



## **NC Medicaid Managed Care**

### **Tailored Care Management Data Interfaces Frequently Asked Questions**

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| <b>Change Log</b> |             |                            |
|-------------------|-------------|----------------------------|
| <b>Version</b>    | <b>Date</b> | <b>Updates/Change Made</b> |
| 1.0               | 3/3/2023    | Initial Publication        |

## 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?

### QPHE 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/CMAAs 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.



**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?

### QPHE Response:

Yes, you will see future dated records on the BA file but this only applicable for split eligibility segments, so the TCM Provider will remain the same. Ideally, you should not see 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.

**QPHE 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?

**QPHE 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?

**QPHE 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:** 1<sup>st</sup> 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 1<sup>st</sup> 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?

**QPHE 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 (1<sup>st</sup> 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)<br>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)<br>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<br>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.<br>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.<br><br>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.<br><br>Activity Date: 12/12/22<br><br>2. Member Address Changes (Same Residential but different address)<br><br>Activity Date: 12/13/22<br><br>2. Member Case-head Phone Changes<br><br>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.<br><br>Activity Date: 12/20/22<br><br>2. Member Address Changes (Same Residential but different address)<br><br>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)

**QPHE 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       | 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.                  |
|          | No Change in Member TCM Provider (Same NPI & Loc Code) | 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.                  |
|          | Activity Date: 2/1/23                                  | 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       | 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. |
|          | No Change in Member TCM Provider (Same NPI & Loc Code) | 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. |
|          | Change in Member Address                               | 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.   |
|          | Enrollment Change: 2/1/23<br>Address Change: 3/15/23   | 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                               | 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. |
|          | No Change in Member TCM Provider (Same NPI & Loc Code)                         | 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                               | 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.   |
|          | Change in Member TCM Provider and/or affiliated CIN (Different NPI & Loc Code) | 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.  |
|          | Activity Date: 2/1/23  |                           |                    |                       |                     |                |              |              |                  |                  |  |

| 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                               | 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. |
|          | Change in Member TCM Provider and/or affiliated CIN (Different NPI & Loc Code) | TP BA Daily Incremental   | 5/23/2023          | 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.    |
|          |  | 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                               | 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.    |
|          | No Change in Member TCM Provider (Same NPI & Loc Code)                         | 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. |
|          | Activity Date: 6/15/23   |                           |                    |                       |                     |                |              |              |                  |                  |  |

## II. Patient Risk List File

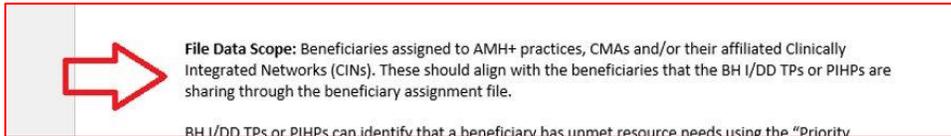
### Question:

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?

### QPHE Response:

## Patient Risk List (PRL) Outbound Data Scope Clarification

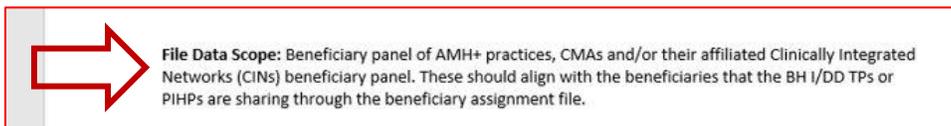
- **Beneficiaries:** PRL outbound should include all currently active and future assignment date beneficiaries. The beneficiary data should align with beneficiaries reported through the beneficiary assignment file.



- **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?

**QPHE 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 26<sup>th</sup> 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. 1<sup>st</sup> Full file should be sent on the 7<sup>th</sup> 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?

**QPHE 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 <a href="#">AMH Program Manual</a> and <a href="#">Tailored CM Program Manual</a> 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?

**QPHE 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<br>(Only applicable to the PRL 2.0) | O | M | The date that a beneficiary's last/current Care Manager was assigned.<br>YYYYMMDD |
|--|---|---|---|

**Question:**

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

**QPHE 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<br>(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.<br>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?

**QPHE 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<br>(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<br>(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<br>(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?

**QPHE Response:**

As outlined in the data specification document, the below fields are optional for Tailored Care Management program. They 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  |

III. Tailored Care Management (TCM) Assignment

**Question:**

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

**QPHE 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?

**QPHE 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?

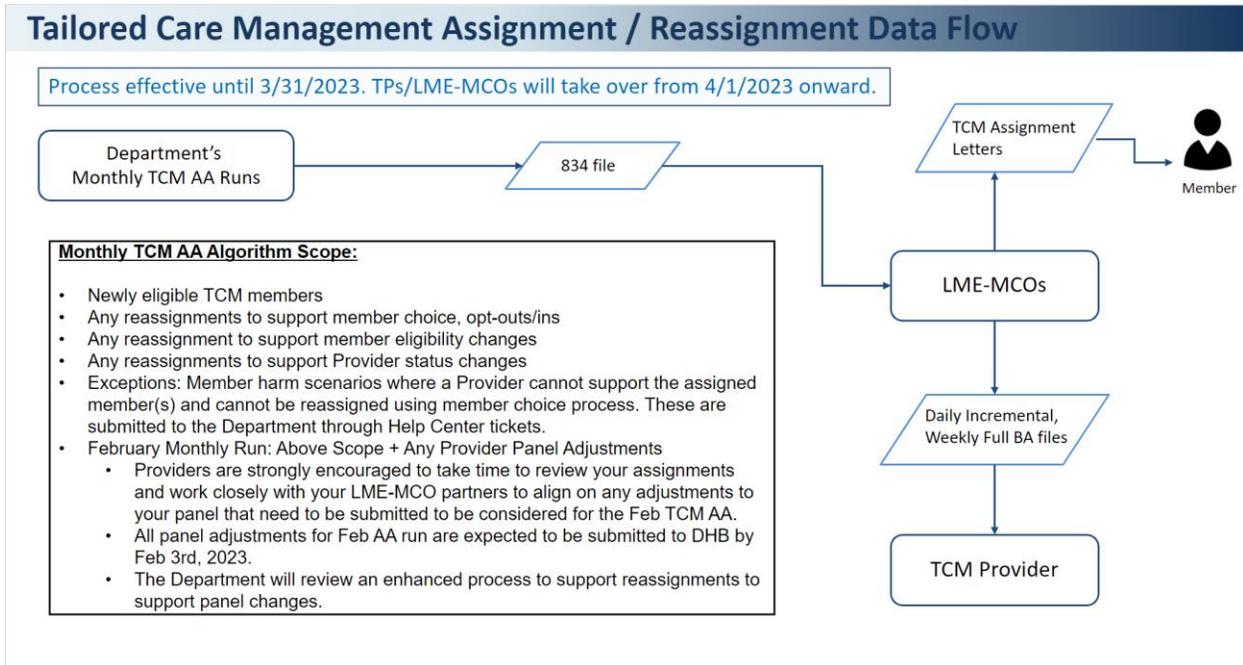
**QPHE Response:**

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?

**QPHE 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?

**QPHE Response:**

At a high level, in BCM029 LME-MCOs are submitting panel information for TCM certified providers, per our understanding this panel information is what you are providing to LME-MCOs. The BCM029 has information on counties, population segments and panel by population segment. 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 in depth analysis on these reports and work with LME-MCOs to correct any error before using the BCM029 to run our algorithm.

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?

**QPHE 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?

**QPHE 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.

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

- **Medicaid Direct Members (PIHP Data Interfaces):** PIHP data interfaces are being 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 in Medicaid Direct right now will enroll with and move over 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 be going live with TP interfaces. LME-MCOs as well as TCM Providers/CINs/Other Partners a part of the State's E2E testing have been testing both PIHP and TP interfaces. TCM Providers will be receiving both interfaces. TP population will report through the TP interfaces and the remaining population in Medicaid Direct will continue to report on the PIHP interfaces

### **Question:**

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

### **QPHE 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?

### **QPHE 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.