

September 28, 2023

Ms. Sarah Gregosky  
NC Department of Health and Human Services  
820 S. Boylan Ave.  
Raleigh, NC 27603

Dear Sarah:

On behalf of North Carolina's Medicaid managed care plans (PHPs), we appreciate this opportunity to comment on the Department's proposed standardization of AMH data exchange timelines.

All PHPs currently adhere to the data exchange cadence with AMH3/CINs that was specified by NCDHHS. NCDHHS is seeking to modify the schedule of data transactions for PHPs while allowing each PHP to generate files on their current schedule. The attempt here, as we understand it, is to accommodate certain AMH3/CINs while addressing concerns raised previously by the PHPs.

As we noted in our previous letter of Nov. 30, 2021, timelines for data production are driven by many interconnected workflows, staffing schedules, and regulatory obligations. These processes were carefully designed to meet all the various reporting, payment, and other requirements of PHPs' contracts with the state of North Carolina as well as in other states in which PHPs operate.

Changes to these timelines impact workflows across PHPs' organizations and would require substantial and expensive changes to PHP systems, processes, and staffing that were not contemplated in capitation rates nor anticipated in the PHPs' contracts with the state. Recognizing these challenges, DHHS has proposed that PHPs be permitted to continue using existing data processing timelines but transmit data to AMHs on a fixed schedule that is standard across PHPs.

### PHP Concerns

While PHPs appreciate DHHS' willingness to consider the operational challenges PHPs face in implementing standard timelines, this approach nevertheless raises additional concerns.

- **Timeliness of Data** - This approach essentially requires that PHPs hold data that would have otherwise been transmitted to AMHs until a fixed transmission window on Sundays. This would diminish the timeliness of data available to AMHs, potentially to the detriment of patient care.
- **Provider Data Processing Capacity** – We understand that larger CINs, principally CCNC are the catalyst for this request. However, we believe that ingesting such a large volume of data could be a challenge for the data systems of smaller providers.
- **Narrow Transmission Window** – DHHS proposes a very narrow four-hour window for data transmission that falls outside the normal workweek. Should unexpected disruptions in system availability or other maintenance issues arise, four hours leaves very little time to address them. This is especially the case over a weekend when staffing is usually lighter. Further, should such unexpected issues arise, it is unclear what the appropriate remedy would be. Would PHPs transmit data as soon as possible, even if outside the transmission window? Or would they have to wait for the next transmission window the following week?

- **System Maintenance and Impact on Other Data Flows** – DHHS should consider how this will impact normal system maintenance windows for each PHP, which in some cases could overlap with the transmission window. Also, further consideration should be given to the potential impact of this transmission window on other data transactions that may be occurring on behalf of the Department, especially around new and future initiatives such as INCK, HOP and the Tailored Plan.
- **Claims File Reporting** - Within the Standardization of Schedules grid provided by NCDHHS, NCDHHS specifies both a monthly and incremental full file for claims as though they are separate file transactions. Currently only a single claims file contains both incremental and 24-months of claims data (for new members), with full claims data files being provided on an ad hoc basis. As proposed, this requires additional development.
- **Impacts on Data Quality** – Current reporting timelines allow flexibility in the event additional quality assurance measures are needed before transmitting a data file. While in some cases data would be transmitted later than it otherwise would, depending on the timelines for data processing of individual plans, the scheduled transfer window may compress data processing time as well. In some cases, this could reduce the time available for data quality and verification.

### **Alternative Approach**

Rather than delaying the transmission of data until an arbitrary window, we propose that AMH3/CINs that prefer to do so simply process PHP data transmissions in batches on a cadence that meets their individual needs. This would make data available to providers on a timelier basis for those that chose to ingest it as it is transmitted and avoids unnecessary delays in data availability. While we certainly are willing to work with providers to reduce administrative burdens, we believe this to be a simpler solution to those concerns.

We appreciate your consideration of these recommendations, and we would be happy to discuss them further.

Sincerely,

Taylor Griffin