NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

Advanced Medical Home (AMH) Technical Advisory Group (TAG)

Meeting #05

October 27, 2026

Agenda

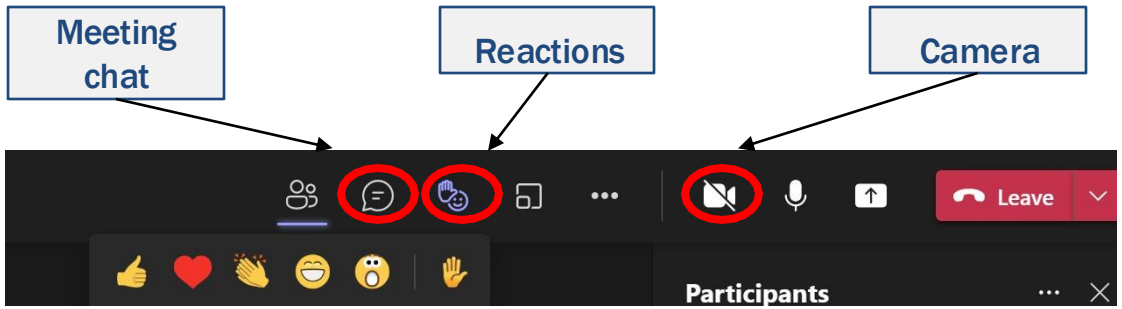
1. Welcome and Roll Call
2. NC Nurture's Value-Added Benefits Resources
3. HOP Relaunch Design
4. AMH-Related Medicaid Assessment
5. PCP Assignment Changes
6. Closing

AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
David Rinehart, MD	*Past President,* North Carolina Academy of Family Physicians	Provider (Independent)
Richard Bunio, MD; Kimberly Reed, and Blake Few	*Representatives,* Cherokee Indian Hospital	Provider
Tommy Newton, MD, FAAFP	*Regional Medical Director,* Community Care Physician Network (CCPN)	Provider (CIN)
Jennifer A Houlihan	*Vice President Enterprise Population Health,* Atrium Health Wake Forest Baptist	Provider (CIN)
Karen Roby and Ramin Sadeghian	*Representatives,* Mission Health Partners (MHP)	Provider (CIN)
Lauren Lowery, MPH	*Director of Operations,* Carolina Medical Home Network	Provider (CIN)
Derrick Stiller	*Representative,* CHESS Health Solutions	Provider (CIN)
Tara Kinard, DNP, RN, and Carolyn Avery, MD, MHS	*Representatives,* Duke Connected Care	Provider (CIN)
Jason Foltz, DO	*Chief Medical Officer,* ECU Health Physicians	Provider (CIN)
Steve Spalding, MD	*Chief Medical Officer,* AmeriHealth Caritas North Carolina, Inc.	Health Plan
Michael Ogden, MD	*Chief Medical Officer,* Blue Cross and Blue Shield of North Carolina	Health Plan
Chris Weathington, MHA	*Director of Practice Support,* NC Area Health Education Centers (NC AHEC)	AHEC
William Lawrence Jr., MD	*Chief Medical Officer,* Carolina Complete Health, Inc.	Health Plan
Derrick Hoover, MD	*Chief Medical Officer,* United Healthcare	Health Plan
Chris Magryta, MD	*Chairman,* Children First of North Carolina	Provider

Meeting Engagement

We encourage those who are able to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



Reminders

Please note that we are not recording this call, and request that no one record this call or use an AI software/device to record or transcribe the call. DHHS is awaiting additional direction from our Privacy and Security Office on how we may need to support these AI tools. Thank you for your cooperation.

HIPAA-covered DHHS agencies which become aware of a suspected or known unauthorized acquisition, access, use, or disclosure of PHI shall immediately notify the DHHS Privacy and Security Office (PSO) by reporting the incident or complaint to the following link: https://security.ncdhhs.gov/

NC Nurture's Value-Added Services Resources

Partnering to Expand Reach: Value-Added Benefits

About Nurture NC

Mission

Nurture NC brings together and supports cross-sector partners to drive systems change so every mom, baby, and family has a chance at a healthy start.

Three focus areas

Strengthen the maternal healthcare workforce

Close rural healthcare gaps

Optimize public policy

Policy Optimization: VABs



Value-Added Benefits | Nurture NC

NNC partnered with **Standard Plans** to develop materials and conduct outreach that informs members about available Value-Added Benefit services.

So far…

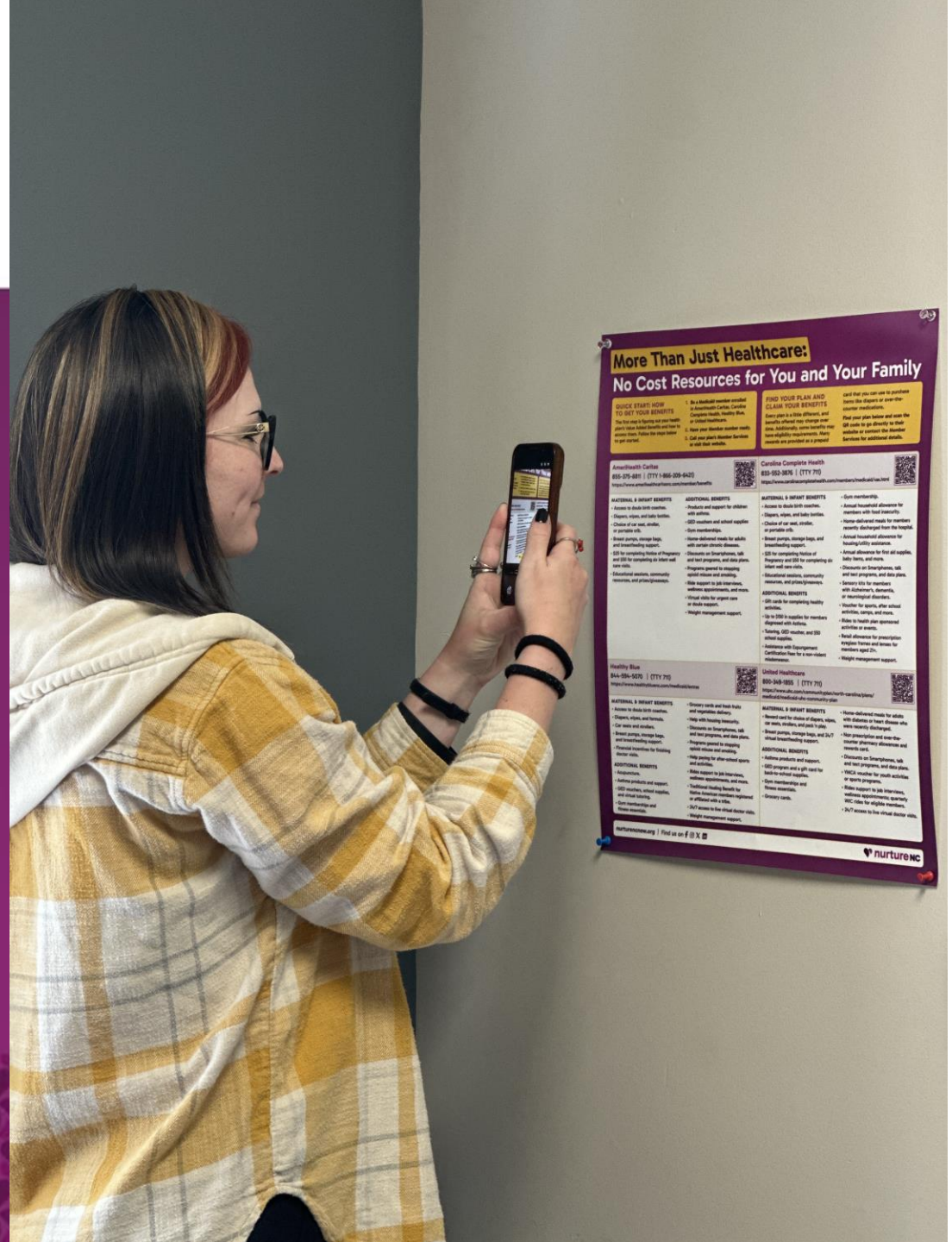
NNC has since developed resources and continues to share information and printed materials with clinicians and community-based organizations, resources shared include:

- Information about VABs in English and Spanish
- Printable Brochures and Posters
- Secret Shopper Survey

nurtureNC

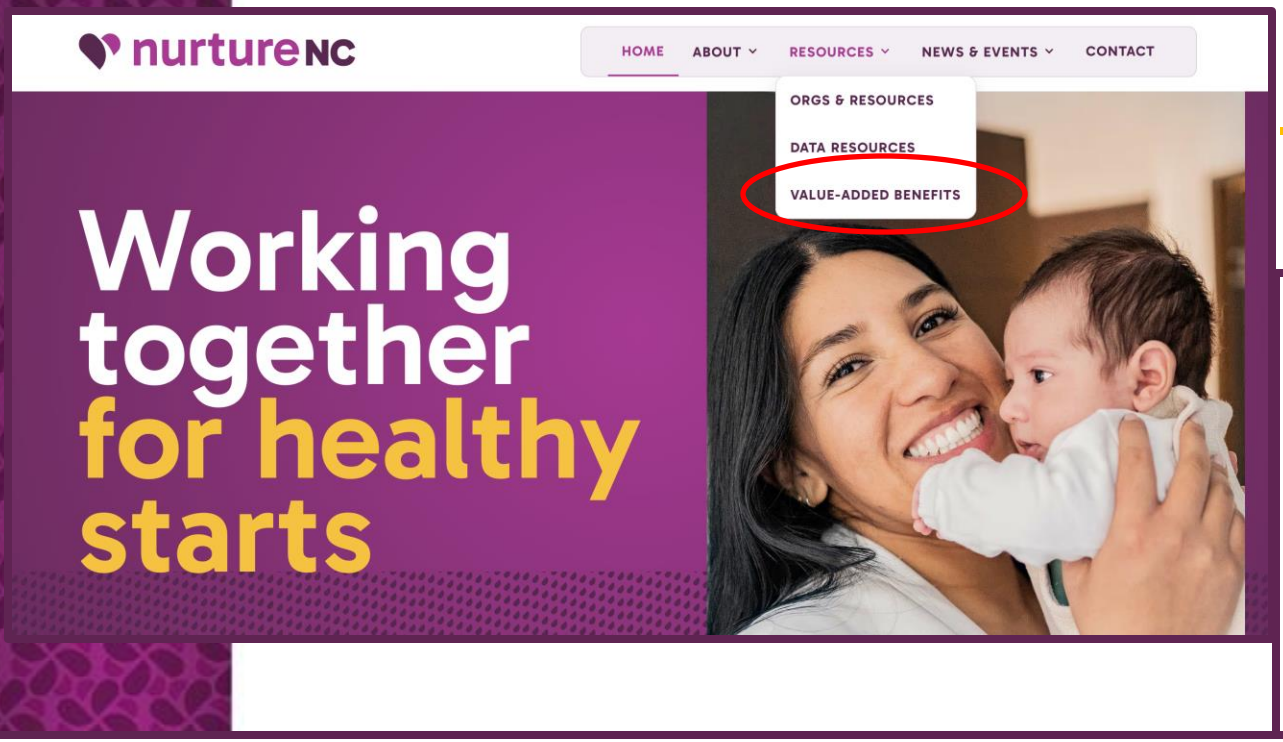
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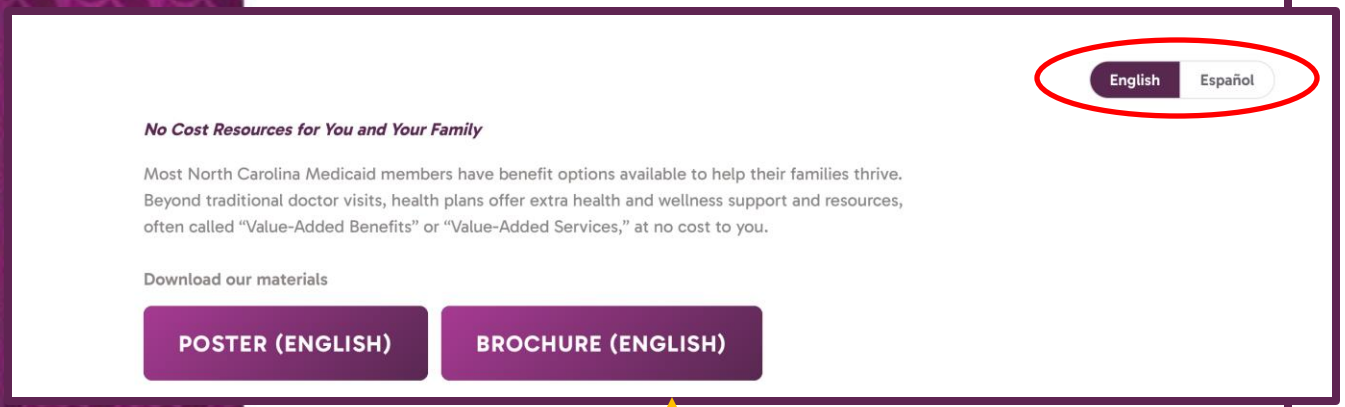
Real World Experience

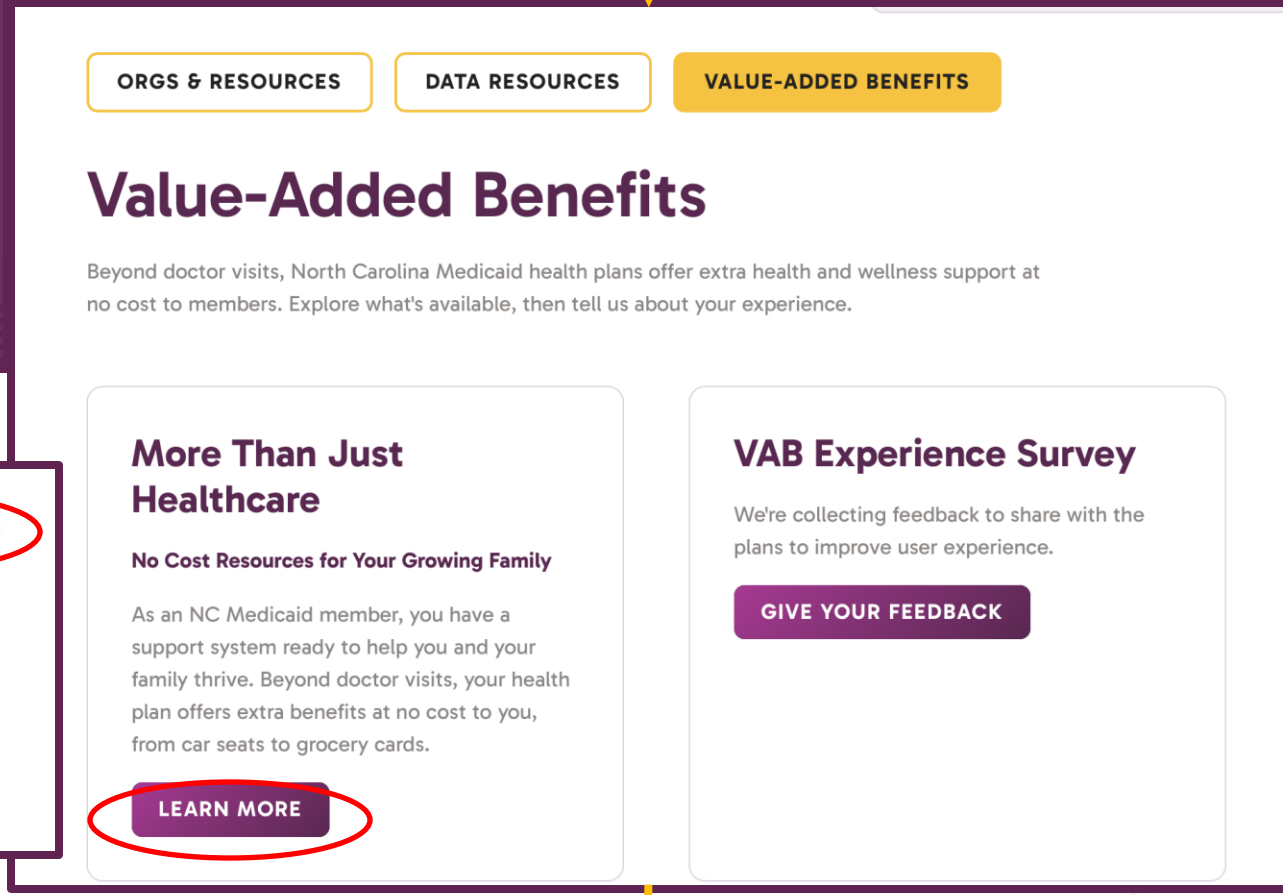


On Nurture NC's Website:

https://www.nurturencnow.org







Examples

More Than Just Healthcare:
No Cost Resources for You and Your Family

QUICK START: HOW TO GET YOUR BENEFITS

The first step is figuring out your health plan's Value Added Benefits and how to access them. Follow the steps below to get started.

1. **Be a Medicaid member** enrolled in AmeriHealth Caritas, Carolina Complete Health, Healthy Blue, or United Healthcare.
2. **Have your Member number ready.**
3. **Call your plan's Member Services or visit their website.**

FIND YOUR PLAN AND CLAIM YOUR BENEFITS

Every plan is a little different, and benefits offered may change over time. Additionally, some benefits may have eligibility requirements. Many rewards are provided as a prepaid card that you can use to purchase items like diapers or over-the-counter medications.

Find your plan below and scan the QR code to go directly to their website or contact the Member Services for additional details.

AmeriHealth Caritas

855-375-8811 | (TTY 1-866-209-6421)

https://www.amerihealthcaritasnc.com/member/benefits

MATERNAL & INFANT BENEFITS

- Access to doula birth coaches.
- Diapers, wipes, and baby bottles.
- Choice of car seat, stroller, or portable crib.
- Breast pumps, storage bags, and breastfeeding support.
- $25 for completing Notice of Pregnancy and $50 for completing six infant well care visits.
- Educational sessions, community resources, and prizes/giveaways.

ADDITIONAL BENEFITS

- Products and support for children with asthma.
- GED vouchers and school supplies
- Gym memberships.
- Home-delivered meals for adults with certain chronic diseases.
- Discounts on Smartphones, talk and text programs, and data plans.
- Programs geared to stopping opioid misuse and smoking.
- Ride support to job interviews, wellness appointments, and more.
- Virtual visits for urgent care or doula support.
- Weight management support.

Carolina Complete Health

833-552-3876 | (TTY 711)

https://www.carolinacompletehealth.com/members/medicaid/vas.html

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- Educational sessions, community resources, and prizes/giveaways.

ADDITIONAL BENEFITS

- Gift cards for completing healthy activities.
- Up to $150 in supplies for members diagnosed with Asthma.
- Tutoring, GED voucher, and $50 school supplies.
- Assistance with Expungement Certification Fees for a non-violent misdemeanor.
- Gym membership.
- Annual household allowance for members with food insecurity.
- Home-delivered meals for members recently discharged from the hospital.
- Annual household allowance for housing/utility assistance.
- Annual allowance for first aid supplies, baby items, and more.
- Discounts on Smartphones, talk and text programs, and data plans.
- Sensory kits for members with Alzheimer's, dementia, or neurological disorders.
- Voucher for sports, after school activities, camps, and more.
- Rides to health plan sponsored activities or events.
- Retail allowance for prescription eyeglass frames and lenses for members aged 21+.
- Weight management support.

Healthy Blue

844-594-5070 | (TTY 711)

https://www.healthybluenc.com/medicaid/extras

MATERNAL & INFANT BENEFITS

- Access to doula birth coaches.
- Diapers, wipes, and formula.
- Car seats and strollers.
- Breast pumps, storage bags, and breastfeeding support.
- Financial incentives for finishing doctor visits.

ADDITIONAL BENEFITS

- Acupuncture.
- Asthma products and support.
- GED vouchers, school supplies, and virtual tutoring.
- Gym memberships and fitness essentials.
- Grocery cards and fresh fruits and vegetables delivery.
- Help with housing insecurity.
- Discounts on Smartphones, talk and text programs, and data plans.
- Programs geared to stopping opioid misuse and smoking.
- Help paying for after-school sports and activities.
- Rides support to job interviews, wellness appointments, and more.
- Traditional Healing Benefit for Native American members registered or affiliated with a tribe.
- 24/7 access to live virtual doctor visits.
- Weight management support.

United Healthcare

800-349-1855 | (TTY 711)

https://www.uhc.com/communityplan/north-carolina/plans/medicaid/medicaid-uhc-community-plan

MATERNAL & INFANT BENEFITS

- Reward card for choice of diapers, wipes, car seats, strollers, and pack 'n play.
- Breast pumps, storage bags, and 24/7 virtual breastfeeding support.

ADDITIONAL BENEFITS

- Asthma products and support.
- GED program and a gift card for back-to-school supplies.
- Gym memberships and fitness essentials.
- Grocery cards.
- Home-delivered meals for adults with diabetes or heart disease who were recently discharged.
- Non prescription and over-the-counter pharmacy allowances and rewards card.
- Discounts on Smartphones, talk and text programs, and data plans.
- YMCA voucher for youth activities or sports programs.
- Rides support to job interviews, wellness appointments; quarterly WIC rides for eligible members.
- 24/7 access to live virtual doctor visits.

Mucho más que atención médica:
Recursos gratuitos para ti y tu familia

GUÍA RÁPIDA PARA OBTENER BENEFICIOS ADICIONALES

Es fundamental que conozcas los beneficios adicionales que ofrece tu plan de salud y cómo acceder a ellos. Debes cumplir con estos requisitos para comenzar:

1. **Ser parte de Medicaid** y contar con alguno de estos planes: AmeriHealth Caritas, Carolina Complete Health, Healthy Blue o United Healthcare.
2. **Tener a mano tu número de afiliado.**
3. **Llamar al servicio de atención al afiliado o visitar el sitio web de tu plan.**

ENCUENTRA TU PLAN Y APROVECHA SUS BENEFICIOS

Cada plan ofrece beneficios diferentes, y la lista puede cambiar con el tiempo. Además, algunos beneficios tienen requisitos de elegibilidad. Muchas de estas ayudas se entregan mediante una tarjeta prepagada que puedes usar **para comprar productos como pañales o medicamentos de venta libre.**

Busca tu plan aquí y escanea el código QR para visitar su sitio web o comunícate con el servicio de atención al afiliado para obtener más información.

AmeriHealth Caritas

855-375-8811 | (TTY 1-866-209-6421)

https://www.amerihealthcaritasnc.com/member/benefits

BENEFICIOS PARA MADRES Y BEBÉS

- Acceso a los servicios de una doula.
- Pañales, toallitas húmedas y biberones.
- Opción de elegir un asiento de seguridad, un cochecito o una cuna portátil.
- Sacaleches, bolsas para almacenar leche materna y asistencia para la lactancia.
- Recompensa de $25 por rellenar el aviso de embarazo (Notice of Pregnancy, NOP) y $50 por completar seis consultas de control infantil.
- Sesiones educativas, recursos comunitarios y premios u obsequios.

BENEFICIOS ADICIONALES

- Productos y apoyo para niños con asma.
- Vales para obtener el certificado de equivalencia de secundaria (GED) y útiles escolares.
- Membresías en gimnasios.
- Comidas a domicilio para adultos con determinadas enfermedades crónicas.
- Descuentos en teléfonos inteligentes, planes de voz, mensajes y datos.
- Programas para dejar de fumar y detener el uso indebido de opioides.
- Transporte para acudir a entrevistas de trabajo, citas de bienestar y mucho más.
- Consultas virtuales para atención médica urgente o apoyo de doulas.
- Programas para el control del peso.

Carolina Complete Health

833-552-3876 | (TTY 711)

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- Acceso a los servicios de una doula.
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- Recompensa de $25 por rellenar el aviso de embarazo (Notice of Pregnancy, NOP) y $50 por completar seis consultas de control infantil.
- Sesiones educativas, recursos comunitarios y premios u obsequios.

BENEFICIOS ADICIONALES

- Tarjetas de regalo por completar actividades saludables.
- Hasta $150 en suministros para afiliados con un diagnóstico de asma.
- Tutorías, vales para obtener el certificado de equivalencia de secundaria (GED) y $50 para útiles escolares.
- Ayuda para cubrir las tarifas del proceso de eliminación de antecedentes por delitos menores no violentos.
- Membresía en un gimnasio.
- Asignación anual para el hogar destinada a quienes enfrentan inseguridad alimentaria.
- Comidas a domicilio para afiliados recién dados de alta del hospital.
- Asignación familiar anual para ayudar con los gastos de vivienda o servicios públicos.
- Asignación anual para obtener suministros de primeros auxilios, artículos para bebés y más.
- Descuentos en teléfonos inteligentes, planes de voz, mensajes y datos.
- Kits sensoriales para afiliados con Alzheimer, demencia o trastornos neurológicos.
- Vale para deportes, actividades extracurriculares, campamentos y más.
- Transporte para asistir a actividades o eventos patrocinados por el plan de salud.
- Asignación para la compra de monturas y lentes graduados para miembros de 21 años o más.
- Programas para el control del peso.

Healthy Blue

844-594-5070 | (TTY 711)

https://www.healthybluenc.com/medicaid/extras

BENEFICIOS PARA MADRES Y BEBÉS

- Acceso a los servicios de una doula.
- Pañales, toallitas húmedas y fórmula.
- Asientos de seguridad para el automóvil y cochecitos.
- Sacaleches, bolsas para almacenar leche materna y asistencia para la lactancia.
- Incentivos económicos por asistir a consultas médicas

BENEFICIOS ADICIONALES

- Acupuntura.
- Productos y apoyo para personas con asma.
- Vales para obtener el certificado de equivalencia de secundaria (GED), útiles escolares y tutorías virtuales.
- Membresías en gimnasios y elementos esenciales para la actividad física.
- Tarjetas de supermercado y entrega de frutas y verduras frescas.
- Apoyo para familias con dificultades de vivienda.
- Descuentos en teléfonos inteligentes, planes de voz, mensajes y datos.
- Programas para dejar de fumar y detener el uso indebido de opioides.
- Ayuda para cubrir actividades deportivas y extracurriculares.
- Transporte para asistir a entrevistas de trabajo, citas de bienestar y otros traslados.
- Beneficio de medicina tradicional para
- afiliados indígenas estadounidenses registrados o afiliados a una tribu.
- Consultas médicas virtuales disponibles las 24 horas, los 7 días de la semana.
- Programas para el control del peso.

United Healthcare

800-349-1855 | (TTY 711)

https://www.uhc.com/communityplan/north-carolina/plans/medicaid/medicaid-uhc-community-plan

BENEFICIOS PARA EL EMBARAZO, EL PARTO Y EL CUIDADO DE TU BEBÉ

- Tarjeta de recompensas para elegir artículos como pañales, toallitas húmedas, asientos de seguridad para automóvil, carriolas y cunas Pack 'n Play.
- Sacaleches, bolsas para almacenar leche materna y apoyo virtual para la lactancia disponible las 24 horas

BENEFICIOS ADICIONALES

- Productos y apoyo para personas con asma.
- Programa para obtener el certificado de equivalencia de secundaria (GED) y una tarjeta de regalo para acceder a útiles escolares de regreso a clases.
- Membresías en gimnasios y elementos esenciales para la actividad física.
- Tarjetas de supermercado.
- Comidas a domicilio para adultos con diabetes o enfermedades cardíacas recién dados de alta del hospital.
- Asignaciones para medicamentos de venta libre y tarjetas de recompensas.
- Descuentos en teléfonos inteligentes, planes de voz, mensajes y datos.
- Vale para actividades juveniles o programas deportivos de la YMCA.
- Transporte para llegar a entrevistas de trabajo o citas de bienestar y viajes trimestrales para mujeres, bebés y niños elegibles.
- Consultas médicas virtuales disponibles las 24 horas, los 7 días de la semana.

¿Ha probado los beneficios adicionales de Medicaid? ¡Comparta su experiencia aquí: www.nurturencnow.org/vabs_es!

VAB Update



Value-Added Benefits | Nurture NC

Spanish/English Available: Printed Spanish Materials on order

Distribution to-date:

Physical Materials: 392 Posters, 1105 Brochures

Website: 1,505 Views, 447 Website clicks/downloads

Social Media: 14,328 views, 950 engagements, 7% avg. engagement rate.

"Secret Shopper": Experience Survey Live on Website

What's next?

Focus on CBO's and Medical Ally organizations

Attendance at Statewide Clinical and CBO Convenings

Consumer facing social media "influencer" content

nurtureNC

Nurtured from the Start

Research, Policy, and Practice to Advance Maternal-Infant Health

Mark your calendars!

May 11th,12th 2027

Cary, NC

Thank you!



www.nurturencnow.org

HOP Relaunch Design

Design Principles for HOP Relaunch

HOP will relaunch with $9M in State funding (approx. $25M when combined with Federal funding). As we will be working within considerable constraints, we will keep in mind certain design principles.

Design Principles for HOP Re-Launch

1. The number one goal is to **resume HOP service delivery as soon as possible.** Ideally, **by the end of the year.**
2. It is essential to provide services to populations **most likely** to reduce **preventable health care utilization, costs, and improve health outcomes.**
3. The state should **prioritize populations / service combinations** that **fill a need** within the state (e.g., improving maternal health).
4. North Carolina intends to prioritize spending on **service delivery**

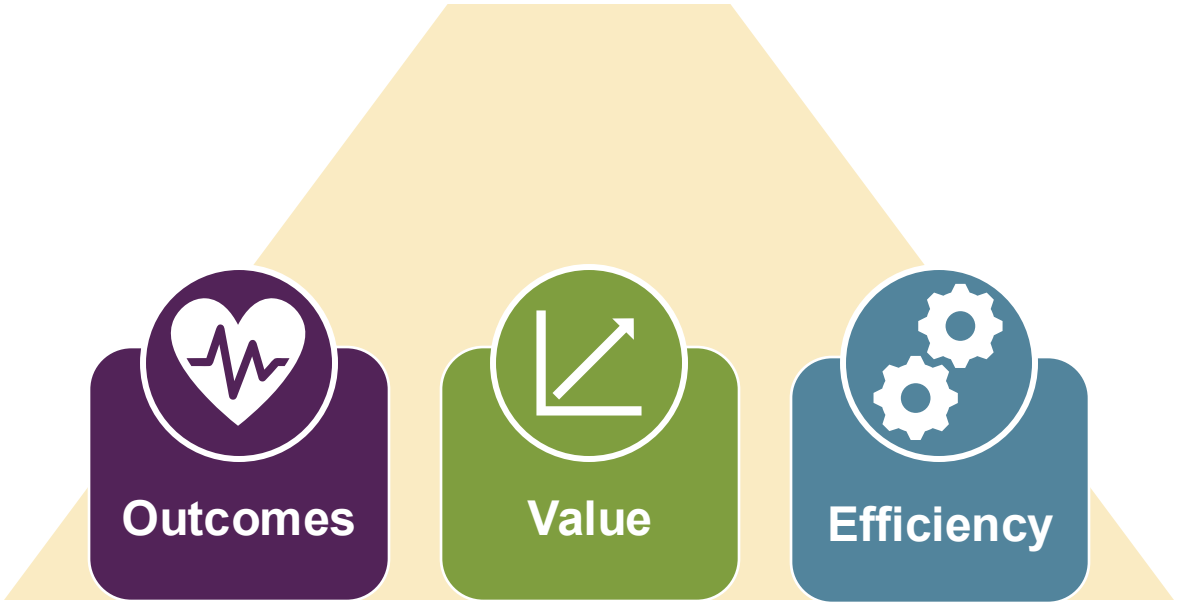
AMH-Related Medicaid Assessment

NC Medicaid Assessment

Project Goal

- The purpose of the assessment is to identify strategic, data-informed strengths and opportunities for North Carolina to **enhance the outcomes, value, efficiency, and long-term sustainability of Medicaid.**
- NCDHHS is proactively undertaking this assessment as a part of its **commitment to the health of North Carolinians**.

NCDHHS is focusing on identifying opportunities to enhance:



Guiding Principles

DHHS used these Guiding Principles to evaluate and prioritize potential policy and program proposals.



Ensure access to care: Ensure people eligible for Medicaid can access coverage and timely care that meets their needs and provides a positive member experience



Drive whole-person health: Promote positive health outcomes, safety, and well-being through a well-coordinated and high-quality system of care



Ensure good stewardship: Optimize program administration, slow cost growth, address cost drivers, and enable a high performing program



Support program sustainability: Avoid short-term fixes that could lead to negative down-stream impacts



Emphasize achievability: Ensure feasibility by considering state burden, resources, and authority for adoption, and building on and learning from existing state initiatives

Implement Next-Generation Primary Care Model Pilot

Description

- **Pilot an innovative primary care payment model that gives providers more flexibility to offer whole person care, reduce costs and improve outcomes**
  - Offer capitated primary care payment to advanced medical home (AMH) practices
- Under the pilot, DHHS may also:
  - Provide performance-based incentives linked to outcomes
  - Develop enhanced care delivery expectations (e.g., BH integration) for model participants
  - Incorporate enhanced non-visit-based population payments tied to increased care delivery expectations
  - Require pre-paid health plans (PHPs) to offer the model specified by DHHS

Considerations

- Since 2022, North Carolina's **primary care spending has declined as a share of overall spending**.
- Investments in primary care can reduce costs **and** avoidable utilization, as well as improve health outcomes. A key access measure remains below the national average despite recent gains in NC.
- Capitated primary care payment is more predictable and can give primary care practices more **flexibility to invest in population health infrastructure and supports** relative to visit-based reimbursement.
- PHPs already must offer value-based payments (VBP) to AMH Tier 3 practices. By designing this new model NCDHHS would **standardize and increase uptake of VBP.**
- This action will leverage Rural Health Transformation Program (RHTP) investments.

Develop Maternal Health Vision and Action Plan for NC

Description

- **Increase statewide collaboration on maternal health to ensure a consistent and high impact approach that best uses available resources**
  - Convene partners across the state actively working to address maternal and infant outcomes
  - Develop a shared vision and goals for addressing NC's maternal health crisis and improving maternal and infant health outcomes
  - Identify, assess, and coordinate actions to advance NC's maternal health vision, including technology innovations to mitigate maternity care deserts

Considerations

- **NC has concerning maternal and infant health outcomes.**
  - NC ranks 35th for maternal mortality and 41st for infant mortality.
  - Birth outcomes for NC Medicaid births are worse compared to non-Medicaid births, with little improvement in the past five years.
  - **NC also has stark disparities**: the infant mortality rate is 1.7X higher for infants with Black mothers.
- Multiple groups are actively working to improve maternal outcomes in North Carolina (e.g., NC Nurture, the Perinatal Quality Collaborative of North Carolina) and **aligning efforts across all partners could help accelerate impact**.
- As a key payer of maternal care, DHHS could bolster work underway by mobilizing a coordinated and comprehensive statewide effort to improve maternal and infant health.

Continue to Invest in Healthy Opportunities Pilots (HOP)

Description

- **Continue investing in the Healthy Opportunities Pilots (HOP)**
  - Re-launch a limited set of HOP services with available funding in SFY 26/27
  - Secure additional state share funding to sustain HOP beyond existing time-limited funding
  - Prioritize HOP services with the strongest track record of positive impact on health outcomes and health care costs (e.g., healthy food) for a specific population (e.g., individuals with diabetes)
  - Explore opportunities to expand HOP program reach in future state fiscal years

Considerations

- NC has already demonstrated that **addressing upstream drivers of health improves Medicaid enrollees' health and reduce costs**.
  - HOP reduced Medicaid health care costs $164 per enrollee on average and reduced ED visits and inpatient hospital admissions.
- HOP has been paused for over a year, but will re-launch during SFY 26/27, with limited funding available.
  - Accordingly, eligibility criteria and available services must be narrowed at re-launch.
- State funding is only secured through June 30th, 2027.
  - Continued investment in HOP beyond this date supports critical access to health-related services and preserves the opportunity to reach additional populations that may benefit, and could potentially bend the cost curve over time.

Strengthen Care Management Accountability & Rigor

Description

- **Strengthen the consistency and impact of care management to better ensure appropriate and cost-effective care**
  - Develop clearer metrics to track PHP and provider performance against existing Standard Plan / AMH care management and Tailored Care Management (TCM) standards
  - Allow Standard Plans to hold delegated care management entities to relevant accreditation standards
  - Tie PHP and provider performance to updated financial and contractual remedies, potentially including corrective action plans, PHP and provider contracting via the AMH downgrade process, and/or financial penalties (e.g., on care management fees or via sanctions/damages) for PHPs and providers that do not meet standards

Considerations

- Some data points to **uneven care management engagement** for Standard Plans/AMHs, despite increases in NC's investment over time.
- Developing measurable standards **increases accountability and clarifies expectations**, which helps ensure care management is implemented as intended **both by PHPs and care management entities**.
- Providing PHPs more tools and creating clearer standards for accountability for both PHPs and providers could **strengthen oversight capacity and program integrity and ultimately quality outcomes (e.g., reduce avoidable inpatient) and associated costs.**

Strengthen CAP/C and CAP/DA Case Management

Description

- **Strengthen case management provided to CAP/C and CAP/DA waiver participants to ensure consistency in service delivery, improve outcomes, and reduce unnecessary use of high-cost services like hospital and emergency department services.**
  - Implement improved operational practices, targeted training and technical assistance, and stronger oversight
  - Potentially rationalize the # waiver case management entities (CMEs)
  - Strengthen connections to physical and behavioral health care management
  - Develop more targeted interventions (e.g., care transitions support) or an integrated care management model

Considerations

- **Participants in the CAP/C and CAP/DA waivers are among the highest-need, highest-cost in NC's Medicaid program.**
  - From 2021 to 2025, total spending for the CAP/DA waiver population increased by 47.9% even though enrollment only increased by 3.6%.
  - Per capita inpatient hospital was also substantially higher than other waiver participants.
- **Care management is fragmented across multiple entities,** without a single point of responsibility.
- Care management **delivery is also inconsistent** across the many care management entities.
- Improving waiver case management services can improve outcomes and member satisfaction and reduce preventable costs.

PCP Assignment Changes

PCP Auto Assignment At-A-Glance

When members do not choose a Primary Care Provider (PCP), Prepaid Health Plans assign them to a PCP/Advanced Medical Home (AMH) using a DHB-determined algorithm.

How the assignment process works

1 Member does not choose a PCP → **2 PHP applies DHB-determined algorithm** → **3 Member is assigned to PCP/AMH**

Documented in the formal AMH/PCP Auto Assignment Requirements referenced in PHP contracts with DHHS.

What accurate assignment supports

- **Continuity of care**
- **Maintains provider relationship**
- **Medical home & care management**
- **Supports AMH and care management services**
- **Value-based payments**
- **Aligns assignment with care and payment models**

Why updates were developed

Health plans and providers identified recurring pain points related to member PCP assignment.

DHB refined the requirements based on:

- Stakeholder feedback from plans and providers
- Internal review of recurring issues
- Help Center ticket trends related to PCP assignment

Result: Updates clarify and strengthen PCP Auto-Assignment (PCP AA) requirements.

Development Process

From proposal to final release

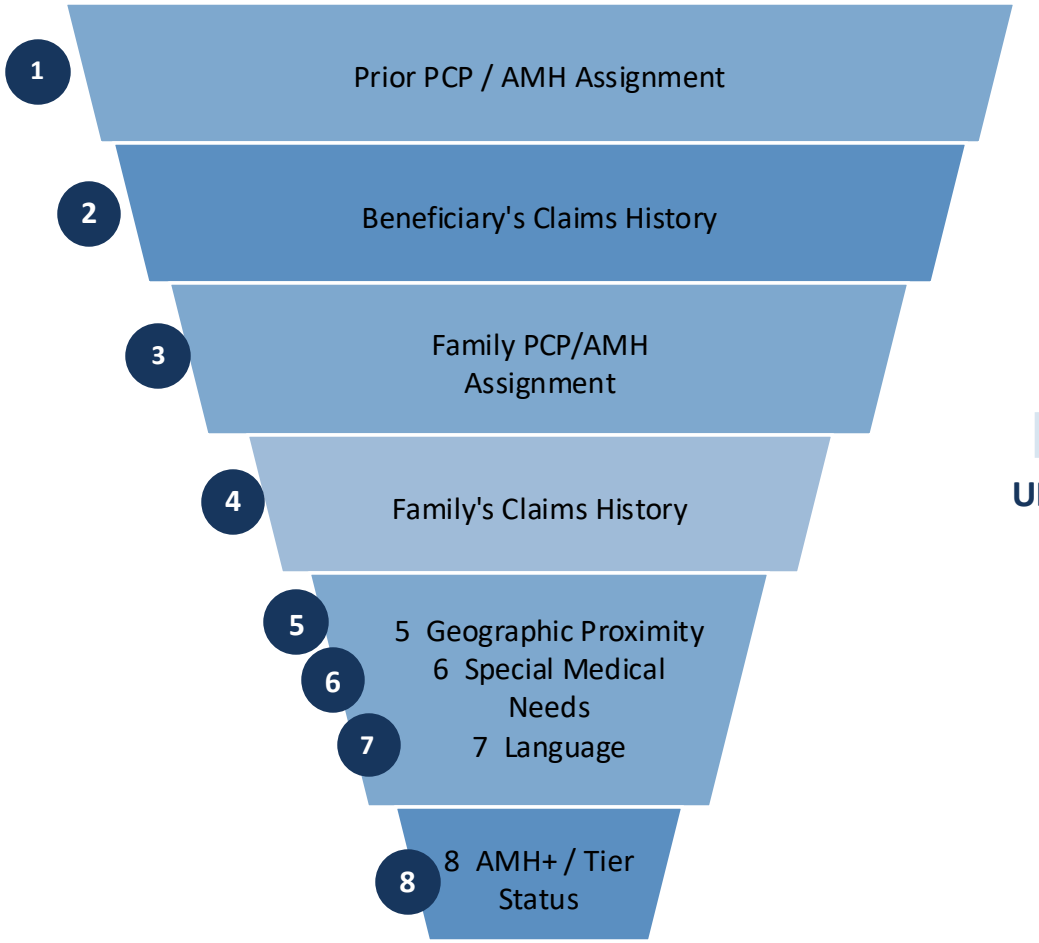
The update moved through stakeholder feedback, governance approval, modeling, refinement, and publication for 60-day notice.

1	Spring 2025	**Proposed changes developed** DHB developed proposed changes to the PCP Auto Assignment requirements.
2	Summer 2025	**Stakeholder feedback and governance approval** DHB gathered plan and provider input through meetings and written comments; proposed updates received internal governance approval.
3	Fall/Winter 2025	**Modeling with SPs and TPs** DHB modeled the proposed updates with two Standard Plans and two Tailored Plans.
4	Winter/Spring 2026	**Results reviewed against provider data** DHB reviewed modeling results against provider-submitted panel and patient information.
5	Spring/Summer 2026	**Refinement, feedback, and final release** DHB refined requirements with additional PHP and internal input; final updates were released for the 60-day notice period, effective 9/29/26. *(see later slides for more details on implementation timeline)*

Key takeaway: the updated requirements reflect stakeholder feedback, operational review, and validation through modeling before release.

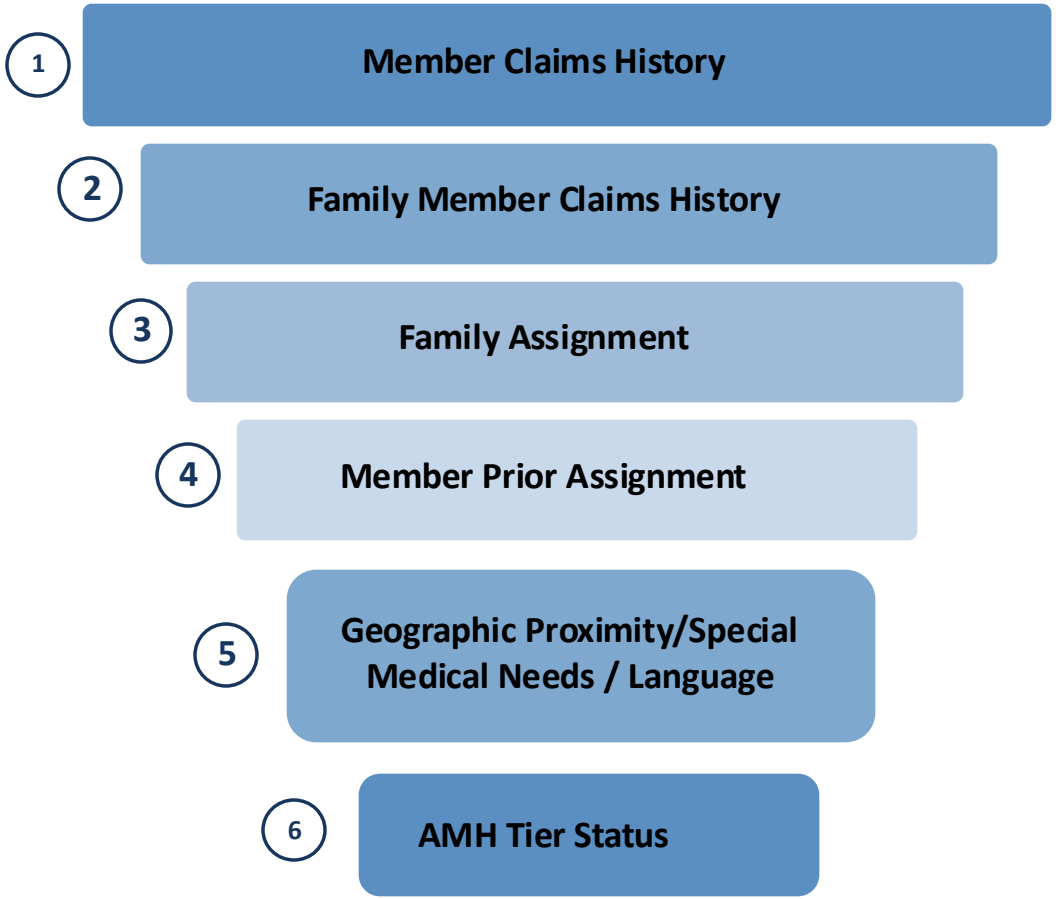
SP/TP PCP AA Algorithm: Previous vs. Updated

Previous Algorithm



UPDATED

Updated Algorithm



PCP Assignment Requirements At-A-Glance (1/2)

Requirement areas and updated requirements

Update Algorithm Step 1: Claims History

Ensures assignment prioritizes an active relationship with the provider

UPDATED REQUIREMENT

- Move claims history to step 1 so recent utilization is prioritized over prior assignment.

Assignment Refresh

Maintain accuracy based on where the member seeks care

UPDATED REQUIREMENT

- Require quarterly claims analysis to identify members eligible for AMH/PCP reassignment and prospectively reassign using the algorithm. A member is eligible for refresh when the member was auto-assigned to the current AMH/PCP; and the assignment effective date was at least 12 months prior to refresh.

Additional Guidance on Relevant Claims

Clarifies which claims support a PCP relationship

UPDATED REQUIREMENT

- Adds guidance for claims-based algorithm steps: Includes claims that indicate PCP relationship; excludes urgent/emergency services, episodic vaccinations, dental, pharmacy, and laboratory claims.
- Plans may propose additional conditions through the approved flexibilities process.

Plurality and Recency of Claims

Add guidance when multiple AMH/PCPs are identified through claims

UPDATED REQUIREMENT

- Includes criteria for member claims step to compare AMH/PCPs based on plurality (highest number of visits) and recency (most recent visit) of claims.

Expected effective date for elements on this slide is 4/1/27, with additional communications forthcoming from PHPs and DHB.

PCP Assignment Requirements At-A-Glance (2/2)

Requirement areas and updated requirements

Reassignment Without Member Consent

Clarifies when member consent is not required for assignment changes

UPDATED REQUIREMENT

- Adds additional scenarios when reassignment without member consent is permissible, including assignment refresh; Correction of assignment errors (e.g., age/gender); for-cause dismissals; formal medical record transfer requests.
- Existing permissible scenarios (e.g., change in AMH/PCP status) are maintained.

Reassignment Requiring Member Consent

Clarifies when member consent is required for reassignment

UPDATED REQUIREMENT

- Members may change their PCP/AMH twice per year without cause and any time with cause.
- Providers may help members submit a change request with documented consent.
- Members who are unengaged, unreachable, relocated within the state, or displaced by a natural disaster are not eligible for reassignment based only on provider request.

Age / Gender / Numeric Panel Limits

Applies to member choice and auto assignment

UPDATED REQUIREMENT

- Member assignment (both member choice and auto-assignment) must comply with provider's age/gender/panel limits
- Plans may make additional exceptions with documented provider consent.

Accepting Siblings

Clarifies rules for assigning siblings to the same provider

UPDATED REQUIREMENT

- Unless a provider selects "No" for "Accepting Siblings" on the PEF, the plan may assign siblings to that provider

Algorithm Flexibility

Plans may request adjustments to the DHB-prescribed algorithm

UPDATED REQUIREMENT

- Describes how plans may request changes and flexibilities to the algorithm and requirements.

The updates on this slide may take effect prior to 4/1/27

How providers can support accurate assignments

Several recurring issues can be prevented or resolved faster when provider records and plan-facing information stay aligned.

Keep NCTracks information current

- Confirm age range served and group/individual affiliations.
- Submit updates through the Manage Change Request process as needed.

Review assignment files and reports

- AMH Tiers 1, 2, and 3 may review the PCP Enrollee Report in NCTracks.
- Tier 3 AMHs or affiliated CINs may also receive Beneficiary Assignment files.

Engage assigned members

- Some members may be correctly assigned even if they are new or unfamiliar.
- Proactive outreach supports access to the medical home.

Align panel limits with each plan

- Confirm open/closed status, age, gender, and capacity.
- Update limits in NCTracks and with contracted PHPs.

Keep contact details up to date

- Verify contacts so notices reach the right person.
- Accurate routing helps practices respond before assignment issues grow.

Collaborate early with PHPs

- Work with the member's plan first when discrepancies or questions arise. Escalate unresolved issues only after working through plan channels.
- Members can request PCP changes through their plan; providers may help submit change request forms with documented consent. PHPs have a standard assignment change request form.[1]

Source: Playbook 2025 NC Medicaid Fact Sheet

[1] Links to the forms are available in NC Medicaid's PCP assignment fact sheet.

Addressing Age & Gender Misassignments

Primary care providers may set age or gender limits on the members they serve.

However, there are repeated instances of members being auto-assigned by plans to providers that do not serve their listed age or gender requirements.

These misassignments undermine the ability of medical homes to serve members, create barriers to effective value-based payment, and erode provider confidence in plan operations.

NC Medicaid has been working to monitor and address instances of age and gender misassignments.

Age & Gender Misassignment Approach

Goal: Identifying true misassignments while accounting for appropriate exceptions to provider age/gender parameters.

What NC Medicaid is addressing

Overall age/gender misassignment rates are about **1.2%** of Standard Plan members and **0.6%** of Tailored Plan members

Misassignments have a particular impact when a provider has a large number or percentage of members misassigned by age or gender.

The outlier-focused approach focuses on identifying true misassignments while allowing plans to identify and document valid exceptions to age/gender parameters.

Important caveats

1 **Some assignments outside formal limits may be appropriate exceptions.**

Example: a 19-year-old may have aged out of a pediatric practice but be allowed to remain with the provider.

2 **Misassignment flags depend on current NCTracks provider information.**

If age/gender requirements are not updated, assignments may be incorrectly flagged or missed.

Outlier-focused approach (Spring/Summer 2026)

1. Prioritize most-impacted providers

Focus review on provider outliers with the largest number or percentage of misassignments.

2. Support feasible plan review

Narrow the population so plans can review assignments and document exceptions where appropriate.

Provider Misassignment Outliers

DHB focused review on providers with the highest number and/or rate of age/gender misassignments (95th percentile) in Standard Plans.

38

unique providers

NPI + LOC identified as provider outliers (top 5th percentile of misassignments based on number and percent among all providers)

33-327

misassigned members

among providers in the top 5th percentile

27.18% - 100%

misassignment rate

among providers in the top 5th percentile

Plan-level variation

The number of misassigned members across this outlier group ranged from 159 to 1,160 per plan.

159 — lowest plan count

1,160 — highest plan count

Focus: provider outliers help DHB and plans target corrections where the operational impact is greatest.

Provider Misassignment Outliers Breakdown

Misassignments among the 38 outlier providers are concentrated in pediatric-provider assignments.

Total

3,151

members misassigned across the provider outlier group

Top reason

Members misassigned to pediatric providers - Standard Plan

92.0%

Misassignment reason	Members	%
Pediatric providers - Standard Plan	**2,898**	**92.0%**
Male members assigned to female-only providers - Standard Plan	200	6.3%
Pediatric providers - Tailored Plan	45	1.4%
Male members assigned to female-only providers - Tailored Plan	8	0.3%

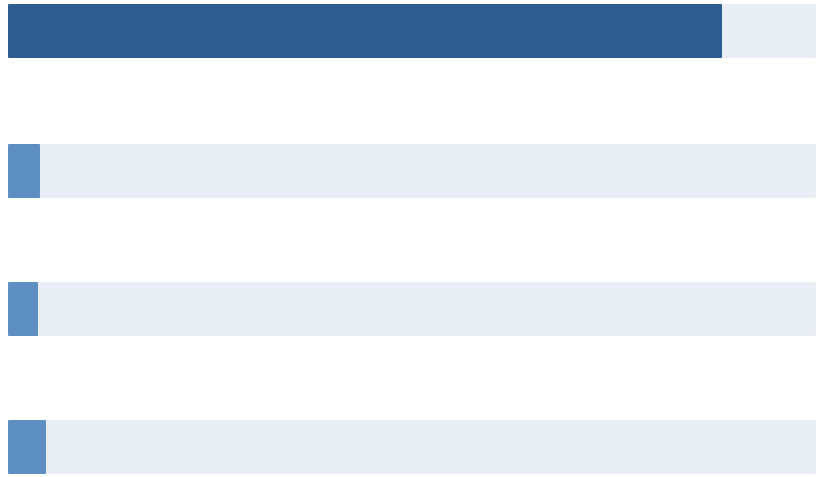
Table reflects misassignments for the 38 providers identified as outliers (top 5th percentile of based on number and percent of misassignments).

Pediatric Provider Misassignment Breakdown

The majority of members misassigned to pediatric providers in the outlier group are younger than 25.

Members misassigned to pediatric providers - SP + TP — 2,943 total

Misassignment reason	Members	%
Younger than 25	**2,600**	**88.3%**
25-35	113	3.8%
35-45	99	3.4%
45 and older	131	4.5%



Age & Gender Misassignment Activities Underway

Plans were asked to review each identified member and either correct or document why the current assignment is appropriate.

1 Help Center ticket

NC Medicaid creates a ticket for each plan with misassigned members at outlier providers.

2 Plan review

Plans review the list and validate whether each assignment is a true misassignment.

3 Plan response

For each member, plans correct, annotate the assignment, or indicate it is no longer in place.

4 Root cause

Plans identify the root cause of the misassignment when applicable.

5 Reassess outliers

After baseline issues are resolved, NC Medicaid will review whether any providers remain above the threshold due to new misassignments.

For each identified member, plans may:

Correct

Reassign the member to a provider that serves their age or gender.

Annotate

Document why the current assignment is appropriate.

Close out

Annotate that the misassignment is no longer in place.

Questions

AMH TAG Wrap-Up and Future Topics

AMH TAG meetings are being adjusted to the first Monday of each month from 3-4 PM.

2027 Meeting Schedule

- *We plan to continue meeting every other month in 2027*
- *Please share if you prefer to meet on Monday or Tuesday from 3pm-4pm*

- *NOTE: December 28, 2026, is a State holiday*
  - *Do you prefer to find another date in December or cancel?*

Potential Upcoming AMH TAG Topics

** Please submit discussion topics to Medicaid.AdvancedMedicalHome@dhhs.nc.gov **