North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #01 (Conducted Virtually)

February 10, 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**
Kristen Dubay	Chief of Population Health NC Medicaid
Judy Lawrence	Advanced Medical Home (AMH Program Senior Program Manager
Andrea Price-Stogsdill.	Senior Program Manager Healthy Opportunities
Madison Shaffer	Quality Measurement Lead Program Evaluation
Chavanne Lamb	Special Projects Evaluator
Grace Ruffin	Quality Measurement Evaluator Program Evaluation

Agenda

- Welcome and Roll Call
- CMARC/CMHRP Transition
- AMH Measure Updates
- NC InCK Updates
- Public Facing Quality Measurement Dashboard
- Revisiting Purpose of AMH TAG

- Wrap-up and Next Steps

CMARC/CMHRP Transition

- The CMHRP program provides care management services to eligible pregnant members (ages 14-44) determined to be at high-risk for adverse birth outcomes.
- The CMARC program provides care management services for eligible children (ages 0 to 5) at risk for poor outcomes due to specific medical conditions, adverse childhood events, or physician referral.
- Historically, the CMARC/CMHRP programs have been operated by Local Health Departments (LHDs) who have enjoyed exclusive contracting with health plans to serve these members. These contract requirements expire **June 30, 2026.**
    - PHPs will have the flexibility to determine how best to meet care management needs for CMARC/CMHRP members. This includes care managing these members in-house or contracting with delegated care management providers (which could include LHDs).
- Future Vision: CMARC/CMHRP Programs
    - At-risk members should receive quality care management appropriate for their needs:
        - At-risk members should be identified early, to provide maximum opportunity for support and interventions.
        - Members must be risk-stratified, so that those with the highest needs receive intensive care sooner.
        - Members should receive the appropriate duration of care based on population need.
        - Members should receive continuity of care management support during and after the expiration of these contract requirements to work with LHDs.
        - Plans will be responsible for ensuring these members get the right support at the right time. SPs and TPs can serve these members either in-house, or can choose to contract with care management entities, including AMH Tier 3s, AMH+/CMAs, and/or LHDs.
- At-risk children and high-risk pregnant members continue to be NC Medicaid priority populations. Despite the expiration of contract requirements to work with LHDs, health plans will be held accountable for these populations receiving needed services.
- Target date for implementation is **July 1, 2026,** for contract and policy changes impacting this population.
- On July 1, 2026, the Department will no longer finance the platform Virtual Health for LHD Care Management documentation.
- Downstream Implications

    - The expiration of contract requirements for Standard Plans and Tailored Plans to work exclusively with LHDs to provide these services have a number of downstream impacts.
        - PHPs will need to determine how to meet the requirements to serve these populations. Updating or establishing new contracts may be required for PHPs who maintain delegated arrangements to care manage CMARC/CMHRP members.
        - DHB is actively reviewing the costs associated with meeting CMARC/CMHRP members' needs using data from our managed care experience. This may result in updates to the capitation provided to Plans for these services.
        - Providers may no longer have a single county entity to which they will send Pregnancy Risk Screening forms, and PHPs will need to be able to quickly identify high-risk pregnant people and at-risk children.
        - LHDs will no longer have Department-funded care management technology to use for documenting care management services starting July 1, 2026.
- Questions
    - How do the proposed policy changes impact likely services to children, in addition to where primary care pediatricians refer for services?
        - DHB: This will be dependent on the decisions made by each plan for the CMARC/CMHRP populations. If plans retain contracts with LHDs, they will use the same referral patterns.
    - Have standard plans and tailored plans established new contracts?
        - DHB: We are not aware of any updates that have been made, and we have received feedback regarding relevance to our timeline.

AMH Measures Update

- The 2026 AMH Tables have been published. The document provides baseline data and statewide targets for NC Medicaid and for Standard and Tailored Plans on each measure in the AMH measure set.
    - The AMH Measure Set is meant to focus specifically on primary care and care coordination.
    - Purpose is to standardize the measures used in incentive arrangements between the Health Plans and AMHs.

Table1 : Current AMH Measure Set (2026)

Count	Measure Name	Steward
1	Adults' Access to Primary/Preventive Health Services (AAP)	NCQA
2	Cervical Cancer Screening (CCS-E)	NCQA
3	Child and Adolescent Well-Care Visits (WCV)	NCQA
4	Childhood Immunization Status (Combination 10) (CIS-E)	NCQA
5	Chlamydia Screening (CHL)	NCQA
6	Colorectal Cancer Screening (COL-E)	NCQA
7	Controlling High Blood Pressure (CBP)	NCQA
8	Glycemic Status Assessment for Patients with Diabetes (GSD)**	NCQA
9	Immunizations for Adolescents (Combination 2) (IMA-E)	NCQA
10	Prenatal and Postpartum Care (PPC)	NCQA
11	Well-Child Visits in the First 30 Months of Life (W30)	NCQA

**Previously known as Hemoglobin A1c Control for Patients with Diabetes (HBD), this measure title and its associated specifications have been slightly modified by the measure steward.

PPC added to the AMH set in the 2023 tech specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is 2024.
COL added to the AMH set in the 2024 tech specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is 2025.
AAP added to the AMH set in the 2025 tech specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure in 2026.

Summary of Trends (MY2023-2024) Total NC Medicaid

Priority Area	Measure Name	Trend
Women's Health	Cervical Cancer Screening (CCS-E)	↓
	Chlamydia Screening (CHL) - Total	↑
	Prenatal and Postpartum Care (PPC) - Timeliness of Prenatal Care	↑
	Prenatal and Postpartum Care (PPC) - Postpartum Care	↑
Child & Adolescent Health	Child and Adolescent Well-Care Visits (WCV) - Total	↑
	Childhood Immunization Status (CIS-E) - Combination 10	↓
	Immunizations for Adolescents (IMA-E) - Combination 2	↑
	Well-Child Visits in the First 30 Months of Life (W30) - First 15 Months	↑
	Well-Child Visits in the First 30 Months of Life (W30) - 15-30 Months	↑
Chronic Health/ General Access	Colorectal Cancer Screening (COL-E)	↑
	Controlling High Blood Pressure (CBP)	↑
	Glycemic Status Assessment for Patients with Diabetes (GSD)** <8.0%	↑
	Glycemic Status Assessment for Patients with Diabetes (GSD)** >9.0%	↑
	Adult Access to Preventive and Ambulatory Health Services (AAP)	↑

**Previously known as Hemoglobin A1c Control for Patients with Diabetes (HBD), this measure title and its associated specifications have been slightly modified by the measure steward.

- Question: Has the Childhood Immunization Status –Combination 10 measure being removed from the AMH measure set?
    - DHB: Combination 10 was not removed from the AMH measure set but it was removed from the 2026 Standard Plan Withhold Program.

- Question: Is NCDHHS still planning to implement the Standardized Performance Incentive model?
    - DHB: We have been working on some specific details for that program and expect to have more to share soon.

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NC InCK Updates

- NC InCK Updates and Closeout
    - The previously announced NC InCK PMPM reduction will not go into effect and the PMPM will remain unchanged from the amount provided prior to 10/1/25.
    - NC InCK care management process and procedures are the same.
    - DHB is still proposing a reduction in InCK APM measures from six to two. The only measures tied to incentive payments are the Kindergarten Readiness Bundle and the Food Insecurity and Housing Instability Screening measures.
    - The NC InCK pilot will end on December 31, 2026, and DHB will begin to provide guidance on care management transition and program closeout procedures
    - More specific details will follow, DHB expects new NC INCK care management enrollment to end this summer and transition planning to begin this fall. We will share more details and guidance in other settings.

Public Facing Quality Measurement Dashboard

- The new Quality Measures Dashboard aims to:
    - Reduce the burden from ad-hoc data pulls
    - Increase engagement and awareness of performance
    - Create a user-friendly tool tailored to interests
    - Promote transparency around quality measurement performance
- The dashboard was developed by BIA and QPHE teams and went through extensive review and governance approval processes.
- The Dashboard will provide greater visibility into NC Medicaid's quality measurement performance. This will enable users to:
    - Visualize quality measurement data,
    - View performance across managed care plans
    - Stratify quality measures by race, gender, language, age, and geography
- Please see link to Quality Measures Dashboard: https://medicaid.ncdhhs.gov/reports/dashboards/quality-measures-dashboard
- Question: Would like to see how North Carolina compares to other states to explore state-level rates.
    - DHB: Thank you for this feedback, we will look into adding comparison data to the dashboard. For additional feedback, please use the feedback form linked at

the bottom of the dashboard. For CMS Core Set measure state comparisons, please see this helpful resource https://www.medicaid.gov/medicaid/quality-of-care/core-set-data-dashboard/welcome

Revisiting Purpose and Intent of AMH TAG

- Purpose
    - Advise and inform NC Medicaid on key aspects of the design and evolution of the Advanced Medical Home (AMH) program and related quality, evaluation, and population health topics
- Representation
    - Advisory body of approximately fifteen (15) invited participants from PHPs, AMH practices, and other AMH partners including CINs
    - Chaired by NC Medicaid staff
    - We welcome feedback from the AMH TAG members to include additional participants from other entities
- Process
    - Meet every other month, virtually or in-person
    - Weigh in on strategic and policy issues related to NC Medicaid's population health, quality and evaluation
- Create ad-hoc technical groups ("subcommittees"), as needed and as NC Medicaid capacity allows, to develop formal recommendations on technical aspects of the program that require greater degrees of expertise
    - Participate in dialogue to provide inputs and updates on NC Medicaid initiatives
- AMH TAG Meetings and Member Expectations
    - Meetings:
        - Recommendations of the AMH TAG are advisory only
        - Decisions to act upon any recommendations are made at the sole discretion of NC Medicaid
        - For each meeting topic, DHHS will brief the TAG and then through a discussion, solicit recommendations from a range of options
    - Designated Participants:
        - The Department will consider new requests to participate as Designated Participants and make changes to accommodate, as needed.
        - Are expected to attend consistently and participate in meetings to provide meaningful feedback on policy and programmatic issues related to AMH implementation

        - Will take issues raised in the TAG back to their organizations to promote dialog and communication between the TAG and a broader group of stakeholders
- AMH TAG Participant Expectations
    - Please review the attendee expectations listed below:
        - All attendees (designated participants, other attendees, and DHHS staff) are expected to abide by the AMH TAG expectations
        - Participants are expected to engage professionally and respectfully with presenters and other attendees at all times, even when there is not agreement
        - Harassing, demeaning, or threatening language toward presenters or participants will not be tolerated
        - Attendees should remain muted until they are called on to speak
        - Attendees may share questions or comments in the chat at any time
        - The chair or facilitator may mute, remove, or limit participation of attendees who disrupt the meeting
        - Recording meetings, including use of AI tools, is not allowed unless pre-approved
        - Discussions of non-publicly available rates are not allowed

Questions/Feedback:

- Question: Would the Department consider a once a year in person meeting?
    - DHB: Absolutely. Thank you for this recommendation, we will explore this further.

  Question: When will the Department have an update on the proposed changes to member assignment and whether they will be implemented in 2026? / Is there an update on the changes to the attribution methodology?

    - DHB: We recently received the results of the modeling of some of the proposed changes, and we hope to provide updates on changes and timeline this summer.