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

September 2, 2025 Meeting

Agenda

- **Welcome & Roll Call** — **5 min**
- **PCP Assignment Improvement** — **15 min**
- **AMH TAG DSC Showcase** — **30 min**
  1. WellCare: Improving Member PCP Assignment Experience for Providers
  2. AmeriHealth: Overview of SDOH in Risk Stratification
- **Public Comment** — **5 min**
- **Wrap-Up and Next Steps** — **5 min**

AMH TAG Data Subcommittee Roll Call

Entity	Organization Name
Health Plans	AmeriHealth
	Carolina Complete Health
	Healthy Blue
	United Healthcare
	WellCare
Providers (CINs)	Atrium Health Wake Forest Baptist
	CCNC / CCPN
	CHESS Health Solutions
	Duke Health / Duke Connected Care
	ECU Health / Access East
	Mission Health Partners
	NCCHA / Carolina Medical Home Network
	UNC Health / UNC Health Alliance

Entity	Organization Name
Providers (Ind.)	Children First of NC
	Sandhills Pediatrics / CCPN
	Blue Ridge Pediatrics / CCPN
Others	Tribal Option

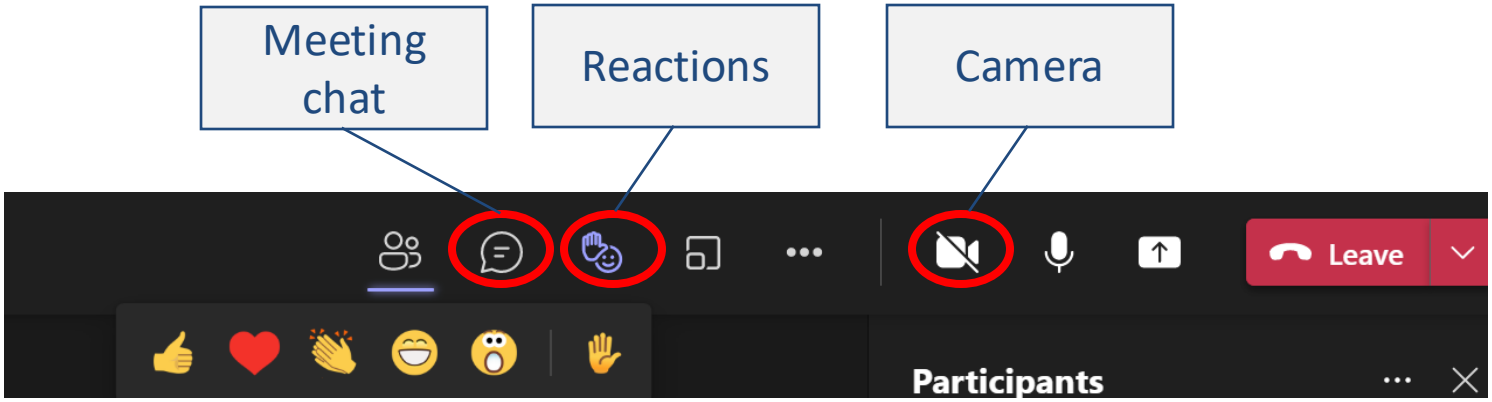
NCDHHS and Advisors

NCDHHS				
Kristen Dubay	**Loul Alvarez**	**Judy Lawrence**	**Saheedat Olatinwo**	**Liz Kasper**
Chief Population Health Officer, DHB	Associate Director, Population Health, DHB	AMH Sr. Program Manager, Population Health, DHB	AMH Program Manager, Population Health, DHB	Care Delivery and Payment Reform Senior Advisor, DHB

Advisors		
Vik Gupta	**Sachin Chintawar**	**Shani Ranatunga**
Project Executive, Quality & Population Health, Accenture	Project Manager, Quality & Evaluations, Accenture	Project Manager, Population Health, Accenture

Meeting Engagement

We encourage subcommittee members to turn on cameras, use reactions in Teams to share opinions on topics discussed, and share questions in the chat.



AI Policy

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.

NCDHHS is awaiting additional direction from our Privacy and Security Office on how we need to support these AI Tools.

Thank you for your cooperation.

HIPAA-covered NCDHHS agencies which become aware of a suspected or known unauthorized acquisition, access, use, or disclosure of PHI shall immediately notify the NCDHHS Privacy and Security Office (PSO) by reporting the incident or complaint to the following link: https://security.ncdhhs.gov/

PCP Assignment Improvement

PCP Assignment Improvement Updates

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.

An internal team at DHB has been working over the last several months to better understand PCP assignment challenges and implement improvements.

Activities include:

- **Improve monitoring of PCP Assignment**
  - DHB has developed additional data sources and key metrics for monthly monitoring of PCP assignment, including rates of age/gender misassignment and timeliness of reassignment request processing
  - This has included updating required reporting elements from the plans and leveraging data from NC Tracks

- **Improve Provider Communications about PCP assignment requirements and troubleshooting efforts.**
  - DHB has developed a new fact sheet for providers with information and FAQs on the PCP assignment process. This will be published on the Department's webpage, along with a provider bulletin to announce the fact sheet release.

PCP Assignment Improvement Updates

- **AMH/PCP Auto-Assignment Requirements Update**
  - DHB proposed several updates to the PCP AA requirements, incorporating feedback received from stakeholders and insights from our internal review of recurring issues and help center tickets related to PCP assignment.
  - DHB made additional updates and modifications based on feedback received from stakeholders this summer and is currently seeking formal internal approval for the changes
  - Modeling: DHB plans to partner with some PHPs to model proposed changes to lay the groundwork for a smooth transition to the new requirements.
    - Modeling some of the changes will allow us to assess the potential impact on the updates to members, providers, and plans, and identify any additional areas for modification or clarification.
  - Timeline for development and testing: after reviewing feedback on implementation considerations from PHPs, DHB is identifying an appropriate go-live date for the new requirements. We will share updated timeline once available.

PCP Assignment Improvement Updates

- **AMH/PCP Auto-Assignment Requirements Update Summary**

Planned changes to the AMH/PCP Auto-Assignment Requirements include:

- Re-order algorithm steps to prioritize claims history over prior assignment
- Refresh assignments annually for eligible members
- Add guidance on prioritizing based on plurality and recency of claims when multiple AMH/PCP are identified
- Clarify when reassignment requires member consent
- Allow for override of closed panels for established patients
- Provide additional guidance on application of age/gender panel limits and assigning siblings
- Document process for PHPs to request flexibilities in the requirements or PCP AA algorithm

Questions:

- What questions should the Department and PHPs seek to answer in their modeling of these changes?
- What elements of these changes are most important to model prior to implementation to understand their impact?

Improving the Member PCP Assignment experience for Providers

September 2, 2025

I. Identify & Validate Future Term Dates on provider records to avoid unintended AMH terminations & reduce administrative burden

Identify & validate provider registration expirations in NCTracks and avoid unintended AMH terminations

- State outreaches to providers prior to AMH registration expirations
  - Gaps / Fault lines: Office Admin email may not be monitored or maybe outdated
  - *Future recommendation for State:*
    - Texting Office Admin in addition to email
    - Have ability to register more than 1 email and phone # for Office Administrator in NCTracks
- Implication of inadvertent AMH registration expirations
  - Must terminate AMHs
  - Must reassign members
  - Impacts to Claim payments
  - Post re-registration of AMHs, reload the AMHs and reassign members
  - Bad experience for all: AMHs, members, WellCare, other PHPs, State

Identify unintended AMH terminations / registration expirations in NCTracks

- WellCare Analytics run weekly automated jobs on the Provider Enrollment File(PEF) data from the State to identify:
  - Upcoming AMH terminations set to expire in NCTracks within the next 30 days
  - Members that cannot be not sent on BA files due to Termination in NCTracks to catch any retroactive provider terminations in NCTracks

- WellCare Provider Engagement team outreaches to impacted providers within their assigned territory:
  - Verify if these are unintended NCTracks terminations or instances where the AMH provider missed to submit necessary paperwork to the State
  - If they are valid terminations/office closures/address changes, discuss with the provider and move the impacted members to the appropriate office

- Proven method of mitigating administrative burden for both the health plan and providers avoids disruption to members

II. Fail-Safe Synchronization between Member PCP Assignment in NCTracks and WellCare systems

Identify Member PCP Assignment Variance

- Member PCP Assignment variance between WellCare systems and NCTracks
- Assuming a small fallout every month, run check program every month
- Compare Member PCP Assignment from 834 from State vs WellCare systems. If out of synch submit a dummy move to synch NCTracks with WellCare systems
- Future State: Collaborative PHP/DHHS Workgroup for process & operational improvements

III. Improving the experience for Provider Initiated PCP Assignment Changes -WellCare Pilot Project

How Do Providers Change PCP Assignment?

- How providers REMOVE members from their practice
  - Member discharged from practice:
    - **Current process:** Complete PCP transfer form (one form per member) on website & fax to shared services
    - Complete PCP transfer in provider portal
    - **Pilot: May 1, 2025, to July 31, 2025 -** complete spreadsheet (multiple members) on website with attestation and email to Provider Engagement

  - Members transferred care to another PCP, moved out of service area, or moved out of state
    - Outreach to Provider Relations
    - **Pilot: May 1, 2025, to July 31, 2025 -** complete spreadsheet (multiple members) on website with attestation and email to Provider Engagement

Provider Initiated PCP Assignment Changes Pilot - Status

- Pilot participant provider groups – ~10
- May 2025
  - Review with pilot participant provider groups
  - Members submitted – 65
  - Members moved – 59
- June 2025
  - Collected feedback from pilot participants and experience. Refined spreadsheet based on feedback from pilot provider participants for easier submission
  - Members submitted – 82
  - Members moved – 76
- July 2025
  - Members submitted – 95
  - Members moved – 91

AmeriHealth Caritas North Carolina

ACNC SDOH in Risk Stratification Process

Population Health and Care Management

September 2, 2025

Risk Strat Process

How we get to High, Med, Low

Risk Strat	Logic
High	PICs score top 1%-2% OR 5 or more Priority Populations OR InCK SIL level 3
Moderate	PICs score top 3%-5% OR 4 Priority Populations
Low	PICs score greater than 5% OR 3 or fewer Priority Populations

PICS DATA FIELDS

SDOH Section – Source HRA and Z-Codes

Socio_Determinants of Health (from JIVA & Claims)		
	Housing	Member housing condition
	Food	Member food condition
	Utilities	Member utilities condition
	Transportation_medical	Member transportation condition (medical)
	Transportation_nonmedical	Member transportation condition (non-medical)
	Education	Member education condition
	Health_literacy	Member health literacy condition
	Clothing	Member clothing condition
	Phone	Member phone condition
	Childcare	Member childcare condition
	Everyday_items	Member everyday items condition
	Legal_circumstance	Member legal or incarceration condition (involvement with criminal justice system, or foster care system)
	Social	Access to Technology, Home, Work, change in social (access to technology, mobility, potential social isolation f
	Physical	Physical Environment (built environment, housing condition, exposure to toxic substances and physical hazarc
	Safety	Life and Home stressors (exposure to IPV, trauma, crime, violence, and stress)
	Well_being	Current well-being or state of health
	Overall_Health	Overall quality of life assessment (Self-assessed health status, Physically and mentally unhealthy days, limitati

PICS DATA FIELDS

SOCIO-Vulnerability Index

SOCIO-VULNERABILITY INDEX (CDC's SVI)		
	Public_SVI_SES	Socioeconomic Status theme percentile ranking
	Public_SVI_HCD	Household Composition & Disability theme percentile ranking
	Public_SVI_MSL	Minority Status & Language theme percentile ranking
	Public_SVI_HTT	Housing Type & Transportation theme percentile ranking
	Public_SVI_Overall	Overall Vulnerability themes percentile ranking
	EP_POV	Percentage of persons below poverty estimate
	EP_UNEMP	Unemployment Rate estimate
	EP_PCI	Per capita income estimate, 2014-2018 ACS
	EP_NOHSDP	Percentage of persons with no high school diploma (age 25+) estimate
	EP_AGE65	Percentage of persons aged 65 and older estimate, 2014-2018 ACS
	EP_AGE17	Percentage of persons aged 17 and younger estimate, 2014-2018 ACS
	EP_DISABL	Percentage of civilian noninstitutionalized population with a disability estimate, 2014-2018 ACS
	EP_SNGPNT	Percentage of single parent households with children under 18 estimate, 2014-2018 ACS
	EP_MINRTY	Percentage minority (all persons except white, non-Hispanic) estimate, 2014-2018 ACS
	EP_LIMENG	Percentage of persons (age 5+) who speak English "less than well" estimate, 2014-2018 ACS
	EP_MUNIT	Percentage of housing in structures with 10 or more units estimate
	EP_MOBILE	Percentage of mobile homes estimate
	EP_CROWD	Percentage of occupied housing units with more people than rooms estimate
	EP_NOVEH	Percentage of households with no vehicle available estimate
	EP_GROUPQ	Percentage of persons in group quarters estimate, 2014-2018 ACS
	EPL_POV	Percentile Percentage of persons below poverty estimate
	EPL_UNEMP	Percentile Percentage of civilian (age 16+) unemployed estimate
	EPL_PCI	Percentile per capita income estimate
	EPL_NOHSDP	Percentile Percentage of persons with no high school diploma (age 25+) estimate
	EPL_AGE65	Percentile percentage of persons aged 65 and older estimate
	EPL_AGE17	Percentile percentage of persons aged 17 and younger estimate
	EPL_DISABL	Percentile percentage of civilian noninstitutionalized population with a disability estimate
	EPL_SNGPNT	Percentile percentage of single parent households with children under 18 estimate
	EPL_MINRTY	Percentile percentage minority (all persons except white, non-Hispanic) estimate

PICS SNAPSHOT

SDOH – Claims and HRA

AE	AF	AG	AI	AJ
Housing	**Food**	**Utilities**	**Transportation_nonmedical**	**Education**
vulnerable	vulnerable			
stable	stable	stable		stable
stable	stable	stable		vulnerable
stable	vulnerable	vulnerable		stable
vulnerable	vulnerable	vulnerable	vulnerable	
stable	vulnerable	vulnerable	vulnerable	stable
vulnerable	stable	vulnerable	vulnerable	
stable	stable	vulnerable		stable
stable		stable		
stable		stable		declined
				vulnerable
		vulnerable	vulnerable	
stable	vulnerable	stable	vulnerable	stable
				vulnerable
stable			vulnerable	
stable	vulnerable	stable	vulnerable	vulnerable
stable	vulnerable	stable	vulnerable	vulnerable
stable	stable	stable	vulnerable	stable
stable				
vulnerable	stable	stable		stable
stable	vulnerable	vulnerable	vulnerable	stable
stable	stable	vulnerable		stable
stable	vulnerable	stable	vulnerable	vulnerable
stable	stable	stable	vulnerable	vulnerable
stable	stable	stable		stable
stable	stable	stable		vulnerable
stable	vulnerable	stable		stable
stable	stable	stable		vulnerable

PICS SNAPSHOT

1-5 Score in SDOH Domain

HD	HE	HF	HG	HH	
Public_SVI_Overall_rank	SDOH_rank	Distance_mbr_pcp_ra	Substance_abuse_ra	Mental_Hth_Service_ra	BIF
5	1	2	0	0	
0	1	3	0	0	
3	1	4	0	0	
0	1	1	0	0	
5	1	1	0	0	
5	2	2	5	5	
0	5	3	5	0	
0	5	5	0	0	
5	5	5	0	0	
4	1	4	0	0	
5	2	5	0	5	
4	1	4	5	0	
0	5	4	0	0	
0	5	3	0	0	
5	5	2	0	5	
3	1	4	0	0	
5	1	4	0	0	
4	1	4	5	0	
0	1	5	5	5	
5	1	3	0	0	

SDOH INFORMATION

Ways to Improve It

- Bidirectional exchange with HIE SDOH data Fields from HRAs
- Bidirectional exchange from NCCare360

Public Comments

Wrap-Up & Next Steps

Next Steps

Subcommittee Members will:

1. **Provide additional feedback on today's discussion topics to:** Medicaid.AdvancedMedicalHome@dhhs.nc.gov

NCDHHS will:

1. **Post today's presentation and a summary of today's meeting on the NCDHHS website.**

Appendix

Planned Changes to PCP AA Requirements (1/3)

	Current	Planned Update
Update Algorithm Step 1: Claims History *Ensures assignment prioritizes active relationship with provider*	• PCP AA requirements prioritize historical PCP assignment over Member's Claims history.	• Reversed current steps 1 and 2, and steps 3 and 4 in the algorithm to prioritize claims history over prior assignment

Engagement Assessment and Assignment Refresh
Maintain accuracy of AMH/PCP assignment based on where member seeks care without disrupting appropriate existing assignments
	• Auto assignment algorithm is not re-run without a triggering event (e.g., member changes PHPs, loses/regains eligibility) and does not reflect more recent information on where member seeks care.	• Require PHPs to perform claims analysis on a rolling annual basis to identify members eligible for AMH/PCP reassignment and prospectively reassign members using the assignment algorithm.
		• SPs shall review assignment annually for each member based on the date coverage with the plan was effective to identify members eligible for AMH/PCP assignment refresh.
		• A member is eligible for AMH/PCP refresh if the member has:
		  • not made an active selection to their current AMH/PCP;
		  • not been manually reassigned to an AMH/PCP in the previous year;
		  • no claims with the assigned AMH/PCP in the last 18 months; or
		  • aged out of the assigned PCP's reported age range (e.g., children aged out of pediatric services/practices).
		• Reassignment will not be based solely due to non-utilization if a member's assigned AMH/PCP remains active and the most appropriate

Planned Changes to PCP AA Requirements (2/3)

	Current	Planned Update
Plurality and Recency of Claims *Add guidance for when multiple AMH/PCPs are identified through claims*	• No language in the requirements on directing PHPs on how to select an AMH/PCP when multiple AMH/PCPs are identified based on claims history.	• Add a step in the algorithm to allow PHPs compare AMH/PCPs based on plurality (highest number of visits) and recency (most recent visit) of claims from each potential AMH/PCP to determine the most appropriate AMH/PCP for the member.

Reassignment Without Member Consent
Add guidance for when member consent is not required for AMH/PCP assignment changes
	• Members may change their PCP/AMH twice per year without cause and any time with cause.
	• Plan initiated reassignments occur if a provider exits the network or is terminated.
		• Allow reassignment as part of assignment refresh (see previous slide)
		• Allow reassignment to correct auto-assignment errors
		• Members who have been dismissed from the provider's practice in accordance with documented office policies that apply to all patients should be reassigned to another appropriate in-network AMH/PCP following the PCP AA algorithm.
		  • This was updated to "dismissed members" from "member who violate practice policy" based on stakeholder input.
		• Existing permissible scenarios (e.g., change in AMH/PCP status) would be maintained.
		  • Specific examples are provided based on stakeholder input.

Reassignment Requiring Member Consent *Clarify for plans and providers when member consent is required for reassignment*	• Members may change their PCP/AMH twice per year without cause and any time with cause. • Providers can help Members submit a change to their practice by using the common Standard Plan Change Request Form with documented consent from the member.	• Members who are unengaged, unreachable, relocated within the state, displaced by a natural disaster, or requesting a medical record transfer are not eligible for automatic reassignment to another AMH/PCP. • In these cases, reassignment can occur with member consent, direct member request, or reassignment via the annual reassignment refresh process

Planned Changes to PCP AA Requirements (3/3)

	Current	Planned Update
Overriding closed panel for established patients *Prioritizes continuity of care and strengthen existing member-PCP relationships*	• Providers set and modify set panel size for Medicaid Direct members in NCTracks and through PHP-established process for Managed Care beneficiaries • Established patient dropped from a provider's panel due to gaps in coverage, changing PHPs, or assignment error and member can not be reassigned to their established provider due to closed panel.	• Allow PHP to assign member to an AMH/PCP via the algorithm even if the provider has a closed panel, if that member has an established relationship with the prior assigned AMH/PCP • Confirmed that members assigned to closed panel will not be rejected by NC Fast • Established relationship: member has at least one claim within the previous 18 months with that provider • Provider consent would be required for active member selection of a provider with a closed panel.
Clarify Application of Age/ Gender Panel Limits *Allows for special cases where provider may wish to make exceptions to usual age/gender limits*	• Plans are required to confirm PCP's clinical/ demographic scope aligns with member's age and gender. However, there is no guidance on how age/gender limits should be applied when a member actively selects a PCP (i.e., member choice).	• Provider consent would be required for active member selection of a provider who does not serve age/gender of member.
Accepting Siblings *Implements preference that children be assigned to a provider who is also assigned to another child within the family*	• PCP AA requirements do not explicitly require checking if an in-network provider with a closed panel is accepting siblings.	• Clarify that PHPs may assign members to same provider as siblings if the "accepting siblings" indicator on the Provider Enrollment File is "yes" even if panel is otherwise closed.
Algorithm Flexibility *Plans may request adjustments to the DHB-prescribed algorithm*	• No explicit language on if/how a flexibility may be requested.	• Describes how plans may request changes and flexibilities to the algorithm and requirements.

Based on feedback from health plans regarding operational challenges with implementing PCP Assignment Reason codes and PCP Assignment codes, DHB removed this update from the proposal for now and will revisit it in future discussions.