolidated Beneficiary Assignment (BA) File Scenarios

Beneficiary Assignment File

Scenario 1: A current member transitions from Medicaid Direct (MD) to Tailored Plan (TP). There is **no change** in member TCM Provider.

Activity Date: 6/19/2024

Interface Name	File Creation Date	Source Entity	Benefit Plan	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Maintenance Code
Weekly BA full file	6/16/2024	LME-MCO 1	PHPC	12/1/2022	12/31/9999	12/1/2022	12/31/9999	TCM-1	CIN-1	021
Weekly BA full file	6/23/2024	LME-MCO 1	PHPC	12/1/2022	6/30/2024	12/1/2022	6/30/2024	TCM-1	CIN-1	024
		LME-MCO 1	TPINV	7/1/2024	12/31/9999	7/1/2024	12/31/9999	TCM-1	CIN-1	001
EOM BA Full File	6/30/2024	LME-MCO 1	PHPC	12/1/2022	6/30/2024	12/1/2022	6/30/2024	TCM-1	CIN-1	024
		LME-MCO 1	TPINV	7/1/2024	12/31/9999	7/1/2024	12/31/9999	TCM-1	CIN-1	001
Weekly BA full file	7/7/2024	LME-MCO 1	TPINV	7/1/2024	12/31/9999	7/1/2024	12/31/9999	TCM-1	CIN-1	001

Expected Outcome:

- LME-MCO 1 sends consolidated BA File to Contracted TCM Provider 1, CIN 1: Plan eligibility and Benefit Plan change from PIHP to TP. LME-MCO 1 will continue to send this member to TCM Provider 1, CIN 1. PIHP Benefit Plan will end on 6/30/2024, TP enrollment will begin on 7/1/2024.
- End of Month (EOM) BA full file sent on 6/30/2024 will reflect the same as weekly full BA file sent on 6/23.
- July weekly full BA file will no longer should PIHP enrollment.

Note: Scenarios apply to when a member's health plan changes from PIHP to TP (same entity is still delivering the BA file) and when a member TCM Provider & Health Plan changes (same entity is still delivering the BA file). All other previously shared scenarios relating to the BA file and maintenance type code behavior remain intact.

Beneficiary Assignment File cont.

Scenario 2: A current member transitions from Medicaid Direct (MD) to Tailored Plan (TP). There is a change in member's TCM Provider and/or affiliated CIN/Data Partner (different NPI & Location code).

Activity Date: 8/7/2024

Interface Name	File Creation Date	Source Entity	Benefit Plan	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Maintenance Code
Weekly BA full file	8/4/2024	LME-MCO 1	PHPC	12/1/2022	12/31/9999	12/1/2022	12/31/9999	TCM-1	CIN-1	021
Weekly BA full file - TCM -1	8/11/2024	LME-MCO 1	PHPC	12/1/2022	8/31/2024	12/1/2022	8/31/2024	TCM-1	CIN-1	024
Weekly BA full file - TCM-2	8/11/2024	LME-MCO 1	TPINV	9/1/2024	12/31/9999	9/1/2024	12/31/9999	TCM-2	CIN-2	001
EOM BA Full File - TCM-1	8/31/2024	LME-MCO 1	PHPC	12/1/2022	8/31/2024	12/1/2022	8/31/2024	TCM-1	CIN-1	024
EOM BA Full File TCM-2	8/31/2024	LME-MCO 1	TPINV	9/1/2024	12/31/9999	9/1/2024	12/31/9999	TCM-2	CIN-2	001

Expected Outcome:

- Member's Benefit plans changes to TP and their TCM provider changes. LME-MCO continues to send member to TCM Provider 1, CIN 1 until 8/31/2024 EOMBA full file. Member is not sent to TCM Provider 1, CIN 1 in any future BA files.
- TCM Provider 2, CIN 2 receive member's new TP enrollment through weekly full BA file with TCM assignment starting 9/1/2024.
- EOM BA full file sent on 8/31/2024 to TCM Provider 2, CIN 2 will reflect the same as weekly full BA file sent on 8/11/2024.

Note: Scenarios apply to when a member's health plan changes from PIHP to TP (same entity is still delivering the BA file) and when a member TCM Provider & Health Plan changes (same entity is still delivering the BA file). All other previously shared scenarios relating to the BA file and maintenance type code behavior remain intact.

Beneficiary Assignment File cont.

Scenario 3: A current member transitions from Medicaid Direct (MD) to Tailored Plan (TP). There is **no change** in member's TCM Provider and/or affiliated CIN/Data Partner. There is a change in member demographic information (Ex: address change).

Activity Date: 8/23/2024

Interface Name	File Creation Date	Source Entity	Benefit Plan	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Maintenance Code
Weekly BA full file	8/25/2024	LME-MCO 1	PHPC	8/1/2024	8/31/2024	8/1/2024	8/31/2024	TCM-1	CIN-1	024
	8/25/2024	LME-MCO 1	TPINV	9/1/2024	12/31/9999	9/1/2024	12/31/9999	TCM-1	CIN-1	001
EOM BA Full File	8/31/2024	LME-MCO 1	PHPC	8/1/2024	8/31/2024	8/1/2024	8/31/2024	TCM-1	CIN-1	024
	8/31/2024	LME-MCO 1	TPINV	9/1/2024	12/31/9999	9/1/2024	12/31/9999	TCM-1	CIN-1	001
Weekly BA full file	9/1/2024	LME-MCO 1	TPINV	9/1/2024	12/31/9999	9/1/2024	12/31/9999	TCM-1	CIN-1	001
EOM BA Full File	9/30/2024	LME-MCO 1	TPINV	9/1/2024	12/31/9999	9/1/2024	12/31/9999	TCM-1	CIN-1	001

Expected Outcome:

- LME-MCO 1 sends BA file to TCM Provider 1. New address is delivered and PIHP Benefit plan is end dated 8/31/2024.
- Same BA file sent to TCM Provider 1 has an additional row showing the TP Benefit plan starting in the next month 9/1/2024.
- 8/31/2024 EOMBA file sent to TCM Provider 1, CIN 1 will reflect the same as the weekly BA full file sent 8/25/2024.
- 9/1/2024 weekly BA full file sent to TCM Provider 1, CIN 1 will only reflect active TP enrollment. Updated address is also delivered.
- 9/30/2024 EOMBA full file will reflect the same as 9/1/2024 weekly BA full file.

Note: Scenarios apply to when a member's health plan changes from PIHP to TP (same entity is still delivering the BA file) and when a member TCM Provider & Health Plan changes (same entity is still delivering the BA file). All other previously shared scenarios relating to the BA file and maintenance type code behavior remain intact.

Beneficiary Assignment (BA) File Maintenance Type Code Scenarios

Beneficiary Assignment (BA) file: Maintenance Type Code Guidance

Scenario:

- Member's Medicaid eligibility has been redetermined to continue for one additional month, after the member's current termination date was passed on the BA file.

Department Guidance:

- With the introduction of the End Of Month (EOM) BA file, the scenario will not exist for most months although in rare instances may occur.
- When a member is reintroduced after a termination period to the same TCM Provider, they should first be sent on the BA file with a maintenance type code of either 001 or 021 as received on the 834 file.
- In the following week, the member's maintenance type code should switch to 024 indicating termination.

BA File Date	Member CNDS ID	TCM Start Date	TCM End Date	Maintenance Type Code
July 7, 2024	0123456789	7/1/2024	7/31/2024	001/021
July 14, 2024	0123456789	7/1/2024	7/31/2024	024
July 21, 2024	0123456789	7/1/2024	7/31/2024	024
July 28, 2024	0123456789	7/1/2024	7/31/2024	024
July 28, 2024	Medicaid extended			
July 31, (EOM)	0123456789	8/1/2024	8/31/2023	001/021
Aug 4, 2024	0123456789	8/1/2024	8/31/2023	024
Aug 11, 2024	0123456789	8/1/2024	8/31/2023	024
Aug 18, 2024	0123456789	8/1/2024	8/31/2023	024
Aug 25, 2024	0123456789	8/1/2024	8/31/2023	024
Aug 31, 2024	0123456789	8/1/2024	8/31/2023	024

Medical, Pharmacy, & Dental Claims & Encounters Data Specifications

The LME-MCOs 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: LME-MCOs
- Target: Contracted AMH+ practices/CMAA and/or their affiliated CINs/Data Partners

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		

Consolidated Medical, Pharmacy, & Dental Claims & Encounters Scenarios

Claims & Encounters Files

Scenario 1: A current member transitions from Medicaid Direct (MD) to Tailored Plan (TP). There is **no change** in member TCM Provider.

Activity Date: 6/19/2024

PIHP Enrollment: 12/1/2022 – 6/30/2024

TP Enrollment: 7/1/2024 – 12/31/9999

Expected Outcome:

- LME-MCO 1 sends 24 months historical claims and encounters data to TCM Provider 1, CIN 1 for all claims and encounters files (Professional, Institutional, Pharmacy, Dental). First full file should be sent per TP Go-live Deployment schedule.
- LME-MCO 1 continues to send ongoing incremental claims and encounters data to TCM Provider 1, CIN 1 as defined in the data specifications document for all claims and encounters files (Professional, Institutional, Pharmacy, Dental).

Claims & Encounters Files cont.

Scenario 2: A current member transitions from Medicaid Direct (MD) to Tailored Plan (TP). There is a change in member's TCM Provider and/or affiliated CIN/Data Partner (different NPI & Location code).

Activity Date: 8/7/2024

TCM Provider 1 assignment: 12/1/2022 – 8/31/2024

TCM Provider 2 assignment: 9/1/2024 – 12/31/9999

Expected Outcome:

- LME-MCO 1 sends 24 months historical claims and encounters data to TCM Provider 2, CIN 2 for all claims and encounters files (Professional, Institutional, Pharmacy, Dental). First full file should be sent per the claims and encounters data specifications.
- LME-MCO 1 continues to send ongoing incremental claims and encounters data to TCM Provider 1, CIN 1 as defined in the data specifications document for all claims and encounters files (Professional, Institutional, Pharmacy, Dental).
- LME-MCO 1 stops sending claims and encounters data to TCM Provider 1, CIN 1 as of 8/31/2024.

- If AMH+ practices/CMAs and/or their affiliated CINs/Data Partners experience issues with the TCM Data Interfaces, please provide your respective LME-MCOs examples of the issues you are experiencing via secure email.
- AMH+ practices/CMAs and/or their affiliated CINs/Data Partners can also contact the Provider Ombudsman to log issues in the Department's Help Center/Tech Ops systems, our production ticket management systems.
 - Email the Provider Ombudsman at: medicaid.providerombudsman@dhhs.nc.gov
- Please copy the Department on any issues reported for awareness and tracking purposes.
 - TCM Data Interfaces Support email: Medicaid.NCMT.TCM.Interfaces.ProdSupport@dhhs.nc.gov

Questions