NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Meeting #45

April 8, 2025

Agenda

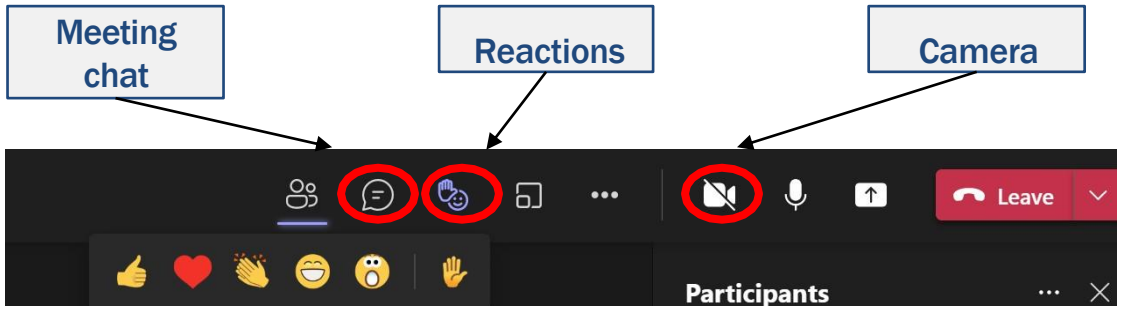
1. Welcome and Roll Call – 5 mins
2. NC Medicaid Policy Paper Releases: Spring 2025 – 5 mins
3. AMH Measure Set Updates – 5 mins
4. Updated Quality Measure Benchmarking Methodology – 15 mins
5. 2026 SP Withhold Program Candidate Measures – 15 mins
6. Early Adopter Program Overview to Share dQM and HRSN data – 5mins
7. Wrap-Up and Next Steps – 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 Lawrence Greenblatt, MD	*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/

Medicaid strengthens North Carolina

NC Medicaid is an innovative, fiscally responsible and popular program with bipartisan support.

Despite its popularity with North Carolina taxpayers, Congress is considering massive cuts to Medicaid to pay for tax cuts.

NC Medicaid helps keep North Carolinians Healthy. It provides affordable health coverage to 1 in 4 North Carolinians—that's access to doctors and prescriptions for more than 3 million children, older adults, people with disabilities and working North Carolinians.

Current proposals could take health coverage away from 630,000 hardworking North Carolinians newly enrolled through expansion, worsen health outcomes, take billions from our state's economy, disproportionately harm rural communities and drive up costs for everyone, including employers.

NC Medicaid Policy Paper Releases: Spring 2025

Overview of Spring 2025 Medicaid Policy Paper Releases To Date

The Department has released two policy papers and is seeking community partner feedback.

AMH Standardized Performance Incentive Program Draft Policy Guide

Release Date: March 25, 2025; Link: https://medicaid.ncdhhs.gov/amh-standardized-performance-incentive-program-policy-guide-draft/download?attachment

Input Requested: Feedback on specific incentive program design related questions **due by April 21, 2025**

- Use subject line: "AMH Standardized Performance Incentive Program Feedback"

Improving Member Health Through Managed Care Program Enhancements

Release Date: April 7, 2025; Bulletin: https://medicaid.ncdhhs.gov/blog/2025/04/07/nc-medicaid-standard-plan-program-enhancements

Input Requested: Community partners are invited to submit questions or feedback **by May 7, 2025.**

- Use subject line: "Managed Care Program Enhancement Feedback"

Submit feedback on either paper to: Medicaid.NCEngagement@dhhs.nc.gov.

AMH Standardized Performance Incentive Program

NC Medicaid is seeking community partner input on a draft policy guide, which describes the Department's proposed value-based payment (VBP) approach for Advanced Medical Homes (AMHs).

Standard Plans and Tailored Plans **must offer performance incentive payment arrangements to AMHs**; however, **providers have reported variation in VBP arrangements across PHPs,** making it difficult to align quality efforts for Medicaid patients.

To address these challenges, the Department plans to **implement an AMH Standardized Performance Incentive program in 2026.**

The draft policy guide **details the program goals and design, including consistent:**

- Performance periods and payment timelines
- Practice eligibility
- Quality measures (by practice type)
- Attribution approach (to calculate practice-level measure performance)
- Measure performance targets
- Methodology to calculate incentives

Draft AMH Standardized Performance Incentive Program Policy Guide: https://medicaid.ncdhhs.gov/amh-standardized-performance-incentive-program-policy-guide-draft/download?attachment

Overview of Spring 2025 Medicaid Policy Paper Release: Forthcoming

The Department is releasing another policy paper for community review.

Improving Health and Promoting Value: An Update on the Population Health Approach Guiding North Carolina's Medicaid Transformation

Release Date: *Expected late-*April

Input Requested: Community partners are invited to submit questions or feedback **by May 30, 2025.**

- Use subject line: "Pop Health Policy Paper Feedback"

Submit feedback to:
Medicaid.NCEngagement@dhhs.nc.gov.

Preview: Population Health Approach Guiding North Carolina's Medicaid Transformation

This paper will describe the purpose and progress of four foundational population health strategies NC Medicaid is using to advance its vision: to improve the health of all North Carolinians through an innovative, whole-person centered, and well-coordinated system of care, which addresses both the medical and non-medical drivers of health.

Strategies	Initiatives
Reinforcing and strengthening primary care	• Advanced Medical Home (AMH) • Collaborative Care Model (CoCM) • Value-Based Care
Investing in community-based care management	• Standard Plan and AMH Care Management • Tailored Care Management
Identifying and addressing non-medical drivers of health	• Healthy Opportunities Framework • Healthy Opportunities Pilots
Using data to design evidence-based programs	• Facilitating an Information-Driven Delivery System • Investing in Departmental Data and Analytic Capabilities

Population Health Strategy: Purpose, Progress and Lessons Learned

Reinforcing and strengthening primary care

Purpose: Necessary to manage longitudinal health for individuals, improve the health of populations, and support efficient and effective delivery systems

Progress and Lessons Learned: Primary care is the foundation for NC Medicaid health system improvement; opportunities remain for program updates

Looking Ahead: NC Medicaid will explore strategies to increase primary care investment, decrease provider burden and maintain its focus on improving health and decreasing costs

Investing in community-based care management

Purpose: Ensures identification of members' needs and navigational support to timely, appropriate care from teams that understand members' local context

Progress and Lessons Learned: Care Management (CM) is reaching Medicaid members that need it; implementation has shifted from building to refining, aligning, and strengthening accountability

Looking Ahead: Strengthening alignment across CM programs will continue to improve member outcomes and provider experience

Population Health Strategy: Purpose, Progress and Lessons Learned, cont.

Identifying and addressing non-medical drivers of health

Purpose: Addresses foundational component of NC's Population Health Strategy

Progress and Lessons Learned: Healthy Opportunities Pilots early evaluation results show improvements in health outcomes and reductions in unnecessary utilization, social support needs, and total health care costs

Looking Ahead: NC Medicaid expects to partner with the NC Legislature to support further investment and opportunities to scale the Healthy Opportunities Pilots

Using data to design evidence-based programs

Purpose: High quality, easily shareable and useable data is a key enabler of population health

Progress and Lessons Learned: As health care data needs evolve, NC Medicaid is working with community partners to modernize its data approach

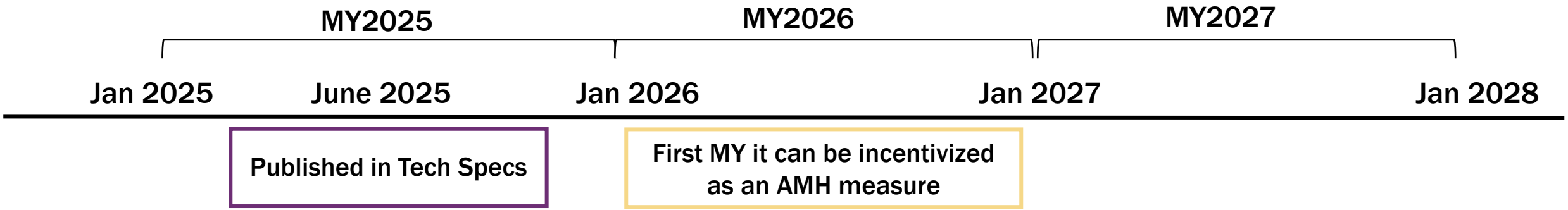
Looking Ahead: NC Medicaid is working with NC HealthConnex to improve its health data infrastructure to provide better visibility into member outcomes and plan and provider performance

AMH Measure Set Updates

AMH Measure Set Updates

- The Department identifies a subset of quality measures for Prepaid Health Plans to use in Advanced Medical Home (AMH) performance incentive programs, known as the AMH Measure Set
  - Health plans are limited to the measures in this set for AMH provider incentive programs
- Currently, the technical specifications require the Department to publish any updates to the AMH Measure Set in the Tech Specs 6 months prior to the first measurement year (MY) for which the measure can be incentivized as an AMH measure.
- The Department is reviewing the advanced notice timeline for changes to the AMH measure set to ensure it is appropriately balancing timely notification, opportunity for stakeholder input, and availability of performance data.

Example Timeline



AMH Measure Set Updates: Poll

How much notice prior to the start of the measurement year do you need to set contracts relating to AMH measure incentives?

1. More than 6 months
2. 6 months
3. 4 months
4. Less than 4 months

Updated Quality Measure Benchmarking Approach

How Quality Measure Benchmarks Are Used

Performance benchmarks are used to drive plan and DHB conversations around quality and performance.

- Performance benchmarks support in:
  - Structuring DHB's internal assessments of plan performance
  - Providing a common framework to guide plans' performance improvement efforts
  - Ensuring gains in priority population quality
- When the Standard Plan withhold program launched in 2024, DHB aligned withhold benchmarks with the informational benchmarks.
- DHB does not currently set provider-level targets, though plans often use the plan targets in provider Value Based Payment (VBP) contracts.
  - DHB has proposed standardized provider-level targets aligned with plan-level targets for performance incentive payments to providers as part of the AMH Standardized Performance Incentive Payment program

Updates to Benchmarking Methodology

After reviewing two years of managed care performance data, DHB is updating its current benchmarking approach, which requires plans to meet a standard 105% overall population relative improvement and 110% priority population improvement.

Current Approach

- Levels the playing field and ensures all plans are held accountable to the same relative improvement target
- Higher performing plans may feel penalized because they must improve by more (in percentage points)
- Does not account for larger national trends that may impact improvement potential

Goals for New Benchmarking Approach

- To be responsive to a measure's national trends in quality measure performance or context
- To incentivize high-performing plans to sustain performance **and** lower-performing plans to improve across measures
- To adjust the amount of improvement required by plans based on baseline performance, instead of a fixed improvement target
- To align with other state benchmarking programs
- To be explainable to plans and other stakeholders
- To be feasible for the Department to calculate across many measures and plans each year

Updated Benchmarking Approach: Gap-to-Goal Methodology

Overall Parameters

- DHB is shifting to a gap-to-goal benchmarking methodology beginning with MY2026 targets (using MY2024 as baseline).
- Plans must reduce the gap between the plan's own baseline performance and a set goal by 10% for the overall population and priority population.
- Goals will be set using aggregate performance; all plans for a particular Line-of-Business (e.g., SPs, TPs) will have the same goal for a given measure.
- Goals are set as below*:
  - National Medicaid HMO 50th percentile: For measures with aggregate plan performance below this percentile.
  - National Medicaid HMO 90th percentile: For measures with aggregate plan performance above 50th percentile.
- Performance will be assessed based on administrative rates.

Improvement Corridors

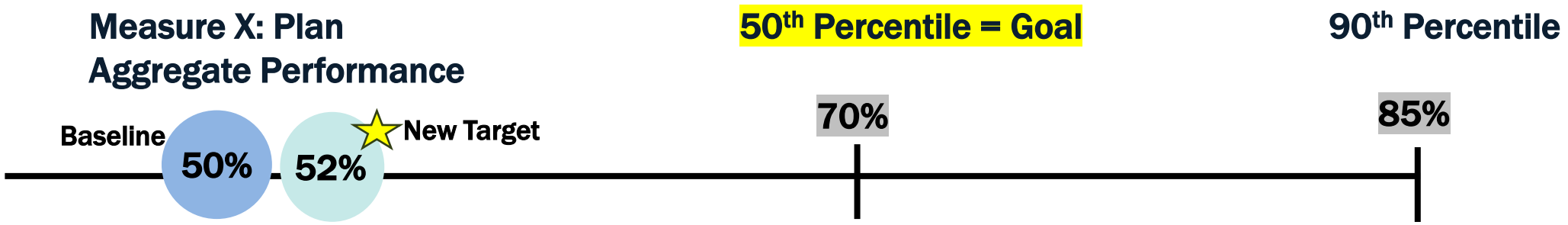
- DHB seeks to ensure **minimum levels of improvement** as well as achievability of targets.
- DHB will apply adjustments when needed but aims to choose parameters that reduce the number of adjustments required:
  - Minimum relative improvement: **2%** (only for measures with 50th percentile goal)
  - Maximum relative improvement: **10%**

*For measures without a HEDIS benchmark, DHB will consider other external benchmarks or develop a custom benchmark.

Methodology: Gap-to-Goal

Step 1: Assess how **aggregate** plan performance compares to national Medicaid HMO percentiles.

Step 2: Determine the goal (either 50th or 90th percentile) depending on **aggregate** plan baseline performance.



Step 3: Determine the required improvement and target for a measure.

- Gap = 70% - 50% = 20%
- Gap Reduction Required = 10%
- New Target = 50% + (10% of 20%) = 52%

DHB will implement an improvement floor and ceiling to adjust for cases where the targets results require either very small or very large improvement levels for some plans.

Accounting for National Trends

Meeting improvement targets based on baselines and benchmarks from prior years present challenges in the context of declining trends in measures such as CIS Combo 10. In such cases, DHB will consider an alternate scoring approach.

Criteria for Adoption

- DHB proposes to **use 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%.**
- DHB will also review internal quantitative and qualitative performance data and consider local drivers of declining trends prior to designating a "beat the trend" methodology for specific measures.

'Beat the Trend' Methodology

- To achieve the target, Plan relative change in performance on a measure from MY2025 to MY2026 must be better than the National Medicaid HMO median trend from MY2025 to MY2026 by a certain margin.
- This methodology was applied to the Combination 10 measure in the 2025 Standard Plan Withhold Program.

Implementation Timeline

Key Milestones

- Release Technical Specifications Amendment (April 2025)
- Begin applying new quality measure benchmarking approach
  - Used in next version of AMH Tables (released in January 2026)

	MY2023	MY2024	MY2025	MY2026 Onwards
Targets	105% Relative Improvement			Gap-To-Goal
Baseline	105% Relative Improvement	Gap-To-Goal		

2026 Standard Plan Withhold Program Candidate Measures

Standard Plan Withhold Program in North Carolina

NC Medicaid aims to **increase quality and operational measure performance and improve priority population performance** by withholding a portion of Standard Plans' expected capitation and tying repayment to achievement of targets within a defined performance period.

The first Withhold Program performance period ran from January 2024 to December 2024 to align with the regular quality measurement year; the second performance period began in January 2025. The design and parameters of the **2024 ("Year 1")** and **2025 ("Year 2")** Standard Plan Withhold Program were previously shared with AMH TAG.

NC Medicaid has begun **planning for the 2026 ("Year 3")** Standard Plan Withhold Program to provide Standard Plans and providers with clear expectations and advance notice of performance measure candidates.

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, not limited to provider incentives.

Standard Plan Withhold Program Evolution: Years 1 – 3

DHB has taken a deliberate, data-driven, approach to launching the Standard Plan Withhold Program and updating the program's inaugural measure set.

Year 1 (2024)	DHB focused on a limited set of performance measures to direct Standard Plan and provider efforts toward priority improvement areas (i.e., maternal/child health) and maintain a manageable set of expectations for the first year.
Year 2 (2025)	DHB maintained the same performance measures for Year 2. This decision reflected DHB's awareness that population health improvement efforts typically require multiple years of implementation and DHB's commitment to (1) reviewing prior year performance data to inform the measure set; and (2) communicating tentative measures to stakeholders in the Technical Specifications before implementation in the Withhold Program. *DHB changed the scoring of the Combo 10 measure in Year 2 to account for national trends.*
Year 3 (2026)	DHB has implemented a formal annual review process that requests nominations for new performance measures from internal and external stakeholders and applies a framework for measure selection or retirement. To balance providing advance notice of withhold measures with the need to consider the most recent performance data, DHB will communicate a set of candidate measures in the Technical Specifications in April 2025 *(today's topic)*. 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.

Reminder: 2024 and 2025 Withhold Program Quality Measures

Measure	Rationale for Inclusion in the NC Withhold Program
Child Immunization Status (CIS) ("Combo 10")	• Addresses the state's quality aims related to children's health and priority population improvement • Opportunity to drive increases in an area where North Carolina Standard Plan rates are underperforming relative to national rates • Opportunity to address lower performance for Black enrollees • Aligned with PIP requirements, AMH measure set, and Medicaid Child Core measure set • Aligned with other states' withhold programs
Prenatal and Postpartum Care (PPC) • *Timeliness of Prenatal Care* • *Timeliness of Postpartum Care*	• Addresses the state's quality aims related to women's health • Opportunity to drive increases in an area where North Carolina Standard Plan rates are underperforming relative to national rates • Improve data quality through incentivizing use of new "F" codes (0500F) • Relevant to postpartum expansion • Aligned with PIP requirements, AMH measure set, and Medicaid Child/Adult Core measure sets • Aligned with other states' withhold programs
Rate of Screening for Health-Related Resource Needs ("HRRN Screening")	• Addresses state quality aims of healthier people, healthier communities • Opportunity to improve screening rates by promoting the consistency and completeness of data collection/reporting • Aligned with the goals of the Healthy Opportunities Pilots Program • Alignment with similar measures required for fee-for-service Medicare programs • Promotes health improvement by supporting linkage of members to programs that address HRRN

2026 Candidate Measure Selection Process Follows Established Rubric

Withhold Program Measure Set Decision-Making Rubric*

1 Gating Criteria

- Passes data collection and validation standards
- Sufficient denominator size
- Measured processes or outcomes are impactable
- Aligns with North Carolina's Quality-related priorities
- Collected in NC Medicaid Managed Care for at least 1 year
- Addresses area for measure improvement

2 Holistic Criteria

- Promotes improvements for priority populations
- Serves as new financial incentive
- Measure received endorsement from national body
- Aligns with other Department improvement efforts
- Promotes increased value
- Transformative potential

3 Measure Set Criteria

- Size of measure set is appropriate
- Representative of array of services and patients

Withhold Measure Selection Process

- To identify withhold measure candidates for 2026, DHB solicited nominations from internal and external stakeholders for new measures for the Withhold Program.
- DHB is proposing candidates for 2026 measures based on a detailed review of the nominations and Quality measure performance data according to the *Withhold Program Measure Set Decision-Making Rubric*.
- 2026 Withhold Measures from the candidate set will be finalized by Fall 2025 after review of 2024 data.

*For operational measures: Rubric criteria are subject to change based on the types of operational measures the Department is considering.

Withhold Program Year 3 Measure Candidates and Potential Scoring Approaches

Candidates include quality measures that focus on priority areas such as child and adolescent health, women's health, and health-related social needs, and an operational measure to promote compliance with federal documentation requirements for home health services.

Category	Measure	Overall Population Performance Improvement	Priority Population Performance Improvement
Well-Child Visit Quality Measures	Well-Child Visits in the First 30 Months of Life (W30)		
	Child and Adolescent Well-Care Visits (WCV)		
Vaccination Quality Measures	Childhood Immunization Status (Combo 10)*		
	Immunizations for Adolescents (Combo 2)		
Women's Health Quality Measures	Prenatal and Postpartum Care (PPC)*		
	Cervical Cancer Screening (CCS)		
Cross-Cutting Quality Measures	HRRN Screening*		
Operational Measures	Electronic Visit Verification (EVV) Adoption		

*2024 /2025 Withhold Program measure

Stakeholder Feedback on Broad Quality Alignment

NCAHP, NCAFP, and NC Pediatric Society proposed six "core" measures for incorporation <u>across all plan and provider-level quality incentive programs</u> (e.g., Standard Plan Withhold Program, AMH Quality Measure Set, AMH Standardized Incentive Program Measure Set):

1. Adult Access to Preventive/Ambulatory Health Services (AAP)
2. Hypertension Control*
3. Child and Adolescent Well-Care Visits (WCV)
4. Well-Child Visits in First 30 Months, First 15 Months Sub-measure (W30)
5. Glycemic Status Assessment for Patients with Diabetes/A1-C* (GSD)
6. Cervical Cancer Screening (CCS)

**Stakeholders recommended that these measures should be pay-for-reporting only until Health Information Exchange (HIE) data becomes available to PHPs.*

Stakeholder Measure Set Comparison

DHB has aimed for alignment with stakeholder recommendations, but believes there is strong rationale to depart from stakeholder feedback on certain measures *(see next slide)*

Measures	2026 SP Withhold Measure Candidates
Adults' Access to Preventive/Ambulatory Health Services (AAP)	No
Controlling High Blood Pressure (CBP)*	No
Hemoglobin A1C Control for Patients with Diabetes (HBD) or Glycemic Status Assessment for Patients with Diabetes (GSD)*	No
Well-Child Visits in the First 30 Months of Life (W30)	Yes
Child and Adolescent Well-Care Visits (WCV)	Yes
Cervical Cancer Screening (CCS)	Yes
Prenatal and Postpartum Care (PPC)	Yes
Screening for Health-Related Resource Needs (HRRN) – *plan data measure*	Yes
Childhood Immunization Status (CIS) – Combination 10	Yes
Immunizations for Adolescents (IMA) – Combination 2	Yes
Electronic Visit Verification (EVV) Adoption – *plan operational measure*	Yes

Stakeholder Proposed Measures

*Proposed pay-for-reporting measures

Indicates measure candidates concordant with stakeholder feedback

Indicates measure candidates discordant with stakeholder feedback

Rationale for Departure from Stakeholder Recommendations: 2026 Withholds

DHB 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.

Rationale for Departure from Stakeholder-Proposed Measure Set

- AAP, CBP and Hemoglobin A1C did not meet 2026 withhold candidate criteria due to data quality or baseline data concerns at the plan level, but may be considered in future years for withholds and are included in the proposed standardized AMH incentive measure set (as pay for reporting where appropriate).
- While providers and plans have pushed back on the inclusion of certain measures that DHB has recommended (e.g. Immunizations Combo 2 and Combo 10, PPC), these measures:
  - Align with DHHS quality priorities
  - Have performance below national medians and/or notable differences in outcomes
  - Are included in nationally recognized measure sets (CMS Universal Foundation and the Medicaid Child and Adult Core Sets)
- Additionally, some important withhold candidate measures focus on plan actions and responsibilities (e.g., HRRN screening) or create new incentives for plans to enhance alignment with existing provider requirements (e.g., EVV adoption)

Complementary Initiatives to Support Primary Care Providers

DHB is working on complementary initiatives to improve measure alignment, data completeness and increase consistency and effectiveness of incentives for primary care providers.

Multi-Payer Alignment

- DHB is developing a standardized primary care incentive model to address challenges with disparate incentive models across Medicaid plans *(see slide 8).*
- DHB is a lead partner in NC's State Transformation Collaborative, a multi-stakeholder group focused on alignment across priority areas such as quality measure alignment and data sharing.

Data Completeness

- DHB's Digital Quality Measurement (dQM) project aims improve data exchange and completeness across a range of quality measures.
- DHB is conducting 1:1 engagement with providers to identify issues related to collection and recording of data used in NC HealthConnex to calculate dQM performance rates via its HIE Medicaid Services (HMS) Early Adopters Program *(next topic)*
- DHB continues to address challenges in primary care member assignment and member data at the provider level.

Questions?

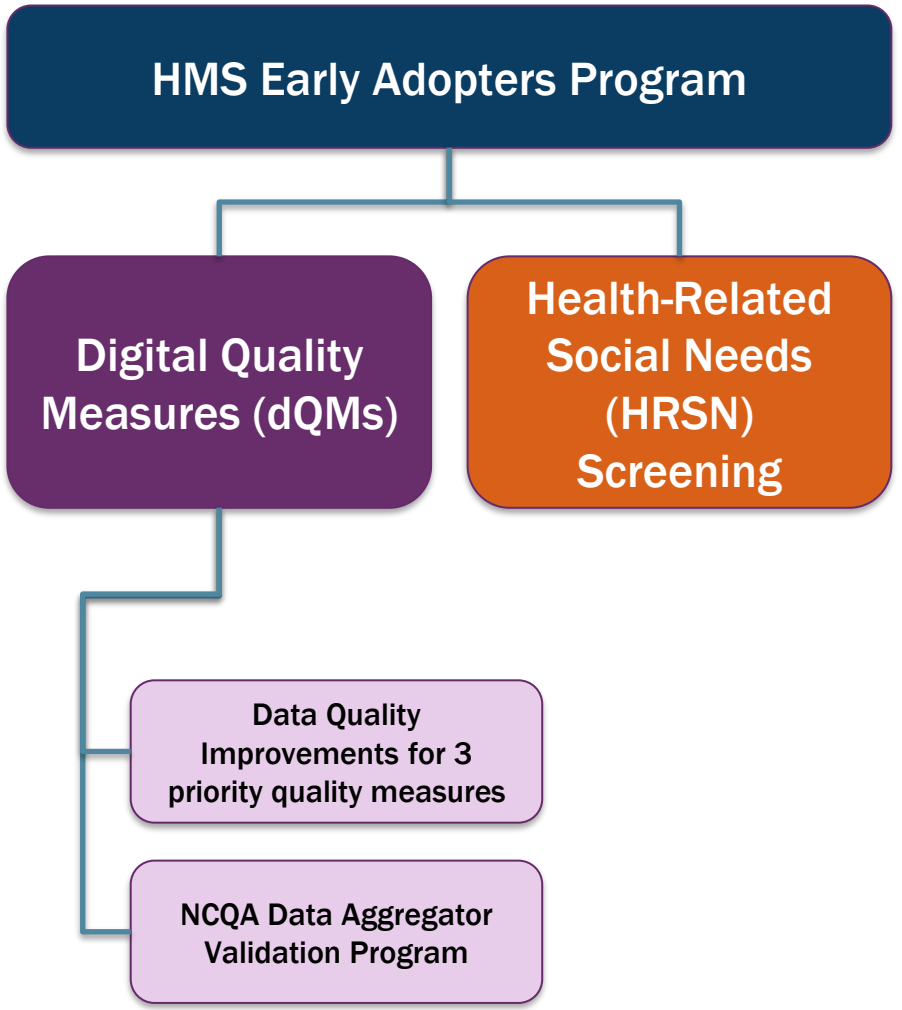
Early Adopter Program Overview to Share dQM and HRSN data

HIE Medicaid Services (HMS) Early Adopters Program

- The North Carolina Health Information Exchange Authority (NC HIEA) and NC Medicaid have partnered to launch the HIE Medicaid Services (HMS) Early Adopters Program to provide **financial incentives** for Medicaid-serving provider organizations to participate in two use cases:
  1. Digital Quality Measures (dQMs)
  2. Health-Related Social Needs (HRSN) Screening

- 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 our webpage.
- Want to learn more? Join us for one of our information sessions!
  - Wednesday, April 9, 2025 | 12 p.m. to 1 p.m. Register here.
  - Thursday, April 10, 2025 | 12 p.m. to 1 p.m. Register here.

- 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



Questions

Wrap-Up

AMH TAG Wrap-Up and Future Topics

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

Upcoming 2025 Meetings
Tuesday, May 13th, 2025 4-5PM
Tuesday, June 10th, 2025 4-5PM

Potential Upcoming AMH TAG Topics

- TCM Implementation Survey
- Hurricane Helene Adjustments for VBP

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

Appendix