NC Medicaid Managed Care

Requirements for Sharing Claims &
Encounters Data to Support Continuity of
Care for Beneficiaries transitioning
between Medicaid Direct & PHPs

Change Log		
Version	**Date**	**Updates/Change Made**
2.0	1/22/2020	Initial Publication

3.0	9/18/2020	• Updated Claims Formats
		• Included COBOL Copybooks
		• Added Section for PHP to Tribal Option
		    o 834 Trigger Info
		• Added Section for PHP to CCNC
		    o 834 Trigger Info

3.1	10/16/2020	• Updated Claims Formats to line up with COBOL
4.0	10/1/2021	• Updated to include requirements for both Behavioral Health (BH) and Intellectual/Developmental Disability (I/DD) Tailored Plans (TPs) and Standard Plans (SPs) – Referred to as "PHPs" in this document.
5.0	2/1/2022	• Removed embedded documents and replaced with reference to their new file names and paths within PCDU o *Note: Only Standard Plans and Tailored Plans have access to the PCDU* • Minor formatting changes/fixes • Updated page numbers for documents table

Below is a list of the external references identified in this document and stored/maintained on the PCDU

Documents	Section	Page
CL_TOCDPPH_MasterDataElementDictionary_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	5
CL_TOCDPPH_ClaimsEdit_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	6
CL_TOCDPPH_MedicalHeader_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	6
CL_TOCDPPH_MedicalLine_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	6
CL_TOCDPPH_PharmacyHeader_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	6
CL_TOCDPPH_PharmacyLine_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	6
CL_TOCDPPH_ToCGDITNamingConvention_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	6
COBOL Copybooks		
CL_TOCDPPH_MedicalHeaderCobol_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	5
CL_TOCDPPH_MedicalLineCobol_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	6
CL_TOCDPPH_PharmacyHeaderCobol_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	6
CL_TOCDPPH_PharmacyLineCobol_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	6
CL_TOCDPPH_EditCobol_MMDDYYYY	*(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data*	6

" MMDDYYYY" in file names denotes the most recent date when the file was updated.

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(1) Department to PHPs: Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data

Scope:
- 24 months of historical Medical & Pharmacy claims and LME-MCO encounters data for beneficiaries who are transitioning from Medicaid Direct to PHPs
- Daily full file 24 months of historical Medical & Pharmacy claims and LME-MCO encounter data for the newly assigned beneficiaries
- Weekly incremental files, generated on Sunday's, that include edits/updates of any historical claims and any newly enrolled beneficiaries 24 months of historical Medical & Pharmacy claims and LME-MCO encounter data
  - Weekly incremental files are generated only on weeks when a Check-Write occurs
  - If there is no Check-Write, a daily full file with generate
- Edits/updates to any historical claims or new claims that are received as Medicaid Direct (FFS) claims in future due to claims lag will be shared through incremental files
- All approved and denied claims for carved in and carved out services including but not limited to dental claims.
- Weekly incremental files will also include ongoing carved-out services claims
- All LME-MCO claims and encounters payment fields will be zeroed out
- In order to comply with 42 CFR Part 2, these files will not include any records with SUD detail.

Data Source: NCTracks

Data Target(s): PHPs

File Layout(s): The Department has established file layouts to send Medical & Pharmacy Claims and LME-MCO Encounters data from NC Tracks to PHPs. There are a total of 9 interfaces with 5 associated file layouts and corresponding Copybooks for the Claims and LME-MCO Encounters which are maintained on the PCDU at the paths below. Along with the Master Data Element Dictionary (*CL_TOCDPPH_MasterDataElementDictionary_MMDDYYYY.docx)* and the File Naming Convention *(CL_TOCDPPH_ToCGDITNamingConvention_MMDDYYYY.xlsx).*

Standard Plan Path:

🏠 / Library Documents / Standard Plan / Guidance Documents / C_Benefits_and_Care_Management

Tailored Plan Path:

🏠 / Library Documents / Tailored Plan / Guidance Documents / B.2- Medicaid - Benefits

Interface	Layout	COBOL Copybook
Medical Claims Header	CL_TOCDPPH_MedicalHeader_MMDDYYYY.xlsx	*CL_TOCDPPH_MedicalHeaderCobol_MMDDYYYY.txt*

Medical Claims Line	CL_TOCDPPH_MedicalLine_MMDDYYYY.xlsx	*CL_TOCDPPH_MedicalLineCobol_MMDDYYYY.txt*
Medical Claims Edit	CL_TOCDPPH_ClaimsEdit_MMDDYYYY.xlsx	*CL_TOCDPPH_EditCobol_MMDDYYYY.txt*
Pharmacy Claims Header	CL_TOCDPPH_PharmacyHeader_MMDDYYYY.xlsx	*CL_TOCDPPH_PharmacyHeaderCobol_MMDDYYYY.txt*
Pharmacy Claims Line	CL_TOCDPPH_PharmacyLine_MMDDYYYY.xlsx	*CL_TOCDPPH_PharmacyLineCobol_MMDDYYYY.txt*
Pharmacy Claims Edit	CL_TOCDPPH_ClaimsEdit_MMDDYYYY.xlsx	*CL_TOCDPPH_EditCobol_MMDDYYYY.txt*
LME-MCO Encounters Header	CL_TOCDPPH_MedicalHeader_MMDDYYYY.xlsx	*CL_TOCDPPH_MedicalHeaderCobol_MMDDYYYY.txt*
LME-MCO Encounters Line	CL_TOCDPPH_MedicalLine_MMDDYYYY.xlsx	*CL_TOCDPPH_MedicalLineCobol_MMDDYYYY.txt*
LME-MCO Encounters Edit	CL_TOCDPPH_ClaimsEdit_MMDDYYYY.xlsx	*CL_TOCDPPH_EditCobol_MMDDYYYY.txt*

File Naming Convention: Please refer to the below document on the PCDU (at the path listed above) for the file naming convention

File Name: *CL_TOCDPPH_ToCGDITNamingConvention_MMDDYYYY.xlsx*

File Type: Fixed width flat file. All files will be zipped binary files. Once unzipped, the files will be in EBCDIC Format.

Transmission Type: Secure File Transfer Protocol (sFTP) on GDIT's Move IT Site

File Delivery Frequency: Daily
1. PHPs will receive daily full files from NC Tracks for all newly assigned beneficiaries assigned to a PHP. This will be followed by weekly incremental files. Incremental files will include any new or adjusted claims for beneficiaries with claims history previously sent, along with 24 months of claims history for newly assigned beneficiaries.

File Processing Rules:

1. PHPs should have the capability to unzip the files posted by GDIT and load the records into the appropriate operational environments. In addition, PHPs are required to share this data downstream with their contracted AMHs/AMH+/CMA practices and/or their affiliated Clinically Integrated Networks (CINs).
2. The expectation is for PHPs to use this data to 1) Support AMH/PCP Auto-Assignment and 2) Support additional care management functions 3) Tailored Care Management Assignment (If applicable)
3. PHPs are expected to ingest all claims records for beneficiaries that have a record in their eligibility system as recorded on the daily 834s. PHPs should be able to ingest claims records for beneficiaries with merged IDs. See more information on managing merged ID in the Dependencies section below.
4. For TPs, if LME-MCO encounters are duplicated i.e., the Tailored Plan already has the records in their system, the duplicate records do not need to be ingested. Duplicate records can be identified using the TCN unique identifier.

File Delivery, Acceptance & Processing Validation: The Department has setup a standard process to validate successful file creation and delivery by the source entity and successful acceptance and ingestion by the target entity. All source and target entities will need to follow these standards and report information to the Department that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the Department. These requirements will be shared with both the source and target entities by the Department's Technology Operations (Tech Ops) team.

Dependencies:
- Beneficiary assignments: PHPs will receive information on beneficiaries assigned to them through the daily 834 files. PHPs are expected to load their beneficiary assignment prior to processing the claims files.
- Member Cross Reference IDs/Merged Member IDs: Beneficiaries can have multiple Member IDs and those values are included in the 834 file – please refer to the 834 Companion Guide for appropriate loop and reference. PHPs are expected to use that data to link beneficiaries with multiple IDs with their active Member ID and properly ingest and map claims data with the appropriate active Member ID.
- Provider Data: PHPs will receive Medicaid Provider data through the Provider Enrollment File (PEF) and are expected to load that prior to processing the claims files.

(2) PHPs to PHPs (TPs and SPs): A) Medicaid Direct (FFS) Medical & Pharmacy Claims and LME-MCO Encounters data and B) Medical & Pharmacy Managed Care Encounters data

Scope:
- 24 months of Medical & Pharmacy claims data for beneficiaries who are transitioning from one PHP to another after the PHPs Managed Care go-live date.
- Source PHP will be responsible for identifying 24 months of historical data that can be a combination of historical Medicaid Direct (FFS) data they have received from the Department and Managed Care encounters data.
- All approved and denied claims & encounters for carved in and carved out services including but not limited to dental claims.
- Edits/updates to any historical claims and encounters

- Any new claims/encounters that are received in future due to claims lag
- Ongoing carved-out services claims
- In order to comply with 42 CFR Part 2, PHPs are required to remove SUD claims and encounters if consent has not otherwise been secured.

Data Source: System: PHPs

Data Target(s): PHPs

File Layout: Please refer to the latest version of the Advance Medical Home (AMH) & Tailored Care Management requirements document for sharing Encounters & Historical Claims data encounters on the NCDHHS website. PHPs are expected to use the same file layouts that they will use for sharing this data with AMHs/AMH+/CMA practices and/or their affiliated CINs.

File Naming Convention: PHPs are expected to follow the below file naming convention NCMT_<ClaimFileType>_<SourcePHPShortName>_< TargetPHPShortName >_ CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHP, use these for < SourcePHPShortName > & <TargetPHPShortName>:

- AmeriHealth = AMERI
- Healthy Blue = BCBS
- Carolina Complete Health = CCH
- United Health Care = UHC
- WellCare = WELLC
- Alliance Health = ALLT
- Eastpointe = EAST
- Partners Health Management = PART
- Sandhills Center = SANT
- Trillium Health Resources = TRIT
- Vaya Health = VAYT

Below are the values for Medical Encounter Claim Data, use these for < ClaimFileType>:
- Medical Encounter Claim Professional Header = MEDENCCLMPHD
- Medical Encounter Claim Professional Line = MEDENCCLMPLN
- Medical Encounter Claim Institutional Header = MEDENCCLMIHD
- Medical Encounter Claim Institutional Line = MEDENCCLMILN
- Pharmacy Header = RXENCHD
- Pharmacy Line = RXENCLN
- Dental Header = DENCLMHD
- Dental Professional Line = DENCLMLN

Transmission Type: Secure File Transfer Protocol (sFTP)

File Delivery Frequency: Weekly (Saturday at 12:00 am) - Full files for newly transitioned members followed by weekly incremental files

File Creation & Processing Rules:
1. Transferring PHPs will receive information on disenrollment from them and enrollment with new PHPs through the 834 files, that should trigger the creation of these files. Transferring PHPs will have 5 days to send the new PHP 24 months of historical claims and encounters data followed by weekly incremental updates.
2. Receiving PHPs should have the capability to load this data into the appropriate operational environments. In addition, PHPs are required to share this data downstream with their contracted AMHs/AMH+/CMA practices and/or their affiliated CINs. The expectation is for PHPs to use this data to 1) Support AMH/PCP Auto-Assignment 2) Support additional care management functions 3) Tailored Care Management Assignment (If applicable)
3. PHPs are expected to ingest all claims records for beneficiaries that they have a record for in their eligibility system as recorded on the daily 834s. PHPs should be able to ingest claims records for beneficiaries with merged IDs. See more information on managing merged IDs in Dependencies section below.
4. PHPs are expected to report any errors/exceptions to the Department following the process defined by the Department's technology operations team.

File Delivery, Acceptance & Processing Validation: The Department has setup a standard process to validate successful file creation and delivery by the source entity and successful acceptance and ingestion by the target entity. All source and target entities will need to follow these standards and report information to the Department that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the Department. These requirements will be shared with both the source and target entities by the Department's Technology Operations (Tech Ops) team.

(3) PHPs to Tribal Option: Medical & Pharmacy Managed Care Encounters data

Scope:
- 24 months of Medical & Pharmacy Encounter data for beneficiaries who are transitioning from a PHP to the Tribal Option after the PHPs Managed Care go-live date.
- All approved and denied encounters for carved in services.
- Edits/updates to any encounters
- Any new encounters that are received in future due to claims lag
- In order to comply with 42 CFR Part 2, PHPs are required to remove SUD encounters if consent has not otherwise been secured.

Data Source: PHPs

Data Target(s): Tribal Option

File Layout: Please refer to the latest version of the Advance Medical Home (AMH) requirements document for sharing Encounters & Historical Claims data encounters.

File Naming Convention: PHPs are expected to follow the below file naming convention

NCMT_<MedicalEncounterClaimData>_<PHPShortName>_<TribalEntity>_ CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:
- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UHC
- BCBS = BCBS
- AmeriHealth Caritas = AMERI
- Eastpointe = EAST
- Partners Health Management = PART
- Sandhills Center = SANT
- Trillium Health Resources = TRIT
- Vaya Health = VAYT
- Alliance Health = ALLT

Below are the values that need to be used for MedicalEncounterClaimData:
- Medical Encounter Claim Professional Header = MEDENCCLMPHD
- Medical Encounter Claim Professional Line = MEDENCCLMPLN
- Medical Encounter Claim Institutional Header = MEDENCCLMIHD
- Medical Encounter Claim Institutional Line = MEDENCCLMILN

Full and incremental files will use the same file naming convention. The file layout includes a data field "Full vs Incremental" that needs to be appropriately populated to allow the target to identify the difference.

Transmission Type: Tribal Option Secure File Transfer Protocol (sFTP)

File Delivery Frequency: Weekly (Saturday at 12:00 AM) - Full files for newly transitioned members followed by weekly incremental files

File Creation & Processing Rules:
1. Transferring PHPs will receive information on disenrollment from them and enrollment with the Tribal Option through the 834 files, that should trigger the creation of these files. Transferring PHPs will have 5 days to send the Tribal Option 24 months of encounters data followed by weekly incremental updates.
2. The Tribal Option should have the capability to load this data into the appropriate operational environments.
3. The expectation is for the Tribal Option to use this data to support additional care management functions.
4. The Tribal Option is expected to ingest all claims records for beneficiaries that have a record for in their eligibility system as recorded on the daily 834s. The Tribal Option should be able to ingest encounter records for beneficiaries with merged IDs.
5. PHPs and the Tribal Option are expected to report any errors/exceptions to the Department following the process defined by the Department's Technology Operations (Tech Ops) team.

Dependencies:

- Beneficiary assignments: PHPs will receive information on beneficiaries assigned to them through the daily 834 files. PHPs are expected to load their beneficiary assignment prior to processing the claims files. Beneficiaries identified as Tribal Option will be reflected in the 834 2310 Loop (NM106). When the beneficiary is enrolled in the Tribal Option, "TRIBAL OP" will be returned on the 834.

(4) *PHPs to CCNC: Medical & Pharmacy Managed Care Encounters data*

Scope:
- 24 months of Medical & Pharmacy Encounter data for beneficiaries who are transitioning from a PHP to Community Care of North Carolina (CCNC) after the PHPs Managed Care go-live date.
- All approved and denied encounters for carved in services.
- Edits/updates to any encounters
- Any new encounters that are received in future due to claims lag
- In order to comply with 42 CFR Part 2, PHPs are required to remove SUD encounters if consent has not otherwise been secured.

Data Source: PHPs

Data Target(s): CCNC

File Layout: Please refer to the latest version of the [Advance Medical Home (AMH)](#) requirements document for sharing Encounters & Historical Claims data encounters. PHPs are expected to use file layouts and respective naming conventions outlined in that requirement for exchanging claims data between themselves.

File Naming Convention: PHPs are expected to follow the below file naming convention

NCMT_<MedicalEncounterClaimData>_<PHPShortName>_<CCNC Name>_ CCYYMMDD-HHMMSS.TXT

Below are the short names for each PHPs:
- Carolina Complete Health = CCH
- WellCare of North Carolina = WELLC
- UnitedHealthcare = UHC
- BCBS = BCBS
- AmeriHealth Caritas = AMERI
- Alliance Health = ALLT
- Eastpointe = EAST
- Partners Health Management = PART
- Sandhills Center = SANT
- Trillium Health Resources = TRIT
- Vaya Health = VAYT

Below are the values that need to be used for MedicalEncounterClaimData:

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- Medical Encounter Claim Professional Header = MEDENCCLMPHD
- Medical Encounter Claim Professional Line = MEDENCCLMPLN
- Medical Encounter Claim Institutional Header = MEDENCCLMIHD
- Medical Encounter Claim Institutional Line = MEDENCCLMILN

Full and incremental files will use the same file naming convention. The file layout includes a data field "Full vs Incremental" that needs to be appropriately populated to allow the target to identify the difference.

Transmission Type: CCNC Secure File Transfer Protocol (sFTP)

File Delivery Frequency: Weekly (Saturday at 12:00 AM) - Full files for newly transitioned members followed by weekly incremental files

File Creation & Processing Rules:
1. Transferring PHPs will receive information on disenrollment from them and enrollment with Medicaid Direct (CCNC) through the 834 files, that should trigger the creation of these files. Transferring PHPs will have 5 days to send CCNC 24 months of encounters data followed by weekly incremental updates.
2. CCNC should have the capability to load this data into the appropriate operational environments.
3. The expectation is for CCNC to use this data to support additional care management functions.
4. CCNC is expected to ingest all claims records for beneficiaries that have a record for in their eligibility system as recorded on the daily 834s. CCNC should be able to ingest encounter records for beneficiaries with merged IDs.
5. PHPs and CCNC are expected to report any errors/exceptions to the Department following the process defined by the Department's technology operations team.

File Delivery, Acceptance & Processing Validation: The Department has setup a standard process to validate successful file creation and delivery by the source entity and successful acceptance and ingestion by the target entity. All source and target entities will need to follow these standards and report information to the Department that will allow them to validate successful delivery and ingestion of data through interfaces standardized by the Department. These requirements will be shared with both the source and target entities by the Department's Technology Operations (Tech Ops) team.

Dependencies:
- Beneficiary assignments: PHPs will receive information on beneficiaries assigned to them through the daily 834 files. PHPs are expected to load their beneficiary assignment prior to processing the claims files. Beneficiaries identified as CCNC will be reflected in the 834 2310 Loop (NM106). When the recipient is assigned to Community Care of NC (CCNC), "CCNC" will be returned on the 834.