North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #50 (Conducted Virtually)

November 18, 2025

AMH TAG Attendees:

- North Carolina Academy of Family Physicians
- Cherokee Indian Hospital
- Community Care Physician Network (CCPN)
- Atrium Health
- CHESS Health Solutions
- Duke Connected Care
- ECU Health Physicians
- 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
Judy Lawrence	Advanced Medical Home (AMH Program Senior Program Manager
Jessica Kornegay	Crisis Services Team Project Manager
Elizabeth Kasper	Care Delivery and Payment Reform Senior Advisor
Kimberly Gibson	CFSP Program Manager
Katherine Bartholomew	Quality Management Associate Director

Agenda

- Welcome and Roll Call – 5 mins
- Somethings Presentation – 15 mins
- 2026 Withholds Program Updates– 15 mins
- PCP Auto Assignment – 10 mins
- CFSP Updates and Follow-up – 5 mins
- Total Cost of Care Dashboard Elimination – 5 mins

Somethings Presentation

- Somethings is a peer mentorship driven intervention program, offering to youth ages 13-19 that makes it effortless to engage in mental healthcare.
    - Prevent unnecessary emergency department admissions/readmissions.

- The Teen Mental Health Crisis
    - Rates of depression and suicide among teens are climbing with devastating costs for families, providers, and health systems.
    - Connects teens (13+) with trained Peer Mentors and licensed providers, while tracking how they're feeling overtime.
        - Simple check-ins keep teens engaged, cut down crisis visits, and show real progress.
        - Teens engage with their mentors eight hours per week.
        - Timely engagement, roughly six hours between enrollment into the app along with the interaction with a mentor.
        - Mentors are available 25 hours per week
- Measuring Impact
    - Impact is measured through engagement and satisfaction and standard clinical assessments.
        - Utilizes the PHQ, GAD, and ASQ suicide screener
- Results
    - 65% reduction in depression and 40% reduction in anxiety in 75 days.
- Geographic Reach
    - Active in 95 counties in NC
    - Achievable path to engage with all 100 counties across NC by the end of this calendar year.

2026 Withholds Program Updates

- The Withhold program aligns with the Department's overall priorities for quality improvement. Important to note the withholds payments are from Standard Plans, not from providers. Plans must meet certain quality performance targets to receive funding from the state at the end of the performance period.
- Providers may see increased emphasis by Standard Plan on the performance measures. There are no requirements for Standard Plans to include withhold program measures or targets in the provider incentive arrangements. We encourage plans to consider a broad range of performance improvement strategies to meet withhold targets.
- Standard Plan Withholds 2026
    - Expanded the measure set that are subject to withholds to cover broader range of Medicaid members which includes adult and pediatric measures.
    - Replaced the Combo 10 child immunization status measure with other measures of child health and prevention.
    - Benchmarking methodology has been updated to align with our overall updates for our plan level targets.
    - Increasing the percent withheld from 1.5% to 2%, this maintains or reduces the amount tied to each individual measure.

- Moving the HRRN to pay-for-performance from pay-for-reporting. This will not have provider level impact, only capturing screenings performed by plans only.
- HRRN screening is the only 2026 withhold measure not relevant to provider-level incentives and therefore the only 2026 withhold measure that is not included in the AMH measure set.

- Design Considerations
  - Build on quality improvement efforts to expand on the previous quality improvement capacity and program experience built by plans and DHB.
  - Cross-initiative alignment, DHB selected withhold measures that plans and providers are already being held accountable for through plan-level measure sets, AMH quality measures, and performance improvement programs.
  - Expand withhold focus to reflect a more holistic view of plan performance and reduce the focus on any one measure or population.

Part I: Measure Rationale

	Quality Measure	Rationale for Removal/Inclusion	Domain
Removed	Childhood Immunization Status (Combo 10) • *Overall* • *Priority population*	Creates disproportionate provider burden in context of rate cuts; other DHHS and SP efforts remain in place to improve childhood vaccination rates; adding measure of well-child visits for same age group incentivizes creating opportunities for vaccination without penalizing plans and providers for member vaccination choices	Child Health
Kept or Modified	Prenatal and Postpartum Care (PPC) • *Timeliness of Prenatal Care* • *Postpartum Care*	NC SP rates have risen but are below national median	Maternal Health
	HRRN Screening • *Pay for Performance*	Shift to pay for performance from pay for reporting with established specifications and baseline data now available. Rates are still very low and vary widely	Health-Related Resource Needs

Part II: Measure Rationale

	Quality Measure	Rationale for Removal/Inclusion	Domain
Added	Cervical Cancer Screening (CCS) • *Overall*	NC SP rates are below national median and fell 2023-2024; adds adult preventive measure; measure requested by plan and provider stakeholder group	Adult Prevention
	Child and Adolescent Well-Care Visits (WCV) • *Overall*	Incorporates wide age range (3-21 years) to balance measure set; incentivizes child prevention; measure requested by plan and provider stakeholder group	Child Health, Adolescent Health
	Well-Child Visits in the First 30 Months of Life (W30) • *0-15 months priority population* • *15-30 months priority population*	NC SP rates are above national median; disparities for Black/AA members Incentivizes child prevention; incentives opportunities for vaccination for Black/AA members where there are large disparities; measure requested by plan and provider stakeholder group	Child Health
	Immunizations for Adolescents (Combo 2) • *Overall* • *Priority population*	NC SP rates have risen but are below national median; disparities for Black/AA members	Adolescent Health

2% Withhold			
	Measure	**Portion of Withhold**	**Target for full credit (partial credit available for smaller improvements)**
1	Timeliness of Prenatal Care	12.5%	Overall Population: 10% gap reduction towards national 50th percentile
2	Postpartum Care	12.5%	Overall Population: 10% gap reduction towards national 50th percentile
3	HRRN Screening (**plan screenings only**)	12.5%	Meet 20% screening rate OR 10% gap reduction towards 20% screening rate *(no national benchmark available)*
4	Cervical Cancer Screening	12.5%	Overall Population: 10% gap reduction towards national 50th percentile
5	Child and Adolescent Well-Care Visits	12.5%	Overall Population: 10% gap reduction towards national 90th percentile
6	Well-Child Visits: 0-15 Months	12.5%	Priority Population: 10% gap reduction towards national 90th percentile
7	Well-Child Visits: 15-30 Months	12.5%	Priority Population: 10% gap reduction towards national 90th percentile
8a	Immunizations for Adolescents	6.25%	Overall Population: 10% gap reduction towards national 50th percentile
8b	Immunizations for Adolescents	6.25%	Priority Population: 10% gap reduction towards national 50th percentile
Additional Notes: No bonus pool, no Hurricane Helene adjustments			

Question: Is the Helene adjustment in effect for CY2025?
DHB: Yes.

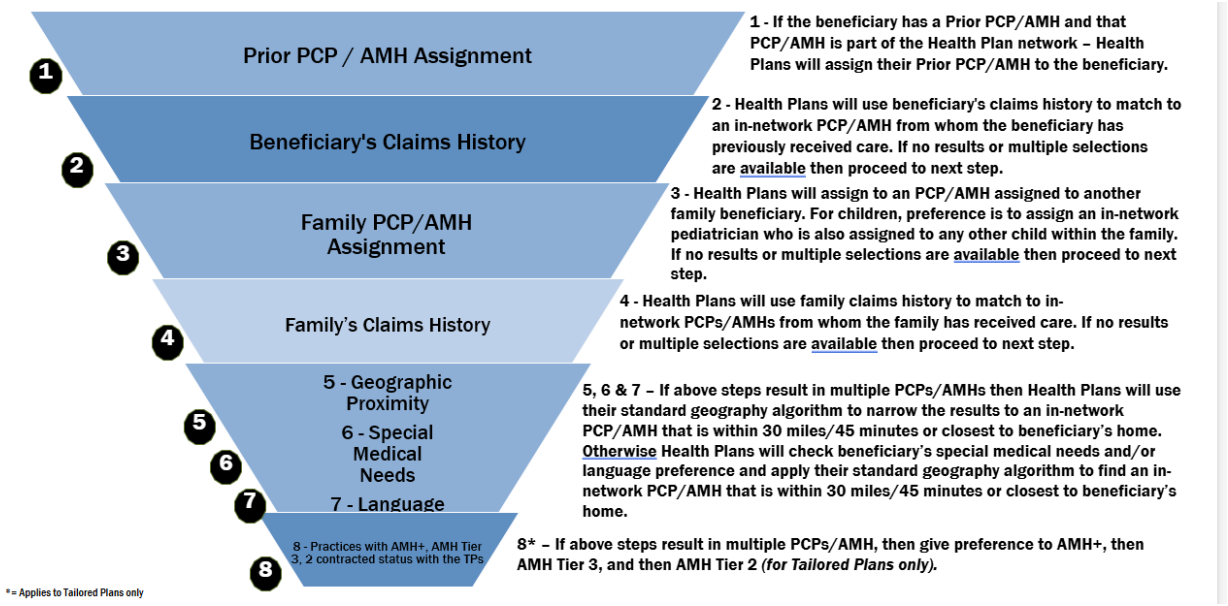
Question: Curious why childhood immunizations was removed but adolescent immunizations was included given the rationale provided?
DHB: The Combo 10 child immunizations measure had persistent declines at a national level. We did not see the same thing nationally for the adolescent immunization rates, which continue to increase.

Question: When will DHB be publishing the plans' targets?
DHB: We will publish the AMH tables which includes plan level data and stratified rates for those measures in January of 2026.

PCP Auto Assignment

- Plans will assign members who do not choose a primary care provider (PCP) to a PCP/Advanced Medical Home (AMH) based on the PCP auto assignment (PCP AA).
- Due to frequent and persistent pain points regarding member PCP assignment, DHB has drafted several updates to the PCP AA requirements, incorporating feedback received from stakeholders.
- DHB has taken steps to improve internal data monitoring to quantify and understand PCP AA issues.

Current SP/TP PCP AA Algorithm



Highlights of PCP AA Requirements Draft Updates

- Update the algorithm to prioritize claims history over prior assignment to ensure assignments reflects current relationships.
- A "refresh" of PCP assignment of existing members will be required to maintain accuracy based on where a member seeks care.
- Add guidance for multiple potential PCPs that are identified through claims history.
- Add guidance to determine when member consent is required or not required for assignment changes requested by a provider or plan.
- Clarify application of age/gender panel limits.
- Allow for override of closed panels for established patients.

Status of PCP AA Requirements Draft Updates

- NC Medicaid has incorporated detailed feedback received from plans and providers in summer 2025.
- We are refining the details of the requirements and modeling the updates with a subset of Standard Plans and Tailored Plans.
- This modeling will allow us to:
    - Understand real-world impacts to members and providers
    - Identify any concerns or risks with the proposed auto-assignment algorithm
    - Identify any gaps in guidance that should be clarified prior to all PHPs applying the requirements.
- Comparing results of updated algorithm to provider records may be part of second phase of modeling

- Timeline for full implementation of the updated requirements is to be determined, but will be no sooner than summer of 2026.

Question: How do practices add or remove patients from their panel, any provisions for that?

DHB: We have included in the draft updated requirements guidance on when provider- or plan-initiated reassignments do and do not require member consent. Providers should continue to work with plans to add or remove patients.

Question: Do all states determine Medicaid attribution for the plans or is that unique to NC?

DHB: Many managed care states have assignment policies which will be specific to each state.

Question: It would be helpful for providers engaging in Shared Savings arrangements to mandate payors to share cost level details in claims data specs, as there is no way to validate performance, if that detail is blinded

DHB: Thank you for this feedback, we are working on updates in this space.

Children and Family Specialties Plan

- CFPS is a new NC Medicaid Managed Care health plan. Single, statewide health plan managed by Blue Cross and Blue Shield of North Carolina (Healthy Blue Care Together).
- CFSP will launch Dec. 1, 2025. Until then, potential beneficiaries will continue to get health care services through NC Medicaid Direct
- The Plan will cover a full range of physical health, behavioral health, pharmacy, NEMT, care management, long-term services and supports (LTSS), Intellectual/Developmental Disability (I/DD) services and unmet health-related resource needs.
- Providers will use Availity to access care management information.
- CFSP members will begin to show on the Managed Care PCP enrollee report on December 8th, 2025.

Important Note: TAG members and other providers are encouraged to attend the Back porch conversation on November 20, 2025, to learn more and ask questions related to CFSP.

Question: Given that the state has referred to CFSP as a "fully funded plan", what does that mean for provider rates of payment? Will providers be paid at the current rates (post rate cut) or the former rates prior to 10/1?

DHB: NC Medicaid rate reductions that went into effect on 10/1/25 impact all NC Medicaid Managed Care Health Plans, including the CFSP.

Question: Is it possible to get a flow chart on what happens, especially after CPS is called but before all the paperwork is filed for a kid to get into foster care and also later into CFSP?

DHB: The Department will be providing a detailed presentation in the Back Porch Chat on 11/20/2026. These questions will be addressed in the Back porch chat.

Total Cost of Care Dashboard Elimination

- TCOC Dashboard
    - We have been required to discontinue the TCOC dashboard due to budget constraints. Plans may continue to implement or expand shared savings and other TCOC incentive models independent of the dashboard.
    - The Department found the TCOC dashboard useful as a standardized approach to comparing TCOC for members assigned to both plans and providers.
    - TCOC dashboard was an optional DHB initiative, it was informational for providers to assess TCOC across multiple payors using a standardized algorithm.
    - TCOC is not a quality measure, although it is a valuable metric for evaluation. The dashboard was removed from the AMH, and broader plan-level measure sets for 2026 given attribution challenges at the AMH level and stakeholder feedback.
    - We welcome feedback on the specific features plans found valuable.