

North Carolina Department of Health and Human Services (DHHS)

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #45 (Conducted Virtually)

April 8, 2025

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)
- 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 Population Health Officer
Elizabeth Kasper	Care Delivery and Payment Reform Senior Advisor
Madison Shaffer	Quality Measurement Team Lead
Jessice Kuhn	NCHIEA Medicaid Quality and Population Health Systems Analyst
Evelin Lazaro	AMH Program Specialist

Agenda

- Welcome and Roll Call – 5 mins
- NC Medicaid Policy Paper Releases: Spring 2025 – 5 mins
- AMH Measure Set Update – 5 mins
- Updated Quality Measure Benchmarking Approach – 15 mins
- 2026 Standard Plan Withhold Program Candidate Measures – 15 mins
- Early Adopter Program Overview to Share dQM and HRSN data – 5 mins
- Wrap-up and Next Steps – 5 mins

Welcome and Roll Call

- DHHS highlighted that NC Medicaid is an innovative, fiscally responsible and popular program with bipartisan support. DHHS appreciates the access and care partners provide to Medicaid beneficiaries.
- DHHS encouraged AMH TAG members to contact DHHS for more information about the Medicaid program to support both individual and collective efforts in addressing questions at the state and federal levels.

NC Medicaid Policy Paper Releases: Spring 2025

- DHHS released the following two policy papers and is seeking community partner feedback via email to Medicaid.NCEngagement@dhhs.nc.gov.
 - *AMH Standardized Performance Incentive Program Draft Policy Guide*
 - Description: This paper describes the Department’s proposed value-based payment (VBP) approach for Advanced Medical Homes (AMHs) to address Provider burden challenges and improve health outcomes in Medicaid Managed Care.
 - Please note that this would not replace what is currently available by the plans. The Department proposes requiring the plans to offer this program as an additional choice.
 - Release Date: March 25, 2025
 - Link: <https://medicaid.ncdhhs.gov/amh-standardized-performance-incentive-program-policy-guide-draft/download?attachment>
 - Feedback on specific incentive program design related questions are due by April 21, 2025, to Medicaid.NCEngagement@dhhs.nc.gov.
 - Please use subject line: “AMH Standardized Performance Incentive Program Feedback”
 - *Improving Member Health Through Managed Care Program Enhancements*
 - Description: This paper outlines the Department’s vision for the next iteration of Standard Plans.
 - Release Date: April 7, 2025
 - Bulletin: <https://medicaid.ncdhhs.gov/blog/2025/04/07/nc-medicaid-standard-plan-program-enhancements>
 - Community partners are invited to submit questions or feedback by May 7, 2025, to Medicaid.NCEngagement@dhhs.nc.gov.
 - Please use subject line: “Managed Care Program Enhancement Feedback”
- DHHS is expected to release the below policy paper for community review in late-April.
 - *Improving Health and Promoting Value: An Update on the Population Health Approach Guiding North Carolina’s Medicaid Transformation*

- Description: This paper will describe the purpose and progress of four foundational population health strategies NC Medicaid is using to advance its vision:
 1. Reinforcing and strengthening primary care
 2. Investing in community-based care management
 3. Identifying and addressing non-medical drivers of health
 4. Using data to design evidence-based programs
- Release Date: TBD in late-April
- Community partners are invited to submit questions or feedback by May 30, 2025, to Medicaid.NCEngagement@dhhs.nc.gov.
 - Please use subject line: “Pop Health Policy Paper Feedback”

AMH Measure Set Updates

- DHHS described the AMH measure set as a subset of quality measures, focused on primary care, for Prepaid Health Plans (PHPs) to use in Advanced Medical Home (AMH) performance incentive programs.
- DHHS noted that the Technical Specifications document requires DHHS to publish any updates to the AMH Measure Set in the Technical Specifications document six (6) months prior to the first measurement year (MY) for which the measure can be incentivized as an AMH measure.
 - DHHS reviewed the advanced notice timeline for changes to the AMH measure set to ensure it balances timely notification, stakeholder input opportunities, and availability of performance data.
 - DHHS indicated that Plan-reported data for most measures are not received until June, creating a tight timeline for analyzing results and ensuring DHHS makes evidence-based decisions on measure set changes.
- AMH TAG member noted that the advanced notice timeline depends on the specific measure because of the Quality Plan, especially if it is a UDS Measure.
- DHHS polled the AMH TAG on the following question: How much notice prior to the start of the measurement year do [AMH TAG members] need to set contracts relating to AMH measure incentives?
 - DHHS received a total of thirty-five (35) responses:
 - 40% of respondents chose six (6) months.
 - 37% of respondents chose more than six (6) months.
 - 17% of respondents chose four (4) months.
 - 5% of respondents chose less than four (4) months.

Updated Quality Measure Benchmarking Approach

- DHHS shared how quality benchmarks are currently used and updates to the current benchmarking approach, in response to two years of managed care performance data.

- DHHS currently uses performance benchmarks to drive plan and DHB conversations around quality and performance. The current approach launched with Standard Plans in 2021 and has been used in various programs.
 - DHHS does not currently set Provider level targets, though plans often use the Plan targets in Provider Value Based Payment (VBP) contracts.
 - The current benchmarking approach requires Plans to meet a standard 105% overall population relative improvement and 110% priority population improvement.
 - DHHS highlighted that the current approach does not account for larger national trends and specific clinical context of the measure topic.
- DHHS is adopting a gap-to-goal benchmarking methodology beginning with MY2026 targets, using MY2024 as the baseline.
 - DHHS summarized the methodology as Plans aiming to reduce the gap between their own baseline performance and a goal set at either the 50th or 90th national Medicaid HMO by 10%. Plan's goals will be determined using aggregate performance, with all plans within a specific Line-of-Business (e.g., SPs, TPs) sharing the same goal for each measure. Adjustments will be made as necessary, with the objective of selecting parameters that minimize the need for adjustments.
 - DHHS stated that performance will be assessed based on administrative rates.
- In order to account for national trend declines (ex: CIS Combo 10), DHHS proposes a “beat the trend” scoring approach for a measure (to be applied in the next measurement year), if the measure has experienced at least two consecutive measurement periods of national decline by at least 1%.
- The key milestones for implementation of the new benchmarking approach are below:
 - Release Technical Specifications Amendment (April 2025).
 - Begin applying new quality measure benchmarking approach.
 - Used in next version of AMH Tables (released in January 2026).
- AMH TAG member posed the following question:
 - Can the state share the 50th and 90th percentiles of NCQA for all AMH measures so that CINs and AMHs can evaluate what it will look like if PHPs decide to pass down this methodology to their Provider contracts?
 - NCQA Quality Compass national percentile results are proprietary and only available through a yearly license with NCQA. The Department will share all baseline and target information for each AMH measure via the AMH tables each year but will not be sharing specific Quality Compass percentiles.

2026 Standard Plan (SP) Withhold Program Candidate Measures

- DHHS provided an overview of the SP withhold program in North Carolina, which aims to increase quality and operational measure performance and improve priority population performance.
- DHHS clarified that the SP withhold program impacts SPs by withholding payments at the plan level, not from Providers, and encourages plans to use diverse performance improvement strategies to meet targets without mandating specific measures or targets in Provider incentive arrangements.
- DHHS noted its deliberate, data-driven, approach to launching the Standard Plan Withhold Program and updating the program’s inaugural measure set.
 - DHHS will communicate a set of candidates for 2026 withhold measures in the Technical Specifications scheduled to be released in April 2025. The final set of 2026 measures (to be selected from the candidate measures) will be shared by Fall 2025, along with other details of the 2026 withhold program.
- DHHS reminded AMH TAG members of the 2024 and 2025 withhold program quality measures and shared the rationale for inclusion:
 - Child Immunization Status (CIS) (“Combo 10”)
 - Overall performance improvement rate
 - Performance improvement within priority populations
 - Prenatal and Postpartum Care (PPC)
 - Timeliness of Prenatal Care
 - Timeliness of Postpartum Care
 - Rate of Screening for Health-Related Resource Needs (“HRRN Screening”)
 - Note: This measure is based on plan-level screenings only.
 - Note: For 2024/2025, this measure was a pay for reporting measure.
- DHHS follows the established [NC Medicaid Standard Plan Withhold Program Measure Set Decision-Making Rubric](#). There are three overarching criteria’s that must be met:
 - Gating Criteria: All gating criteria must be met for a performance measure to be included or retained in the Withhold Program.
 - Holistic Evaluation Criteria: Additional criteria to support a comprehensive evaluation of a new or existing Withhold Program performance measure once it has passed the gating criteria. Unlike the gating criteria, a measure may be included in the Withhold Program performance measure set even if some holistic evaluation criteria are not met.
 - Measure Set Criteria: These criteria help DHHS evaluate the potential impact of the overall proposed measure set as a whole and may include elements such as the size of the measure set or representation of populations and/or services.

- DHHS shared withhold program year 3 measure candidates and potential scoring approaches. The eight (8) candidate measures are below:
 - Well-Child Visits in the First 30 Months of Life (W30)
 - Child and Adolescent Well-Care Visits (WCV)
 - Childhood Immunization Status (Combo 10)
 - Immunizations for Adolescents (Combo 2)
 - Prenatal and Postpartum Care (PPC)
 - Cervical Cancer Screening (CCS)
 - HRRN Screening (Plan-Only)
 - Electronic Visit Verification (EVV) Adoption (Plan-Only)
- DHHS has not included some stakeholder proposed measures based on data readiness, and to include additional measures beyond their proposal given DHHS's quality priorities, performance differences, as well as the specific relevance of measures at the plan-level.
- AMH TAG members provided the following feedback on the SP Withhold Program:
 - An AMH TAG member shared that Providers face difficulties complying with DHHS's policy that mandates PPC F codes to support the withhold program.
 - An AMH TAG member stated that AMH's are being measured and incentivized to use the F codes, but in many cases, OB Providers are providing and billing for the relevant care.
 - DHHS noted that after July 1, 2025, Medicaid claims for delivery will deny if 0500F is not in the patient's history. This change will apply to both NC Medicaid Managed Care and NC Medicaid Direct claims.
 - An AMH TAG member identified a concern about coding prenatal care visits on inpatient delivery claims when the delivering Provider did not provide prenatal care, noting that this issue affects all billing and coding workflows, requiring specific adjustments for NC Medicaid claims only.
 - An AMH TAG member requested that AMH measures and withhold measures align, since they both impact primary care practices.
 - An AMH TAG member suggests identifying meaningful measures that lower cost and improve care quality longitudinally.
 - An AMH TAG member suggests looking at high-cost Medicaid Providers and not primary care Providers.
 - An AMH TAG member emphasized that SP withhold measures eventually become an AMH measure, since the AMH Providers must do the work for the Plan's to meet the measure.
 - An AMH TAG member suggests lessening the number of AMH measures to really improve care.

- DHHS appreciates AMH TAG member’s feedback and noted ongoing efforts to further align and streamline quality measures for which AMHs are accountable:
 - DHHS welcomes additional feedback on the proposed Standardized AMH incentive model discussed above.
- DHHS plans to do a complete review of the AMH measure set in the future to account for feedback received thus far and ensure measure alignment wherever possible. DHHS highlighted its work on an assortment of complementary initiatives to improve measure alignment, data completeness and increase consistency and effectiveness of incentives for primary care Providers.
- AMH TAG members posed the following questions:
 - Is there a crosswalk between the AMH measure set and SP withhold measure set to show all the measures that impact primary care?
 - How can DHHS do multi-payer alignment if the current measures are not aligned across Medicaid programs?

Early Adopter Program Overview to Share dQM and HRSN data

- NC HIEA provided an overview of the HIE Medicaid Services (HMS) Early Adopters Program, which provides financial incentives for Medicaid-serving Provider organizations to participate in two use cases:
 - [Digital Quality Measures \(dQMs\)](#)
 - Data quality improvements for three (3) priority quality measures: controlling high blood pressure, glycemic status assessment for patients with diabetes, and screening for depression and follow-up.
 - NCQA Data Aggregator Validation Program
 - [Health-Related Social Needs \(HRSN\) Screening](#)
 - The initial focus is on transmitting screening data for six of NCDHHS’s eleven standardized screening questions covering food, housing/ utilities and transportation
 - Note: ‘Medicaid-serving Provider organizations’ only includes Providers and Practices, not CINs.
- Information about the program, including key activities, eligibility and funding amounts is available in the [HMS Early Adopters Program overview document](#) that is available on the NC HIEA [webpage](#).
 - Interested Early Adopters should apply to the program via [this Microsoft Form](#). Applications are accepted on a rolling basis, with the first cohort to be identified in May of this year.
- Additional questions should be sent to hms.hiea@nc.gov.

- An AMH TAG member requests that the registration information for these HIE sessions be provided at least 2-3 weeks in advance.

Wrap-up and Questions