

**Tailored Care Management (TCM)  
Technical Advisory Group (TAG)  
Data Subcommittee**

*October 19, 2023 Meeting*

# Agenda

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|                                                                                   |                                                                                                                                                                                 |               |
|-----------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
|  | <b>Welcome &amp; Roll Call</b>                                                                                                                                                  | <b>5 min</b>  |
|  | <b>Data Topics for Discussion</b> <ul style="list-style-type: none"><li>• Tailored Care Management Auto-Assignment</li><li>• Tailored Care Management Data Interfaces</li></ul> | <b>30 min</b> |
|  | <b>Data Topic Prioritization</b>                                                                                                                                                | <b>10 min</b> |
|  | <b>Public Comments</b>                                                                                                                                                          | <b>5 min</b>  |
|  | <b>Next Steps</b>                                                                                                                                                               | <b>2 min</b>  |

# Tailored Care Management TAG Data Subcommittee Roll Call

| Entity          | Organization Name                 |
|-----------------|-----------------------------------|
| <b>LME/MCOs</b> | Alliance Health                   |
|                 | Eastpointe                        |
|                 | Partners Health Management        |
|                 | Sandhills Center                  |
|                 | Trillium Health Resources         |
|                 | Vaya Health                       |
| <b>CINs</b>     | Access East                       |
|                 | Alera Health (fka Blaze Advisors) |
|                 | CCPN                              |
|                 | CHN                               |
|                 | Duke                              |
|                 | Entiro                            |
|                 | NCCHA/CMHN                        |
|                 | MediSked                          |

| Entity                    | Organization Name                 |
|---------------------------|-----------------------------------|
| <b>AMH+/CMAs</b>          | B&D Integrated Health Services    |
|                           | Coastal Horizons Center           |
|                           | Daymark Recovery Services         |
|                           | Dixon Social Interactive Services |
|                           | ECU Physicians                    |
|                           | Integrated Family Services        |
|                           | Monarch                           |
|                           | Pinnacle Family Services          |
|                           | The Arc of NC                     |
| UNC Center for Excellence |                                   |
| <b>Others</b>             | Tribal Option                     |

## DHHS and Advisors

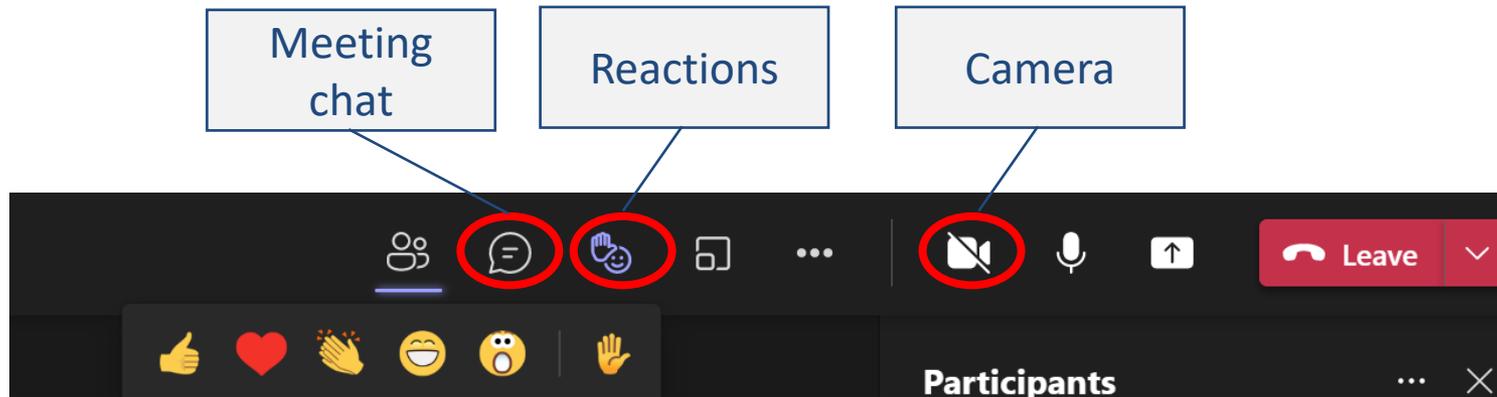
|                                           |                                                          |                                                                         |                                                              |                                                              |                                                                                          |
|-------------------------------------------|----------------------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------|--------------------------------------------------------------|------------------------------------------------------------------------------------------|
| <b>Kristen Dubay,<br/>MPP</b>             | <b>Loul Alvarez,<br/>MPA</b>                             | <b>Regina Manly,<br/>MSA</b>                                            | <b>Gwen Sherrod,<br/>MBA, MHA</b>                            | <b>Eumeka Dudley,<br/>MHS</b>                                | <b>Anh Gibbs</b>                                                                         |
| <b>Chief of<br/>Population<br/>Health</b> | <b>Associate<br/>Director,<br/>Population<br/>Health</b> | <b>Senior<br/>Program<br/>Manager,<br/>Tailored Care<br/>Management</b> | <b>Program<br/>Manager,<br/>Tailored Care<br/>Management</b> | <b>Program<br/>Manager,<br/>Tailored Care<br/>Management</b> | <b>Technical<br/>Lead for<br/>Quality,<br/>Population<br/>Health, and<br/>Evaluation</b> |

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|                                                                                    |                                                                                    |                                                     |
|------------------------------------------------------------------------------------|------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Vik Gupta</b>                                                                   | <b>Sachin Chintawar</b>                                                            | <b>Lammot du Pont</b>                               |
| <b>Medicaid Transformation,<br/>Quality &amp; Population Health,<br/>Accenture</b> | <b>Medicaid Transformation,<br/>Quality &amp; Population Health,<br/>Accenture</b> | <b>Senior Advisor,<br/>Manatt Health Strategies</b> |

# Meeting Engagement

We encourage subcommittee members to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



# Data Topics for Discussion

# Tailored Care Management Data Topics

## Overview

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**Today, the Department will discuss and seek feedback on two topics:**

1. Tailored Care Management Auto-Assignment
2. Tailored Care Management Data Interfaces

# Tailored Care Management Auto Assignment

## Issue Description and Resolution Approaches

### Issue Description

TCM providers are observing frequent changes to their assigned members, resulting in disruptions in care as well as member confusion and frustration.

### Resolution Approach

To improve members' continuity of care and stabilize providers' panels, the Department is taking the following steps:

1. Regular monitoring of LME-MCOs' initial member assignments and refinement of auto-assignment processes to address data inaccuracies or inconsistencies
2. Review of current Tailored Care Management reassignments and reassignment processes to identify major drivers of member churn and develop mitigation approaches



**For Discussion:** Have Data Subcommittee Members observed any additional issues with Tailored Care Management assignments?

# Tailored Care Management Auto Assignment

## Progress to Date: Regular Monitoring of Member Assignment

### Resolution Approach

To improve members' continuity of care and stabilize providers' panels, the Department is taking the following steps:

- 1. Regular monitoring of LME-MCOs' initial member assignments and refinement of auto-assignment processes to address data inaccuracies or inconsistencies**
2. Review of current Tailored Care Management reassignments and reassignment processes to identify major drivers of member churn and develop mitigation approaches

### Key Progress to Date

- As of 10/1, **41% of TCM-eligible Medicaid Direct members have been assigned to TCM providers** based on their historical provider relationships.
- The Department **actively monitors initial member assignments** for potential errors or discrepancies.
- Additionally, the Department has held working sessions with all six LME-MCOs to **review and refine their auto-assignment processes.**

# Tailored Care Management Auto Assignment

## Progress to Date: Review of Reassignment Processes

### Resolution Approach

To improve members' continuity of care and stabilize providers' panels, the Department is taking the following steps:

1. Regular monitoring of LME-MCOs' initial member assignments and refinement of auto-assignment processes to address data inaccuracies or inconsistencies
2. **Review of current Tailored Care Management reassignments and reassignment processes to identify major drivers of member churn and develop mitigation approaches**

### Key Progress to Date

- The Department has worked with LME-MCOs to **review and validate reassignment processes**. Four LME-MCOs have received approval to submit reassignments directly to NC FAST. For the other two LME-MCOs, the Department continues to review their reassignments prior to NC FAST submission.
- In August, the Department formed a **"TCM Auto-Assignment Collaborative,"** consisting of LME-MCOs, TCM providers and CINs, to:
  1. Review drivers of member churn, and
  2. Assess potential changes to current reassignment guidance to minimize member churn.
- To date, the Collaborative has discussed potential **changes to reassignment processes** for the following scenarios identified as **top drivers of member churn**:
  - Population Segment Changes\*
  - HCBS Conflict Identification
- The Department will continue to hold working sessions to **review additional reassignment scenarios and opportunities** to reduce member churn.

\*Reassignments due to a change in a member's population segment have been paused to review this requirement.

# Tailored Care Management Data Interfaces

## Issue Description and Resolution Approaches

### Issue Description

TCM partners have reported data quality issues with beneficiary assignment and claims data interfaces.

Inaccurate interface generation leads to incomplete data being shared with TCM providers.

### Resolution Approach

To improve the data quality among required Tailored Care Management data interfaces, the Department is taking the following steps:

1. Monitoring of incident reports as they are observed in production via the Department's Help Center ticketing system
2. Assessment, research, and triage of data issues through LME-MCO-led TCM Interfaces Deep Dive sessions
3. Planning for future monitoring of data completeness across all TCM data interfaces



**For Discussion:** Do Data Subcommittee Members have any additional feedback on potential issues with Tailored Care Management data interfaces?

# Tailored Care Management Data Interfaces

## Progress to Date: TCM Interfaces Deep Dive Session

### Resolution Approach

To improve the data quality among required Tailored Care Management data interfaces, the Department is taking the following steps:

- 1. Monitoring of incident reports as they are observed in production via the Department's Help Center ticketing system**
- 2. Assessment, research, and triage of data issues through LME-MCO-led TCM Interfaces Deep Dive sessions**
3. Planning for future monitoring of data completeness across all TCM data interfaces

### Key Progress to Date

- Since the start of the weekly TCM Interfaces Deep Dive sessions, **issue resolution time has declined from 24 days to 15 days.**
- Based on stakeholder feedback, the Department has implemented three TCM Interfaces enhancements:
  - ✓ Removal of the daily incremental Beneficiary Assignment file
  - ✓ Addition of an End of Month full Beneficiary Assignment file
  - ✓ Standardization of TCM Provider/CIN/Data Partner short names
- DHB is considering additional enhancements to continue to improve data quality of TCM Interfaces.

# Data Topics Prioritization

# Data Topic Prioritization

## Proposed Approach

**To help guide the selection of data topics to focus on and prioritize follow-up efforts, DHHS proposes to collect the following information:**

- The relative importance or impact of the data issues/concerns
- The urgency to resolve the data issues/concerns

**In the next weeks, the Department will solicit written feedback from Data Subcommittee members on known data topics and issues.**

# Data Topic Prioritization

## Sample Feedback Collection

### The Department will ask Data Subcommittee members to:

1. Validate a list of identified data issues
2. Identify any additional issues
3. Comment on the nature, impact, urgency of the issue and/or potential solutions
4. Prioritize the issues across two dimensions:

#### **1. Impact on Critical Operations**

- **High** (*significant impact*)
- **Medium** (*moderate impact*)
- **Low** (*minimal impact*)

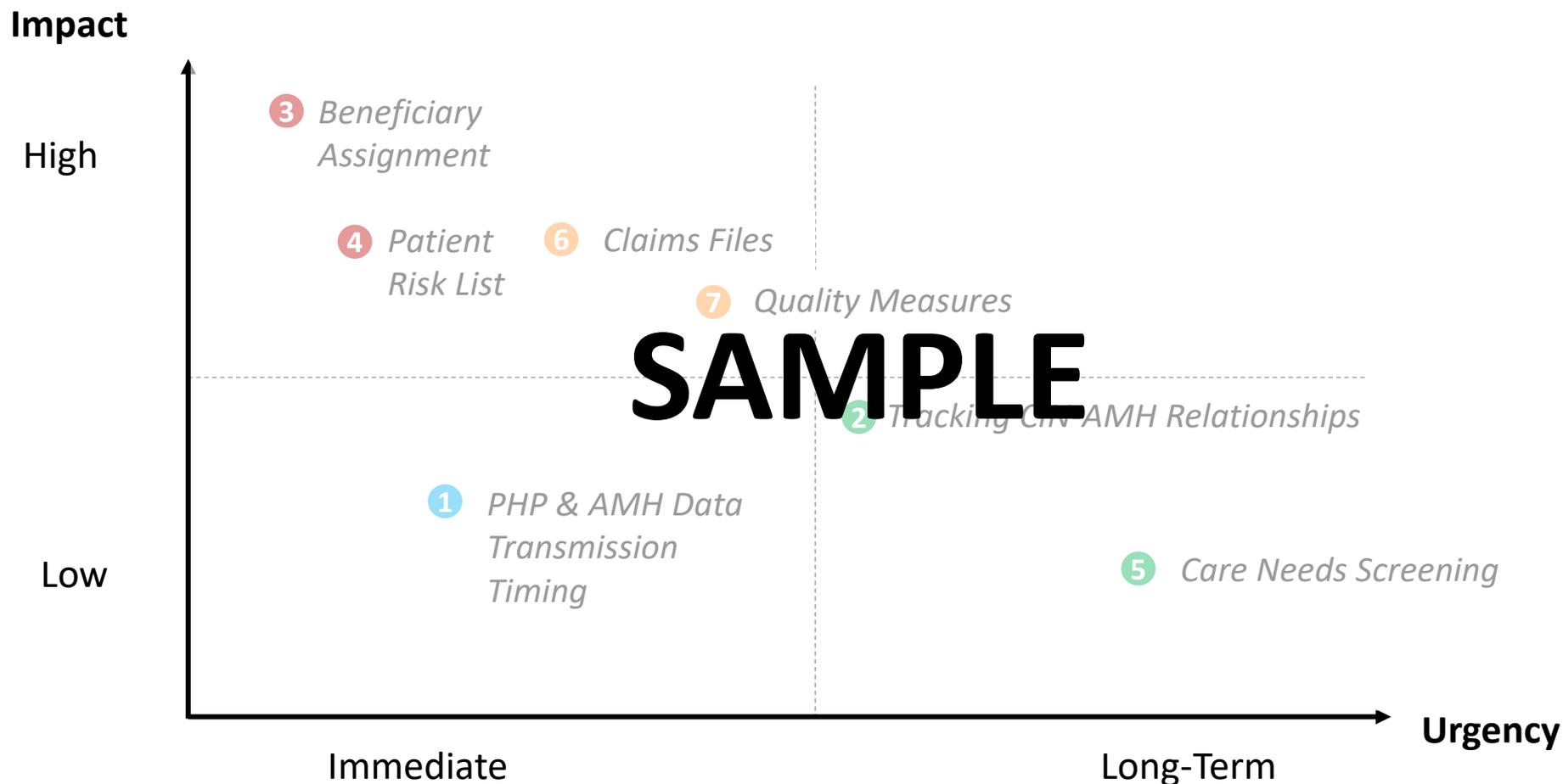
#### **2. Urgency for Resolution**

- **Immediate** (*within next 6 months*)
- **Near term** (*between 6-9 months*)
- **Long term** (*after 9 months*)

# Data Topic Prioritization

## Sample Prioritization Matrix

The Department will analyze and share a synthesis of the comments received.



# Data Topic Prioritization

## Sample Prioritization Rankings

The feedback will inform prioritization of efforts to address known data topics and reveal potential differences in prioritization among LME-MCOs, AMH+ practices/CMAAs, and Data Partners.

| Issue                                 | Prioritization                        | % High Impact | % High Urgency |
|---------------------------------------|---------------------------------------|---------------|----------------|
| Beneficiary Assignment                | High Impact,<br>Address Immediately   | 93%           | 80%            |
| Patient Risk List                     | High Impact,<br>Address Immediately   | 67%           | 67%            |
| Claims Files                          | High Impact,<br>Address Near Term     | 67%           | 53%            |
| Quality Measures                      | High Impact,<br>Address Near Term     | 61%           | 47%            |
| PHP & AMH Data<br>Transmission Timing | Medium Impact,<br>Address Immediately | 40%           | 60%            |
| Tracking CIN-AMH<br>Relationships     | Medium Impact,<br>Address Near Term   | 47%           | 40%            |
| Care Needs Screening                  | Medium Impact,<br>Address Long Term   | 20%           | 20%            |

**SAMPLE**

# Data Topic Prioritization

## Sample Responses

**In their comments, Data Subcommittee Members should provide as much as detail as possible on each of the data topics.**

### Example Responses from AMH Data Topics Survey

|                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|--------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Issue Description</b>             | <p>Providers and PHPs contractual relationships vary and can be multi-faceted and complex. PHPs' information on the relationships between CINs and their associated AMHs may not reflect up-to-date contractual relationships, and as a result, the files that PHPs and CINs routinely share may have incomplete or inaccurate information.</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
| <b>Sample Response from Payer</b>    | <p><i>Comments on Issue Description:</i> "The frequency of changes within the AMH3/CIN space as providers move from CIN to CIN, or from CIN to standalone AMH3, or are merging with other health systems, makes the tracking of the PHP-AMH3/CIN relationship difficult. The frequency with which this information is required (BCM029 for instance), which is outside the original cadence, creates additional challenges and ties up critical resources for the PHPs. With the ebb and flow of AMH3/CIN relationships, quarterly status seems more appropriate."</p> <p><i>Comments on Potential Solutions:</i> "The only real way to address this issue is for the PEF file to include the AMH3/CIN relationship that is maintained by the provider. This would greatly automate the process for PHPs and allow a single change for a provider to permeate to all of the PHPs. ..."</p> |
| <b>Sample Response from Provider</b> | <p><i>Comments on Issue Description:</i> "This issue is one of the biggest drivers of errors on the BA files."</p> <p><i>Comments on Potential Solutions:</i> "Tracking of CIN-AMH relationships requires at least monthly roster management and reconciliation between PHPs and CINs which should be managed within the context of the PHP-CIN agreement and relationship."</p>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |

# Data Topic Prioritization

## Survey Logistics

- The Department plans to use **SurveyMonkey** to collect feedback from Data Subcommittee Members.
- Data Subcommittee Members should expect to receive a link to the survey by **early November**.
- Data Subcommittee Members should each submit **one single response**. Data Subcommittee Members should work within their organization to collect and consolidate feedback on each of the data topics, as applicable.

# Public Comments

# Next Steps

# Next Steps

## Subcommittee Members will:

- 1 Provide additional feedback on today's discussion topics to Eumeka Dudley ([eumeka.dudley@dhhs.nc.gov](mailto:eumeka.dudley@dhhs.nc.gov)).

## DHHS will:

- 1 Post today's presentation and a summary of today's meeting on the DHHS website.

**Future Tailored Care Management TAG Data Subcommittee meetings will occur on a quarterly cadence. The next meeting is scheduled for January 18, 2024.**