

**NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES**

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

## **Meeting #03**

**June 9th, 2026**

# Agenda

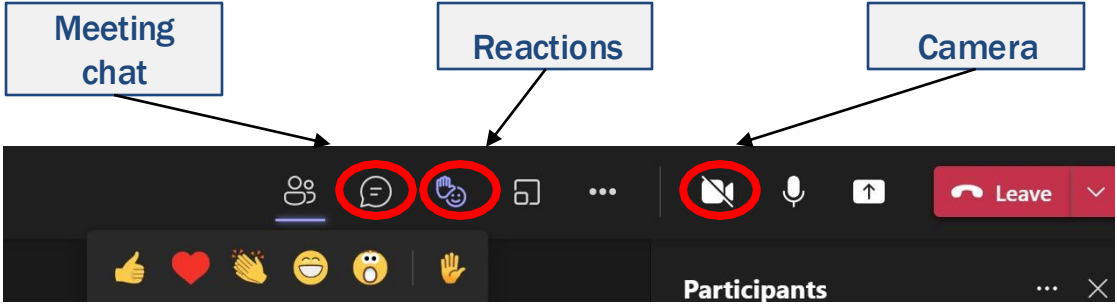
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# AMH TAG Member Welcome and Roll Call

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

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# HR1 Population Eligibility Impact

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# 2027 Standard Plan Withhold Candidate Measures

# Objectives and Timeline of the Standard Plan Withhold Program



NC Medicaid aims to **increase quality measure performance** by withholding a portion of Standard Plans' expected capitation during the July-June contract year (“rating period”) and tying repayment to achievement of targets within a defined performance period.



Withhold program performance years run from January through December of each year. 2024 was the first year of the withhold program. 2027 will be Year 4.



The Department has begun **planning for the 2027** Standard Plan Withhold Program in order 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.

DHB is planning a “hold steady” approach for 2027 to allow continued plan and provider focus on the measures used in 2026. DHB will maintain the 2026 withhold measures as the “candidate” measure set for 2027. In the final design for 2027 based on the latest data (not yet available), DHB may decide to use only some of the candidate measures but would not add new measures.

2027 Standard Plan Withhold Program: Candidate Measures	
✓	Prenatal and Postpartum Care (PPC)
✓	Health Related Resource Needs Screening ( <i>plan screenings only</i> )
✓	Cervical Cancer Screening (CCS)
✓	Child and Adolescent Well-Care Visits (WCV)
✓	Well-Child Visits in the First 30 Months of Life (W30)
✓	Immunizations for Adolescents (Combo 2)

Stability over multiple years is needed to maximize the effectiveness of withholds, because the program is intended to drive significant investment from the plans in improving performance on the included measures that cannot be implemented or realized in a single year.

# Timeline and Next Steps

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- DHB will review 2025 performance data and develop details of the 2027 withhold program, including final measures, weighting and scoring, in July-August.
- Program details will be finalized prior to the start of the 2027 withhold program performance year on January 1, 2027

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# PCP Assignment Requirements Updates

## Background

- **Prepaid Health Plans assign members who do not choose a Primary Care Provider (PCP) to a PCP/Advanced Medical Home (AMH) based on a DHB-determined algorithm, also known as “PCP auto assignment” (PCP AA).**
- **Details on the algorithm and criteria are included in the formal “AMH/PCP Auto Assignment Requirements” document provided to Prepaid Health Plans in PCDU and referenced in the PHP contracts.**
- **Assigning members to appropriate PCPs ensures continuity of care, effective administration of medical home and care management services, and supports value-based payments. However, health plans and providers frequently encounter pain points regarding member PCP Assignment.**

## Status Update

NC Medicaid continues work on an updated version of the PCP AA requirements, incorporating feedback received from stakeholders, insights from internal review of recurring issues and help center tickets related to PCP assignment, and modeling of proposed changes.

Proposed updates include:

- Rearranged the steps of the algorithm to prioritize claims history over prior PCP assignment.
- Added step in the algorithm to assess plurality and recency of claims when multiple potential PCPs are identified.
- Added Recurring Engagement Assessment and Assignment refresh for certain members.
- Added circumstances for reassignment with and without member consent.
- Other alignment of requirements and language across Standard Plan and Tailored Plan requirements.

## Status Update

Once finalized, the document will be formally distributed to plans under the 60-day notice requirement for updates to policies, which is referenced in the contract, and specific details will be shared with AMH TAG.

Proposed effective date is **1/1/27**, pending feedback from plans on technical implementation considerations.

## **Other PCP Assignment Activities: Age and Gender Misassignments**

**DHB is also working with Standard Plans to address these misassignments at providers with disproportionate numbers of misassignments by age and gender.**

**NC Medicaid has worked to identify an approach to address true misassignments that appropriately accounts for exceptions to the age/gender parameters.**

**While overall misassignment rates are low – about 1.7% of all Standard Plan members - this obscures outliers at the provider level (providers with large number or percent of members misassigned by age or gender.)**

**NC Medicaid is working with plans to address misassignments at providers in the top 5<sup>th</sup> percentile of providers by number and percent of misassigned members. There are 38 providers (NPI + LOC) who meet this criteria.**

**The focus on “outlier” providers will allow plans and DHB to:**

- Prioritize addressing the most impacted providers**
- Allow for a closer look by plans at a smaller group of misassignments to make it more feasible to document any exceptions.**

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# Care Management Rate Update

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## 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 2027 Memo Release

- We expect to release an updated care management rate memo for State Fiscal Year (SFY) 2027 shortly after the official rates are shared with the Health Plans.

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# Changes to AMH TAG Schedule

## Upcoming Change to the AMH TAG Meeting Schedule

- Beginning in August 2026 (next meeting), the AMH TAG meetings will be moved to the fourth Monday of every other month at 3:00pm
  - Next meeting: Monday August 24, 2026 at 3 pm
- Updated calendar invitations will be sent following today's meeting

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# Questions

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# Wrap-Up

# 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

August 24th, 2026  
3:00pm

*October 26th, 2026*  
3:00pm

## Potential Upcoming AMH TAG Topics

**\*\* Please submit discussion topics  
to [Medicaid.AdvancedMedicalHome@dhhs.nc.gov](mailto:Medicaid.AdvancedMedicalHome@dhhs.nc.gov) \*\***