North Carolina Department of Health and Human Services (DHHS)
Advanced Medical Home Technical Advisory Group (AMH TAG) Data Subcommittee
September 2nd, 2025, 3:30-5:00 pm ET

AMH TAG Attendees:

AMH TAG Data Subcommittee Members	Organization Type
AmeriHealth	Health Plan
Carolina Complete Health	Health Plan
Healthy Blue	Health Plan
United Healthcare	Health Plan
WellCare of North Carolina	Health Plan
Atrium Health Wake Forest Baptist	Provider (CIN)
CHESS Health Solutions	Provider (CIN)
Access East	Provider (CIN)
Mission Health Partners	Provider (CIN)
Children First of NC	Provider (Independent)
Cherokee Indian Hospital Authority	Tribal Option

NC DHHS Staff and Speakers Name	Title
Kristen Dubay	Chief Population Health Officer
Loul Alvarez	Associate Director, Population Health
Judy Lawrence	AMH Sr. Program Manager
Saheedat Olatinwo	AMH Program Manager
Elizabeth Kasper	Care Delivery and Payment Reform Sr Advisor

Agenda

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

PCP Assignment Improvement

Key Takeaways:

- Internal team at DHB is working to implement improvement on assigning members to appropriate PCP.
    - Activities include:

- Changes to PCP auto assignment requirements and algorithm implemented by PHPs (more below)
- Development of additional data sources and key metrics for monthly monitoring of PCP assignment, including rates of age/gender misassignment and reassignment requests
- Improve provider communication about PCP assignment requirements and troubleshooting efforts
  - DHB will release a new fact sheet for providers with information and FAQs on PCP assignment process, this timeline for publication has not been established
- High-level Changes to the PCP Auto-Assignment Requirements:
  - DHB has drafted a series of updates to the PCP AA requirements, based on feedback received from stakeholders, insights from our internal review of recurring issues and help center tickets related to PCP assignments
  - Reordering the algorithm to prioritize the claims history over prior assignment: we hope to match members where they are actually seeking care
  - Refresh assignments annually for eligible members, have plans re-run members through the algorithm each year to ensure the current assignment is still appropriate
  - 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 – this is intended to address cases when a member drops from a provider's panel (for example, loses Medicaid eligibility) and then has difficulty being reassigned to that same provider
  - Additional guidance on application of age/gender panel limits and assigning siblings will be provided
  - Anticipate working with subset of PHPs to model the changes in order to better understand the potential impact and any areas where changes or clarification are needed
- Discussion/Feedback from AMH TAG Data Subcommittee Members
  - What questions should the Department and PHPs seek to answer in their modeling of these changes?
  - Feedback:
    - Identifying members who are leaving an AMH Tier 3 or coming into an AMH Tier 3 from a different entity.
    - Include provider validation of new assignment lists
    - Provider administrative burden reduction should be an explicit goal of the process

- Assess impact of implementing updated algorithm on a rolling annual basis vs a "big bang"

WellCare: Improving the Member PCP Assignment Experience for Providers

- Key Takeaways
  - Identify and validate provider registration expirations in NCTracks to avoid AMH termination and reduce administrative burden
    - Prior to AMH registration expirations, the state will coordinate with providers
  - Future recommendation for State:
    - Provide text messages to Office Admin along with emails
    - Register more than one email for Office Administrator in NCTracks
  - Implication of inadvertent AMH registration expirations
    - Termination of AMHs
    - Reassign members
    - Impacts to claim payments
    - Post re-registration of AMHs, reload AMHs and reassign members
    - Creates a negative experience for members, PHPs, and the state
  - Identify unintended AMH terminations or Registration Expirations in NCTracks
    - WellCare Analytics run weekly automated jobs on the Provider Enrollment File (PEF) data from the State to identify:
      - AMH terminations set to expire in NCTracks within the next 30 days
      - Members that cannot be sent on BA files due to Termination in NCTracks
  - The provider engagement team will follow up with impacted providers to:
    - Verify unintended NCTracks terminations
    - Move the impacted members to the appropriate office
  - Fail-Safe synchronization between Member PCP assignment in NCTracks and WellCare systems
    - Identify Member PCP Assignment Variance
      - Comprehensive comparison of Member PCP Assignment from state and WellCare systems.
      - Establish workgroup sessions with PHPs and DHHS
  - Improving the Experience for Provider Initiated PCP Assignment Changes-WellCare Pilot Project
    - Providers currently complete a PCP transfer form in the provider portal; the new process allows providers to complete a spreadsheet on the website with attestation and email to provider engagement

Discussion/Feedback from AMH TAG Data Subcommittee Members
- None

AmeriHealth Caritas: ACNC SDOH in Risk Stratification Process

- Key Takeaways
  - AmeriHealth Caritas provided a detailed visualization of the risk stratification process categorized as High, Medium, and Low
    - High Risk Strat: PICs score top 1-2 percent OR 5 or more Priority Populations OR InCK SIL level 3
    - Moderate Risk Strat: PICs score top 3-5 percent OR Priority Populations
    - Low Risk Strat: PICs score greater than 5 percent OR 3 or fewer Priority Populations
  - Review SDOH Section: HRA and Z-Codes
    - This graphic provides the Socio-vulnerability claims with HRA and Z-Codes. Each column illustrates members who are vulnerable in housing, food, utilities, transportation, and education
    - Each SDOH profile provides a ranking score 0-5 in the social vulnerability index. The ranking score is weighted to determine to determine members vulnerability

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

  - Key to Success: Ways to Improve the SDOH Risk Stratification
    - Bidirectional exchange with HIE SDOH data fields from HRAs
    - Bidirectional exchange from NCCare360

Discussion/Feedback from AMH TAG Data Subcommittee Members
  - Comment from UNC Health Alliance: One concern is that Z-codes only capture those who have barriers to care
  - HIE includes blank codes and snow-codes members who do not have barriers to care so that we're not consistently asking the same questions

Public Comments

- No Comments

Next Steps

- AMH TAG DSC Members will:
  - Provide any additional feedback on today's discussion, along with any desired agenda topics for the next AMH TAG Data Subcommittee, to: Medicaid.AdvancedMedicalHome@dhhs.nc.gov
- The Department will post a presentation and summary of the meeting on the NCDHHS website and respond to any outstanding member questions as appropriate