

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Meeting #02

April 14, 2026

Agenda

- 1 **AMH Standardized Performance Incentive Program Update**
- 2 **MY2027 AMH Measure Set**
- 3 **CMARC and CMHRP Updates**
- 4 **BCM051-J Enhancements**

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	<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
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/>

AMH Standardized Performance Incentive Program Update

AMH Standardized Performance Incentive Program

NC Medicaid has decided not to implement the AMH Standardized Performance Incentive Program

Background on AMH Standardized Performance Incentive Program

The AMH Standardized Performance Incentive Program was a proposed NC Medicaid initiative designed to:

1. Create a single, standardized framework for AMH quality performance incentives across all PHPs
2. Reduce variability in incentive arrangements that created a burden for AMH practices
3. Align quality improvement efforts across plans for Medicaid beneficiaries

This initiative was initially developed as part of NC's participation in the CMS Making Care Primary (MCP) model, which ended nine years early, in 2025.

AMH Standardized Performance Incentive Program

NC Medicaid has decided not to implement the AMH Standardized Performance Incentive Program

Department Priorities

Current NC Medicaid priorities require focusing resources on initiatives with the greatest near-term impact for beneficiaries and providers.

Stakeholder Investment

We recognize and appreciate the significant time PHPs and providers invested in feedback and program development. That input was valuable and will inform broader VBP policy and future models.

Existing VBP Requirements Remain

PHPs continue to be required to offer performance incentive arrangements to AMHs under existing contractual obligations. Nothing changes there.

March 30th we released a [provider bulletin](#) to inform AMH providers of this decision

MY2027 AMH Measure Set

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**. Purpose is to provide some standardization to measures used in incentive arrangements for AMH providers.

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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Table 6. Amerihealth 2022-2024 Performance and 2024-2025 Targets
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Table 21. Healthy Blue Race and Ethnicity Comparison
Table 22. United Healthcare Race and Ethnicity Comparison
Table 23. WellCare Race and Ethnicity Comparison

The Department publicly releases the AMH Measure Set Tables annually, they include:

- Baseline data and statewide targets for NC Medicaid
- Standard Plan and Tailored Plan Aggregate performance and targets
- Individual Standard Plan Performance
- Overall NC Medicaid Race and Ethnicity Comparison
- Individual Standard Plan Race and Ethnicity Comparison

All Measures in the AMH Measure Set are stratified by

- Line of business
- HEDIS specified age strata (if applicable)
- Black and African American binary race
- American Indian and Alaskan Native binary race
- Hispanic/Latino binary ethnicity

Current Measure Set (MY2026)

Count	Measure Name	Steward	Frequency
1	Adults Access to Preventative/Ambulatory Health Services (AAP) ★	NCQA	Annually
2	Cervical Cancer Screening (CCS-E)	NCQA	Annually
3	Child and Adolescent Well-Care Visits (WCV)	NCQA	Annually
4	Childhood Immunization Status (Combination 10) (CIS-E)	NCQA	Annually
5	Chlamydia Screening (CHL)	NCQA	Annually
6	Colorectal Cancer Screening (COL-E)	NCQA	Annually
7	Controlling High Blood Pressure (CBP) ★	NCQA	Annually
8	Glycemic Status Assessment for Patients with Diabetes (GSD)**	NCQA	Annually
9	Immunizations for Adolescents (Combination 2) (IMA-E)	NCQA	Annually
10	Prenatal and Postpartum Care (PPC) ★	NCQA	Annually
11	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.

★ These measures were added after managed care launch

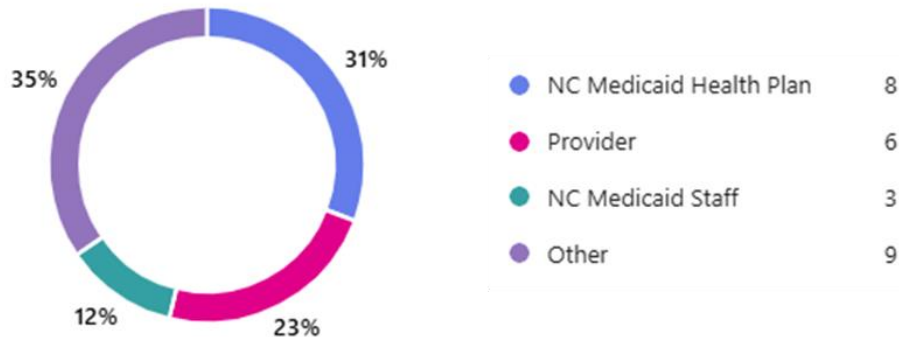
PPC added to the AMH set in the 2023 tech specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is 2024.
 COL added to the AMH set in the 2024 tech specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is 2025.
 AAP added to the AMH set in the 2025 tech specs. As such, the first measurement year in which the measure can be incentivized as an AMH measure in 2026.

Feedback Survey

In an effort to tailor the 2027 AMH Measure Set to meet the needs of plans and the Department, we shared a feedback survey for the 2027 AMH Measure Set.

The survey was open from March 13th-March 30th, 2026.

Figure 1: Breakdown of Survey Respondents (n=26)



Other: Provider Office Manager, Provider Association, Director of Clinical Operations, Program Manager, and CIN

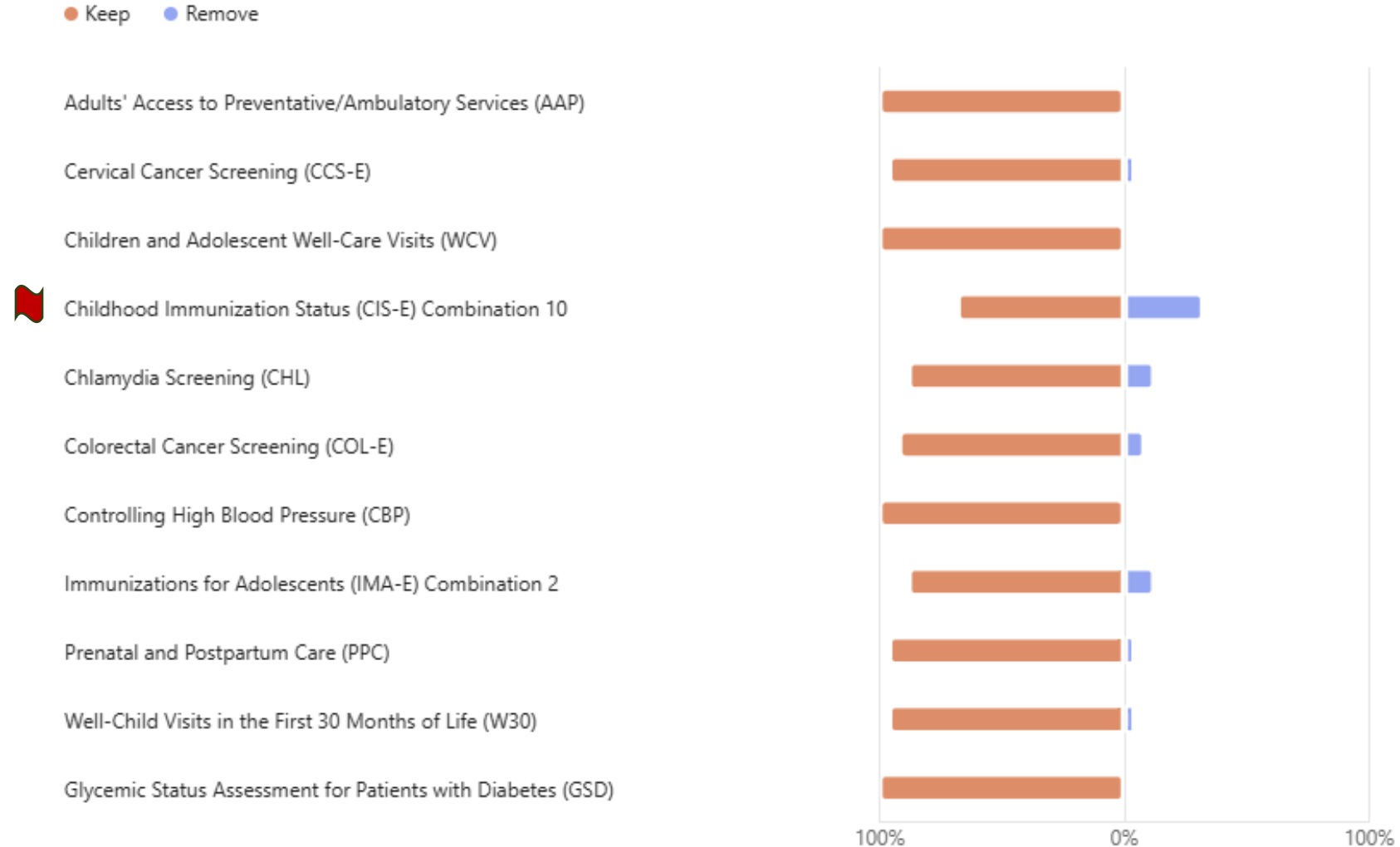
46% of respondents said the AMH Measure Set currently reflects their organization's priorities very or extremely well.

Proposed Updates

Feedback Survey Data (n=26)

Below is a list of the quality measures currently in the AMH Measure Set, please select whether you'd prefer to 'Keep' or 'Remove' each measure for the MY2027 AMH Measure Set.

🚩 Flagged if over 20% requested removal and sufficient corresponding written feedback was left as to why it should be removed.



Immunization Metrics Options

Childhood Immunization Status (CIS)

The percentage of children 2 years old who had a series of recommended vaccines by their second birthday.

Sub-Measure	DTaP	IPV	MMR	HiB	HepB	VZV	PCV	HepA	RV	Influenza
Combination 7	X	X	X	X	X	X	X	X	X	
Combination 10	X	X	X	X	X	X	X	X	X	X

- CIS combo 7 was added to the SP and TP Measure Sets in MY2025

Proposed Updates to MY2027 AMH Measure Set

Count	Measure Name	Steward	Frequency
1	Adults Access to Preventative/Ambulatory Health Services (AAP) ★	NCQA	Annually
2	Cervical Cancer Screening (CCS-E)	NCQA	Annually
3	Child and Adolescent Well-Care Visits (WCV)	NCQA	Annually
4	Childhood Immunization Status (Combination 7) (CIS-E) ★	NCQA	Annually
5	Chlamydia Screening (CHL)	NCQA	Annually
6	Colorectal Cancer Screening (COL-E)	NCQA	Annually
7	Controlling High Blood Pressure (CBP) ★	NCQA	Annually
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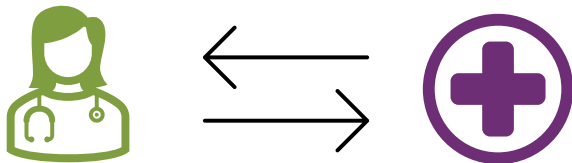
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Incentive Arrangement Limitations

Current Incentive Arrangement Limitations

- Prepaid Health Plans are currently limited to using quality measures within the AMH Measure Set for performance incentive arrangements with AMHs. The Department is considering whether to offer additional flexibility in the measures PHPs may use in AMH incentive arrangements.
- We included a question on this year's survey to see how providers/plans feel about potentially allowing for incentive arrangements outside the AMH Measure Set.
- Example:

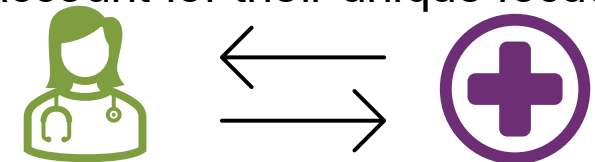
Dr. A contracts with
Health Plan A



Dr. A treats a lot of
teenagers, many with mental
health issues



Health Plan A develops an incentive
arrangement with **Dr. A** that includes
WCV (from AMH Measure Set) and
adds **FUH** as a “flex” measure to
account for their unique focus.



Option 1: Add “Flex” Options to AMH Measure Set

Option 1: Add “Flex” Options to AMH Measure Set

Many respondents expressed interest in expanding the selection of measures for AMH incentive arrangements beyond the AMH Measure Set. Allowing plans and AMHs to select a limited number of “flex” measures outside of the set would allow for more tailored arrangements suited to providers or plan priorities and members' needs.

Pros

- Maintains some limitation, while allowing for a small amount of flexibility in incentive arrangements
- Accounts for addition of Tailored Plans and different population needs
- Accounts for specific provider/practice-level needs

Cons

- Would increase the variability of incentive arrangements for providers – may create additional administrative burden

Option 2: Keep Current Limitations For Incentive Arrangements

Option 2: Keep Current Limitations

Maintain current policy of limiting AMH incentive arrangements to the AMH measure set, with annual updates to the measure set.

Any modifications to measures in the set would continue to be based on health plan and provider feedback.

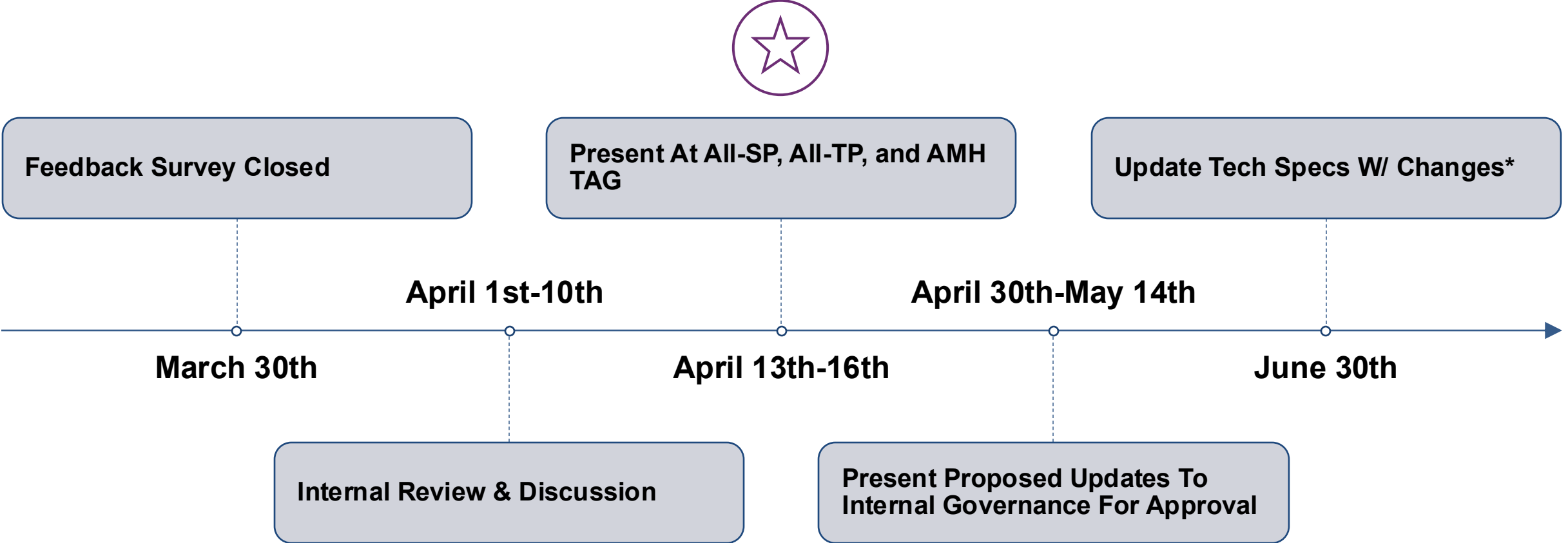
Pros

- Alignment with past years processes and supports continuity for incentive arrangements
- Limits variability in incentive arrangements for providers across plans – thus, limiting potential administrative burden

Cons

- Limits flexibility for plans and providers to tailor incentive arrangements to their provider/patient populations

Next Steps



***Measure set changes would apply to MY2027, starting on 1/1/2027**

CMARC and CMHRP Updates

Updates Regarding NC Medicaid Contracts

NC Medicaid intends to update contracts with the Standard Plans to maintain the requirement that they contract exclusively with Local Health Departments for CMARC and CMHRP services through Dec. 31, 2026.

In alignment with the contract requirement updates, the CMARC and CMHRP Per Member Per Month (PMPM) payments will remain in effect within the Standard Plan medical capitation loads during state fiscal year 2027 such that they cover maintaining existing rates

LHDs remain the appropriate referral agency through Dec. 31, 2026, and providers should maintain current referral patterns for high-risk pregnant women and at-risk children.


The Dept. will be releasing future communications with information regarding the approach to care management for these populations beginning Jan. 1, 2027, and beyond.

VirtualHealth Extension through December 31, 2026


NC Medicaid is extending its contract with Community Care of North Carolina to provide financial support for the VirtualHealth technology platform used by Local Health Departments for care management



LHD care managers use the VirtualHealth platform, currently supported by Community Care of North Carolina (CCNC) in contract with NC Medicaid, to record care management activities and track member progress



NC Medicaid expects this extension will provide necessary care management documentation and member care management, thus minimizing member disruption



NC Medicaid will work closely with Plans to maintain robust care management services for beneficiaries qualifying for at-risk child or high-risk pregnancy care management services

BCM051 Enhancements

AMH Program Assessment: BCM051

The BCM051 is one of the tools DHB uses to support oversight of the AMH program. To strengthen this oversight, we are considering updates to the BCM051-J. The Department will share proposed updates to BCM051 field definitions, along with new fields intended to enhance program oversight. We are seeking Plan input and feedback on these proposed enhancements.

New and Modified Fields: The Department is proposing to modify existing and add new fields on the BCM051.

- Field definitions have been updated for greater clarity.
 - (M), (S), and (O) classifications have been refined to improve data integrity.
 - PRLs will be updated to fully align with the BCM051 modifications.
-

Next Steps

We are seeking feedback on the feasibility of collecting accurate and reliable data for the new and revised fields. The BCM051-J template will be provided via email as part of the feedback request.

Activity	Timeframe
DHB shares initial draft of BCM051-J template enhancements with Health Plans (Informal Feedback)	5/1/26 – 5/14/26
Health Plans solicit feedback from AMH providers to assess the feasibility of delivering accurate and reliable data for both new and revised fields.	5/2/26 – 5/14/26

DHB will provide the BCM051-J reports via email by 5/1/26 for your review. Please send your feedback to Medicaid.AdvancedMedicalHome@dhhs.nc.gov by 5/14/2026.

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 2*** Meetings

Weekday, Month Day, Year
Time

(Example) Tuesday, May 13th, 2025
4-5PM

Potential Upcoming AMH TAG Topics

- Topic 1
- Topic 2

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