

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Meeting #46

May 13, 2025

Agenda

- 1 **Welcome and Roll Call – 5 mins**
- 2 **NC Medicaid Measure Alignment – 15 mins**
- 3 **2026 AMH Measure Set Feedback – 10 mins**
- 4 **Standard Plan Quality Withhold Adjustments due to Hurricane Helene – 10 mins**
- 5 **Care Management Rate Update – 5 mins**
- 6 **Wrap-Up and Next Steps – 5 mins**

AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
Charles Crawford, MD, MBA	<i>Pediatrician, Coastal Children's Clinic</i>	Provider (Independent)
David Rinehart, MD	<i>Past President, North Carolina Academy of Family Physicians</i>	Provider (Independent)
Richard Bunio, MD; Kimberly Reed, and Blake Few	<i>Representatives, Cherokee Indian Hospital</i>	Provider
Tommy Newton, MD, FAAFP	<i>Regional Medical Director, Community Care Physician Network (CCPN)</i>	Provider (CIN)
Jennifer A Houlihan	<i>Vice President Enterprise Population Health, Atrium Health Wake Forest Baptist</i>	Provider (CIN)
Karen Roby and Ramin Sadeghian	<i>Representatives, Mission Health Partners (MHP)</i>	Provider (CIN)
Lauren Lowery, MPH	<i>Director of Operations, Carolina Medical Home Network</i>	Provider (CIN)
Derrick Stiller	<i>Representative, CHESS Health Solutions</i>	Provider (CIN)
Tara Kinard, DNP, RN, and Carolyn Avery, MD, MHS	<i>Representatives, Duke Connected Care</i>	Provider (CIN)
Jason Foltz, DO	<i>Chief Medical Officer, ECU Health Physicians</i>	Provider (CIN)
Dr. Steve Spalding	<i>Chief Medical Officer, AmeriHealth Caritas North Carolina, Inc.</i>	Health Plan
Michael Ogden, MD	<i>Chief Medical Officer, Blue Cross and Blue Shield of North Carolina</i>	Health Plan
Chris Weathington, MHA	<i>Director of Practice Support, NC Area Health Education Centers (NC AHEC)</i>	AHEC
Eugenie Komives, MD	<i>Chief Medical Officer, WellCare of North Carolina, Inc.</i>	Health Plan
William Lawrence Jr., MD	<i>Chief Medical Officer, Carolina Complete Health, Inc.</i>	Health Plan
Dr. Derrick Hoover	<i>Chief Medical Officer, United Healthcare</i>	Health Plan
Chris Magryta, MD	<i>Chairman, Children First of North Carolina</i>	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.



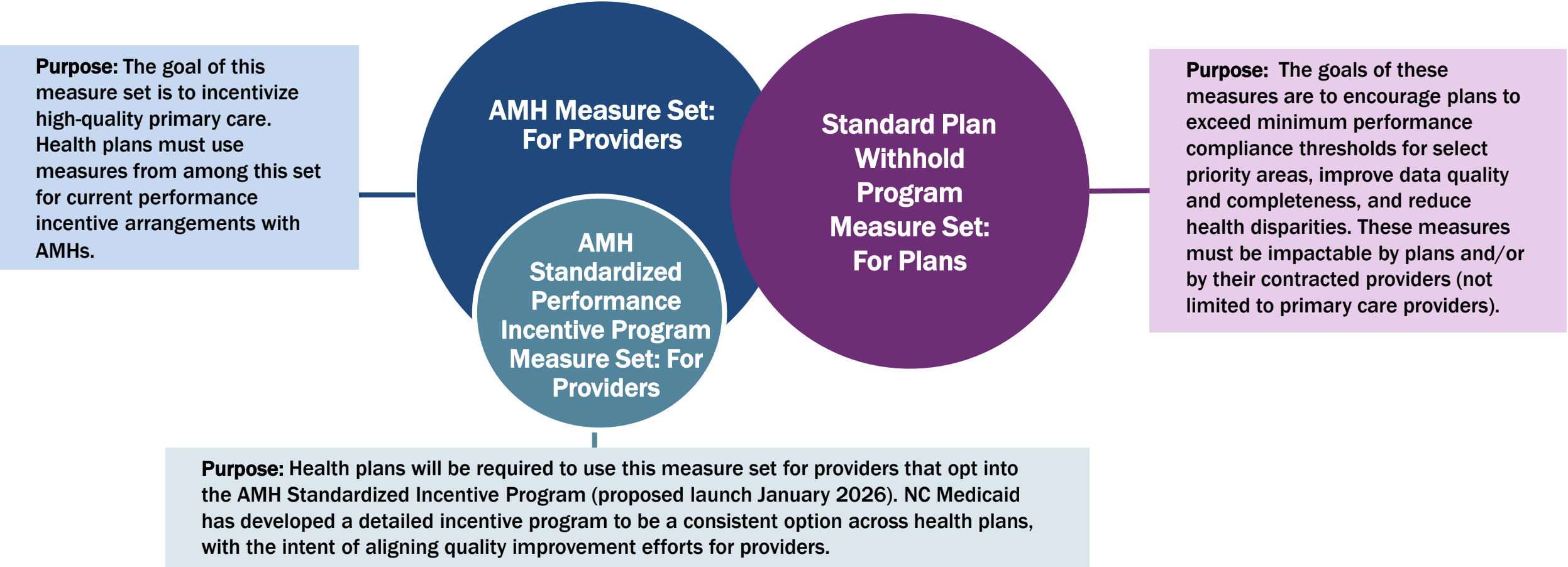
Please note that we are not recording this call, and request that no one record this call or use an AI software/device to record or transcribe the call. DHHS is awaiting additional direction from our Privacy and Security Office on how we may need to support these AI tools. Thank you for your cooperation.

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/>

NC Medicaid Measure Alignment

Overview of NC Medicaid Quality Measure Sets Relevant to AMH Providers

NC Medicaid maintains measure sets for specific goals and programs, with a focus on a limited number of measures and alignment across programs wherever appropriate.



AMH Measure Set

The measures in the AMH Measure Set are selected for their relevance to primary care and care coordination.

The AMH Measure Set was developed prior to managed care launch with stakeholder input.

All quality measures that each Health Plan incorporates into its contracts with AMH practices must be taken from the AMH Measure Set.

While Health Plans are not required to use all of the AMH measures, any quality measure they choose must be drawn from this set.

In 2025, this measure set included 13 measures.* NC Medicaid is reviewing this measure set for updates, including potentially reducing the number of measures, beginning in 2026 (*next topic*).

AMH Measure Set

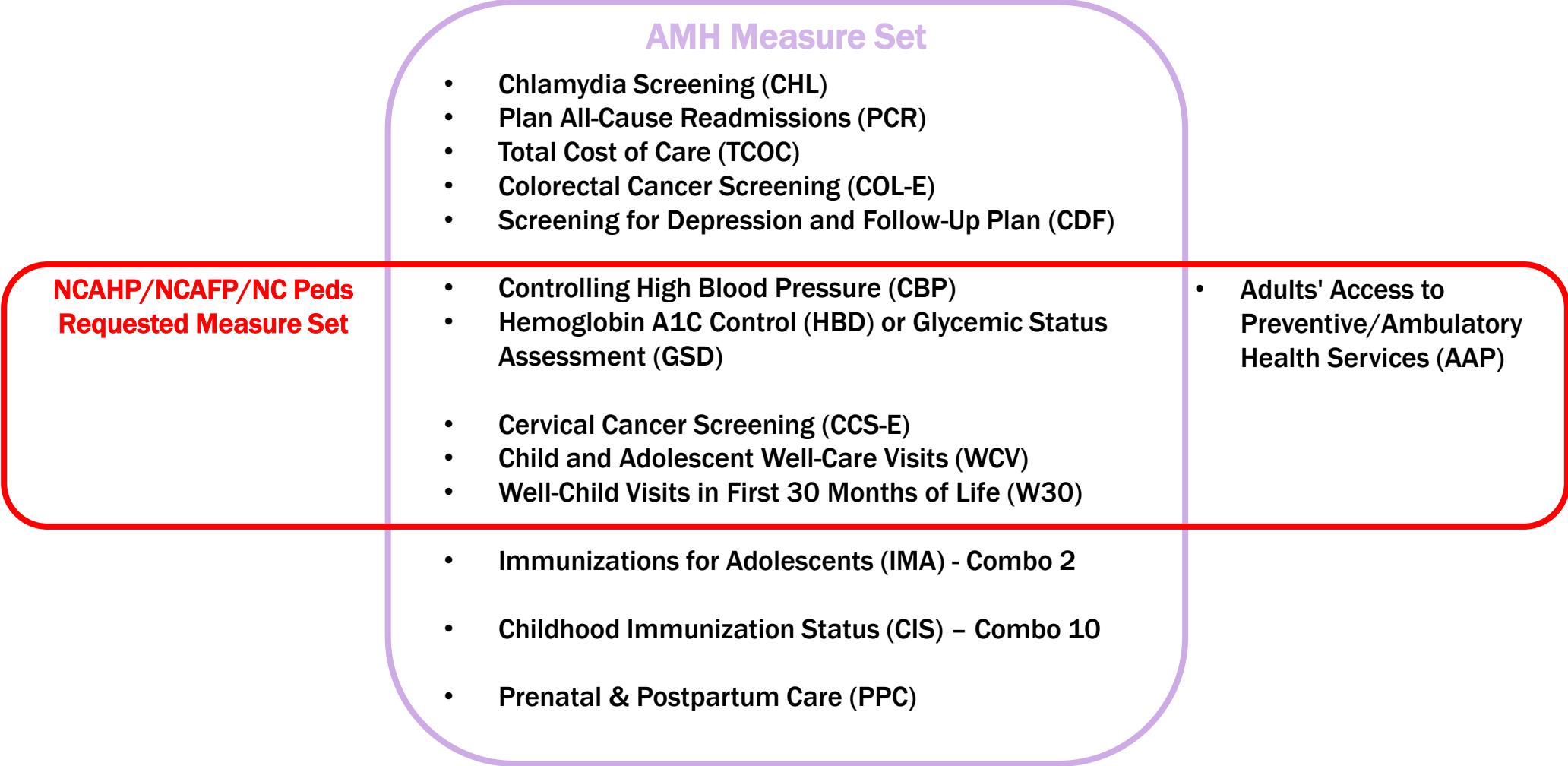
- Chlamydia Screening (CHL)
- Plan All-Cause Readmissions (PCR)
- Total Cost of Care (TCOC)
- Colorectal Cancer Screening (COL-E)
- Screening for Depression and Follow-Up Plan (CDF)
- Controlling High Blood Pressure (CBP)
- Hemoglobin A1C Control (HBD) or Glycemic Status Assessment (GSD)
- Cervical Cancer Screening (CCS-E)
- Child and Adolescent Well-Care Visits (WCV)
- Well-Child Visits in First 30 Months of Life (W30)
- Immunizations for Adolescents (IMA) - Combo 2
- Childhood Immunization Status (CIS) – Combo 10
- Prenatal & Postpartum Care (PPC)

*At managed care launch, the AMH measure set included 11 measures. Two additional measures (PPC and COL-E) have been added since launch to more fully reflect members served by AMHs.

NCAHP/NCAFP/NC Peds Requested Measure Set

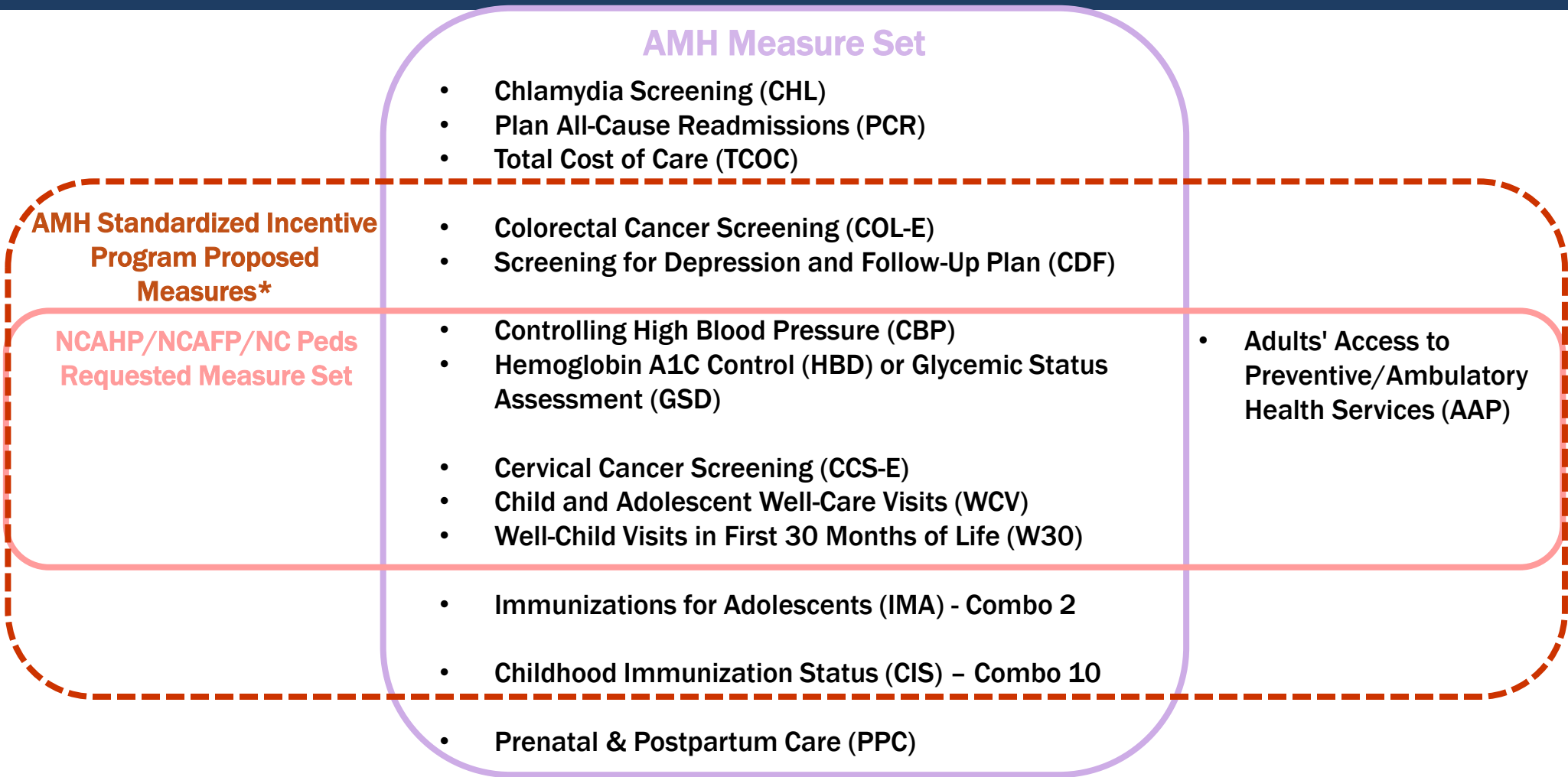
A group of stakeholders (NCAFP, NCAHP, NC Peds) proposed six core measures for incorporation across all plan and provider-level quality incentive programs.

Five of the six measures are already included in the AMH measure set. AAP is being considered for inclusion in 2026.



AMH Standardized Incentive Program Proposed Measures

The AMH Standardized Incentive Program includes all proposed stakeholder measures plus four additional measures reflecting NC Medicaid’s quality priorities, performance gaps and disparities. Each provider participant will have no more than four pay-for-performance measures that are consistent across plans.

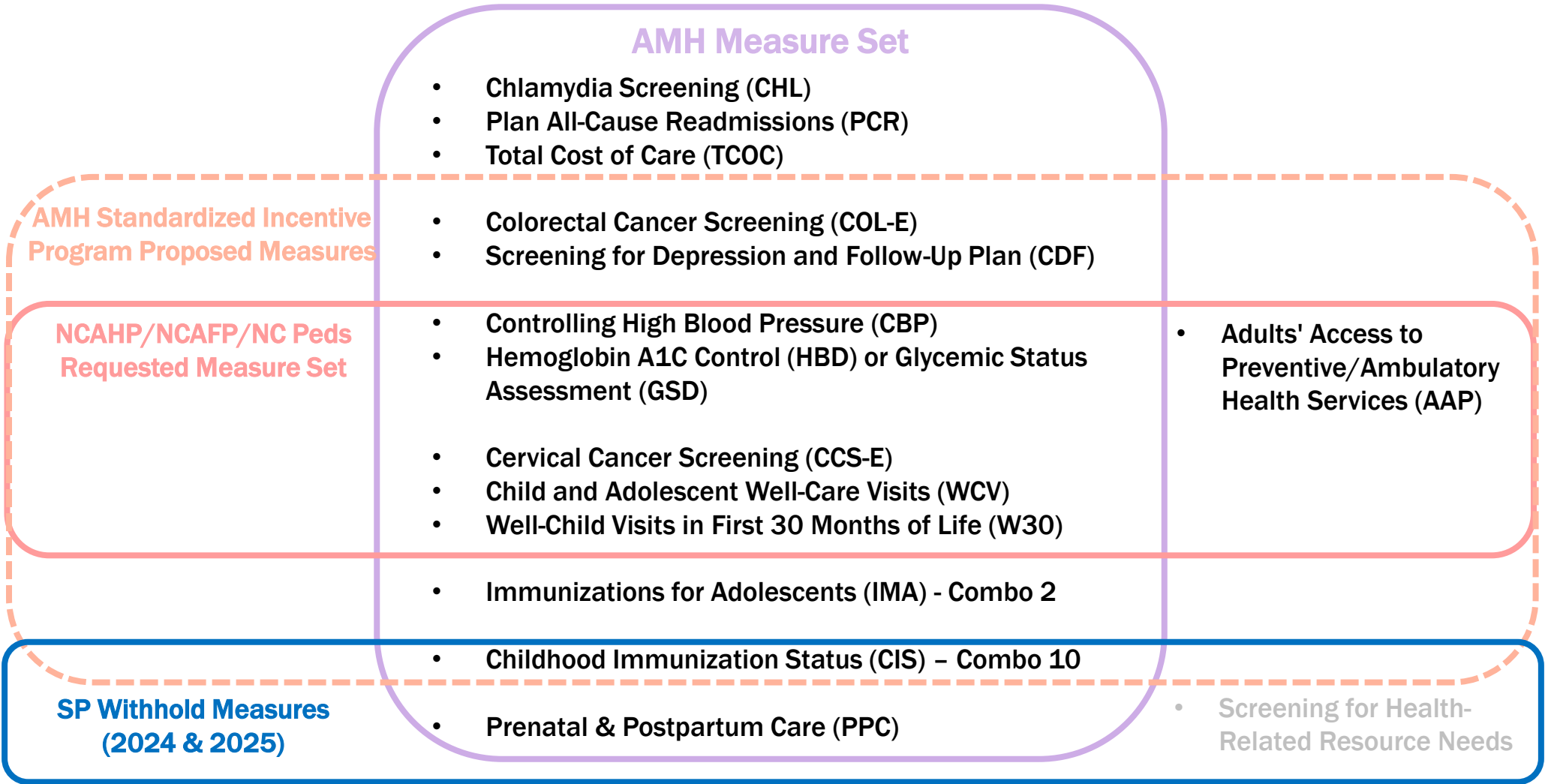


*This list reflects all measures included in the model. NC Medicaid has proposed that each provider participant will have a narrower set based on ages served (up to 4 performance measures and a pay for reporting measure bundle) that is consistent across all plans the provider chooses to participate with.

Standard Plan Withhold Measures (2024 and 2025)

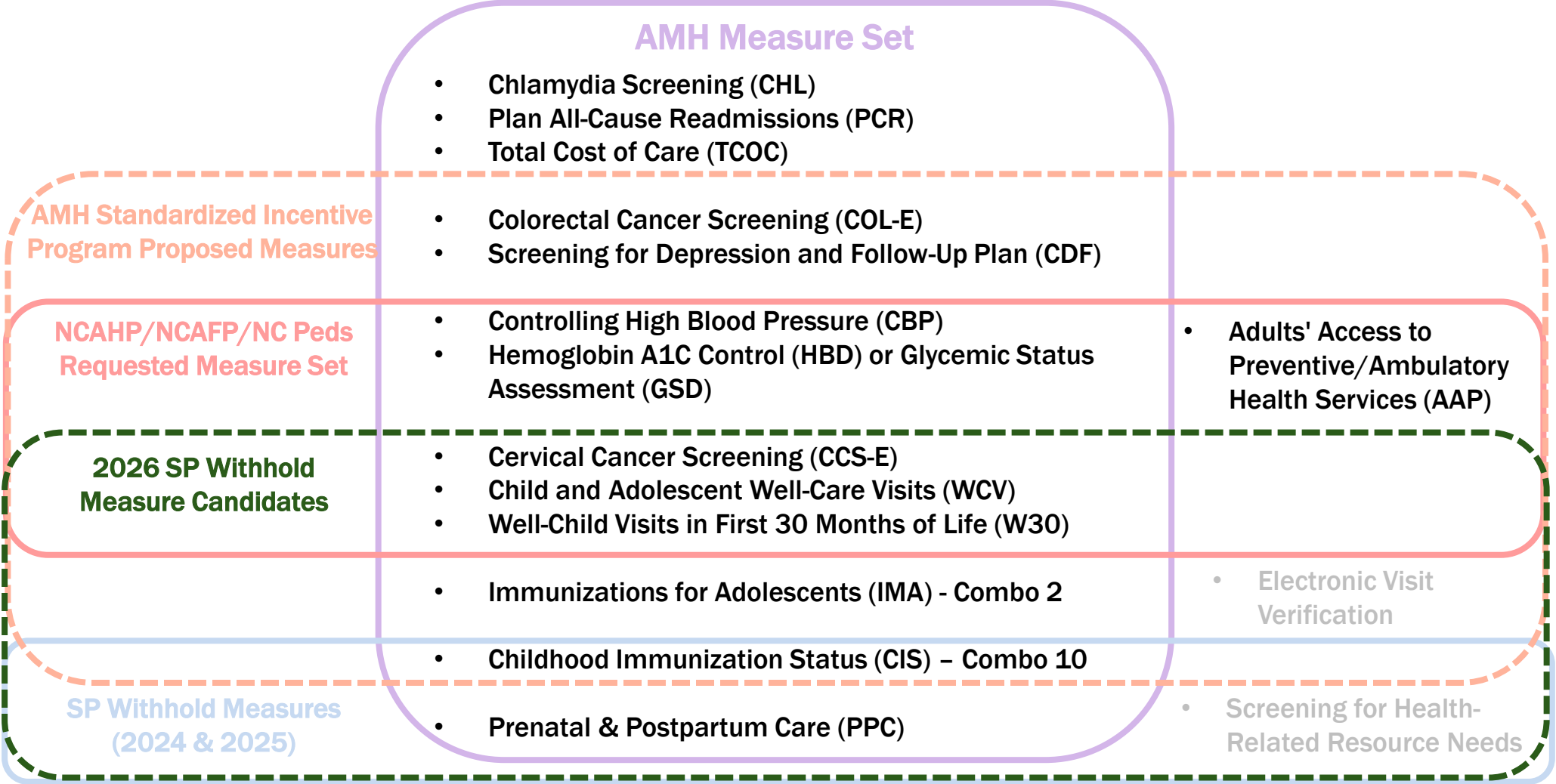
NC Medicaid has three measures active in its Standard Plan withhold program.

Two of the measures (CIS and PPC) are based on provider activities. Both measures are also included in the AMH Measure Set. One of the measures (Screening for Health-Related Resource Needs) evaluates plan activities only.



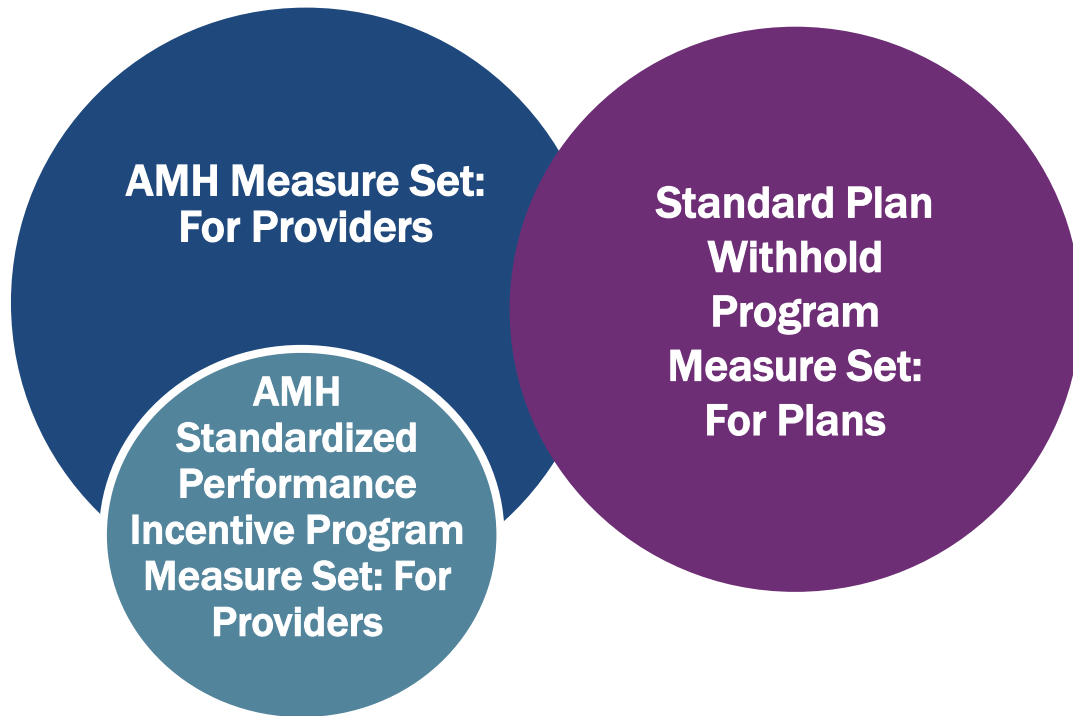
Standard Plan Withhold Measure Candidates (2026)

NC Medicaid will choose the 2026 Standard Plan Withhold Program measures from eight candidates, including six provider performance measures already included in the AMH Measure Set.



Future of Measure Sets Relevant to AMH Providers

NC Medicaid continues to seek and consider stakeholder input in updating and further streamlining measures relevant to AMH providers.



- The AMH Measure Set offers flexibility in arrangements between plans and AMH providers within a defined set of measures relevant to primary care.
- Forthcoming updates to the AMH Measure Set will incorporate experience from the first few years of managed care as well as additional stakeholder input on included measures and size of the measure set (*next topic*).
- The proposed Standardized Performance Incentive Program offers the opportunity for a small measure set with consistency across plans for AMH providers that opt-in to the program.
- Standard Plan Withhold Program will continue to address priority areas for plan performance, with consideration for how it may affect AMH providers.

2026 AMH Measure Set Feedback

Introduction

The Department has identified a subset of quality measures for Health Plans to use to monitor Advanced Medical Home (AMH) performance and calculate AMH performance incentive payments, known as the **AMH Measure Set**.

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.

NC Medicaid Quality Measure Performance and Targets for the AMH Measure Set		
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Updated April 2025		

2026 AMH Measure Set Feedback

Current Measure Set (MY2025)

Count	Measure Name	Steward	Frequency
1	Cervical Cancer Screening (CCS-E)	NCQA	Annually
2	Child and Adolescent Well-Care Visits (WCV)	NCQA	Annually
3	Childhood Immunization Status (Combination 10) (CIS-E)	NCQA	Annually
4	Chlamydia Screening (CHL)	NCQA	Annually
5	Colorectal Cancer Screening (COL-E)	NCQA	Annually
6	Controlling High Blood Pressure (CBP)	NCQA	Annually
7	Glycemic Status Assessment for Patients with Diabetes (GSD)*	NCQA	Annually
8	Immunizations for Adolescents (Combination 2) (IMA-E)	NCQA	Annually
9	Plan All-Cause Readmissions (PCR) [Observed versus expected ratio]	NCQA	Annually
10	Prenatal and Postpartum Care (PPC)	NCQA	Annually
11	Screening for Depression and Follow-Up Plan (CDF)	CMS	Annually
12	Total Cost of Care (TCOC)	Health Partners	Annually
13	Well-Child Visits in the First 30 Months of Life (W30)	NCQA	Annually

*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.

Feedback Survey

In an effort to tailor the 2026 AMH Measure Set to meet the needs of plans and the Department, we are sharing a feedback survey for the 2026 AMH Measure Set!

The survey will be open until **Friday, May 23rd** and we will consider your feedback when creating the 2026 AMH Measure Set.

Link to Survey:

<https://forms.office.com/g/ghNvLCBZ8w>



The 2026 AMH Measure Set will be released by the end of June!

Standard Plan Quality Withhold Adjustments due to Hurricane Helene

Background: Standard Plan Withhold Program

- Under the Standard Plan withhold program, NC Medicaid withholds a portion of SP expected capitation and ties repayment to achievement of targets within a defined performance period
- The first Withhold Program performance period ran from January 2024 to December 2024. The second Withhold Program performance period is from January 2025 to December 2025.
- For both 2024 and 2025, Standard Plan withholds are tied to performance on five measures:

	SP Withhold Measures
1	Childhood Immunization Status (Combo 10) overall performance improvement
2	Combo 10 priority population performance improvement
3	Timeliness of Prenatal Care (PPC Prenatal Care)
4	Postpartum Care (PPC Postpartum Care)
5	Health Related Resource Needs (HRRN) screening

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.

Modifications: Standard Plan Withholds

To account for the potential impact of Hurricane Helene on these measures, the Department will determine Plan performance based on a "Better of Two Rates" approach.

Combo 10 & PPC:

- **The Department will determine withhold performance based on the "better of two rates":**
 - **Rate 1: Including members from impacted counties**
 - **Rate 2: Excluding members from impacted counties***

HRRN Screening (Only Screening Performed by Plans):

- **This are no changes to HRRN measure**
- **This measure is pay-for-reporting and does not require in-person visits**
- **The Department aimed to prioritize continuity of outreach and support post disaster**

*For the second rate, members will be excluded from the denominator if they reside in any of the 28 FEMA-designated counties as of September 1, 2024.

FEMA NC Hurricane Helene Designated Disaster Areas

28 Counties were identified for potential exclusion, representing ~16% of Standard Plan members (~354,000 SP Members) who resided in these counties as of September 1, 2024

28 Impacted Counties for Exclusion:

- | | |
|------------------|----------------|
| 1. Cherokee | 15. Mitchell |
| 2. Clay | 16. Yancey |
| 3. Macon | 17. Burke |
| 4. Jackson | 18. Watauga |
| 5. Swain | 19. Ashe |
| 6. Haywood | 20. Alleghany |
| 7. Madison | 21. Caldwell |
| 8. Buncombe | 22. Alexander |
| 9. Henderson | 23. Catawba |
| 10. Transylvania | 24. Lincoln |
| 11. Polk | 25. Rutherford |
| 12. Cleveland | 26. Yadkin |
| 13. McDowell | 27. Surry |
| 14. Avery | 28. Gaston |

*DHB is basing adjustments on the counties eligible for FEMA Individual Assistance and all categories of FEMA Public Assistance. This focuses on counties most heavily impacted by Hurricane Helene and aligns with a range of state/federal designations (e.g., D-SNAP, Direct Temporary Housing Assistance).

Timeline of Modifications: Standard Plan Withholds

- 1** Modifications are being made to the Prenatal and Postpartum Care measure for 2024 and 2025 due to the look-back period*
- 2** Modifications to the Combo 10 measure are being implemented only for 2024 at this time.
- 3** The Department will continue to assess ongoing impacts of Hurricane Helene to determine if additional long-term flexibilities are needed.

For further details on these modifications, refer to our revised 2024 & 2025 Standard Plan Withhold Program Guidance documents, which will be posted publicly to the Department's webpage on May 19th **

*The PPC postpartum care rate has a look-back period that includes all live births delivered between October 8th of the year prior to the measurement year and October 7th of the measurement year. This look back period means that both MY2024 and MY2025 PPC rates could be impacted.

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Flexibility for Impacted Providers in VBP Arrangements

The Department is committed to supporting providers impacted by Hurricane Helene. Although the Department only sets plan-level targets, we have encouraged Standard Plans to provide added flexibilities in their VBP arrangements to better support impacted providers.

Incentive Payments Protected:

- Plans are encouraged **not to withhold incentive payments** from AMHs or their networks if performance targets were missed **solely due to hurricane-related impacts**.

The Department will assess ongoing impacts of Hurricane Helene to determine if additional long-term flexibilities are needed.

Care Management Rate Update

Background

- The Department has previously provided public information on the care management components of the Standard Plan capitation rates, to inform negotiations between plans and Advanced Medical Homes serving as delegated care management providers (Tier 3 AMHs).
- The published rate is based on averages and assumptions and is not required.

SFY 2026 Memo Release

- **We expect to release an updated care management rate memo for State Fiscal Year (SFY) 2026 at the end of May, as soon as the rates are finalized and approximately one month before the start of the rate year to which it applies (July 1, 2025 - June 30, 2026)**

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, June 10th, 2025
4-5PM

Tuesday, July 8th, 2025
4-5PM

Potential Upcoming AMH TAG Topics

- TCM Implementation Survey
- Penetration Rate Best Practices Discussion

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