

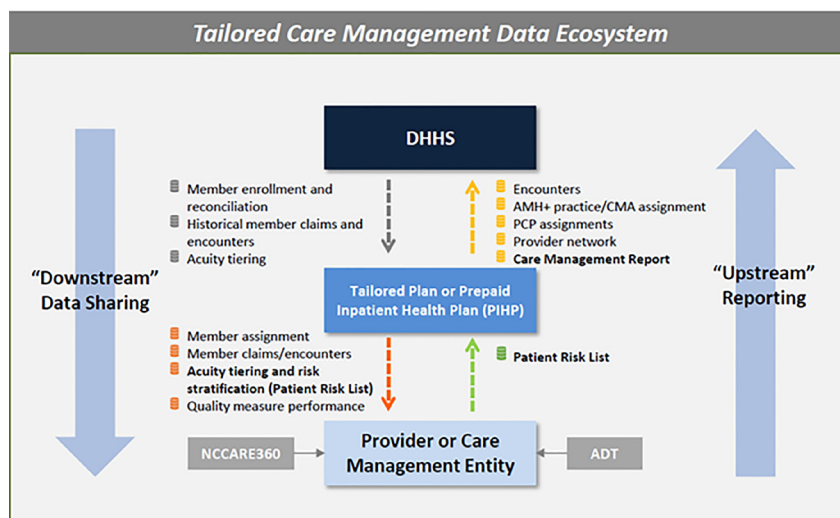
## Patient Risk List (PRL)

### What is the PRL?

The Patient Risk List (PRL) is a data file that is used to share information on patient risk, patient priority, and care management interactions. The PRL is one of several standardized data files exchanged among DHHS, the health plan and providers.

### How is the PRL shared?

1. First, the PRL is sent **from the health plan to the providers** listing all the members assigned to that provider on their panel. The PRL includes the maintenance type code and identifies the priority population.
2. Next, the **provider then sends the PRL back to the health plan** and includes the risk score and care management interactions.
3. Last, this data is compiled into the BCM51 Care Management Report which the **health plan sends to the department**.



Resource: Webinar hosted by NC Medicaid and NC Area Health Education Centers December 12, 2022 (<https://medicaid.ncdhhs.gov/blog/2023/02/28/nc-medicaid-managed-care-patient-risk-list-companion-guide-released/>).

*Continued*

# What is the purpose of the PRL?

Our continuous goal is to improve member's quality of care and ensure continuity of care. The PRL helps meet this goal by streamlining information and making sure all parties have the same information. Through this circular loop of data communication, members can be monitored and attended to at all levels (state, LME, provider) and all parties involved can monitor data and trends.

## How do I access and send the PRL?

**Health plans send providers the PRL on the 26th of every month and provider agencies return the PRL to the health plans on the 8th of every month.**

How each provider accesses and sends the PRL depends on the CIN platform used. For providers that use Jiva, they receive the PRL but do not submit it back to Alliance as Alliance has access to the data through Jiva and the data warehouse.

### **For providers using Jiva:**

1. Once received, save the file and then open a blank workbook in Excel.
2. Select **Data > Get Data > From Text/CSV** and select the file you saved.
3. Select **Load** and the data should populate in a table on your Excel workbook.

### **For providers that use clinically integrated networks (CIN's):**

1. The PRL with columns 1-8 complete will be sent to their CIN who process the data for the providers.
2. The CIN then returns it to the plan with the added data.

## What information is in the PRL?

When looking at the PRL in Excel, the columns will not be labeled. Below are the titles for each column.

### **Columns that will be filled in by from the health plan:**

- Column 1: CNDS ID
- Column 2: Maintenance Type Code
- Column 3 – 8: Priority Population 1-6

### **Columns filled in by providers not using Jiva via their CIN and sent back to health plan:**

- Column 9: PHP Risk Score Category
- Column 10: PHP Risk Evidence
- Column 11: CM Entity Risk Score Category
- Column 12: Assigned CM Entity
- Column 13: Number of CM Interactions
- Column 14: Number of Face-to-Face Encounters
- Column 15: Date Comprehensive Assessment Completed
- Column 16: Care Plan Created (Y/N)
- Column 17: Date Care Plan Created
- Column 18: Date Care Plan Updated
- Column 19: Date Care Plan Closed
- Column 20: Date Care Manager Assigned

*Continued*

- Column 21: Initial Care Manager Outreach Date
- Column 22: Name of Care Manager Assigned
- Column 23: Phone Number for Care Manager Assigned
- Column 24: Email for Care Manager Assigned
- Column 25: Date Shared Action Plan Created
- Column 26: Assigned CM Entity Location Code

For more in depth information about each column on the PRL, please refer to the [Data Specifications & Requirements for Sharing Patient Risk List Data](#) document.

This document can also be found on this page: <https://medicaid.ncdhhs.gov/tailored-care-management/tailored-care-management-data-specifications-guidance>.

## What do the codes in the PRL mean?

Below are descriptions of codes you will see in the completed PRL from the Health Plan:

<b>Column 2:</b> Maintenance Type Code	<ul style="list-style-type: none"> <li>• 001 is sent if there is a change or an update to an existing patient record</li> <li>• 021 is sent for new patients who are new to the system overall</li> <li>• 000 is sent if existing record with no change</li> </ul>
<b>Columns 3-8:</b> Priority Population 1 - 6	<ul style="list-style-type: none"> <li>• 000 = Null</li> <li>• 001 = CMARC</li> <li>• 002 = CMHRP</li> <li>• 003 = LTSS</li> <li>• 004 = Unmet Resources</li> <li>• 005 = Adults and Children with Special Health Care Needs</li> <li>• 006 = Rising Risk</li> <li>• 007 = Other Priority Population</li> <li>• 008 = Transitioning Member</li> <li>• 009 = InCK SIL 1</li> <li>• 010 = InCK SIL 2</li> <li>• 011 = InCK SIL 3</li> <li>• 012 = NICU Referral</li> <li>• 013 = Healthy Opportunities Pilot</li> <li>• 014 = Foster Care</li> <li>• 015 = WIC Enrolled</li> <li>• 016 = WIC Eligible</li> <li>• 017 = SNAP Enrolled</li> <li>• 018 = SNAP Eligible</li> </ul>

## References

- <https://medicaid.ncdhhs.gov/blog/2023/02/28/nc-medicaid-managed-care-patient-risk-list-companion-guide-released>.
- <https://medicaid.ncdhhs.gov/tailored-care-management/tailored-care-management-data-specifications-guidance>.