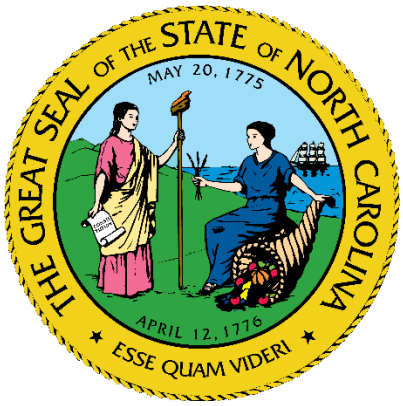


NC Medicaid Managed Care

Tailored Care Management Data Interfaces Frequently Asked Questions

Contents

I. Beneficiary Assignment (BA) File

II. Patient Risk List (PRL)

III. Tailored Care Management (TCM) Assignment

IV. Claims File (Professional, Institutional, Dental, Pharmacy)

V. Tailored Plan (TP) vs. Prepaid Inpatient Health Plan (PIHP) Data Interfaces

VI. Medicaid Eligibility Redetermination

VII. PSO Guidance

Change Log		
Version	**Date**	**Updates/Change Made**
1.0	3/3/2023	Initial Publication
2.0	6/30/2023	Updated document with FAQs through May
3.0	8/31/2023	Updated document with FAQs through August

I. Beneficiary Assignment File

Question:

Could an LME-MCO send a member with multiple spans and is assigned to different TCM Providers?

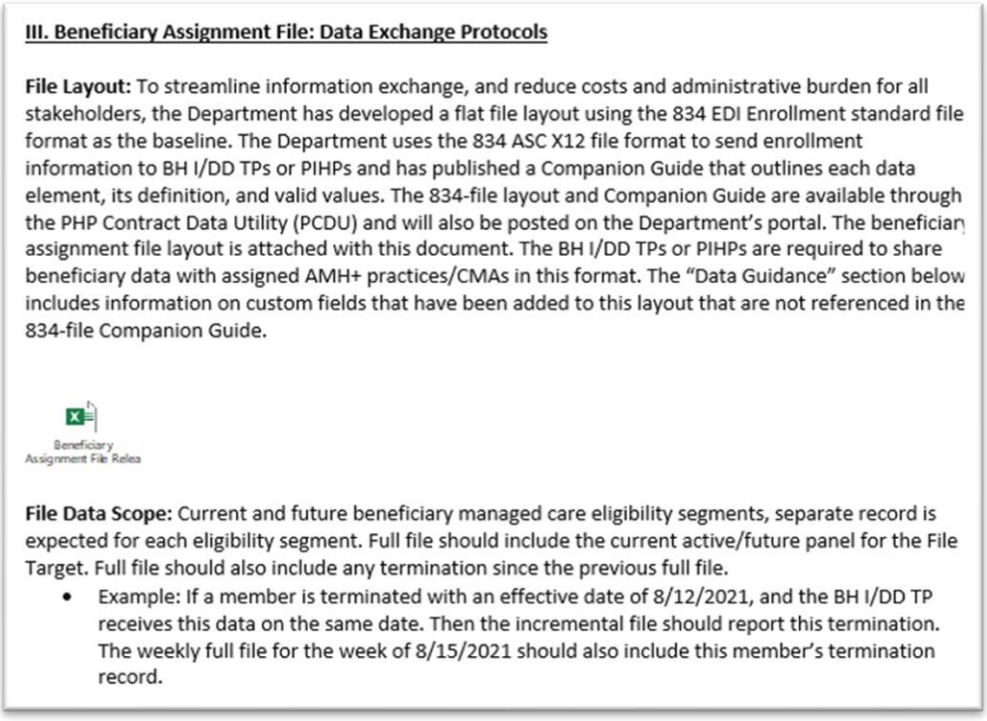
Ex

MemberID	Assignment	PCP Begin Date	PCP End Date
123456789A	TCM Provider 1	12/1/2022	11/30/2064
123456789A	TCM Provider 2	12/1/2064	12/31/9999

Is this an applicable scenario where both the active and future assignments are sent to the appropriate TCM Provider?

DHB Response:

If a member has current and future enrollment spans as mentioned above, PCP AA must be sent with 12/1/2022 start date and the same PCP will be assigned to both the spans. You should not see a situation where, for the same member you have two separate PCPs for two different spans. In addition, based on the Data Specification documents, current and future spans should be sent:



III. Beneficiary Assignment File: Data Exchange Protocols

File Layout: To streamline information exchange, and reduce costs and administrative burden for all stakeholders, the Department has developed a flat file layout using the 834 EDI Enrollment standard file format as the baseline. The Department uses the 834 ASC X12 file format to send enrollment information to BH I/DD TPs or PIHPs and has published a Companion Guide that outlines each data element, its definition, and valid values. The 834-file layout and Companion Guide are available through the PHP Contract Data Utility (PCDU) and will also be posted on the Department's portal. The beneficiary assignment file layout is attached with this document. The BH I/DD TPs or PIHPs are required to share beneficiary data with assigned AMH+ practices/CMAs in this format. The "Data Guidance" section below includes information on custom fields that have been added to this layout that are not referenced in the 834-file Companion Guide.

Beneficiary Assignment File Relea

File Data Scope: Current and future beneficiary managed care eligibility segments, separate record is expected for each eligibility segment. Full file should include the current active/future panel for the File Target. Full file should also include any termination since the previous full file.

- Example: If a member is terminated with an effective date of 8/12/2021, and the BH I/DD TP receives this data on the same date. Then the incremental file should report this termination. The weekly full file for the week of 8/15/2021 should also include this member's termination record.

Question:

Will future dated records be sent on the BA File?

DHB Response:

Future-dated records will be included on the BA file only for split eligibility segments, so the TCM Provider will remain the same. Ideally, there should not be future-dated records with two different TCM providers.

Question:

The Beneficiary Assignment (BA) file has over 90 percent of the member phone number missing. This is affecting member outreach and Care Management activities.

DHB Response:

Case head/legal representative phone number is the Department's recommended field to initiate contact for members as the responsible entity. Additionally, the field is populated almost 90 percent of the time on the 834 files sent to the BH/IDD TPs, PIHPs and LME-MCOs. Based on this recommendation, BH I/DD TPs, LME-MCOs and PIHPs have updated the Beneficiary Assignment (BA) file to populate the phone number with the Case Head phone number.

Question:

Should the BA file(s) show members whose assignment has ended with a TCM provider? Should the former TCM provider and/or their affiliated CIN / other partner are still receiving members as active even after their TCM assignment has ended with them?

DHB Response:

Per the data specification guidance (snippet below), LME-MCOs should continue to send BA file data to their respective TCM provider or their CIN / other partner until the TCM assignment end date. Once the assignment end date is determined, that should be reflected in the BA file. The target system is expected to use that to update their system(s). The BA file should not include any members beyond their TCM assignment end dates.

> BH I/DD TPs or PIHPs should continue to send the beneficiary data to their respective AMH+ practice/CMA until beneficiary's assignment end date with the AMH+ practice/CMA.

Question:

What is the delivery frequency of the Beneficiary Assignment (BA) files in Production?

DHB Response:

Please refer to the data specification document for the BA file to review the information.

https://medicaid.ncdhhs.gov/tailored-care-management/tailored-care-management-data-specifications-guidance

Per the data specification document published (a snippet of which is provided below), the delivery scope and frequency are shared

File Delivery Frequency: 1st Full file followed by daily incremental files and weekly full files. Weekly full files will ensure that data is reconciled between the source and target every week. The Department will share the production date for the 1st full file through the Deployment schedule
Upon receipt of a beneficiary enrollment information through the 834 files, the BH I/DD TPs or PIHPs shall start sending the beneficiary data to their respective AMH+ practice/CMA up to 30 calendar days prior to their assignment effective date and no later than 7 business days of the assignment effective date.

BH I/DD TPs or PIHPs should continue to send the beneficiary data to their respective AMH+ practice/CMA until beneficiary's assignment end date with the AMH+ practice/CMA.

- The weekly full file should be sent every Sunday between 8:00 PM to 11:59 PM.
- The incremental file should be sent daily between 8:00 PM to 11:59 PM.
- Incremental file should also be sent on the day the full file is sent. The incremental file should be sent before the full file.

Question:
How should the TCM Provider and / or their CIN / Other partner use the maintenance type code in the Beneficiary Assignment file?

DHB Response:
BH/IDD TPs, PIHPs and LME-MCOs are expected to pass down the Maintenance type code they receive in the respective 834 file(s) from the Department "as-is" unless the TCM assignment for a member is changing or ending. In this case, where member is terminating their relationship with a TCM Provider, Maintenance type code "024" should be used and TCM End Date is required to be populated with the date when that relationship is ending. For the new TCM assignment, LME-MCOs should use Maintenance type code as received on their respective 834 with appropriate TCM Begin Date (1st of the following month), and TCM End Date should be populated as high date i.e. "12/31/9999".

The following scenarios expand the guidance provided above as illustrations for use by all stakeholders

Scenario	Scenario Description	File Creation Date	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Current MT Behaviors	Full / Incremental	Expected Behavior
1	**LME-MCO Change without change in TCM provider (Same NPI & Loc Code)** **Activity Date: 12/20/22**	12/21/2022	12/1/2022	12/31/2022	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 1: Plan eligibility and TCM termination
		12/25/2022	12/1/2022	12/31/2022	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Weekly Full	LME-MCO 1 BA File TO Contracted TCM Provider 1: Plan eligibility and TCM termination
		12/21/2022	1/1/2023	12/31/9999	1/1/2023	12/31/9999	TCM-1	CIN-1	001	Daily Incremental	LME-MCO 2 BA File TO Contracted TCM Provider 1: New Plan enrollment and TCM assignment
		12/25/2022	1/1/2023	12/31/9999	1/1/2023	12/31/9999	TCM-1	CIN-1	001	Weekly Full	LME-MCO 2 BA File TO Contracted TCM Provider 1: New Plan enrollment and TCM assignment
2	**LME-MCO Change, TCM Provider Change without change in CIN (Same CIN supports both TCMs)** **Activity Date: 12/20/22**	12/21/2022	12/1/2022	12/31/2022	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 1: Plan eligibility and TCM termination
		12/25/2022	12/1/2022	12/31/2022	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Weekly Full	LME-MCO 1 BA File TO Contracted TCM Provider 1: Plan eligibility and TCM termination
		12/21/2022	1/1/2023	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-1	001	Daily Incremental	LME-MCO 2 BA File TO Contracted TCM Provider 2: New Plan enrollment and TCM assignment
		12/25/2022	1/1/2023	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-1	001	Weekly Full	LME-MCO 2 BA File TO Contracted TCM Provider 2: New Plan enrollment and TCM assignment

Scenario	Scenario Description	File Creation Date	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Current MT Behaviors	Full / Incremental	Expected Behavior
3	**LME-MCO Change, TCM Provider Change and CIN Change** **Activity Date: 12/20/22**	12/21/2022	12/1/2022	12/31/2022	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination
		12/25/2022	12/1/2022	12/31/2022	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Weekly Full	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination
		12/21/2022	1/1/2023	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-2	001	Daily Incremental	LME-MCO 2 BA File TO Contracted TCM Provider 2 and CIN 2: New Plan enrollment and TCM assignment
		12/25/2022	1/1/2023	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-2	001	Weekly Full	LME-MCO 2 BA File TO Contracted TCM Provider 2 and CIN 2: New Plan enrollment and TCM assignment
4	1st BA full file to TCM Provider -1	11/20/2022	12/1/2022	12/31/9999	12/1/2022	12/31/9999	TCM-1	CIN-1	Follow 834 Maintenance Type code	1st Full	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination

Scenario	Scenario Description	File Creation Date	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Current MT Behaviors	Full / Incremental	Expected Behavior
5	**TCM Provider Change ONLY. No Change in LME-MCO & CIN.** **Activity Date: 12/20/22**	12/21/2022	12/1/2022	12/31/9999	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination
		12/25/2022	12/1/2022	12/31/9999	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Weekly Full	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination
		12/21/2022	12/1/2022	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-1	001	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 2 and CIN 1: Plan eligibility and TCM assignment
		12/25/2022	12/1/2022	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-1	001	Weekly Full	LME-MCO 1 BA File TO Contracted TCM Provider 2 and CIN 1: Plan eligibility and TCM assignment

Scenario	Scenario Description	File Creation Date	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Current MT Behaviors	Full / Incremental	Expected Behavior
6	**TCM Provider & CIN Both Change. No Change in LME-MCO.** **Activity Date: 12/20/22**	12/21/2022	12/1/2022	12/31/9999	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination
		12/25/2022	12/1/2022	12/31/9999	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Weekly Full	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination
		12/21/2022	12/1/2022	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-2	001	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 2 and CIN 2: Plan eligibility and TCM assignment
		12/25/2022	12/1/2022	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-2	001	Weekly Full	LME-MCO 1 BA File TO Contracted TCM Provider 2 and CIN 2: Plan eligibility and TCM assignment

Scenario	Scenario Description	File Creation Date	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Current MT Behaviors	Full / Incremental	Expected Behavior
7	**1. TCM Provider Change ONLY. No Change in LME-MCO & CIN.** **Activity Date: 12/12/22** **2. Member Address Changes (Same Residential but different address)** **Activity Date: 12/13/22** **2. Member Case-head Phone Changes** **Activity Date: 12/21/22**	12/13/2022	12/1/2022	12/31/9999	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination
		12/14/2022	12/1/2022	12/31/9999	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination with updated address
		12/18/2022	12/1/2022	12/31/9999	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Weekly Full	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination with updated address
		12/22/2022	12/1/2022	12/31/9999	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination with updated phone number
		12/25/2022	12/1/2022	12/31/9999	12/1/2022	12/31/2022	TCM-1	CIN-1	024	Weekly Full	LME-MCO 1 BA File TO Contracted TCM Provider 1 and CIN 1: Plan eligibility and TCM termination with updated phone number

Scenario	Scenario Description	File Creation Date	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Current MT Behaviors	Full / Incremental	Expected Behavior
8	**1. TCM Provider & CIN Change. No Change in LME-MCO.** **Activity Date: 12/20/22** **2. Member Address Changes (Same Residential but different address)** **Activity Date: 12/22/22**	12/21/2022	12/1/2022	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-2	001	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 2 and CIN 2: Plan eligibility and TCM assignment
		12/23/2022	12/1/2022	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-2	001	Daily Incremental	LME-MCO 1 BA File TO Contracted TCM Provider 2 and CIN 2: Plan eligibility and TCM assignment with address change
		12/25/2022	12/1/2022	12/31/9999	1/1/2023	12/31/9999	TCM-2	CIN-2	001	Weekly Full	LME-MCO 1 BA File TO Contracted TCM Provider 2 and CIN 2: Plan eligibility and TCM assignment with address change

Question:

How should the TCM Providers and / or their CINs /Other partners utilize the TP and PIHP BA files to manage member transitions from one program to another (TP to PIHP or vice-versa)

DHB Response:

Based on guidance from Department's Privacy & Security Office (PSO), member data for different health plans should be shared through separate interfaces/files as each Health plan represents a distinct contract. The TCM data requirements have been developed using guidance from PSO along with 834 architecture as the reference.

For the above situation, health plans should be sending Medicaid Direct disenrollment in the PIHP Beneficiary Assignment File and enrollment into Tailored Plan in the TP Beneficiary Assignment File (and vice-versa). TCM Providers and/or CINs/Other Partners should appropriately manage both PIHP and TP data interfaces. Their systems should be ready to effectively ingest disenrollment and enrollment received through separate interfaces.

The following scenarios provide illustrations for managing enrollments and dis-enrollments in source and target systems.

Scenario	Scenario Description	Interface Name	File Creation Date	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Maintenance Code	Expected Behavior
1	**Medicaid Direct (MD) to Tailored Plan Transition** **No Change in Member TCM Provider (Same NPI & Loc Code)** **Activity Date: 2/1/23**	PIHP BA Daily Incremental	3/1/2023	12/1/2022	3/31/2023	12/1/2022	3/31/2023	TCM-1	CIN-1	024	LME-MCO 1 BA File To Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination. LME-MCO 1 will continue to send this member to TCM Provider 1, CIN 1 until 3/31/2023.
		PIHP BA Weekly Full	3/5/2023	12/1/2022	3/31/2023	12/1/2022	3/31/2023	TCM-1	CIN-1	024	LME-MCO 1 BA File TO Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination. LME-MCO 1 will continue to send this member to TCM Provider 1, CIN 1 until 3/31/2023.
		TP First BA Full File	3/12/2023	4/1/2023	12/31/9999	4/1/2023	12/31/9999	TCM-1	CIN-1	001	TP 1 BA File TO Contracted TCM Provider 1, CIN 1: New Plan enrollment and TCM assignment.
2	**Medicaid Direct (MD) to Tailored Plan Transition** **No Change in Member TCM Provider (Same NPI & Loc Code)** **Change in Member Address** **Enrollment Change: 2/1/23** **Address Change: 3/15/23**	PIHP BA Daily Incremental	3/16/2023	12/1/2022	3/31/2023	12/1/2022	3/31/2023	TCM-1	CIN-1	024	LME-MCO 1 BA File To Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination, updated address. LME-MCO 1 will continue to send this member to TCM Provider 1, CIN 1 until 3/31/2023.
		PIHP BA Weekly Full	3/19/2023	12/1/2022	3/31/2023	12/1/2022	3/31/2023	TCM-1	CIN-1	024	LME-MCO 1 BA File TO Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination, updated address. LME-MCO 1 will continue to send this member to TCM Provider 1, CIN 1 until 3/31/2023.
		TP First BA Full File	3/12/2023	4/1/2023	12/31/9999	4/1/2023	12/31/9999	TCM-1	CIN-1	001	TP 1 BA File TO Contracted TCM Provider 1, CIN 1: New Plan enrollment and TCM assignment.
		TP BA Daily Incremental	3/16/2023	4/1/2023	12/31/9999	4/1/2023	12/31/9999	TCM-1	CIN-1	001	TP 1 BA File TO Contracted TCM Provider 1, CIN 1: New Plan enrollment and TCM assignment, updated address
		TP BA Weekly Full	3/19/2023	4/1/2023	12/31/9999	4/1/2023	12/31/9999	TCM-1	CIN-1	001	TP 1 BA File TO Contracted TCM Provider 1, CIN 1: New Plan enrollment and TCM assignment, updated address

Scenario	Scenario Description	Interface Name	File Creation Date	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Maintenance Code	Expected Behavior
3	**Medicaid Direct (MD) to Tailored Plan Transition** **No Change in Member TCM Provider (Same NPI & Loc Code)** **Activity Date: 5/22/23**	PIHP BA Daily Incremental	5/23/2023	12/1/2022	5/31/2023	12/1/2022	5/31/2023	TCM-1	CIN-1	024	LME-MCO 1 BA File To Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination. LME-MCO 1 will continue to send this member to TCM Provider 1, CIN 1 until 5/31/2023.
		PIHP BA Weekly Full	5/28/2023	12/1/2022	5/31/2023	12/1/2022	5/31/2023	TCM-1	CIN-1	024	LME-MCO 1 BA File TO Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination. LME-MCO 1 will continue to send this member to TCM Provider 1, CIN 1 until 5/31/2023.
		TP BA Daily Incremental	5/23/2023	6/1/2023	12/31/9999	6/1/2023	12/31/9999	TCM-1	CIN-1	001	TP 1 BA File TO Contracted TCM Provider 1, CIN 1: New Plan enrollment and TCM assignment.
		TP Weekly Full	5/28/2023	6/1/2023	12/31/9999	6/1/2023	12/31/9999	TCM-1	CIN-1	001	TP 1 BA File TO Contracted TCM Provider 1, CIN 1: New Plan enrollment and TCM assignment.
4	**Medicaid Direct (MD) to Tailored Plan Transition** **Change in Member TCM Provider and/or affiliated CIN (Different NPI & Loc Code)** **Activity Date: 2/1/23**	PIHP Daily Incremental	3/1/2023	12/1/2022	3/31/2023	12/1/2022	3/31/2023	TCM-1	CIN-1	024	LME-MCO 1 BA File To Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination.
		PIHP BA Weekly Full	3/5/2023	12/1/2022	3/31/2023	12/1/2022	3/31/2023	TCM-1	CIN-1	024	LME-MCO 1 BA File TO Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination.
		TP First BA Full File	3/12/2023	4/1/2023	12/31/9999	4/1/2023	12/31/9999	TCM-2	CIN-2	001	TP 1 BA File TO Contracted TCM Provider 2, CIN 2: New Plan enrollment and TCM assignment.

Scenario	Scenario Description	Interface Name	File Creation Date	Enrollment Start Date	Enrollment End Date	TCM Begin Date	TCM End Date	TCM Provider	CIN/Data Partner	Maintenance Code	Expected Behavior
5	**Medicaid Direct (MD) to Tailored Plan Transition** **Change in Member TCM Provider and/or affiliated CIN (Different NPI & Loc Code)** **Activity Date: 5/22/23**	PIHP BA Daily Incremental	5/23/2023	12/1/2022	5/31/2023	12/1/2022	5/31/2023	TCM-1	CIN-1	024	LME-MCO 1 BA File To Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination.
		PIHP BA Weekly Full	5/28/2023	12/1/2022	5/31/2023	12/1/2022	5/31/2023	TCM-1	CIN-1	024	LME-MCO 1 BA File TO Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination.
		TP BA Daily Incremental	5/23/2023	6/1/2023	12/31/9999	6/12023	12/31/9999	TCM-2	CIN-1	001	TP 1 BA File TO Contracted TCM Provider 2, CIN 2: New Plan enrollment and TCM assignment.
		TP BA Weekly Full	5/28/2023	6/1/2023	12/31/9999	6/1/2023	12/31/9999	TCM-2	CIN-1	001	TP 1 BA File TO Contracted TCM Provider 2, CIN 2: New Plan enrollment and TCM assignment.
6	**Tailored Plan to Medicaid Direct (MD) Transition** **No Change in Member TCM Provider (Same NPI & Loc Code)** **Activity Date: 6/15/23**	TP BA Daily Incremental	6/16/2023	12/1/2022	6/30/2023	12/1/2022	6/30/2023	TCM-1	CIN-1	024	TP 1 BA File TO Contracted TCM Provider 1, CIN 1: New Plan enrollment and TCM assignment.
		TP BA Weekly Full	6/18/2023	12/1/2022	6/30/2023	12/1/2022	6/30/2023	TCM-1	CIN-1	024	TP 1 BA File TO Contracted TCM Provider 1, CIN 1: New Plan enrollment and TCM assignment.
		PIHP BA Daily Incremental	6/16/2023	7/1/2023	12/31/9999	7/1/2023	12/31/9999	TCM-1	CIN-1	001	LME-MCO 1 BA File To Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination.
		PIHP BA Weekly Full	6/18/2023	7/1/2023	12/31/9999	7/1/2023	12/31/9999	TCM-1	CIN-1	001	LME-MCO 1 BA File TO Contracted TCM Provider 1, CIN 1: Plan eligibility and TCM termination.

Question:

Will there ever be a situation where a member is seen to be terminating their relationship with a TCM Provider then later that same member is sent with an activation code of 001 or 021?

DHB Response:

There may be a scenario where a member is seen to be terminating their relationship with a TCM Provider (024 code) but then a few weeks later that member is sent again with an activation code of 001 or 021. This scenario may rise in production when a member's TCM eligibility is determined to have continued.

Example:

BA full file date	CNDS ID	TCM Provider	TCM Begin Date	TCM End Date	Maintenance Type Code
2/26/2023	0123456789	TCM A	12/1/2022	12/31/9999	001
3/5/2023	0123456789	TCM A	12/1/2022	3/31/2023	024
3/12/2023	0123456789	TCM A	12/1/2022	3/31/2023	024
3/19/2023	0123456789	TCM A	4/1/2023	12/31/9999	001

- On the 3/5/2023, and 3/12/2023 BA full file this member is seen to have been terminating their relationship with TCM Provider A
- Between 3/12/2023 – 3/19/2023 this members TCM eligibility is determined to continue on with TCM Provider A.
- On the 3/19/2023 BA full file this member's span is updated to indicate continued coverage.

Question:
How should members be re-introduced on the BA full file when a 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.

DHB Response:
With the introduction of the End Of Month (EOM) BA file, the scenario will not exist for most months except for January as the EOM file will have member information greater than the 30-days. 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 in the 834 file. In the following week, the member's maintenance type code should switch to 024 indicating termination.

Example:

BA File Date	Member CNDS ID	TCM End Date	Maintenance Type Code
June 4, 2023	0123456789	6/30/2023	001/021
June 11, 2023	0123456789	6/30/2023	024
June 18, 2023	0123456789	6/30/2023	024
June 25, 2023	0123456789	6/30/2023	024
June 28th, 2023	Medicaid extended		
June 30th, (EOM)	0123456789	7/31/2023	001/021
July 2, 2023	0123456789	7/31/2023	024

July 9, 2023	0123456789	7/31/2023	024
July 16, 2023	0123456789	7/31/2023	024
July 23, 2023	0123456789	7/31/2023	024
July 30, 2023	0123456789	7/31/2023	024

II. Patient Risk List File

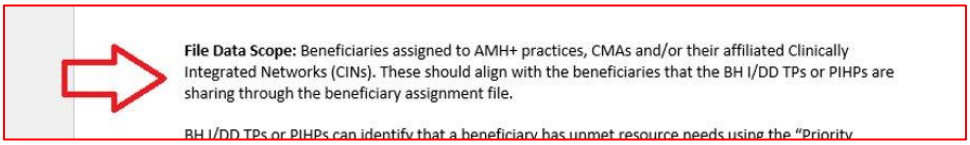
Question:

What members should be included on the Outbound and Inbound PRLs in a given reporting month? How should TCM Providers/CIN/Other Partner populate risk data on the PRL?

DHB Response:

Patient Risk List (PRL) Outbound Data Scope Clarification

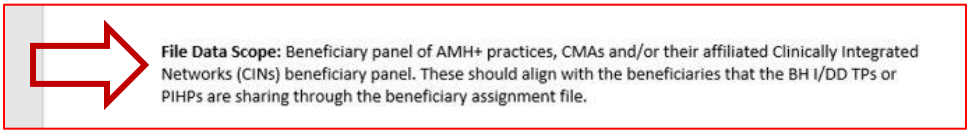
- **Beneficiaries:** PRL outbound should include all currently active and future assignment date beneficiaries. The beneficiary data should align with beneficiaries reported through the beneficiary assignment file.



- **Risk Data:** Reporting month is applicable to the risk data on the PRL and applies to the current month. The reasoning for the late monthly delivery date is to allow LME-MCOs to complete any risk stratification for members that are active in the current month and populate the priority population and risk information based on that. Risk stratification by LME-MCOs is optional for Tailored Care Management program hence these fields are optional and will not have any data if risk stratification was not performed.

Patient Risk List (PRL) Inbound Data Scope Clarification

- **Beneficiaries:** Providers are expected to include all active and future assignments that they are receiving in the PRL file from the LME-MCOs in the PRL they are sending to their contracted LME-MCOs.



- **Risk Data:** Reporting month for this file is applicable to the Provider care management activities. They should report all CM activities/interactions for the prior month in their submission. If any members do not have any CM activities in the prior month, then none should be reported for those members. This will allow the LME-MCOs to have visibility into members who are being actively care managed and members where activities haven't started, or they didn't receive any care management in the reporting month. For the 2/7/23 file, Providers are expected to report all their CM activities/interactions for the prior month i.e., Jan 2023.

  Additionally, the Department encourages TCM providers to review notes and recordings from the past technical and AHEC webinar sessions on TCM interfaces including the Patient Risk list.

  TCM technical Part 1 Session Notes: Tailored Care Management Technical Support Education Series

  TCM technical Part 2 Session Notes: Tailored Care Management Technical Support Education Series

  AHEC Webinar Recording: Patient Risk List Training Recording

  The PRL is designed to report on all Care Management activities done by the TCM provider in a reported month and is not dependent on claims processing. Additionally, TCM providers only submit 1 claim per month irrespective of the number of interactions they may have during the month. They must report all interactions on the PRL. Please refer to the billing guide received from your respective LME-MCOs for claims submission guidelines.

Question:

What is the file delivery frequency for the Outbound and Inbound PRLs in production?

DHB Response:

Please refer to the data specification document for the BA file to review the information.

https://medicaid.ncdhhs.gov/tailored-care-management/tailored-care-management-data-specifications-guidance

Per the data specification document published (a snippet of which is provided below), the delivery scope and frequency are shared

Outbound Patient Risk File (LME-MCO to TCM Provider/CINs/Other Partners):

> **File Delivery Frequency:** At least monthly. The file should include all currently active and future assignment date beneficiaries with the respective AMH+ practices, CMAs and/or their affiliated Clinically Integrated Networks (CINs). The file should be sent on the 26th of each month between 8:00 PM and 11:59 PM. In case, BH I/DD TPs or PIHPs are sending these weekly, then they should send the file every Sunday between 8:00 PM to 11:59 PM.

Inbound Patient Risk List File (TCM Provider/CIN/Other Partners to LME-MCOs):

File Delivery Frequency: Monthly. 1st Full file should be sent on the 7th of each month between 8:00 PM and 11:59 PM.

- TCM Providers/CINs/Other Partners are expected to use the monthly PRL sent by LME-MCOs to populate fields that are defined as mandatory per the data specification document and includes activities completed to support care management activities during the reporting month and send it back to the LME-MCOs on the 7th of each month.

Question:

On the Inbound PRL for fields "Number of CM Interactions" and "Number of Face-to-face Encounters" should all interactions/outreaches in the reporting month be included, or only interactions/outreaches by a certain type of worker role?

DHB Response:

"Number of CM Interactions" and "Number of Face-to-face Encounters" should include the total number of interactions/outreaches made by a member of the care team the in the reporting month.

Number of CM Interactions	O	M	Total number of beneficiary CM interactions completed in the reporting month. Please see the scenarios below for what constitutes a CM interaction.
Number of Face-to-Face Encounter	O	M	Total number of face-to-face beneficiary interactions completed in the reporting month. Please see the scenarios below for what is considered a Face-to-Face encounter. For more information, please refer to "section VII" below, as well as the AMH Program Manual and Tailored CM Program Manual for guidance on what is counted as a face-to-face encounter.

Question:

Does the "Date Care Manager Assigned" field only include Care Managers that were assigned during the reporting period?

DHB Response:

"Date Care Manager Assigned" is the date the last/current Care Manager was assigned to a member irrespective of reporting period. If Care Manager did not change in the reporting period, then continue to populate with the date the last/current Care Manager was assigned.

Date Care Manager Assigned (Only applicable to the PRL 2.0)	O	M	The date that a beneficiary's last/current Care Manager was assigned. YYYYMMDD

Question:

Does the “Initial Care Manager Outreach Date” only include the date of an outreach that is within the reporting period?

DHB Response:

“Initial Care Manager Outreach Date” is the date a Care Manager first attempted outreach whether accepted or declined irrespective of the reporting period.

Initial Care Manager Outreach Date (Only applicable to the PRL 2.0)	O	M	The date that a Care Manager first attempted outreach to a beneficiary. This includes attempted outreach where a member declines. YYYYMMDD

Question:

For the Care Manager name, phone number, and email fields how are TCM Providers supposed to populate these fields if there was no Care Manager assigned during the reporting period? Should TCM Providers populate these fields with the last Care Manager’s information even if it is outside the reporting period?

DHB Response:

The Care Manager name, phone number, and email fields should be populated with the last/current Care Manager assigned to a beneficiary during the reporting period. If there was no Care Manager assigned during the reporting period include the name and information of the last Care Manager assigned to the beneficiary. In addition, fields marked “M or InCK beneficiaries only” are not mandatory for TCM Providers as the InCK program is not live for Tailored Plan.

Name of Care Manager Assigned (Only applicable to the PRL 2.0)	O	M for InCK beneficiaries only	The name of the last/current Care Manager assigned to a beneficiary during the reporting month. This field is mandatory for InCK beneficiaries.
Phone Number for Care Manager Assigned (Only applicable to the PRL 2.0)	O	M for InCK beneficiaries only	The phone number of a beneficiary's last/current Care Manager. This field is mandatory for only InCK beneficiaries. XXX-XXX-XXXX
Email for Care Manager Assigned (Only applicable to the PRL 2.0)	O	M for InCK beneficiaries only	The email address of a beneficiary's last/current Care Manager. This field is mandatory only for InCK beneficiaries.

Question:

Are fields marked “M for InCk beneficiaries only” required to be populated by TCM Providers?

DHB Response:

As outlined in the data specification document, the below fields are optional for Tailored Care Management program. These fields can be left blank or if data is available can be populated. If any field is populated, then it should meet the field layout and/or any validation if that applies. This has also been clarified separately by the E2E team.

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. XXX-XXX-XXXX	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 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
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

Question:

Should TCM Providers report all contacts with a member or only those that are successful in the "Number of CM Interactions" and "Number of Face-to-Face Encounters" fields in the PRL?

DHB Response:

The Department requires all TCM Providers to only share successful contacts in the Patient Risk List fields "Number of CM Interactions" and "Number of Face-to-Face Encounters."

III. Tailored Care Management (TCM) Assignment

Question:

What happens to a member once they are determined to no longer be TCM eligible?

DHB Response:

Scenario #1: Member is currently assigned to a TCM entity (TCM Provider). During the next TCM auto-assignment (AA) run, member is determined to be no longer eligible for TCM services.

a. Expected Information flow: The Department will end date the current TCM assignment with the end date as the last date of the month when this determination is made. This information will be sent to the respective LME-MCO through the PIHP 834 file.
b. LME-MCO is expected to use this information and include this in the next incremental and/or weekly full file. They should use the '024' maintenance type code and populate the TCM end date with the end date they receive in the PIHP 834 file.

Scenario #2: The above member again becomes eligible for TCM in future. The TCM auto-assignment (AA) process will assign this member to the best fit TCM entity effective the 1st of the following month once they become eligible.

c. Expected Information flow: The department will send this data with TCM start and end date along with the NPI & Loc code of the TCM entity to the respective LME-MCO through the PIHP 834 file.

d. LME-MCO is expected to use this information and include this in the next incremental and/or weekly full file. They should include this as new assignment with the TCM start and end dates received in the PIHP 834 file.

Scenario #3: A member is defined to be enrolled with LME-MCO in the future (6 months in the future). LME-MCOs will share information of this member to their respective TCM provider up to 30 calendar days prior to their assignment effective date and no later than 7 business days of the assignment effective date.

e. Expected Information flow: The department will send this data for the member enrollment to LME-MCOs when available for future enrollment spans through the PIHP 834 file.
f. LME-MCO is expected to use this information and include this in the next incremental and/or weekly full file up to 30 calendar days prior to their assignment effective date and no later than 7 business days of the assignment effective date.
g. Clinical eligibility for Tailored Care Management services cannot happen in the future. Refer to the data specification document below on the file delivery.

Question:

LME is seeing a lot of changes in TCM Providers in production for the same enrollment start and end dates. How should we handle this?

DHB Response:

LMEs should be looking at TCM start and end dates to find members that are no longer TCM eligible, not enrollment start and end dates.

Question:

Is the following statement true: CINs should not be receiving any records with assignments that go well in the future?

DHB Response:

If a member's TCM enrollments spans are broken up into multiple segments but with continuous enrollment with the same TCM Provider, records will have "future" enrollments.

Question:

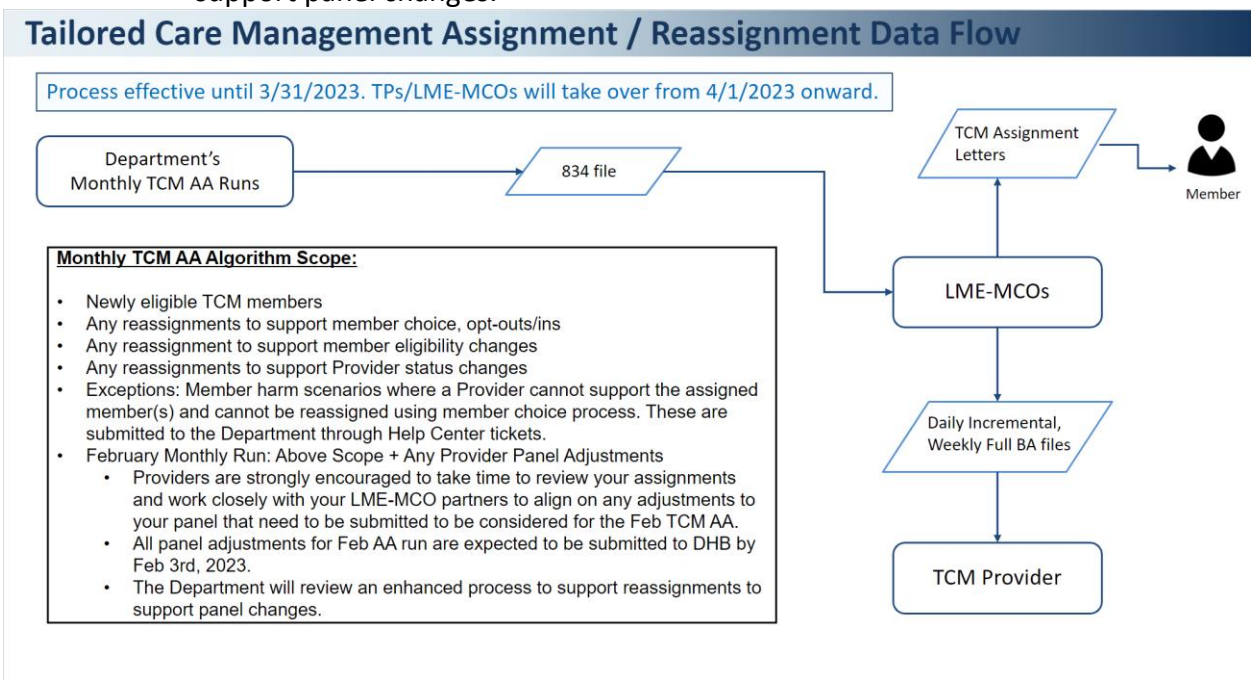
How does the Department handle Tailored Care Management Assignment and reassignment? What factors are considered for assignment?

DHB Response:

The Department considers the following criteria before running the monthly TCM AA algorithm:

- Newly eligible TCM members
- Any reassignments to support member choice, opt-outs/ins
- Any reassignment to support member eligibility changes

- Any reassignments to support Provider status changes
- Exceptions: Member harm scenarios where a Provider cannot support the assigned member(s) and cannot be reassigned using member choice process. These are submitted to the Department through Help Center tickets.
- February Monthly Run: Above Scope + Any Provider Panel Adjustments
- Providers are strongly encouraged to take time to review your assignments and work closely with your LME-MCO partners to align on any adjustments to your panel that need to be submitted to be considered for the Feb TCM AA.
- All panel adjustments for Feb AA run are expected to be submitted to DHB by Feb 3rd, 2023.
- The Department will review an enhanced process to support reassignments to support panel changes.



Question:

Providers are not aware of the BCM029 file layout and its contents, there is no way for providers to tell what they are submitting panel for. When the TCM AA algorithm runs, what is the algorithm looking at from a panel perspective?

DHB Response:

At a high level, LME-MCOs are submit the BCM029 report with panel information for certified, contracted TCM certified. It is DHB's understanding that LME-MCOs collect this panel information from providers. The BCM029 has information on counties, population segments and panel by population segment (data fields shown below). In our first run, everyone had a full panel. As we started assigning members, we update the available panel so when we run the process the next time, we are only looking at available panel. We do an in-depth analysis on these reports and work with LME-MCOs to correct any error before using the BCM029 to run our algorithm. For reference, see the data fields for the BCM029 report below.

			TCM Provider Name	TCM Provider NPI	TCM Provider Location Code	Provider Type			
Servicing County	MH/SUD Adult Full Panel Size	MH/SUD Child Full Panel Size	I/DD Full Panel Size	TBI Full Panel Size	Innovations Waiver Full Panel Size	TBI Waiver Full Panel Size	Co-occurring I/DD & BH Adult Full Panel Size	Co-occurring I/DD & BH Child Full Panel Size	

IV. Claims Files (Professional, Institutional, Dental, and Pharmacy)

Question:

Should TCM Providers/CINs/Other Partners expect the first deployment of the TP full claims file to include the members full claims set even if they are transitioning from Medicaid Direct?

DHB Response:

Yes, the first file will be the full set of claims to align with PSO guidance. In the future, when members move from TP to PIHP, again, you will see the full claims files being sent. We would suggest reviewing the files for duplicated member data. We must ensure that the information is being treated separately as a member moves between a plan.

Question:

Do TCM Providers/CINs/Other Partners have to wait for DHHS to process a claim before we see it in the claims file, or when the LME-MCOs process the claim prior to DHHS?

DHB Response:

Once claims start flowing through LME-MCOs, those claims should be added by the LME-MCOs into the claims file. Only processed claims will be added to the file. For physical health, department gets claims. For behavioral, claims are sent to LME-MCOs. Once claims are received by the department, those claims will be used for auto assignment.

Question:

Is there ever a situation where the same member may be represented by the two or more different CNDS IDs? If so, how should TCM Providers handle this when receiving member data?

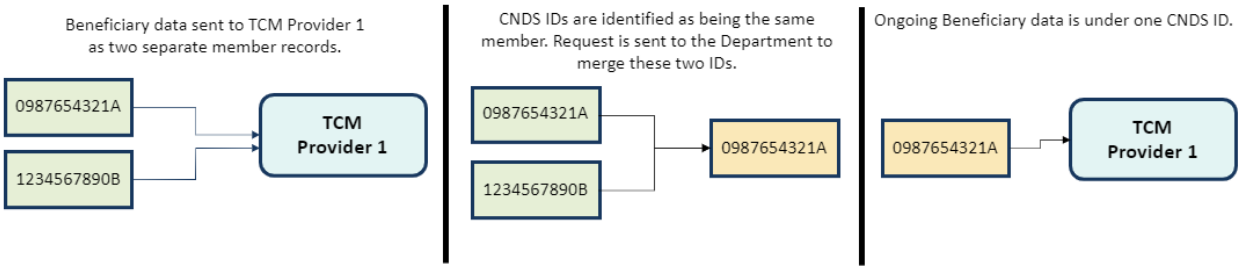
DHB Response:

Scenario: Merged & Unmerged CNDS IDs

- Member A & Member B are sent to TCM Provider 1 as two separate records. Both members are currently active with TCM Provider 1.
- LME-MCO 1 has sent both members on the Beneficiary Assignments file to TCM Provider 1, as well as historic claims data
- After some time, it is identified that Member A and Member B are in fact the same person.

Guidance:

- Although a rare scenario, our current Data Specifications do not account for this scenario. TCM Providers should:
  - Work with your LME-MCO to open a Help Center ticket to report this to the Department
  - The Department will work to merge these two member IDs into one
  - Once complete, LME-MCO should communicate the new and old CNDS IDs to the TCM Provider in order to correct their internal system. Ongoing data should be sent under one CNDS ID



Question:

What is the process for how claims and encounters are paid? When a TCM Provider/CIN/Data Partner receives a paid claim through the claims interfaces, is it the expectation that we are seeing a paid claim as it was paid by the payer or do we have to wait for the payer to send the claim *to NC Tracks which is then pushed to the payer and the ultimately to the provider?*

DHB Response:

The Department is sharing how Medicaid Direct and Managed Care claims and encounters are processed and managed. This will help TCM Providers/CINs/Data Partners understand the process:

Program	Payer(s)	Physical Health Claims Processing and Payment	Behavioral Health Claims Processing and Payment
Medicaid Direct (MD)	DHB & PIHPs (LMEs)	NC Tracks	LMEs process and pay claims and submit paid and denied claims

			encounters to NC Tracks. If any claims are adjusted, they submit adjusted encounters to NC Tracks. ***Note*** *This is only applicable for if DOS is < 4/1/2023. If DOS is on or after 4/1/2023 the encounters go to EPS.*
Managed Care	Standard Plans (SPs)	SPs process and pay claims and submit paid and denied claims as encounters to Encounter Processing System (EPS). If any claims are adjusted, they submit adjusted encounters to EPS.	Only basic BH is covered under SP. Members with complex BH needs are enrolled in MD program. SPs process and pay claims and submit paid and denied claims as encounters to Encounter Processing System (EPS). If any claims are adjusted, they submit adjusted encounters to EPS.
Managed Care	Tailored Plans (TPs) - Expected to launch on 10/1/23	TPs will process and pay claims and submit paid and denied claims as encounters to Encounter Processing System (EPS). If any claims are adjusted, they will submit adjusted encounters to EPS.	TPs will process and pay claims and submit paid and denied claims as encounters to Encounter Processing System (EPS). If any claims are adjusted, they will submit adjusted encounters to EPS.

Question:

The Care Managers are responsible for closing gaps in care. They could end up wasting a lot of time trying to close gaps in care that are in fact already closed depending on claim latency, with about a dozen claims-based quality measures on which we will be laser-focused, with additional self-imposed measures such as Adult Well Care Visits. How should TCM Providers/CINs/Data Partners go about managing claim latency?

DHB Response:

Latency will result in the plans sending providers some gaps that have already been closed. Similarly, if providers produce measures using encounter data they receive from the PHPs the results will not be close to real time. Providers should consider running dQMs that leverage their EHR data for closer to real time results. They could also consider checking NC Notify (NC HealthConnex's notification system) to see if another provider has closed the gap in question (though the other provider would have to be submitting to NC HealthConnex for that to work). Eventually, close to real-time gap reporting on Medicaid beneficiaries will be available to providers through NC HealthConnex. To support this DHB is launching a multi-year workplan to

1) Explore the quality and completeness of the NC HealthConnex data

2) Identify the standards the data will need to meet to be used in quality and population health analytics, and

3) Develop and implement strategies to support HIEA and providers in achieving these standards.

Question:

If the combination of claim header and line number is unique, can TCM Providers/CIN/Data Partners expect, for a paid claim, the combination of claim header and line number to always refer to the same claim? For example, if TCM Provider 1's member switches from LME-MCO 1 to LME-MCO 2, then when TCM Provider 1 receives 24 months of claims history when this member is presented as LME-MCO 2 do the claim numbers for this member remain the same?

DHB Response:

Per the current data specifications, the line will refer to the header TCN Number. Claim number does not change if a member switches Plans. TCN (Claim number) will always be unique.

V. Tailored Plan (TP) vs. Prepaid Inpatient Health Plans (PIHP) Data Interfaces

- **Medicaid Direct Members (PIHP Data Interfaces):** PIHP data interfaces are used for Medicaid Direct members. Plans and TCM Providers will continue to use them after crossover for members that will stay in Medicaid Direct.
- **Tailored Plan Members (TP Data Interfaces):** Once members get enrolled with Tailored Plans, TP data interfaces will be used for sharing data for members enrolled with Tailored Plans.
- As part of 12/1 TCM Launch we are using PIHP interfaces for Medicaid Direct members. As we prepare for Tailored Plan launch, some of the population that is currently in Medicaid Direct will enroll with and move to Tailored Plans. For these members that are moving to Tailored Plan we will be using the TP interfaces. These members will also be end dated in the PIHP interfaces. As we prepare for the TP launch, we will go live with TP interfaces. LME-MCOs as well as TCM Providers/CINs/Data Partners that participated in the State's E2E testing have been testing both PIHP and TP interfaces. TCM Providers will be receiving both interfaces. TP population will be reported through the TP interfaces and the remaining population in Medicaid Direct will continue to be reported on the PIHP interfaces.

Question:

Will CINs be receiving 2 BA files when this [Tailored Plan] launches?

DHB Response:

Yes, CINs will receive 2 BA files: 1 for PIHP and 1 for TP. It is important that these stay separate because not everyone will move from PIHP to TP so this ensures all members are accounted for as TCM will be in both programs.

Question:

How can plans determine if a termination notification is legitimate when it could be a member switching from PIHP to TP?

DHB Response:

Members who switch from PIHP to TP will have an effective end date and start date for their old and new plans. Depending on how the plans utilize termination notifications, we can work with the plans to establish a clear way to move forward.

VI. Medicaid Eligibility Redetermination

Question:

Retroactive Member Termination - How should TCM Providers and/or their CINs/Data Partners manage member disenrollment from Medicaid retroactively for the month on a current Beneficiary Assignment file.

DHB Response:

There are rare instances where members are disenrolled retroactively. Information on retro dis-enrollments are sent to the Plans on the 834 file. Plans are requested to send:

- Maintenance Type Code of 024 (termination) on the next BA file to their TCM Providers
- End date should be updated to the new retroactive end date.

BA File Delivery Date	Member	Plan	Provider	TCM Start Date	TCM End Date	Maintenance Type Code
03/05/2023	111222333A	Plan A	TCM Provider 1	03/01/2023	12/31/9999	001
05/03/2023	111222333A	Plan A	TCM Provider 1	03/01/2023	03/31/2023	024

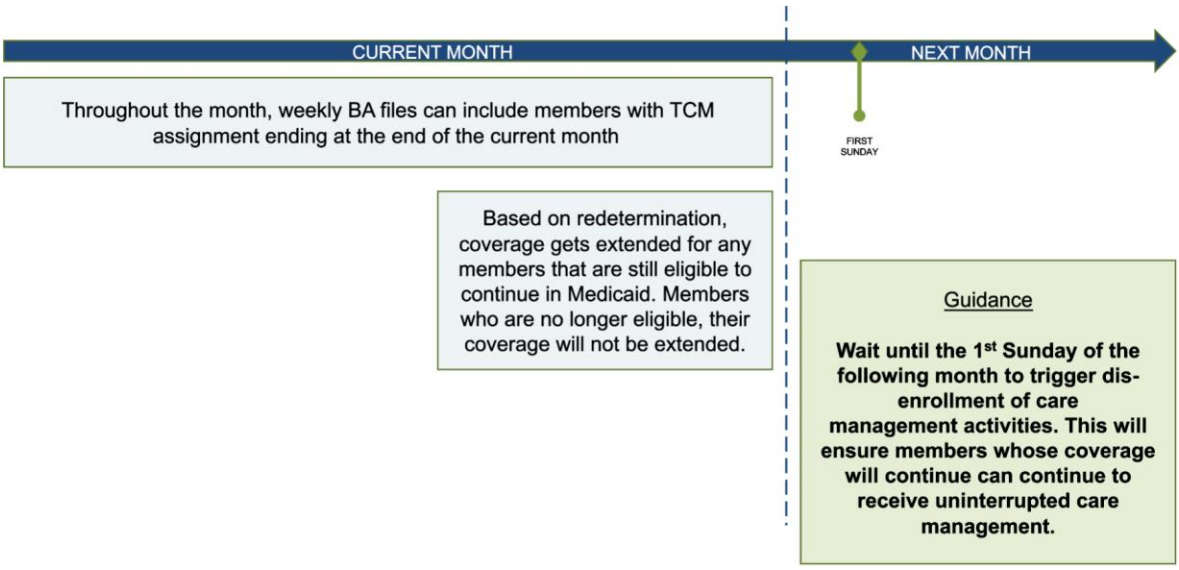
Member Dis-enrollment Management Guidance

TCM Providers and/or their CINs/Data Partners receive dis-enrollment and re-enrollment of members in the same month. This impacts their ability to provide continued support to members. When member dis-enrollment is shared via the Beneficiary Assignment file, TCM Providers and/or their CINs/Data Partners trigger dis-enrollment activities in their system. How should a TCM Providers and/or their CINs/Data Partners manage such changes**?**

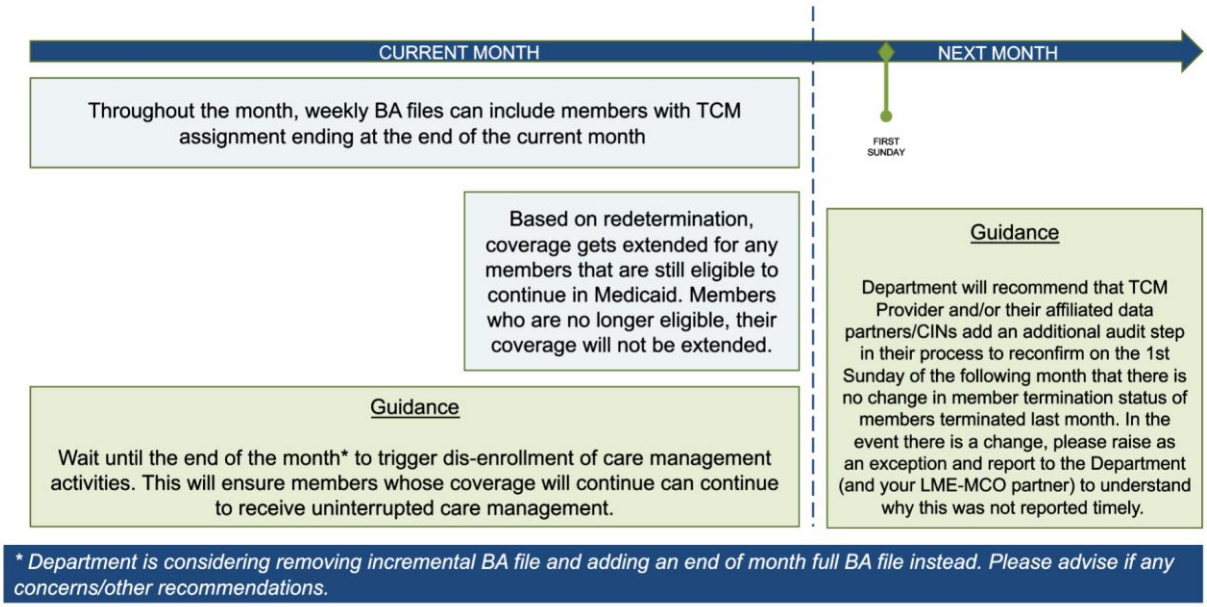
DHB Guidance

- Redeterminations of Medicaid members occur throughout the year through the Department of Social Services (DSS). Many redeterminations can occur close to end of a month in alignment with NC Medicaid policies and CMS guidelines.
- For any members that are redetermined close to end of the month and are determined to be eligible to continue Medicaid coverage. Their coverage gets extended.
- Based on feedback shared through the post-production sessions, this is impacting how dis-enrollments from care management services are being managed in the TCM Providers and/or their affiliated partners Care Management (CM) systems.
- CM systems start dis-enrollments earlier in the month for members that are terminating at the end of the month. Based on redetermination, if the member coverage gets extended, then their care management services are restarted and can potentially introduce some gap.

Interim Guidance with Weekly BA Files:



Long Term Guidance with End-of-Month BA File:



VII. Privacy and Security Office Guidance

Request: Manage Non-interface Data Transfers

Data Partners requested guidance from the state for supporting transfer for **non-TCM interface data information** to the LME-MCOs on behalf of their contracted TCM Provider.

Department's Recommendation: Meet PSO Guidance

Security requirements are required to flow to TCM Providers and/or their CINs/Data Partners from the Plans (TP or PIHP). While there are various contractual relationships the following diagrams show the most common models and the flow of contracts and security documentation. **As long as these requirements are adhered to, the Department allows two contracting entities to manage data securely.**