

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

Advanced Medical Home Technical Advisory Group (AMH TAG) Meeting #46 (Conducted Virtually)

May 13, 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)
- Carolina Medical Home Network (CMHN)
- CHES Health Solutions
- Duke Connected Care
- 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
Elizabeth Kasper	Care Delivery and Payment Reform Senior Advisor
Judy Lawrence	Senior Program Manager – Advanced Medical Home
Saheedat Olatinwo	Advanced Medical Home (AMH) Program Lead
Grace Ruffin	Quality Measurement Evaluator
Leonard Croom	Value Based Payment (VBP) Operations Lead

### Agenda

- Welcome and Roll Call – 5 mins
- NC Medicaid Measure Alignment – 15 mins
- 2026 AMH Measure Set Feedback – 10 mins
- Standard Plan Quality Withhold Adjustments due to Hurricane Helene – 10 mins
- Care Management Rate Update – 5 mins
- Wrap-up and Next Steps – 5 mins

## NC Medicaid Measure Alignment

- DHHS provided an overview of the NC Medicaid quality measure sets relevant to AMH Providers and demonstrated how they overlap:
  - AMH Measure Set for Providers
    - DHHS highlighted that all quality measures Plans include in AMH Provider contracts must be taken from the AMH measure set but do not have to include all measures.
  - AMH Standardized Performance Incentive Program Proposed Measure Set for Providers
    - DHHS noted that the 'AMH Standardized Performance Incentive Program Proposed Measure' set is in a dashed box to emphasize they are not finalized.
    - DHHS highlighted that the list reflects all 10 proposed measures. However, each participating Provider will have no more than 4 performance measures and 1 pay for reporting measure bundle that is consistent across all Plans the Provider chooses to participate with, based on age groups served.
  - Standard Plan (SP) Withhold Program Measure Set for Plans
    - DHHS noted that the 'Screening for Health-Related Resource Needs' and 'Electronic Visit Verification' measures are grayed out, because they do not evaluate Provider activities. Additionally, the '2026 SP Withhold Measure Candidates' are in a dashed box to emphasize they are not finalized.
- DHHS continues to seek and consider stakeholder input in updating and further streamlining measures relevant to AMH Providers.
- An AMH TAG member requested clarification on how the SP Withhold Program Measures will be determined for contracting.
  - DHHS specified that the SP Withhold Program Measures apply to the Department and Plan contracts. DHHS withholds a percentage of the Standard Plan's capitation payments received from the State. Plans can earn the withhold back based on their performance on the SP Withhold Program Measures.
  - Providers may see increased emphasis on withhold measures in their arrangements with plans
- An AMH TAG member stated that immunization compliance is declining, especially for children, and seeks to understand how this may impact Plans withholds and their contracts with AMHs/CINs.
  - DHHS highlighted their adjustments to the Plan's 2025 Combo 10 measure targets. The updated methodology requests Plans beat the national trend rather than achieve an overall improvement in the context of national declines.

- DHHS clarified that it calculates plan-level targets for Plans to reclaim their withholds. While DHHS does not set targets for Provider-level arrangements, it acknowledges that Providers may see increased emphasis from Plans on the performance measures. DHHS encourages Plans to adopt diverse performance improvement strategies to achieve the withhold target in addition to provider incentives.
- An AMH TAG member shared that SP withholds, including Prenatal and Postpartum Care (PPC) measures, ultimately trickle down to Providers. PPC measure is an administrative burden for their CIN to meet given that many Providers in their network do not conduct PPC.
- An AMH TAG member noted increased administrative burden due to NCDHHS mandating Provider use of prenatal F code to receive payment beginning July 1<sup>st</sup>, 2025.

### **2026 AMH Measure Set Feedback**

- DHHS provided an overview of the current 2025 AMH Measure Set.
- DHHS seeks feedback from AMH TAG members for the 2026 AMH Measure Set, which is anticipated to be released at the end of June 2025.
  - Please complete MY2026 AMH Feedback Survey by Friday, May 23<sup>rd</sup>: <https://forms.office.com/g/ghNvLCBZ8w>
- An AMH TAG member requested a way to review all the survey questions prior to answering each one.
  - DHHS shared that all the survey questions can be viewed once the respondent completes the first question.

### **Standard Plan Quality Withhold Adjustments due to Hurricane Helene**

- DHHS outlined the SP quality withhold modifications resulting from Hurricane Helene and encourages Plans to incorporate flexibilities in their VBP arrangements with impacted Providers.
- AMH TAG Member: How will practices know about the adjustments? How will the Plans know that targets were missed due to Hurricane Helene? Impacted practices have not received communication from the Plans about their needs, payments or target impacts.
  - DHHS is in the process of meeting with Plans to identify their specific strategies related to Hurricane Helene flexibilities. Once Plans implement Hurricane Helene related adjustments, Plans are expected to communicate those flexibilities with the impacted Providers and outreach their Providers in VBP arrangements to identify their needs and assess flexibilities.
- An AMH TAG member expressed concerns for independent practices, FQHCs, rural health clinics, Primary Care Practices and CINs, who do not have leverage to negotiate good contracts with Plans.

- An AMH TAG member requested that flexibilities come sooner rather than later to minimize the delay in 2024 close out quality data, which is due within the next month.
  - DHHS encourages impacted Providers in VBP arrangements to outreach their Plans to understand their flexibilities timeline.

#### **Care Management Rate Updates**

- DHHS flagged the late May release of an updated care management rate memo for State Fiscal Year (SFY) 2026.

#### **Wrap-up and Questions**

- N/A