

## North Carolina Department of Health and Human Services (DHHS)

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

April 14, 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)
- CHES 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
Madison Shaffer	Quality Measurement Lead Program Evaluation
Leonard Croom	Value-Based Payments Operations Lead

### Agenda

- Welcome and Roll Call
- AMH Standardized Performance Incentive Program Update
- MY 2027 AMH Measure Set
- CMARC and CMHRP Updates
- BCM051-J Enhancements
- Wrap-up and Next Steps

## AMH Standardized Performance Incentive Program Update

- The AMH Standardized Performance Incentive Program was a proposed NC Medicaid initiative designed to:
  - Create a single, standardized framework for AMH quality performance incentives across all PHPs
  - Reduce variability in incentive arrangements that created a burden for AMH practices
  - Align quality improvement efforts across plans for Medicaid beneficiaries.
- NC Medicaid has decided pause implementation efforts on the AMH Standardized Performance Incentive Program, this decision is based on:
  - Department Priorities: Current NC Medicaid priorities require focusing resources on initiatives with the greatest near-term impact for beneficiaries and providers.
- Stakeholder Investment: We recognize and appreciate the significant time PHPs and providers invested in feedback and program development. The input from PHPs was valuable and will inform broader VBP policy and future models.
- Existing VBP Requirements Remain: PHPs will continue to offer performance incentive arrangements to AMHs under existing contractual obligations.
- Please see the recent [provider bulletin](#) for more information on the AMH Standardized Performance Incentive Program decision.

## MY2027 AMH Measure Set Updates

- The AMH measure set is a subset of quality measures for Health Plans to use to monitor Advanced Medical Home (AMH) performance and calculate AMH performance incentive payments. Purpose is to provide some standardization to measures used in incentive arrangements for AMH providers.
- All quality measures that Health Plans incorporate into contracts with AMH practices (all Tiers) must be taken from the AMH Measure Set. While Health Plans are not required to use all the AMH measures, any quality measure they choose must be drawn from this set. Incentive programs for non-AMH providers are not limited to this measure set.
- The Department publicly releases the AMH Measure Set Tables annually, they include:
  - Baseline data and statewide targets for NC Medicaid
  - Standard Plan and Tailored Plan Aggregate performance and targets
  - Individual Standard Plan Performance
  - Overall NC Medicaid Race and Ethnicity Comparison
  - Individual Standard Plan Race and Ethnicity Comparison
- All measures in the AMH Measure Set are stratified by:
  - Line of business
  - HEDIS specified age state (if applicable)
  - Black and African American binary race
  - American Indian and Alaskan Native binary race

- Hispanic/Latino binary ethnicity

Count	Measure Name	Steward
1	Adults Access to Preventative/Ambulatory 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

- In an effort to tailor the 2027 AMH Measure Set to meet the needs of plans and the Department, we shared a feedback survey for the 2027 AMH Measure Set.
- The survey was open from March 13<sup>th</sup>-March 30<sup>th</sup>, 2026.
  - 46% of respondents reported the AMH Measure Set currently reflects their organization’s priorities very or extremely well.

Proposed Updates

- Over 20% of respondents voted to retire CIS combo 10. Immunization measures support NC Medicaid’s public health and healthcare quality priorities in tandem with non-immunization measures such as well-child visits and prenatal and postpartum care. Instead of eliminating CIS entirely, we could consider replacing CIS Combo 10 with CIS

Combo 7. Combo 7 includes all the same components but excludes the flu vaccine, which has been the primary challenge affecting CIS performance. With recent changes to federal reporting requirements, we now have greater flexibility to adjust this sub-measure.

- AMH TAG participants sent a few thumbs up/heart reactions but did not verbally comment on this proposed update.
- If the Department receives internal governance approval on this proposed update, the updated MY2027 AMH measure set would then contain the same 11 measures as 2026, but the sub-measure for CIS would switch to combo 7 from combo 10 (see table below).

Proposed Updates to MY2027 AMH Measure Set

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3	Child and Adolescent Well-Care Visits (WCV)	NCQA
4	Childhood Immunization Status (Combination 7) (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
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Incentive Arrangement Limitations

- Prepaid Health Plans are currently limited to using quality measures within the AMH Measure Set for performance incentive arrangements with AMHs. The Department is

considering whether to offer additional flexibility in the measures PHPs may use in AMH incentive arrangements.

- We included a question on this year’s survey to see how providers/plans feel about potentially allowing for incentive arrangements outside the AMH Measure Set and the results were split.

Example of what “Flex” measures would look like in practice:



Option 1: Add “Flex” Options to AMH Measure Set

- Many respondents expressed interest in expanding the selection of measures for AMH incentive arrangements beyond the AMH Measure Set. Allowing plans and AMHs to select a limited number of “flex” measures outside of the set would allow for more tailored arrangements suited to providers or plan priorities and members’ needs.

Option 2: Keep Current Limitations for Incentive Arrangements

- Maintain current policy of limiting AMH incentive arrangements to the AMH measure set, with annual updates to the measure set. Any modifications to measures in the set would continue to be based on health plan and provider feedback

AMH TAG Feedback

- The Department heard from AMH TAG participants that they would prefer option 2, as adding any flex measures to the set would introduce additional administrative burden to practices.

Next Steps

- April 30<sup>th</sup>-May 14<sup>th</sup>
  - Present Proposed Updates to Internal Governance for Approval
- June 30<sup>th</sup>
  - Update Tech Specs w/ Changes
- Measure set changes would apply to MY2027, starting on January 1<sup>st</sup>, 2027.

### CMARC/CMHRP Update

- NC Medicaid intends to update contracts with the Standard Plans to maintain the requirement that they contract exclusively with Local Health Departments (LHDs) for CMARC/CMHRP services through Dec. 31, 2026.

- In alignment with the contract requirement updates, the CMARC/CMHRP Per Member Per Month (PMPM) payments will remain in effect within the Standard Plan medical capitation loads during state fiscal year 2027 such that they cover maintaining existing rates
- LHDs remain the appropriate referral agency through Dec. 31, 2026, and providers should maintain current referral patterns for high-risk pregnant women and at-risk children.
- The Department will be releasing future communications with information regarding the approach to care management for these populations beginning Jan. 1, 2027, and beyond.

#### VirtualHealth Extension through December 31, 2026

1. NC Medicaid is extending its contract with Community Care of North Carolina (CCNC) to provide financial supports for the VirtualHealth technology platform used by LHDs for care management
2. LHD care managers use the VirtualHealth platform, currently supported by CCNC in contract with NC Medicaid, to record care management activities and track member progress
3. NC Medicaid expects this extension will provide necessary care management documentation and member care management, thus minimizing member disruption
4. NC Medicaid will work closely with Plans to maintain robust care management services for beneficiaries qualifying for at-risk child or high-risk pregnancy care management services

#### BCM051-J Enhancements

- The BCM051 is one of the tools DHB uses to support oversight of the AMH program. To strengthen this oversight, we are considering updates to the BCM051-J. The Department will share proposed updates to BCM051 field definitions, along with new fields intended to enhance program oversight. We are seeking Plan input and feedback on these proposed enhancements.

**New and Modified Fields:** The Department is proposing to modify existing and add new fields on the BCM051.

- Field definitions have been updated for greater clarity.
- (M), (S), and (O) classifications have been refined to improve data integrity.
- PRLs will be updated to fully align with the BCM051 modifications.

Next Steps

- We are seeking feedback on the feasibility of collecting accurate and reliable data for the new and revised fields. The BCM051-J template will be provided via emails as art of the feedback request.

Activity	Timeframe
DHB shares initial draft of BCM051-J template enhancements with Health Plans (Informal Feedback)	5/1/26 – 5/14/26
Health Plans solicit feedback from AMH providers to assess the feasibility of delivering accurate and reliable data for both new and revised fields.	5/2/26 – 5/14/26

- DHB will provide the BCM051-J reports via email by 5/1/26 for your review. Please send your feedback to [Medicaid.AdvancedMedicalHome@dhhs.nc.gov](mailto:Medicaid.AdvancedMedicalHome@dhhs.nc.gov) by 5/14/26

### Wrap-up and Questions

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