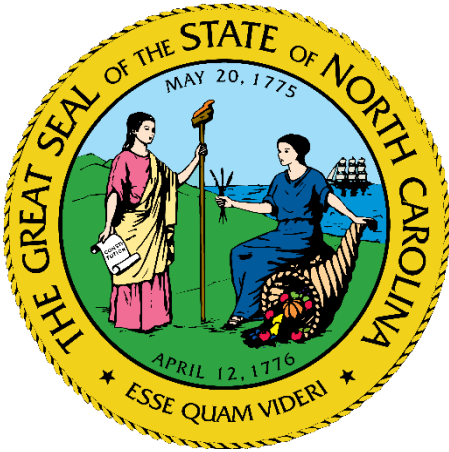




NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Meeting #04

August 24, 2026

Agenda

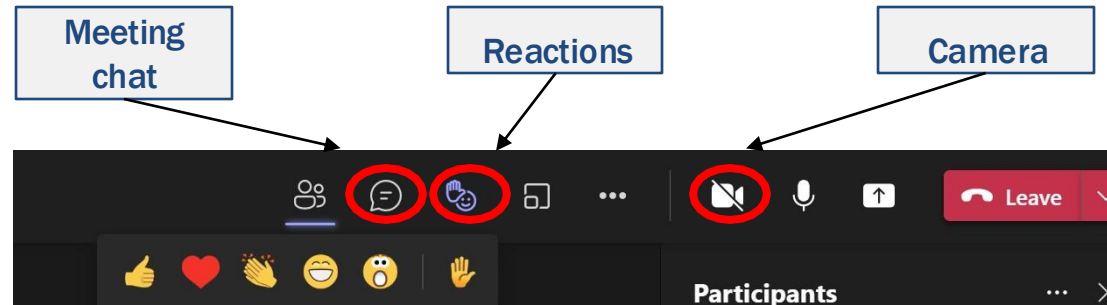
- 
- 1 Global Billing Changes Maternal Health
 - 2 NC InCK Closeout/Billing Codes
 - 3 H696 Updates
 - 4 CMARC/CMHRP Transition
 - 5 Announcements: Request for Independent Pediatrician Replacement
 - 6
 - 5
 - 6

AMH TAG Member Welcome and Roll Call

Name	Organization	Stakeholder
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)
Steve Spalding, MD	<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
William Lawrence Jr., MD	<i>Chief Medical Officer, Carolina Complete Health, Inc.</i>	Health Plan
Derrick Hoover, MD	<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/>

Global Billing Changes Maternal Health

Changes to Global Billing



- **Delivery of maternity care has changed significantly over the past three decades and global billing doesn't accurately reflect modern care delivery.**
- **As of January 1st, 2027, global billing codes for maternity services will be retired and no longer accepted.**
- **New CPT codes will more accurately reflect the how, when, where and by whom care is delivered to capture more granular data across the pregnancy continuum.**
- **Health plans should begin preparing for these changes now, by reviewing contracts and fee schedules that reference global codes, updating claims systems, and coordinating with vendors.**

Changes to Global Billing



- ACOG is recommending that health plans begin the transition from global billing by using the evaluation and management (E/M) codes (CPT 99202-99499) without limitations or preauthorization requirements for antepartum visits, as this will be the standard beginning in 2027.
- Their recommendation is that these changes be implemented no later than September 1st of 2026 to avoid administrative burden and denied claims.
- It is additionally recommended that the HCPCS modifier “TH” be appended to the E/M Code to differentiate the visit as a maternity code.

Changes to Global Billing

Please review the following resources and FAQ document from AMA and ACOG for more information:

[AMA: Maternity Care Services](#)

[AMA: Maternity Care CPT Code Set Updates](#)

[AMA: CPT Education Brief - Maternity Care Services 2027](#)

[AMA: Health Plan Primer - Previewing the CPT 2027 Restructure for Maternity Care Service](#)

[ACOG: Payment for Obstetric Services](#)



Maternal Health Quality Report

A first of its kind, the NC Medicaid Maternal Health Quality Report provides a comprehensive landscape of maternal health among NC Medicaid beneficiaries.

While traditional quality measures focus on care delivery and quality, this report showcases health outcome data that have not yet been analyzed at this level for the NC Medicaid population.

The report also features over 25 programs, organizations, interventions and initiatives from throughout North Carolina that are working to improve maternal health.

[Click here](#) to view the report!

The Department is currently gathering feedback on the 2021-2024 iteration of the report. Please use [this link](#) to leave your feedback!

NC MEDICAID MATERNAL HEALTH
QUALITY REPORT

A Comprehensive Evaluation
of NC Medicaid's Maternal
Health Outcomes from
2021-2024

NC DEPARTMENT OF
HEALTH AND
HUMAN SERVICES
Division of Health Benefits

Introduction

Maternal Health in North Carolina

North Carolina is experiencing a maternal health crisis, with rates of preterm birth, infant mortality and maternal mortality above national averages.¹ Throughout the state, roughly 18% of pregnant women report receiving inadequate prenatal care,² leaving them at an increased risk for poor health outcomes. Additionally, pregnant women with chronic conditions, those of certain racial groups and women living in rural areas are at an even higher risk of adverse perinatal outcomes.^{3,4} Table 1 outlines data found in North Carolina's 2025 March of Dimes Report Card, providing comparisons to national averages and rankings when available.

Table 1: North Carolina 2025 March of Dimes Report Card⁵

	North Carolina	National Average	National Ranking
Preterm Birth	10.7%	10.4%	32nd out of 52*
Infant Mortality	6.9 deaths per 1,000 live births	5.8 deaths per 1,000 live births	41st out of 52*
Maternal Mortality	29.9 deaths per 100,000 live births	23.5 deaths per 100,000 live births	35th out of 48**
Inadequate Prenatal Care***	18.6%	16.1%	N/A

*Excludes the 10 states in the United States, the District of Columbia and Puerto Rico.
**Only 46 out of the United States' 50 states and territories (excluding the District of Columbia and Puerto Rico) had available data for this measure.
***Percent of pregnant women who received care beginning in the fifth month or later or less than 50% of the appropriate number of visits for the infant's gestational age.
¹ Huettner, M. (2022). North Carolina grapples with maternal, infant health crisis, organizations offer a lifeline. For 8 News. <https://www.8news.com/story/news/health/2022/03/08/north-carolina-grapples-with-maternal-infant-health-crisis/>.
² Kaiser Family Foundation. (2023). <https://www.kff.org/womens-policy/topic/maternal-infant-child-health/>.
³ Resch, K. (2023). <https://www.8news.com/story/news/health/2023/03/08/north-carolina-grapples-with-maternal-infant-health-crisis/>.
⁴ Resch, K. (2023). <https://www.8news.com/story/news/health/2023/03/08/north-carolina-grapples-with-maternal-infant-health-crisis/>.
⁵ March of Dimes. (2025). 2025 March of Dimes Report Card for North Carolina. <https://www.marchofdimes.org/nc-report-card/>.

NC InCK Closeout/Billing Codes

InCK Non-Reimbursable Codes

1. These codes were introduced to capture provider-level food and housing screenings and the outcome of these screenings.
2. These codes are not used in other programs and will be closed on 12/31/2026 when the InCK program ends. Any claims received with these codes after that date will be rejected.
3. A provider bulletin was published on 7/9 explaining these changes. The bulletin can be found [here](#) and is also referenced on the [NC InCK webpage](#).

G9919: Screening Performance and Positive and Provision of Services

G9920: Screening Performed and Negative

G9921: Positive Screening without Recommendations (This code was end dated by HCPCS on 12/31/2024 and has already been removed from the NC Medicaid system)

CPT Code 1003F, used for InCK's Kindergarten Readiness Promotion Bundle, will remain OPEN after 12/31/2026. Providers can continue to use this code to indicate the provision of an enhanced well-child visit.

Contact chavanne.lamb@dhhs.nc.gov with any questions

H696 Updates

CMARC/CMHRP Transition Updates

CMARC and CMHRP Transition Updates

- **NC Medicaid is in the internal process of amending Standard Plan contracts to reflect the transition of members currently served through Local Health Department-administered CMARC and CMHRP programs to plan-based care.**
- **The Department received notice that LHDs did not move forward with a statewide Care Management Platform contract will be limited in their ability to support for these populations beginning on January 1, 2027.**
- **Additional communications will be issued via Provider Bulletin as this transition continues to evolve.**
- **NC Medicaid is planning an informational provider webinar on September 16. Additional details, including registration information, will be provided soon.**

Request for Independent Pediatrician Replacement

Recommendations for AMH TAG Representative

- **THANK YOU** for your service and support, Dr. Crawford!
- **Purpose**
 - ✓ Advise and inform NC Medicaid on key aspects of the design and evolution of the Advanced Medical Home (AMH) program and related quality, evaluation and population health topics.
- **Representation**
 - ✓ Advisory body of approximately fifteen (15) invited participants from PHPs, AMH practices, and other AMH partners including CINs.
 - ✓ Chaired by NC Medicaid staff.
- **Key Processes**
 - ✓ Meet every other month, virtually or in-person.
 - ✓ Weigh in on strategic and policy issues related to NC Medicaid's population health, quality, and evaluation.
 - ✓ Participate in dialogue to provide inputs and updates on NC Medicaid initiatives.
- **Desired candidate will be an independent practice pediatrician.**
 - ✓ May be affiliated with their professional organizations but will serve as an independent practice representative.

Please share your request for the desired candidate to judy.lawrence@dhhs.nc.gov by **September 30, 2026**.

Questions

AMH TAG Wrap-Up and Future Topics

AMH TAG meetings are being adjusted to the first Monday of each month from 3-4 PM.

Upcoming 2026 Meetings

- *October 27th, 2026 (Tuesday)*
 - *2:30pm – 4:00pm*
 - *In-Person and Virtual options!*
 - *Extended session!*
- *NOTE: December 28, 2026, is a State holiday*

Potential Upcoming AMH TAG Topics

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