

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Meeting #49

August 12, 2025

Agenda

- 1 **Welcome and Roll Call – 3 mins**
- 2 **Children and Family Specialty Plan – 40 mins**
- 3 **Leveraging NC HealthConnex for Quality and Population Health Update – 15 mins**
- 4 **Wrap-Up and Next Steps – 2 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

Children and Families Specialty Plan

Chameka Jackson

Associate Director

Children and Families Specialty Plan

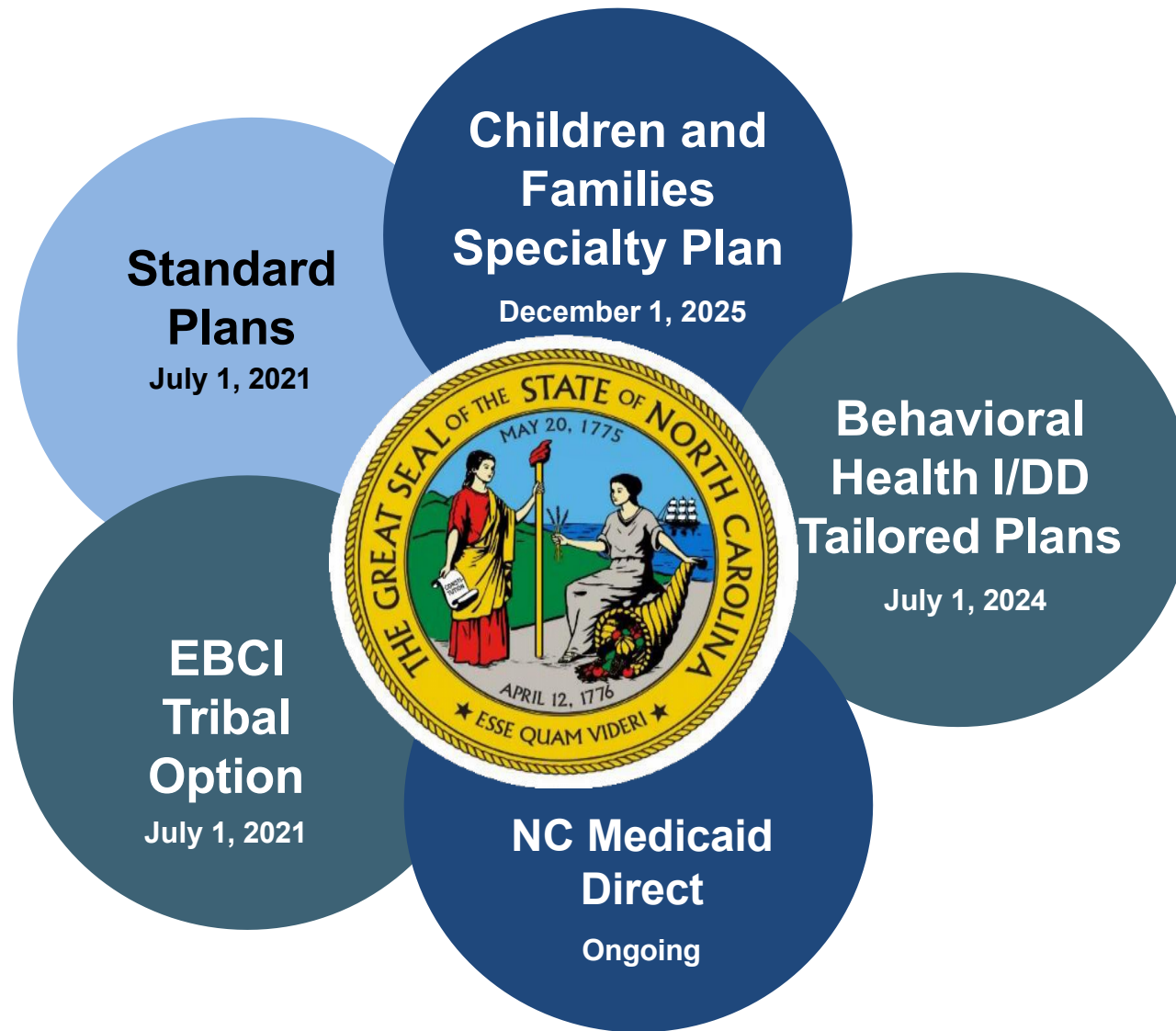
Aug. 12, 2025



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits



NC Medicaid is comprised of five key programs



Children and Families Specialty Plan Overview

Children and Families Specialty Plan (CFSP)

CFSP is a new NC Medicaid Managed Care health plan. It is a single, statewide health plan that will be managed by Blue Cross and Blue Shield of North Carolina under the name Healthy Blue Care Together.

NC Medicaid beneficiaries in foster care, receiving adoption assistance and enrolled in the former foster care eligibility will be eligible for the Children and Families Specialty Plan.

CFSP will launch Dec. 1, 2025. Until then, potential beneficiaries will continue to get health care services the same way they do today – through NC Medicaid Direct.

The plan will cover a full range of physical health, behavioral health, pharmacy, NEMT, care management, long term services and supports (LTSS), Intellectual/Developmental Disability (I/DD) services and unmet health-related resource needs.



Unique components of CFSP

- Single statewide contract to lessen disruptions in continuity of care and maintain treatment plans when a members' geographic location changes.
- Significant coordination between NC Medicaid, NC Department of Social Services, local Departments of Social Services (DSS) and the Eastern Band of Cherokee Indians Family Safety Program will be required to successfully administer the program.
- A family-focused approach to care delivery to strengthen and preserve families, prevent entry and reentry into foster care and support reunification and other permanency plan options.
- Benefits include all NC Medicaid State Plan benefits covered by Standard Plans and most Tailored Plan benefits including 1915(i) services.
- Care Management model connecting local DSS with CFSP, Medicaid and significant Care Coordination requirements (including co-location).

Eligibility

NC Medicaid beneficiaries in foster care, receiving adoption assistance and enrolled in the former foster care eligibility will be eligible for the Children and Families Specialty Plan.

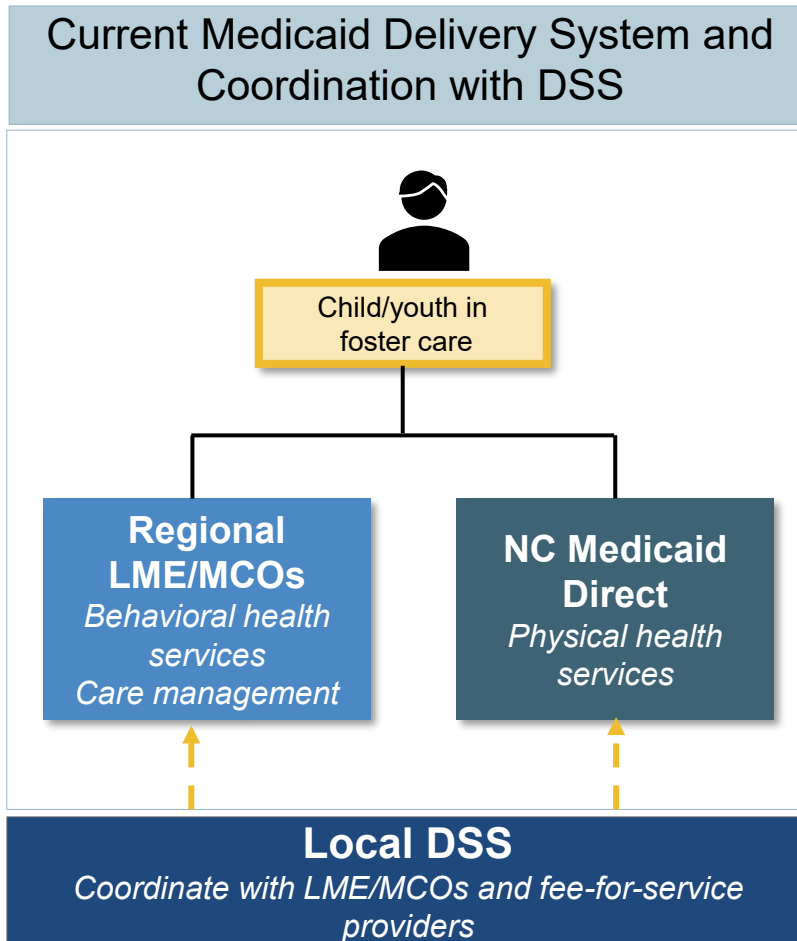
This includes:

- Children and youth currently in foster care
- Children and youth currently receiving adoption assistance
- Young adults under age 26 formerly in foster care at age 18
- Former foster care children in North Carolina that turned age 18 on or before December 31, 2022
- Former foster care children in any state who turned age 18 on or after January 1, 2023
- Minor children of these populations
- Children and youth currently in the EBCI Family Safety Program, or meet the criteria above, will not be auto-enrolled in the Children and Families Specialty Plan but will have the option to enroll



Designed to Address Current System Challenges

Children and youth served by the child welfare services receive Medicaid services through a split system of care, which has created challenges around coordination and meeting the population's unique needs.



- **Disruptions in continuity of care and providers** due to population's frequent movement between placements.
- **Lack of service coordination, impeding timely access to care**, due to transitions between various regional entities; no one entity is accountable for provision of whole-person care and care coordination.
- **Challenges meeting needs of children and youth in foster care with complex physical and behavioral health or I/DD needs**, resulting in restrictive residential or out-of-state placements.
- **Limited focus on unique needs of populations exposed to Adverse Childhood Experiences and provision of trauma-informed care** as part of health care service delivery and care management.
- **Limited array of available community-based services** across the state to support children remaining in family settings or the least restrictive setting possible.

CFSP Program Objectives

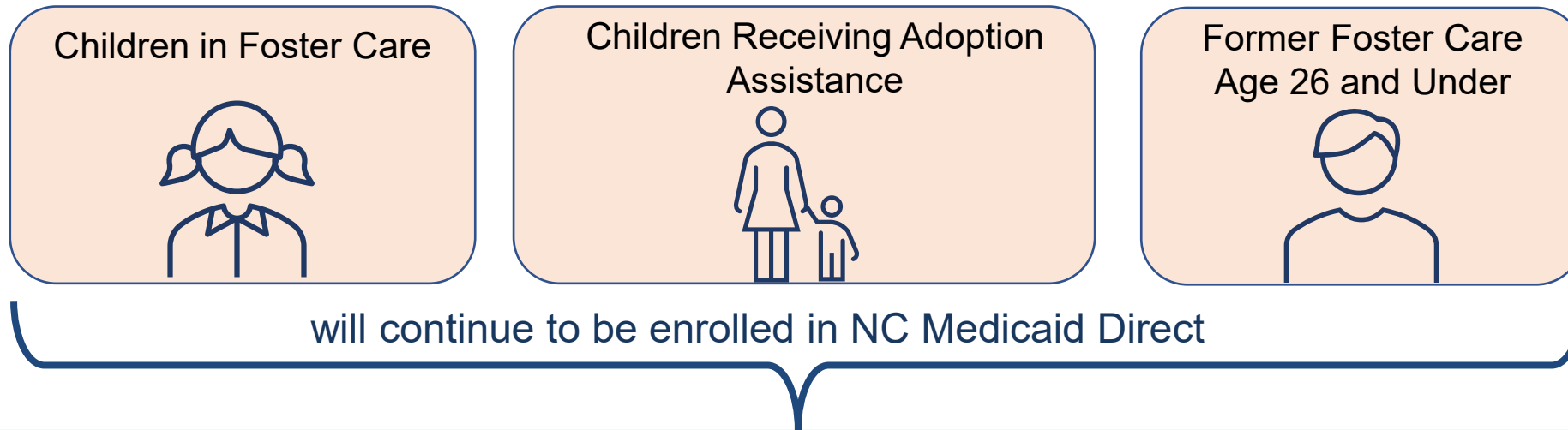
With stakeholder input, the Department identified a set of key objectives to guide CFSP design, operations and oversight as outlined in the CFSP RFP.

CFSP Design Objectives

- **Improve members' near and long-term physical and behavioral health outcomes**
- **Increase access** to physical health, behavioral health, pharmacy, care management, LTSS and I/DD services and services to address unmet health-related resource needs
- **Strengthen and preserve families** – prevent entry into foster care and support reunification and other permanency plan options
- **Coordinate care and facilitate seamless transitions** for members who experience changes in treatment settings, child welfare placements, transitions to adulthood and/or loss of Medicaid eligibility
- **Improve coordination and collaboration** with local DSS, EBCI Family Safety Program and more broadly, with Community Collaboratives – a comprehensive network of community-based services and supports leveraging a system of care approach to meet the needs of families who are involved with multiple child service agencies
- Provide services to meet children's behavioral health needs and **prevent children from boarding in local DSS offices and Emergency Departments**
- **Advance health disparity** to address racial and ethnic disparities experienced by children, youth and families served by child welfare services.

Until CFSP Launch... Current Medicaid Enrollment Options

Most children, youth and young adults currently and formerly served by the child welfare services will continue to receive their Medicaid services as they do today, through NC Medicaid Direct.*



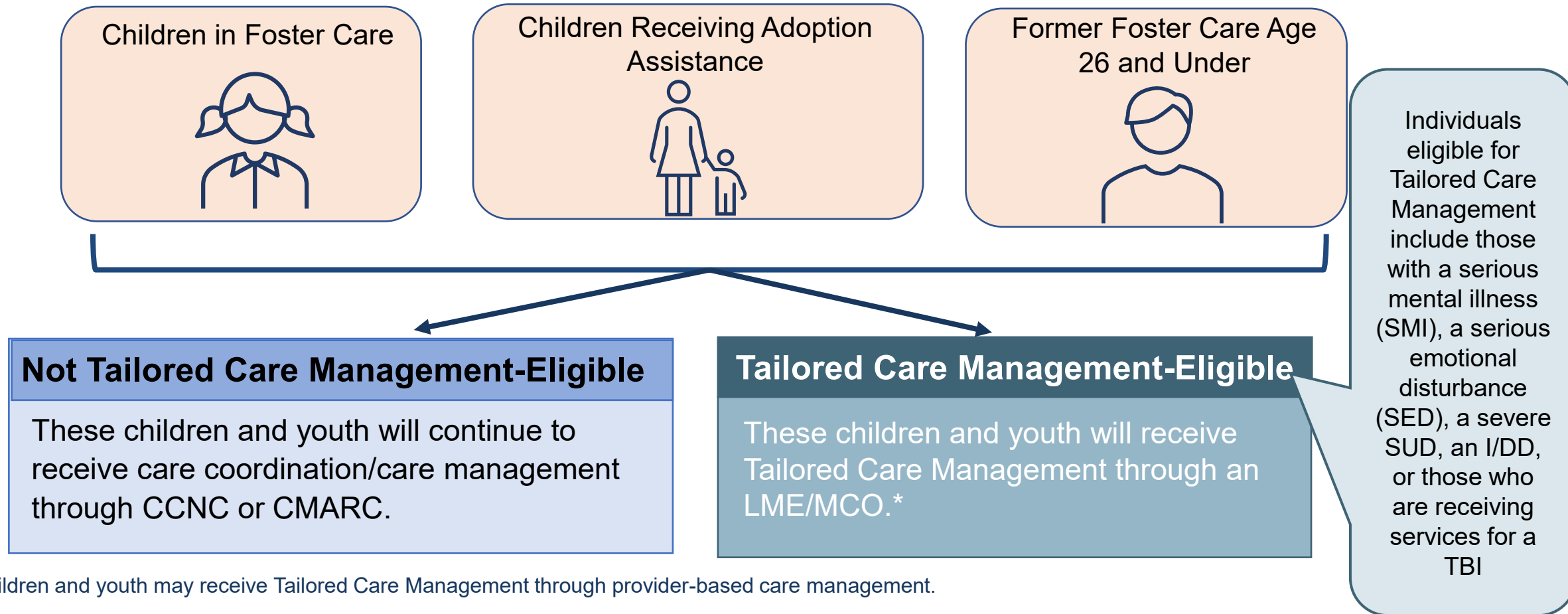
NC Medicaid Direct is the State's health care program for Medicaid beneficiaries not enrolled in a Standard Plan, Tailored Plan or EBCI Tribal Option.

It provides beneficiaries with physical health, pharmacy, long term services and supports, and behavioral health services (including for mental health disorder, substance use disorder (SUD), intellectual/developmental disability (I/DD) or traumatic brain injury (TBI).

*Children in foster care, receiving adoption assistance and young adults formerly in foster care under age 26 who are enrolled in the Innovations waiver or Traumatic Brain Injury (TBI) waiver will be auto-enrolled in a Tailored Plan.

Until CFSP Launch... Care Management Options

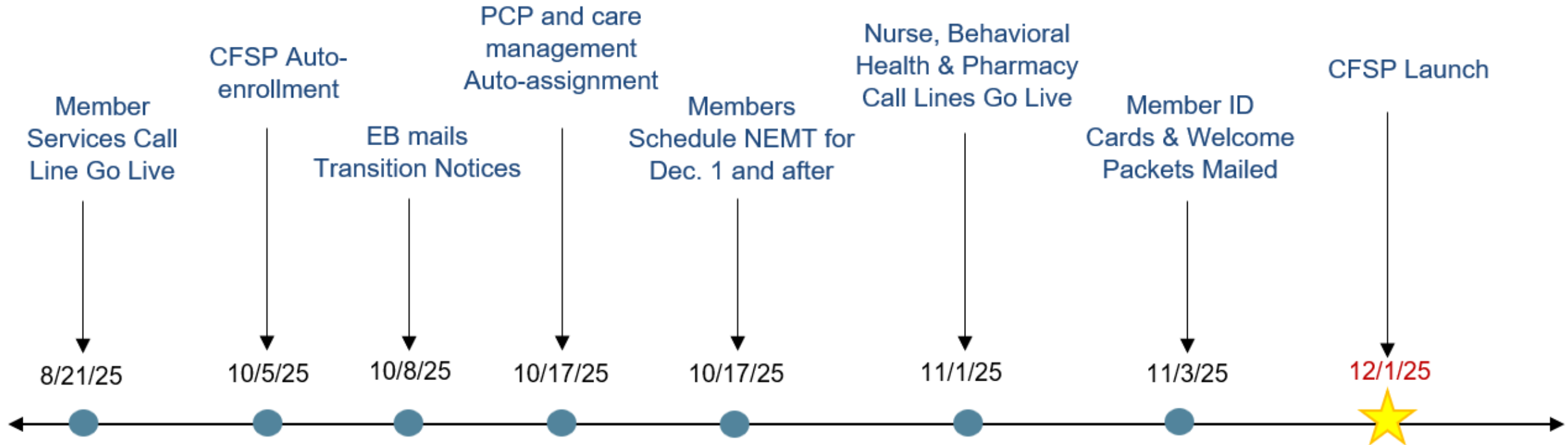
Most children, youth and young adults currently and formerly served by the child welfare services will continue to receive care management as they do today.



*Some children and youth may receive Tailored Care Management through provider-based care management.

CFSP Member Milestones

Children and Families Specialty Plan Milestones



Day 1 Priorities for CFSP Launch



Individuals get the care they need



Providers can submit claims for payment to CFSP

Members can access necessary medications

Members are enrolled and have ID cards in hand prior to launch

Members have timely access to information and are directed to the right resources

CFSP has adequate Provider Networks per contract definition

Calls made to call centers are answered promptly

Questions

Community partners are welcome to submit feedback or questions to NC Medicaid at Medicaid.NCEngagement@dhhs.nc.gov

Please put Children and Families Specialty Plan in the email subject line.



Healthy Blue Care Together

Advanced Medical Home (Technical Advisory
Group)
August 12, 2025
4-5 p.m.



Agenda

- Meet the Team
- Healthy Blue Care Together Overview
- Care Management
- Provider Network
- Q&A

Meet the Team

Meet the Healthy Blue Care Together Team



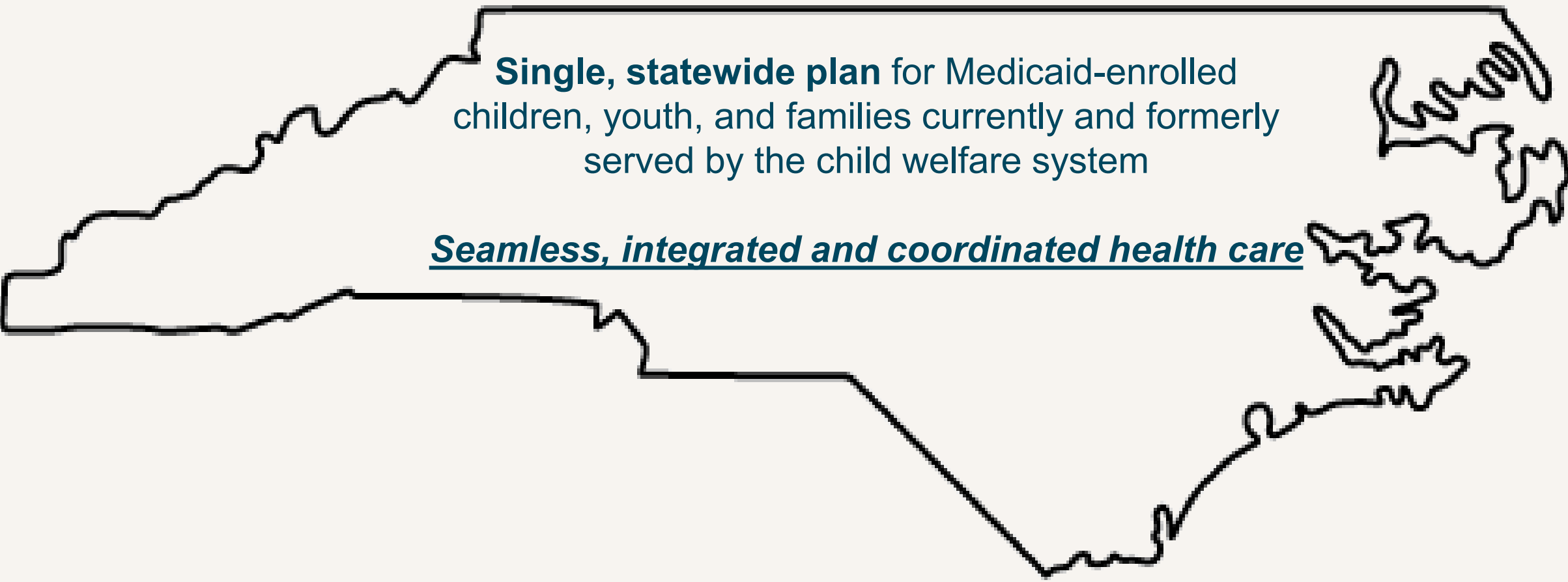
Dr. Dana Hagele
Chief Medical Officer



John Thacker, LCMHC, LCAS
Provider Network Director

Healthy Blue Care Together Overview

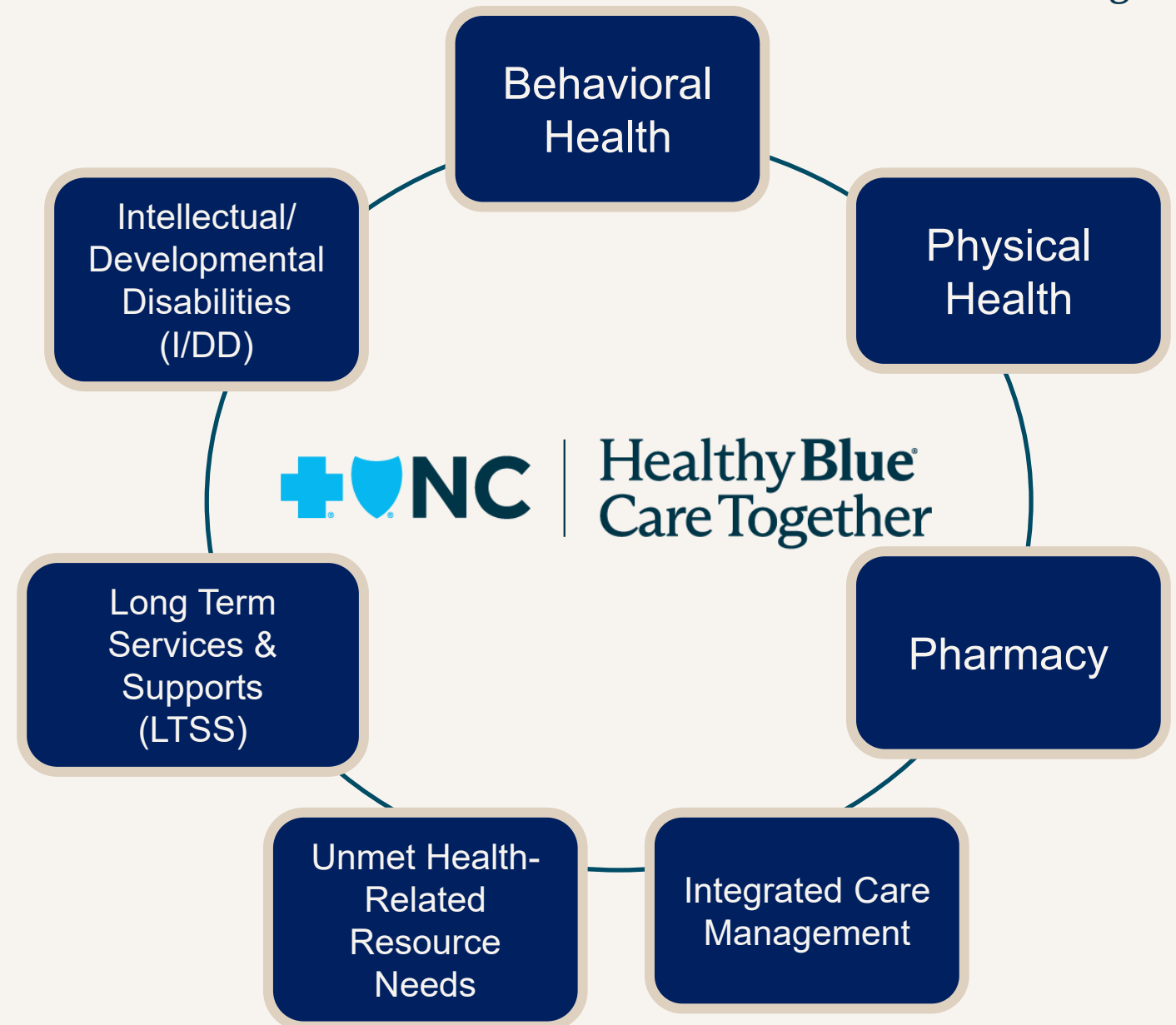
Blue Cross NC's Children and Families Specialty Plan (CFSP)



Single, statewide plan for Medicaid-enrolled children, youth, and families currently and formerly served by the child welfare system

Seamless, integrated and coordinated health care

Every member will have access to the same benefits and services, regardless of their location.



Key Objectives



**Strengthen and
preserve families**



**Help avoid boarding in local
DSS offices & Emergency
Departments**



**Increase access to
services**



**Improve member
outcomes**



**Improve coordination &
collaboration with
stakeholders**



**Coordinate care and facilitate
seamless transitions**
(including during child welfare
placements)

Care Management

Care Management Core Components

- Participation in **Child and Family Team (CFT)** meetings
- **Comprehensive screening and coordination** of trauma assessment
- **Risk determination** (and re-evaluation)
- **Regular medication review and reconciliation**
- **Intensive care management** and supports in coordination with others
- Continuity of care management **after permanency**
- **Support when placements are needed**



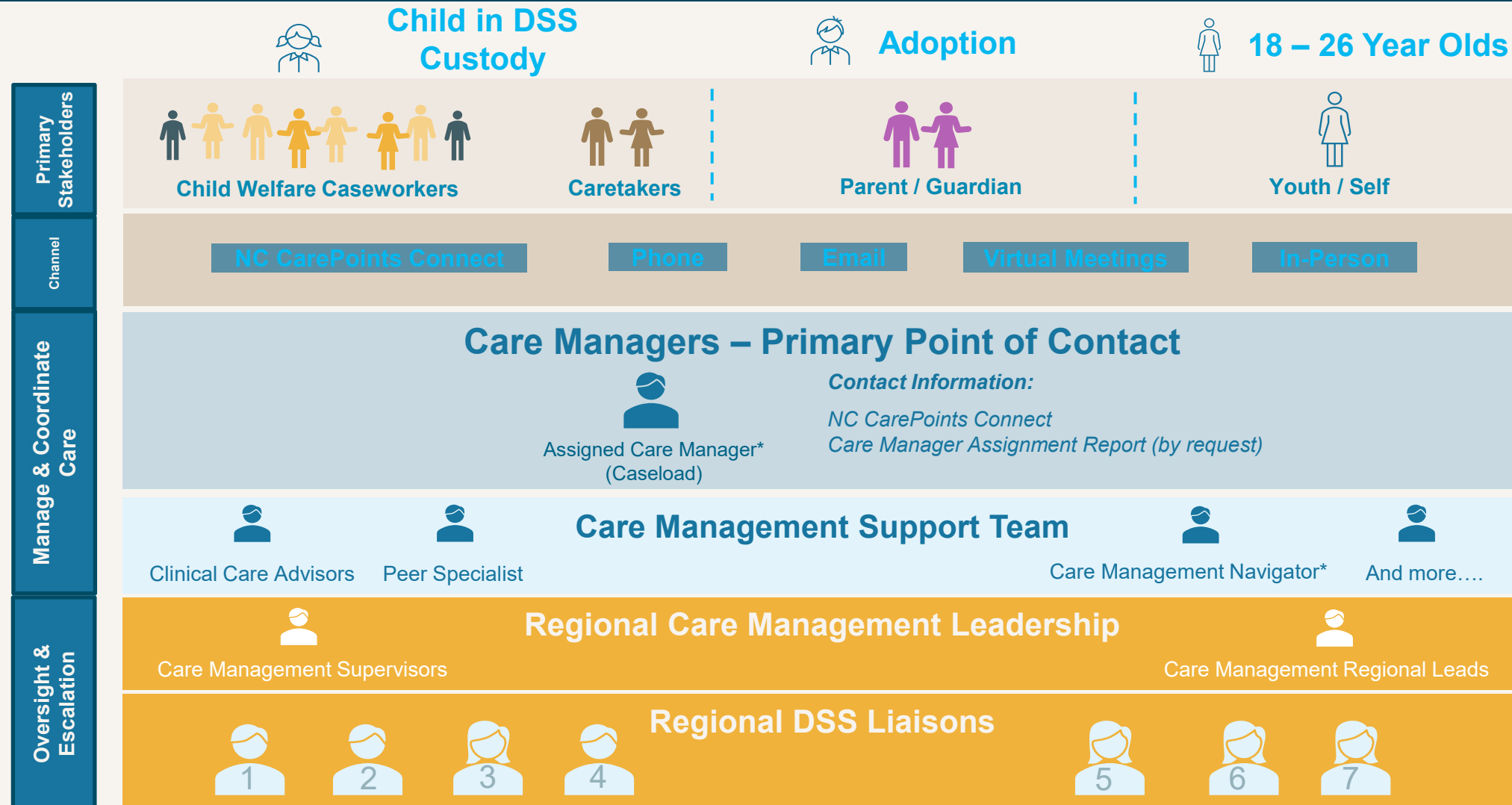
Every child/youth is assigned a dedicated Care Manager within 24 hours of enrollment.

Integrated Care Management Team



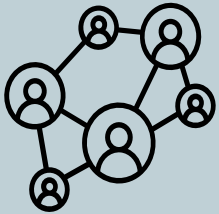
Healthy Blue Care Together's Integrated Care Management staffing approach **emphasizes a local presence with regional team supports** providing timely expertise for the care management team, members, and DSS.

Care Management Operating Model



Provider Network

Provider Approach



Healthy Blue Care Together will use Healthy Blue's strong, existing provider network.

Additional providers who specialize in care, treatment, and therapeutic services for youth in DSS custody will be added.

This includes:

- Residential treatment facilities (Levels II-PRTF)
- Community-based mental health providers (TICCA/Assessments, Intensive In-Home, High-Fidelity Wraparound)
- 1915(i) services, including respite care
- Therapeutic Foster Care agencies
- Crisis Response and Crisis Transition

League of Quality Providers (LOQP)



Providers participating in **our proprietary CFSP League of Quality Providers** will have access to:

- Enhanced rates, incentives, and value-based payment arrangements
- Partnership to develop and scale effective services and delivery
- Free competency-based clinical training in a broad array of evidence-based treatment modalities
- Ongoing consultation by Regional LOQP Clinicians

We will partner with our network of providers as we seek to:

- Reduce the number of children staying in DSS offices or ED settings
- Increase local access, placement capacity and stability
- Increase and sustain the number of evidence-informed providers in the Healthy Blue Care Together Network
- Maintain a 24/7 response to youth in behavioral health crisis

AMH/PCP Choice & Assignment

Before Launch:

- Contracting deadline to ensure inclusion in PCP Auto Assignment is 9/1.
- The CFSP will **automatically assign** an AMH/PCP to all members between 10/17 - 10/23.
- Members and/or their authorized representatives will be able to **select and/or change** their AMH/PCP during the **choice period after auto assignment**.

After Launch:

- Members and/or their authorized representatives will have an additional (90-120 days*) **after launch to change** their AMH/PCP for any reason.
- After the Choice Period, members and/or their authorized representatives will be allowed to change their AMH/PCP **with cause (ex. placement changes) at any time and without cause twice a year**.
- The CFSP shall assign the member to an AMH/PCP within twenty-four (24) hours of the date of enrollment in CFSP.

Listening, engaging, and building together

Contracting Process Overview:

- Streamlined steps for existing and new providers
- Key milestones

Introducing the New Network:

- Key benefits and enhancements
- Support for onboarding new providers
- CFSP directory

Reimbursement Considerations:

- Committed to maintaining network continuity and stability
- Open to feedback to refine and standardize

Our Commitment:

- Actively listen to your concerns
- Transparent and open communication
- Fostering long-lasting partnerships

Provider Education

Register online:
Provider.healthybluenc.com

Click on Training Academy,
then “Events to Keep You
Up To Date”

Upcoming CFSP Office Hours	
Date	Office Hours Topic
14-Aug	Children and Families Specialty Plan (CFSP): Kindred Village and Placement/Transition Support
27-Aug	Children and Families Specialty Plan (CFSP): Kindred Village and Placement/Transition Support
17-Sep	Children and Families Specialty Plan (CFSP): League of Quality Providers and Training
23-Sep	Children and Families Specialty Plan (CFSP): League of Quality Providers and Training
13-Oct	Children and Families Specialty Plan (CFSP): Crisis Prevention and System of Care/Tribal Coordination
29-Oct	Children and Families Specialty Plan (CFSP): Crisis Prevention and System of Care/Tribal Coordination
12-Nov	Children and Families Specialty Plan (CFSP): Top Interest Topics
20-Nov	Children and Families Specialty Plan (CFSP): Top Interest Topics



Contact Us

Provider Services

nc_provider@healthybluenc.com

Contracting

nc_contracting@healthybluenc.com



**BlueCross BlueShield
of North Carolina**

**HealthyBlue
Care Together**

Thank you!

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Leveraging NC HealthConnex for Quality and Population Health

AMH Technical Advisory Group

Tuesday, Aug 12, 2025

Agenda

- 1 Quick Refresh: Vision and Considerations
- 2 Progress and Next Steps
- 3 Early Adopter Program Update

Quick Refresh: Vision and Considerations

Vision: Leverage NC HealthConnex to support North Carolina Medicaid’s quality and population health efforts by improving data exchange

Current Challenges	Proposed Solutions
1 Limited, Fragmented Information: In many instances, the needed data aren’t available, or it takes too long to access them.	Increase the volume, types, completeness, and timeliness of data available to be exchanged.
2 Multiple Data Connections and Recipients: Information resides in silos and/or requires exchanges between multiple entities and systems.	Expand existing capabilities and infrastructure to consolidate and exchange data.
3 Operational Complexity: Data formats and specifications vary, so time and resources must be spent to translate and normalize.	Define and implement consistent, standardized data formats and specifications.

- 1 Need for Near-term Investments and Prioritization**
 - To achieve the envisioned efficiencies, project partners will need to invest in the near term.
 - Prioritization is required to ensure scarce resources are allocated most efficiently and effectively.
- 2 Funding Sources**
 - The project is being supported by CMS, which carries certain obligations and requirements.

Quick Refresh: Use Cases Overview

Digital Quality Measures (dQMs)

Develop the capabilities to calculate a selected set of Medicaid's high-priority quality measures combining both administrative data (i.e., claims and encounters) with clinical information from providers' EHRs to allow for more timely results.

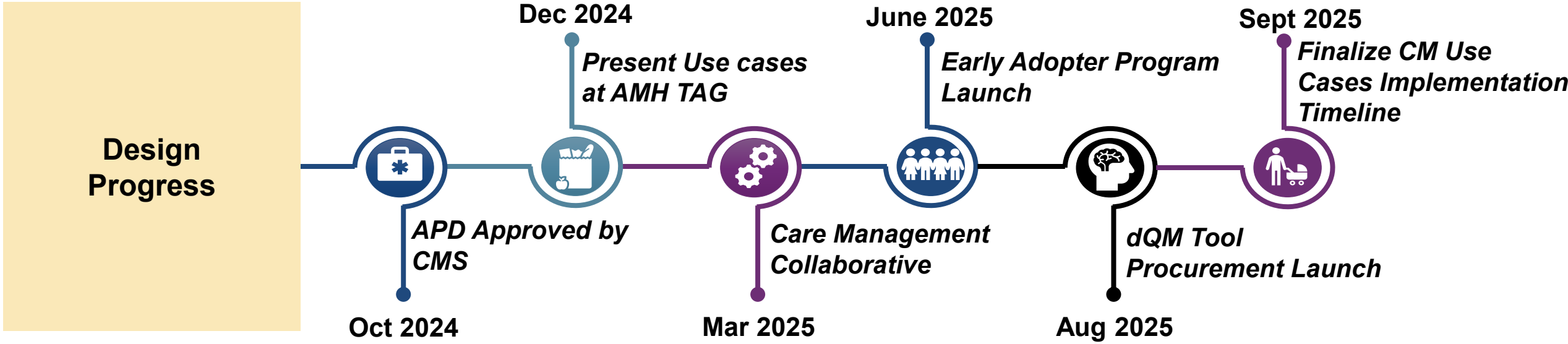
Health-Related Social Needs (HRSN) Screening

Develop the capabilities to share Medicaid beneficiaries' responses to HRSN screening questions with: (1) other providers; (2) Medicaid Prepaid Health Plans (PHPs); and (3) NC Medicaid.

Care Management (CM) Data Exchange

Improve the ability to exchange: (1) encounter data between PHPs and local care management entities; (2) transitions of care information when members move PHPs; and (3) care management interaction details.

Progress and Next Steps



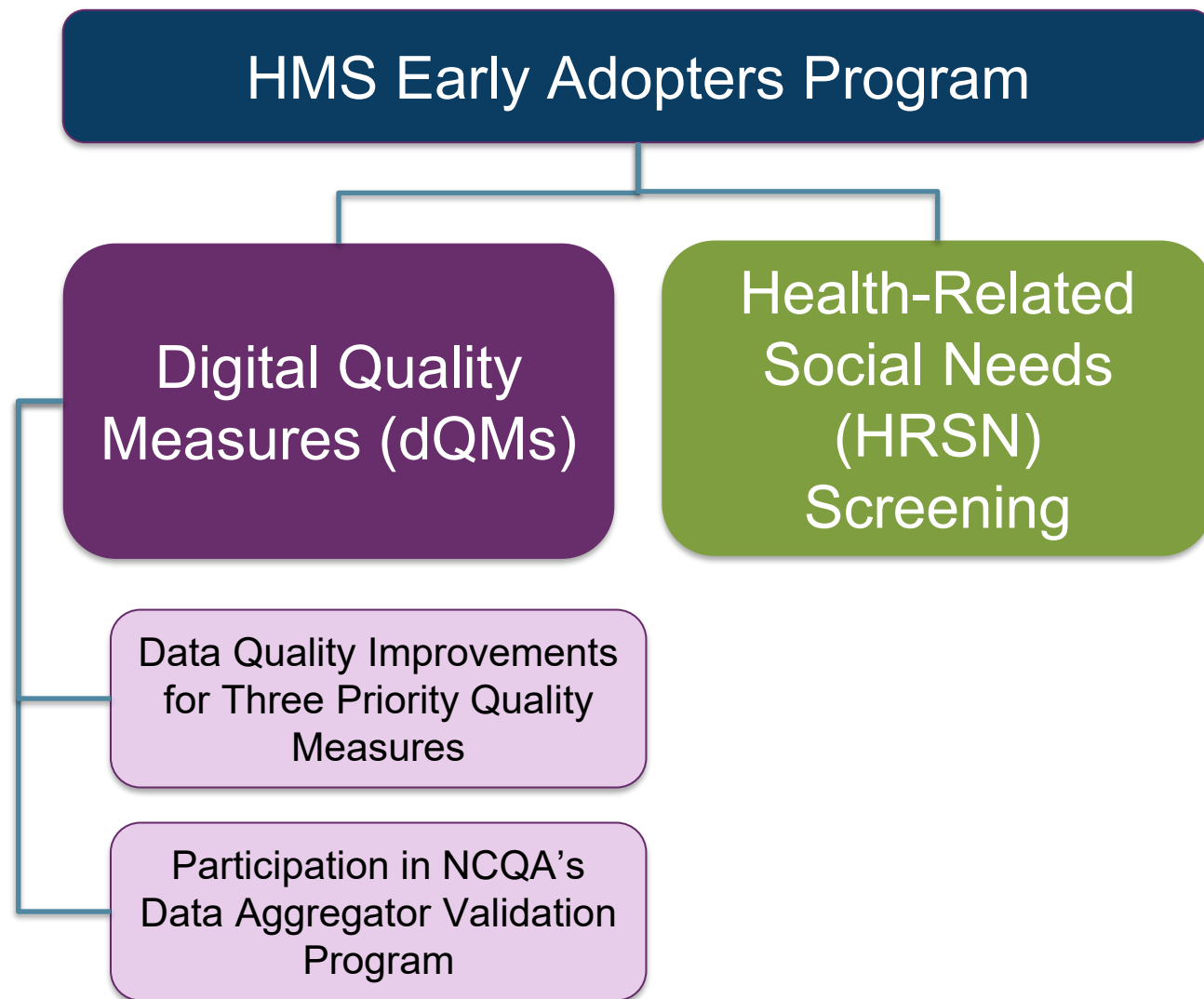
Key Implementation Timelines

2025	2026
<p>Design, Development & Implementation</p> <ul style="list-style-type: none">● Feb 25: Governance Strategy Finalization● Mar 25: Provider Support Model Implementation● Jul 25: dQM Engine Procurement initialization● Sept 25: Cohort 1 onboarding for HRSN● Fall 25: HRSN data shared with DHB & Plans	<p>Design, Development & Implementation</p> <ul style="list-style-type: none">● Spring 26: dQM & HRSN Cohort 2 launch● Aug 26: dQM Measure Tool Procurement● TBD: TOC Implementation● TBD: CM BA File Soft Launch

Early Adopter Program Update

- The NC HIEA and NC Medicaid have partnered to launch the HIE Medicaid Services (HMS) Early Adopters Program to provide **financial incentives** for Medicaid-serving provider organizations to participate in two use cases:

1. Digital Quality Measures (dQMs)
2. Health-Related Social Needs (HRSN) Screening



Joining the Early Adopters Program

Criteria for Participation

1. Serve NC Medicaid beneficiaries
2. Have a Full Participation Agreement with NC HIEA
3. Be connected to NC HealthConnex and actively sending data

Note: There are additional required criteria specific to each use case.

Prioritization Factors for Inclusion

1. Advanced Medical Home (AMH) Provider – particularly Tier 3
2. Tailored Care Management (TCM) Provider
3. Rural Provider Organizations
4. Medicaid claim count and reimbursement \$
5. Medicaid patient volume
6. Care setting (e.g., primary care, behavioral health)
7. Age of patients served (i.e., adult or pediatric)

Funds Available for Participation

dQM Use Case:

- \$10,000 for initial validation of data stream(s) via NCQA's Data Aggregator Validation Program
- \$10,000 for meeting data quality standards for the three priority measures

HRSN Screening Use Case:

- \$11,000 for transmission of HRSN screening data to NC HealthConnex

Note: An additional 50%, one-time payment is available for organizations with more than one EHR.

Early Adopters Progress to Date

- Information about the launch of the program was published on the NC HIEA website, in an NC HIEA newsletter, in a Medicaid Bulletin, and shared with AHEC coaches.
- Two information sessions were held in April with **over 150 attendees**.
 - We anticipate having additional information sessions this fall.
- Applications are accepted on a rolling basis for the program via [this Microsoft Form](#) – we have currently received **40+ applicants**.
 - Participants not selected for the initial cohort will be automatically reconsidered for future cohorts. We anticipate Cohort 2 will launch in early 2026.
- Current Updates for Cohort 1*:

HRSN Screening	1. Carteret Medical Group, LLC	5. Ardmore Family Practice, PA
	2. Monarch	6. ABC Pediatrics of Asheville
	3. UNC Health	
	4. Burlington Pediatrics	7. Burgaw Medical Center, PC

dQM	1. County of Cleveland dba Cleveland County Health Department
	2. Carolina Family Health Centers Inc
	3. Gaston Family Health Services, Inc. dba Kintegra Health

*Organizations listed here have fully executed attestations for the use cases. Additional engagement is underway with a target of 11 organizations for HRSN and 5 for dQM to participate in Cohort 1.

Questions

Wrap-Up

AMH TAG Wrap-Up and Future Topics

AMH TAG meetings will generally take place the second Tuesday of a month from 4-5 PM.

Upcoming 2025 Meetings

September and October: Ad Hoc, if needed
November: TBD

Potential Upcoming AMH TAG Topics

- TCM Implementation Survey

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