North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #XX (Conducted Virtually)

August 24, 2026

AMH TAG Attendees:

- Coastal Children's Clinic
- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Community Care Physician Network (CCPN)
- Atrium Health
- Mission Health Partners (MHP)
- Carolina Medical Home Network (CMHN)
- CHESS Health Solutions
- Duke Connected Care
- ECU Health Physicians
- AmeriHealth Caritas North Carolina, Inc.
- Blue Cross and Blue Shield of North Carolina
- NC Area Health Education Centers (NC AHEC)
- WellCare of North Carolina, Inc.
- Carolina Complete Health, Inc. (CCH)
- United Healthcare (UHC)
- Children First of North Carolina

NC DHHS Staff and Speakers Name	**Title**
Kathryn Davis	Clinical Nurse Quality Manager
Chavanne Lamb	Special Projects Evaluator
Kristen Dubay	NC Medicaid Chief of Population Health
Katherine Bartholomew	NC Medicaid Deputy Director of Population Health

Agenda

1. Global Billing Changes Maternal Health
2. NC InCK Closeout/Billing Codes
3. H696 Updates
4. CMARC/CMHRP Transition
5. Announcements: Request for Independent Pediatrician Replacement

Global Billing Changes Maternal Health

- As of January 1st, 2027, global billing codes for maternity services will be retired and no longer accepted.
- New CPT codes will more accurately reflect the how, when, where and by whom care is delivered to capture more granular data across the pregnancy continuum.
- Key transition dates were highlighted, and members were encouraged to verify payer-specific interpretations. Additional resources for plans and providers are available through the AMA and ACOG websites.
- The department's F-code policy will remain unchanged. Medicaid claims for delivery will continue to be denied if 0500F is not in the patient's history. 0503F code will continue to be highly encouraged.

NC InCK Program Closeout / Billing Codes

- Outlined the formal closeout process for NC InCK as the demonstration project winds down.
- Reviewed sunset dates for specific care integration codes and clarified which codes will remain billable under standard Medicaid care management structures. Guidance was shared on submitting any remaining claims tied to InCK milestones, noting deadlines for corrections, resubmissions, and documentation requirements.
- Practices were advised to audit current workflows to identify care coordination activities that need to transition to CMHRP or other care management pathways.
- A resource packet is forthcoming with an updated crosswalk between retired InCK codes and their recommended Medicaid equivalents.

HB696 Updates

- Discussed an excerpt of House Bill 696 which is being closely reviewed regarding the requirements related to the Advanced Medical Home, care management and value-based payment programs.
- The Department is currently considering approaches to meeting the legislative requirements as part of its larger Medicaid Assessment work. A plan will be submitted to the legislature in response to HB696 which will outline intended approaches to meet legislative requirements.
- The Department will be engaging with partners related to the proposed approaches.

CMARC/CMHRP Update

- Described progress in transitioning from CMARC to CMHRP for Medicaid-enrolled pregnant and parenting populations.

- Topics included updated workflows, revised eligibility criteria, and new expectations for outreach, assessment, and care planning.
- Reviewed how data exchange and referrals will shift under CMHRP, including how AMH practices should initiate referrals and what documentation is required.
- Care managers may see changes in caseload distribution and communication channels; Katie confirmed ongoing training sessions and shared FAQs.
- Members were asked to report any operational challenges so adjustments can be made before statewide rollout.

Announcement – Independent Pediatrician Replacement

- Announced that an independent pediatric representative will be leaving the TAG
- Members were invited to submit names of qualified independent pediatricians who can serve as an engaged voice for community pediatric practices.
- The TAG hopes to identify a replacement prior to the next quarterly meeting to ensure continuity of pediatric input in AMH operations and policy planning.