NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Meeting #50

November 18, 2025

Agenda

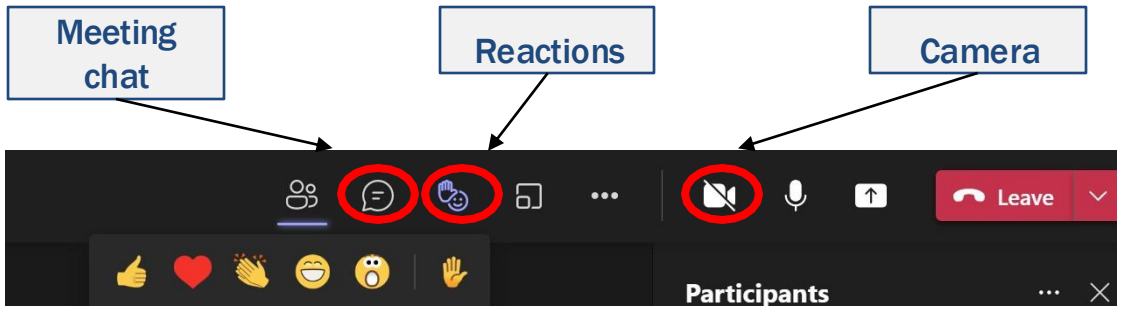
1. Somethings Presentation – 15 mins
2. 2026 Withholds Program Updates – 15 mins
3. PCP Auto Assignment – 10 mins
4. CFSP Updates and Follow-up – 5 mins
5. Total Cost of Care Dashboard Elimination – 5 mins

AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
Charles Crawford, MD, MBA	*Pediatrician*, Coastal Children's Clinic	Provider (Independent)
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)
Dr. Steve Spalding	*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
Eugenie Komives, MD	*Chief Medical Officer,* WellCare of North Carolina, Inc.	Health Plan
William Lawrence Jr., MD	*Chief Medical Officer,* Carolina Complete Health, Inc.	Health Plan
Dr. Derrick Hoover	*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/

Somethings Presentation

SOMETHINGS

Every Teen Deserves to Thrive

Somethings is a Peer Support driven intervention for youth ages 13-26 that makes it effortless to engage in mental healthcare.

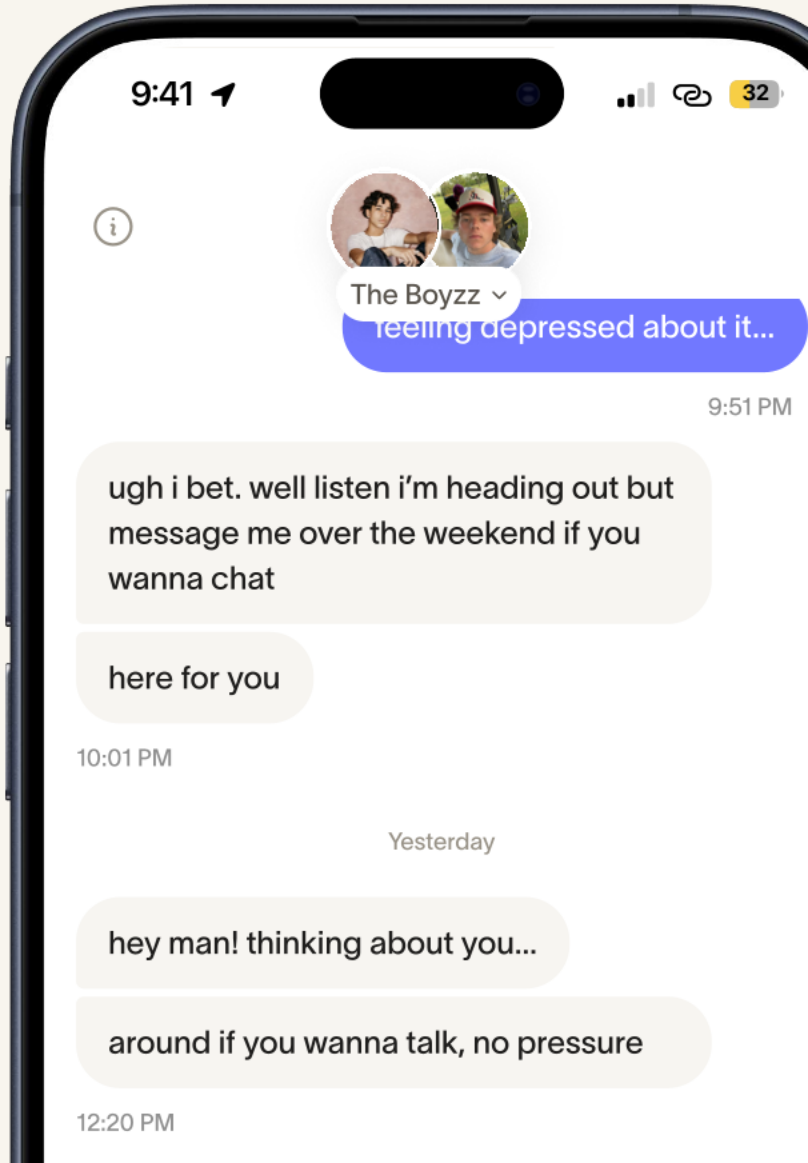
Avg Teen Satisfaction

4.7/5

★★★★½

Partners

NCDHHS Optum CENTENE Corporation Alliance Health



The Teen Mental Health Crisis

Rates of depression and suicide among teens are climbing — with devastating costs for families, providers, and health systems.

Teens reporting depression

+50%
Since 2008

11M

Prevalence

75%
of all mental illness starts before 24

80%
of youth with mental health illness do not receive treatment

Cost

$70B
cost of teen suicide attempts in 2019

$30B
annual spend on youth mental health treatment

World Psychiatry, 6(3), 168–176; Archives of General Psychiatry, 62(6), 593; US Census Bureau; CDC; Facts About Suicide; nimh.nih.gov/health/statistics/major-depression

SOMETHINGS

The easiest way for teens to get support

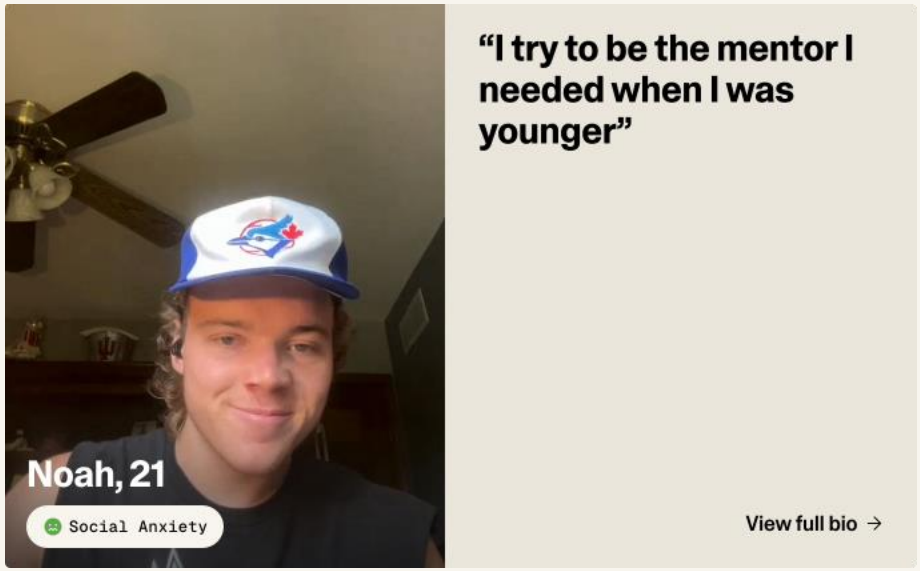
Somethings connects teens (13+) with trained Peer Mentors and licensed providers, while tracking how they're feeling over time.

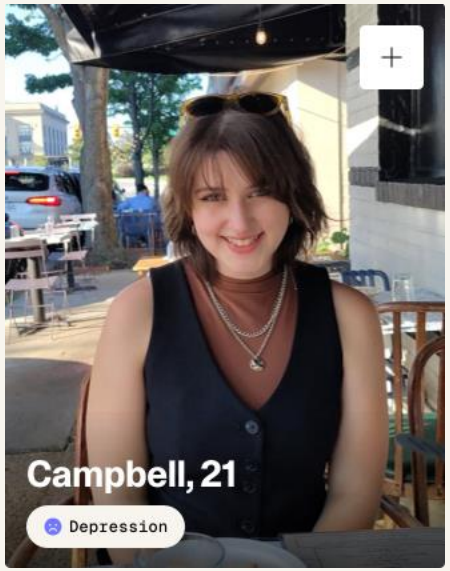
Simple check-ins keep teens engaged, cut down crisis visits, and show real progress.

- ✓ **Increase access, engagement, and outcomes**
- ✓ **Lower overall care costs**
- ✓ **Improve population health**

Meet our Certified Peer Specialists

Our Certified Peer Specialists Mentors closely match the demographic profile of the teens we serve.





Faster Access. More Support. Better Outcomes.

Teens using Somethings get support more often, connect to care in hours instead of weeks, and report higher satisfaction — driving stronger outcomes and lower costs.

Satisfaction

4.7/5

★★★★½

average teen satisfaction rating

Engagement

25 hr/wk

vs 1 hr/week outpatient

Speed to care

6.3 hr

vs 4 weeks outpatient (NASW)

Improved access for high risk kids at less than half the cost

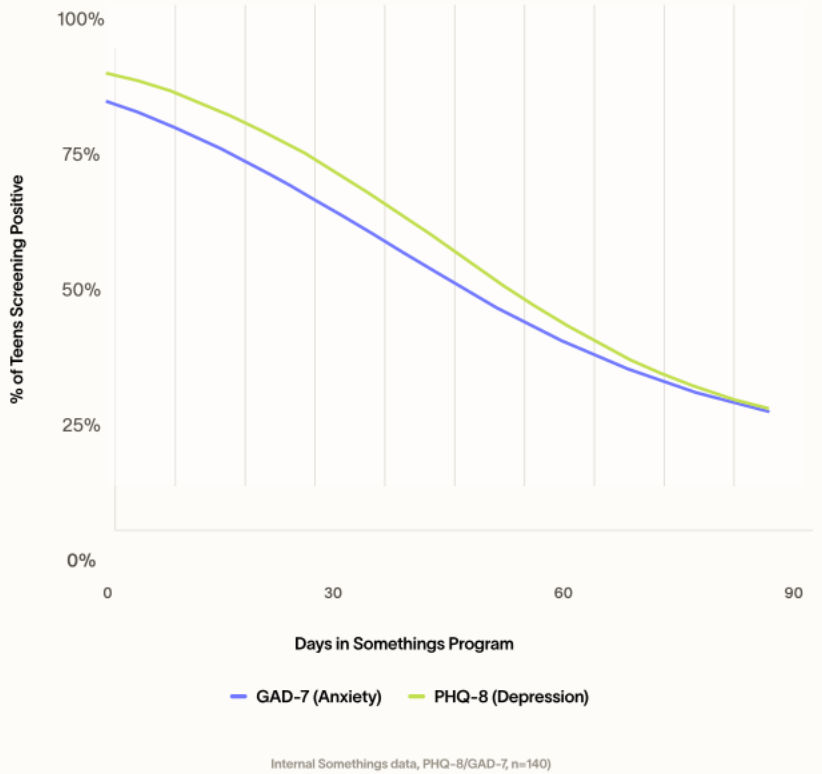
high risk at intake

51%

of teens at intake have suicidal ideation

59%

of teens resolve their suicidal ideation in 90 days



Internal Somethings data, PHQ-8/GAD-7, n=140)

After 75 days, real users of the Somethings platform were 65% less likely to screen positive for depression and 40% less likely for anxiety, an effect similar to clinical interventions in RCTs.

SOMETHINGS

Geographic Reach

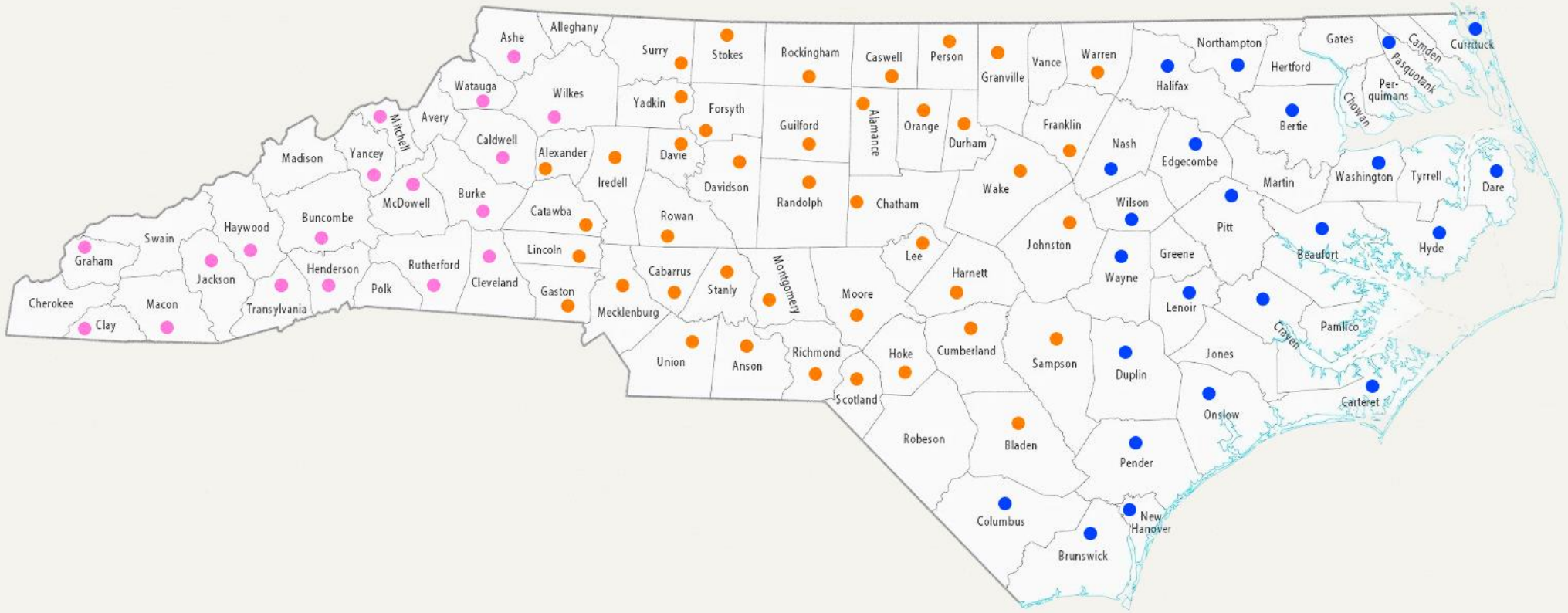
Somethings has served teens in **95 of NC's 100 counties.**

Largest Counties

Wake – 128 teens
Mecklenburg – 112 teens

Largest Western Counties

Forsyth – 50 teens
Davie – 50 teens



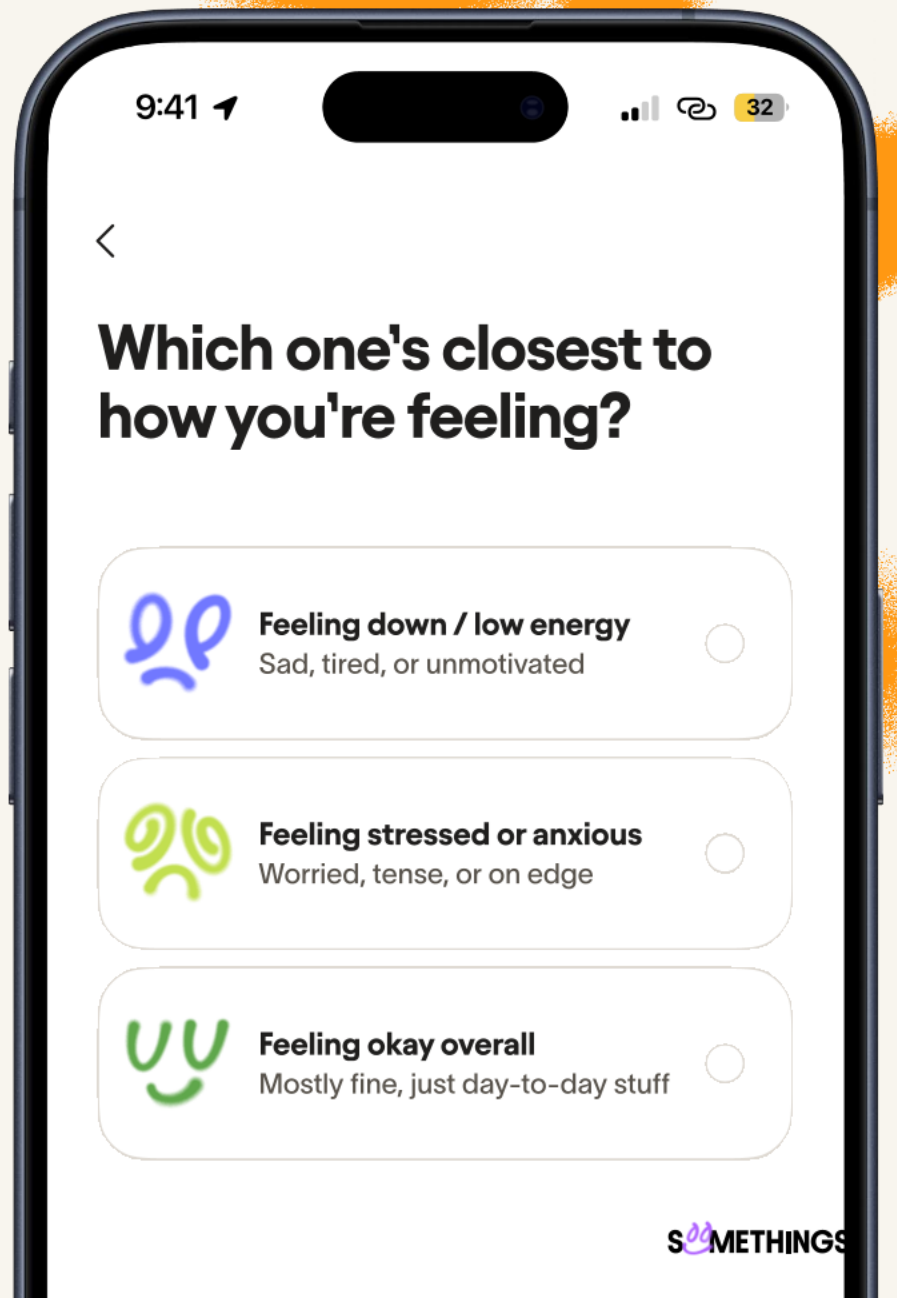
Legend

- Teen served in Western North Carolina
- Teen served in Central North Carolina
- Teen served in Eastern North Carolina

ROI through cost avoidance and HEDIS closure

Drive real ROI by getting teens engaged and stabilized in the community *where mental healthcare should happen.*

- ✓ **Reduce unnecessary ER, Inpatient, and Outpatient Spend**
- ✓ **Close HEDIS Gaps - FUH, FUM, DSF-E, and WCV**



The first product to ever drive real teen engagement

Flexible, co-branded campaigns that reach teens where they are and make referrals easy for partners.

Digital Content

- Engage teens on TikTok and Instagram with relatable campaigns
- Deliver school-based outreach through newsletters, portals, and student channels
- Amplify reach with peer ambassadors online and in the community

Partner Collateral

- Reach families directly through events, packets, and targeted mailers
- Match your brand with co-branded designs and messaging
- Stay visible with materials at launch and throughout the year

Referrals

- Deliver practical training for case managers, providers, and school staff
- Co-design referral pathways that that fit seamlessly into current practice
- Connect teens faster so they don't fall through the cracks

What teens say

★★★★★

“[this app] has honestly been one of the few things that’s made me feel seen, supported, and not alone. Having a mentor who actually listens and gives real advice has changed so much for me. It’s not always easy to open up, but my mentor made it feel safe. They’ve helped me think clearer, feel more confident, and reminded me that what I’m going through matters — and that I can get through it.

This app is more than just support — it’s like having someone in your corner when the rest of the world feels too loud or too heavy. Thank you for creating this space for people like me. It truly makes a difference.”

Peers power our stepped care model to manage appropriate utilization

we work to keep kids here

Somethings HIPAA Compliant Platform

- AI Content Moderation and Risk Flagging
- AI Powered Recommendations and Workflow Tools
- Self-serve content and tools
- 90 day focused skills pathway
- Access to 24/7 crisis resources

Certified Peer Specialist

Certified Peer Specialists keep kids engaged and provide a much more engaging way to interact.

- Unlimited Text or Video Call

+

Supervising Clinician

In-state licensed clinician who is actively reviewing Mentorships and conducts weekly supervision.

- Collaborate with External Providers

to prevent them from getting here

Crisis Response

In-state licensed clinician conducts a risk assessment, de-escalation, and escalation to community resources wen needed

Thank you

For partnering with us to support teens and families.

E Leslie@somethings.com

W www.somethings.com

SOMETHINGS

2026 Withholds Program Updates

Background on Withholds

NC Medicaid aims to encourage prepaid health plans to perform beyond minimum quality measure performance compliance thresholds for priority areas by implementing a withhold program.

In a withhold arrangement, a portion of plans' expected capitation payment is withheld. To earn back these withheld dollars, plans must meet targets, such as quality performance targets specified in their contract, to receive funds from the state at the end of the performance period.

2024 was the first year of NC Medicaid's quality withhold program for Standard Plans. This presentation shares information on the program for 2026 (Year 3), which will begin January 1, 2026.

What the Withhold Program Means for Providers

The Withholds Program falls within the Department's overall priorities for quality improvement described in the Quality Strategy.

The Department withholds payment from Standard Plans, *not* from providers.

Withhold targets are calculated at the plan level. The Department does not set targets for provider-level arrangements. Providers and plans negotiate performance rates for provider-VBP contracts.

Providers may see increased emphasis by Standard Plans on the performance measures included in the Withhold Program. However, there are no requirements for Standard Plans to include Withhold Program measures or targets in provider incentive arrangements. The Department encourages plans to consider a broad range of performance improvement strategies to meet withhold targets.

Standard Plan Withholds 2026: Highlights

- Expanded measures subject to withholds to cover broader range of Medicaid members and care, with a mix of adult and pediatric measures.
- Replaced Combo 10 child immunization status measure with other measures of child health and prevention
- Updated benchmarking methodology ("gap to goal") aligned with DHB's updated method for setting plan level targets
- Percent withheld increasing from 1.5% to 2%.
  - Paired with an expanded measure set, this maintains or reduces the amount tied to each individual measure.
- HRRN screening moving to pay-for-performance from pay-for-reporting.
  - This measure captures screenings performed by *plans only*, not providers.
  - HRRN screening is the only 2026 withhold measure not relevant to provider-level incentives and therefore it is not included in the AMH measure set.

Key 2026 Withhold Program Design Considerations

DHB prioritized the following principles when designing the 2026 Withhold Program.

Builds on Quality Improvement Efforts. The 2026 Withhold Program expands 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. The expansion of measures and populations in the Withholds program reflects a more holistic view of overall plan performance and reduces focus on any one measure or population.

2026 Standard Plan Withhold Program: Measure Rationale (1/2)

The Department has expanded the number of measures to cover a broader range of members served by Medicaid and replaced the Childhood Immunization Status measure with other measures of child health and prevention. Removal or inclusion of each measure was based on review of the most recent Standard Plan and national data and consideration of DHB's published rubric for withhold measures.

	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

2026 Standard Plan Withhold Program: Measure Rationale (2/2)

	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

2026 Standard Plan Quality Withhold Program Design

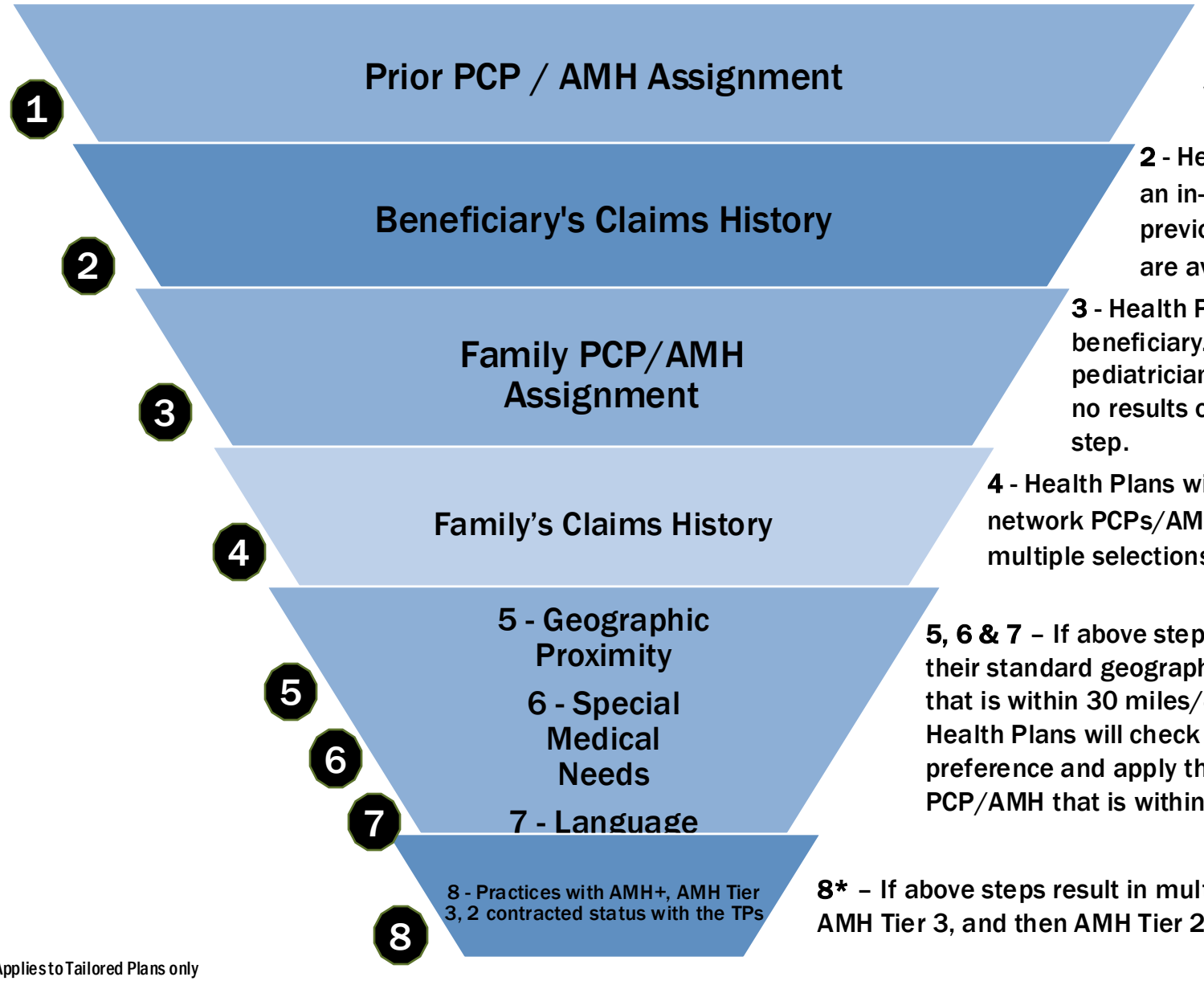
2% Withhold			
	Measure	**Portion of Withhold**	**Target for full credit (partial credit available for smaller improvements)**
1	Timeliness of Prenatal Care	12.5%	Overall Population: 10% gap reduction towards national 50th percentile
2	Postpartum Care	12.5%	Overall Population: 10% gap reduction towards 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			

PCP Auto Assignment Updates

Background

- Prepaid Health Plans assign members who do not choose a Primary Care Provider (PCP) to a PCP/Advanced Medical Home (AMH) based on a DHB-determined algorithm, also known as “PCP auto assignment” (PCP AA).
- Assigning members to appropriate PCPs ensures continuity of care, effective administration of medical home and care management services, and supports value-based payments.
- Health plans and providers have encountered frequent and persistent pain points regarding member PCP Assignment.
- DHB has drafted several updates to the PCP AA requirements, incorporating feedback received from stakeholders and insights from our internal review of recurring issues and help center tickets related to PCP assignment.
- DHB has also taken several steps to improve internal data and monitoring to quantify and understand PCP AA issues, and to be able to understand the effectiveness of any changes

Background - Current SP/TP PCP AA Algorithm



1 - If the beneficiary has a Prior PCP/AMH and that PCP/AMH is part of the Health Plan network – Health Plans will assign their Prior PCP/AMH to the beneficiary.

2 - Health Plans will use beneficiary's claims history to match to an in-network PCP/AMH from whom the beneficiary has previously received care. If no results or multiple selections are available then proceed to next step.

3 - Health Plans will assign to an PCP/AMH assigned to another family beneficiary. For children, preference is to assign an in-network pediatrician who is also assigned to any other child within the family. If no results or multiple selections are available then proceed to next step.

4 - Health Plans will use family claims history to match to in-network PCPs/AMHs from whom the family has received care. If no results or multiple selections are available then proceed to next step.

5, 6 & 7 – If above steps result in multiple PCPs/AMHs then Health Plans will use their standard geography algorithm to narrow the results to an in-network PCP/AMH that is within 30 miles/45 minutes or closest to beneficiary's home. Otherwise Health Plans will check beneficiary's special medical needs and/or language preference and apply their standard geography algorithm to find an in-network PCP/AMH that is within 30 miles/45 minutes or closest to beneficiary's home.

8* – If above steps result in multiple PCPs/AMH, then give preference to AMH+, then AMH Tier 3, and then AMH Tier 2 *(for Tailored Plans only).*

*= Applies to Tailored Plans only

PCP AA Requirements Draft Updates: Highlights

- Update algorithm to prioritize claims history over prior assignment to ensure assignment reflects current relationships
- Require a regular “refresh” of PCP assignment of existing members to maintain accuracy based on where a member seeks care
- Add guidance for when multiple potential PCPs are identified through claims
- Add guidance for when member consent is and is 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

PCP AA Requirements Draft Updates: Status

- NC Medicaid has incorporated detailed feedback received from plans and providers in summer 2025 on proposed updates (thank you!)
- We are currently refining the details of the requirements and modeling the proposed updates with a subset of Standard Plans and Tailored Plans.
- This modeling will allow us to:
  - Understand the 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 not finalized, but will be no sooner than summer 2026

CFSP Updates

Children and Families Specialty Plan (CFSP)

CFSP is a new NC Medicaid Managed Care health plan. It is a single, statewide health plan that will be managed by Blue Cross and Blue Shield of North Carolina under the name

Healthy Blue Care Together.

- CFSP will launch Dec. 1, 2025. Until then, potential beneficiaries will continue to get health care services the same way they do today – through NC Medicaid Direct.
- NC Medicaid beneficiaries in foster care, receiving adoption assistance and enrolled in the former foster care eligibility are eligible for the Children and Families Specialty Plan.
- 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 manager information.
- CFSP members will begin to show on the Managed Care PCP Enrollee Report on 12/8/2025.

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

Total Cost of Care Elimination of Dashboard

TCOC Dashboard

The discontinuation of the dashboard does not reflect a change in the Department's support for TCOC-related value-based arrangements. Plans may continue to implement or expand shared savings and other TCOC incentive models independent of the dashboard.

- The Department valued the Total Cost of Care (TCOC) dashboard and found it useful as a standardized approach to comparing TCOC for members assigned to both plans and providers. The dashboard was discontinued due to Medicaid budget constraints; this decision pertained only to the analytics tool.
- This was an optional DHB initiative, and it was informational for providers to assess TCOC across multiple payors using a standardized algorithm. PHPs were not required to adopt that algorithm for their value-based arrangements and may use their own TCOC approaches.
- TCOC is not a quality measure, although it is a valuable metrics for evaluation. It was removed from the AMH and broader plan-level measure sets for 2026 given attribution challenges at the AMH level and stakeholder feedback.
- Plans **are** still able—and encouraged, at their discretion—to offer incentives related to TCOC (e.g., shared savings) regardless of the dashboard's status.
- If there are providers/plans who found the dashboard valuable, we welcome feedback on specific features. If funding allows in the future, the Department may reassess options to support a shared cost-performance view.

Questions

Wrap-Up

AMH TAG Wrap-Up and Future Topics

AMH TAG meetings will generally take place the second Tuesday every other month from 4-5 PM.

Upcoming 2026 Meetings

Tuesday, January 13, 2026, 4-5pm
Tuesday, March 10, 2026, 4-5PM

Potential Upcoming AMH TAG Topics

- AMH TAG Meeting Purpose and Intent
- CMARC/CMHRP Transitions update

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

Announcements and Updates

AMH TAG meeting cadence is every other month effective January 2026
AMH TAG DSC meetings have been suspended effective November 2026
Please submit the names and email addresses of each AMH TAG participant from your organization by December 5th to Medicaid.AdvancedMedicalHome@dhhs.nc.gov