

North Carolina Department of Health and Human Services (DHHS)
 Tailored Care Management Technical Advisory Group (TAG) Data Subcommittee Meeting
 June 29, 2023, 4:00-4:50 PM ET

Meeting Attendance

Data Subcommittee Members

Organization Type	Organization	Present
LME-MCO	Alliance Health	Yes
	Eastpointe	Yes
	Partners Health Management	Yes
	Sandhills Center	No
	Trillium Health Resources	Yes
	Vaya Health	Yes
CINs/Data Partner	Access East	No
	Alera Health (fka Blaze Advisors)	Yes
	CCPN	Yes
	CHN	Yes
	Duke	Yes
	Emtiro	Yes
	NCCHCA/CMHN	Yes
	MediSked	Yes
AMH+/CMA	B&D Integrated Health Services	Yes
	Coastal Horizons Center	Yes
	Daymark Recovery Services	Yes
	Dixon Social Interactive Services	No
	ECU Physicians	No
	Integrated Family Services	Yes
	Monarch	Yes
	Pinnacle Family Services	Yes
	The Arc of NC	Yes
	UNC Center for Excellence	Yes
Other	Tribal Option	Yes

Data Subcommittee Staff and Presenters

NC DHHS Staff	Title
Kristen Dubay	Chief of Population Health
Loul Alvarez	Associate Director, Population Health
Regina Manly	Senior Program Manager, Tailored Care Management
Gwendolyn Sherrod	Program Lead, Tailored Care Management
Eumeka Dudley	Program Lead, Tailored Care Management
Anh Gibbs	Technical Lead for Quality, Population Health, and Evaluation
Saheedat Olatinwo	Program Specialist, Tailored Care Management
Advisors	Title
Vik Gupta	Medicaid Transformation, Quality & Population Health, Accenture
Madhu Patel	Medicaid Transformation, Quality & Population Health, Accenture
Elissa Perez	Medicaid Transformation, Quality & Population Health, Accenture
Lammot du Pont	Senior Advisor, Manatt Health Strategies

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Agenda

- Welcome & Roll Call
- Data Subcommittee Objectives and Roles
- Data Topics for Discussion
 - Tailored Care Management Auto-Assignment
 - Tailored Care Management Data Interfaces
- Data Topic Prioritization
- Public Comments
- Next Steps

Data Subcommittee Objectives and Roles (Loul Alvarez)

Key Takeaways

- The purpose of the Tailored Care Management TAG Data Subcommittee is the following:
 - Increase understanding of core Tailored Care Management data processes
 - Provide a forum to Tailored Care Management entities to raise issues for discussion and resolution
 - Identify, prioritize, and provide informed recommendations on data topics that arise with Tailored Care Management implementation
- The Tailored Care Management TAG Data Subcommittee consists of data and information system subject matter experts. Members will identify and consider Tailored Care Management data priorities and concerns, opportunities for efficiencies and alignment and serve as ambassadors to their networks by sharing and collecting input on data issues.
- The Tailored Care Management TAG Data Subcommittee is not a decision-making body. Meetings will occur approximately quarterly.

Data Topics for Discussion: Tailored Care Management Auto-Assignment (Vik Gupta)

Key Takeaways

- The Department managed the Tailored Care Management auto assignment process for Medicaid Direct members between December 2022 and March 2023. In April 2023, the Department transitioned the process to LME-MCOs. Member choice has always been managed by LME-MCOs.
- Members will be assigned to a new Tailored Care Management provider in one of three scenarios, described below. Tailored Care Management assignments are effective the 1st of the following month.
 - Assignment: A newly enrolled or eligible Member in a given LME-MCO is assigned to a Tailored Care Management entity.
 - Reassignment: Within a given LME-MCO, a Member is reassigned to a different Tailored Care Management entity or a Member's eligibility for Tailored Care Management ends.
 - Member Choice: A Member actively selects a Tailored Care Management entity by calling their LME-MCO.

North Carolina Department of Health and Human Services (DHHS)

Tailored Care Management Technical Advisory Group (TAG) Data Subcommittee Meeting

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- The Tailored Care Management assignment process include the following data dependencies:
 - Member enrollment and eligibility data
 - Department-certified Tailored Care Management providers
 - Contracted Tailored Care Management providers
 - Provider panel capacity by county and population segment
 - Transitions to community living data
 - Claims and encounter data
 - Member choice

- Most LME-MCOs run their auto assignment process twice a month. Data lags are expected to not be any longer than one to two weeks.

- As on June 1, 2023, 38% of Medicaid Direct members eligible for Tailored Care Management have been assigned to Tailored Care Management providers. The Department will work with LME-MCOs over the next two to three months to reassign members who are currently assigned to LME-MCOs to providers based on historical member-provider relationships.

- The Department has received reports from Tailored Care Management providers of frequent changes to their assigned members.
 - To identify the root cause of the churn, the Department is collaborating with LME-MCOs to conduct regular analysis of all Tailored Care Management assignments and provide feedback on LME-MCOs' assignment processes. The Department will also conduct onsite visits with LME-MCOs to assist with assignment process updates.
 - The Department anticipates LME-MCOs will make additional refinements to their assignment processes based on Department feedback.

Discussion/Feedback from Data Subcommittee Members

- **Comment:** A Tailored Care Management TAG Data Subcommittee member requested a feedback loop between providers and LME-MCOs to ensure that the provider panel capacity by county and population segment is accurately reported.
 - **Response:** LME-MCOs are contractually required to have defined processes for collecting feedback on and using provider panel capacity data for auto assignment. The Department welcomes partner's feedback on:
 - Current communication processes, and
 - Areas of improvement that can facilitate efficient sharing of information on panel capacity between providers and plans.

- **Comment:** A Tailored Care Management TAG Data Subcommittee member requested the Department propose policy options to address costs incurred by providers as a result of lags in beneficiary assignment data. Due to outdated data, providers may serve members that are no longer assigned to them and the LME-MCO will deny the providers' claims.
 - **Response:** The Department will follow-up with the Tailored Care Management TAG Data Subcommittee member to further understand the issue and its impact.

North Carolina Department of Health and Human Services (DHHS)

Tailored Care Management Technical Advisory Group (TAG) Data Subcommittee Meeting

June 29, 2023, 4:00-4:50 PM ET

- **Comment:** A Tailored Care Management TAG Data Subcommittee member requested to validate the NPI list used for Tailored Care Management assignment.
 - **Response:** Please work with your contracted LME-MCO(s) to request a list of all active NPIs used for Tailored Care Management assignment. While the LME-MCOs are only allowed to assign members to NCQA-certified NPIs/locations that are active in NCTracks, the Department does not dictate which of these NCQA-certified NPIs/locations will be used in the auto-assignment process. It is the providers' responsibility to work with their LME-MCO(s) to identify these locations.

- **Comment:** A Tailored Care Management TAG Data Subcommittee member requested to review the software code for Tailored Care Management assignment algorithms and raised the following questions:
 1. What are the billing codes/modifiers that define a provider relationship for assignment? For example, we learned through trial and error that 96372, Injection (which we code for antipsychotic injections) is not included in this list. Sometimes, especially in urban environments, this is the most that happens in a in the patient relationship. No shows for these injections usually result in ED or Inpatient utilization. Tailored Care Management would be very useful in enhancing and maintaining the relationship.
 2. What are the billing codes/modifiers that exclude a provider relationship for assignment? For example, we learned through trial and error that an early version of the process excluded someone that had received Mobile Crisis services, H2011. While that was corrected, are there possible codes/modifiers that could remain as issues?
 3. Big picture—we have 1,950 patients that we have served in the last 12 months that are assigned to other providers (not LME-MCOs). Some of these are the result of valid exclusions. For example, we are not certified for IDD—we have a lot of patients treated by our psychiatrists that are ASD but have ADD or Anxiety Disorder. However, this appears to be just a small portion of the 1,950.
 4. Are denied claims factored in, given that a denied claim represents a service that did actually happen?
 - **Response:** As you may recall, the Department transitioned Tailored Care Management auto assignment to LME-MCOs on April 1, 2023. Prior to making Tailored Care Management assignments, LME-MCOs are expected to identify member-provider relationships; however, the Department did not specify how a member-provider relationship should be defined. Thus, providers are encouraged to engage directly with their respective LME-MCOs to better understand what billing/modifiers defines a member-provider relationship, and whether denied claims are taken into consideration, when identifying a member-provider relationship.

Additionally, in efforts to support LME-MCOs in assigning more members to provider-based Tailored Care Management, the Department has provided LME-MCOs with a list of members that could be reassigned from the LME to a provider (AMH+/CMAs) based on historical member-provider relationships. Providers should work with their LME-MCO(s) to identify which of these members can be supported by the AMH+/CMA.

North Carolina Department of Health and Human Services (DHHS)
Tailored Care Management Technical Advisory Group (TAG) Data Subcommittee Meeting
June 29, 2023, 4:00-4:50 PM ET

Data Topics for Discussion: Tailored Care Management Data Interfaces (Madhu Patel)

Key Takeaways

- Since March, the Department has held weekly Tailored Care Management Interfaces Deep Dive sessions and prioritized production issues related to the Beneficiary Assignment (BA) file.
 - In the last three months, the Department has observed open incidents decline from 40 to 3, with only 1 open incident related to the BA file.
 - Additionally, the Department has conducted two rounds of the BA file completeness audit to ensure Tailored Care Management providers receive complete member data.
 - The Department will continue to create tickets to document and resolve BA data quality issues.

- The Department is currently investigating the root cause of reported data quality issues with claims interfaces.

Key Processes and Contacts for Issue Resolution (Madhu Patel)

Key Takeaways

- The Department encourages Tailored Care Management providers/CINs/data partners to contact their LME-MCO for specific concerns and issues. The Provider Ombudsman (email: Medicaid.ProviderOmbudsman@dhhs.nc.gov, phone: 866-304-7062) may also be contacted to escalate issues.
 - Responses to inquiries sent to the Provider Ombudsman are auto-generated in ServiceNow, the Department's ticket management system, and sent directly to the inquirer's email address. The subject line will read "NC Medicaid Inquiry COM00XXXXX" and will be sent from the IT Service Desk Medicaid.HelpCenter@dhhs.nc.gov.
 - LME-MCOs have direct access to submit and manage tickets in ServiceNow. The Tailored Care Management Help Center team has a summary dashboard that shows number of open/in progress tickets, aging tickets, where the tickets are assigned to (business, LME-MCOs, etc.), and other useful metrics.

Data Topic Prioritization (Loul Alvarez)

Key Takeaways

- To help guide the selection and prioritization of data topics to focus on, the Department will solicit feedback from Data Subcommittee members on known data topics and issues.

- For each issue, the Department will collect the following information:
 - The relative importance or impact of the data issues/concerns
 - The urgency to resolve the data issues/concerns

North Carolina Department of Health and Human Services (DHHS)

Tailored Care Management Technical Advisory Group (TAG) Data Subcommittee Meeting

June 29, 2023, 4:00-4:50 PM ET

Public Comment (Loul Alvarez)

- **Comment:** A Tailored Care Management TAG Data Subcommittee member proposed the following recommendations for the Department to consider to improve Tailored Care Management providers’ operations:

<i>Recommendation</i>	<i>Outcome</i>	<i>Anticipated Impact / Priority</i>
1. Add member primary diagnosis code as a new Beneficiary Assignment file field	Improve provider understanding of beneficiary assignment processes and results	High
2. Collect member emails and updated phone numbers during eligibility redeterminations and share with LME-MCOs for inclusion on the Beneficiary Assignment file	Improve the success of member outreach and engagement efforts	High
3. Improve communications of new or updated data specifications	Increase awareness and facilitate rapid adoption of most current data specifications	Medium

- **Response:** Please see responses to each recommendation below:
 1. The Beneficiary Assignment file is a slim-down version of the standard 834 file to facilitate the ingestion of necessary information from the 834 file into target systems. Primary Diagnosis code is shared by the LME-MCOs to the AMH+/CMA providers and/or their CINs/Data Partners through the TCM claims interface. The Department would like to solicit feedback from all Tailored Care Management partners on the value of adding the Primary Diagnosis code field in the Beneficiary Assignment file when it is already available through the claims interface. The Department also seeks to understand downstream impacts of this proposed change to the Beneficiary Assignment file.
 2. Medicaid members’ contact information is based on information provided to the Division of Social Services. Due to the transient nature of the population served, this information may change over time. The Department continues to provide training sessions through AHEC to support providers using NC HealthConnex to identify additional sources of members’ contact information to improve member outreach and engagement.
 3. Data specifications updates are communicated (e.g., via email, meeting, newsletter) to LME-MCOs as well as posted to the NC Medicaid Portal. Further methods of communication will be considered in the future.

- **Comment:** A Tailored Care Management TAG Data Subcommittee member suggested to allow Tailored Care Management providers to receive Medicare claims directly from CMS, similar to how providers in Medicare Shared Savings Programs receive their Medicare claims data.
 - **Response:** Thank you for this feedback. The Department will explore the feasibility of an initiative to include Medicare data.

North Carolina Department of Health and Human Services (DHHS)

Tailored Care Management Technical Advisory Group (TAG) Data Subcommittee Meeting

June 29, 2023, 4:00-4:50 PM ET

- **Comment:** A Tailored Care Management TAG Data Subcommittee member requested clarification on the BCM029 data file.
 - **Response:** Thank you for this feedback. Additional information on the BCM029 report can be found in the [Tailored Care Management Data Interfaces Frequently Asked Questions](#) document.

Wrap-Up and Next Steps (Loul Alvarez)

- The next Tailored Care Management TAG Data Subcommittee is scheduled for October 19, 2023. Future subcommittee meetings will occur on a quarterly cadence thereafter.
- Tailored Care Management TAG Data Subcommittee members are invited to share any other questions or comments on meeting topics and/or logistics with Saheedat Olatinwo (saheedat.olatinwo@dhhs.nc.gov).

The meeting adjourned at 4:50 PM ET.