

NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES

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

Meeting #47

June 10, 2025

Agenda

- 1 Welcome and Roll Call – 5 mins
- 2 Healthy Opportunities Pilot Update – 15 mins
- 3 2026 AMH Measure Set – 10 mins
- 4 PCP Auto Assignment Updates – 10 mins
- 5 Webinar series: Disaster Preparedness for Members with Chronic Conditions – 5 mins
- 6 Wrap-Up and Next Steps – 5 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/>

Healthy Opportunities Pilot Update

What:

- NCDHHS has notified Healthy Opportunities partners that services must stop by July 1, 2025.
- While new services must stop beginning July 1, our hope is that this will only be a pause, and Healthy Opportunities can resume once additional funds are appropriated.

Why: (and why now)

- NCDHHS has a contractual obligation to our Healthy Opportunities partners and vendors, to notify them a month in advance of their funding allocations.
- With no resources currently available, and the fact that neither NC House nor NC Senate budget proposal included funds to continue the program beyond July 1, it would be fiscally irresponsible for the Department to allow partners to continue authorizing and delivering HOP services and accruing costs without a way of reimbursing these partners for those services.

Next Steps

- **The Department is stopping Healthy Opportunities Pilots administrative payments and service payments to Health Plans.**
- **Health Plans may begin to stop new service authorizations as early as June 4, 2025 (with notification to NC DHHS) and will notify participating care managers, human service organizations, and Network Lead entities. They also are required to post this information on their websites once they stop new authorizations.**
- **Health Plans will directly notify members currently receiving services at least 10 days prior to stopping services, which should not stop before July 1, 2025 unless the Health Plan is expected to exceed their current funding allotment for Healthy Opportunities.**
- **The Department will stop HOP-related payments made for care management to Health Plans and provider entities providing Healthy Opportunities Pilot referrals and management that would have been provided beginning July 2025. This will be applicable to Clinically Integrated Networks, Advanced Medical Home Tier 3, and Tailored Care Management entities involved with Healthy Opportunities Pilots.**
- **Funding to support the Network Leads, or community hubs, managing the service networks will be maintained for three months to support HSO infrastructure, program monitoring and oversight, and communications.**

Next Steps on the Budget

- The NC Senate and NC House have each passed a different version of budget legislation for the upcoming biennium, beginning on July 1st, 2025.
- Neither budget proposal included funding to continue current operations of the Healthy Opportunities Pilots.
- The House and Senate are now set to begin negotiations on a final budget.
- Funding for Healthy Opportunities Pilots could be added during this process.
- Once passed by the General Assembly, the budget legislation will go to Governor Stein's desk for action.

2026 AMH Measure Set

Introduction

The Department has identified a subset of quality measures for Health Plans to use to monitor AMH performance and calculate AMH performance incentive payments, known as the AMH Measure Set.

The AMH measure set is meant to focus specifically on **primary care and care coordination**. 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.

Table1 : Current AMH Measure Set (MY2025)

Count	Measure Name	Steward	Frequency
1	Cervical Cancer Screening (CCS-E)	NCQA	Annually
2	Child and Adolescent Well-Care Visits (WCV)	NCQA	Annually
3	Childhood Immunization Status (Combination 10) (CIS-E)	NCQA	Annually
4	Chlamydia Screening (CHL)	NCQA	Annually
5	Colorectal Cancer Screening (COL-E)	NCQA	Annually
6	Controlling High Blood Pressure (CBP)	NCQA	Annually
7	Glycemic Status Assessment for Patients with Diabetes (GSD)**	NCQA	Annually
8	Immunizations for Adolescents (Combination 2) (IMA-E)	NCQA	Annually
9	Plan All-Cause Readmissions (PCR) [Observed versus expected ratio]	NCQA	Annually
10	Prenatal and Postpartum Care (PPC)	NCQA	Annually
11	Screening for Depression and Follow-Up Plan (CDF)	CMS	Annually
12	Total Cost of Care (TCOC)	Health Partners	Annually
13	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.

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.

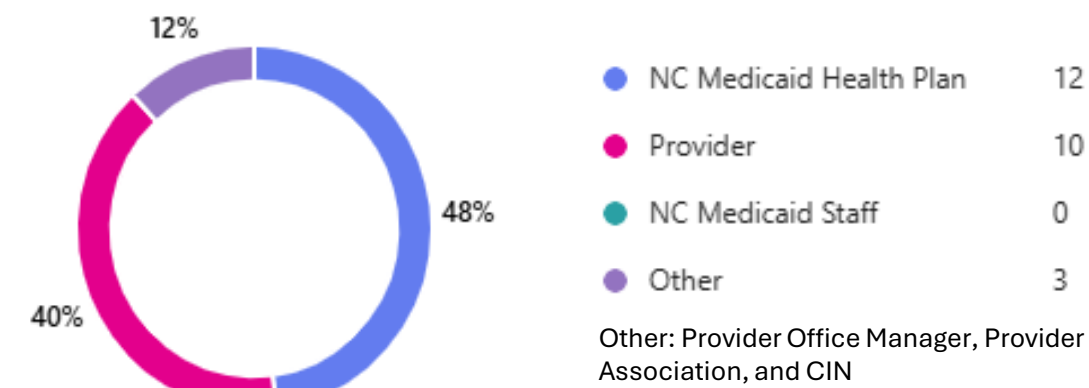
COL added to the AMH set in the 2024 tech specs. As such, the first measurement year in which this measure can be incentivized as an AMH measure is 2025.

AMH Measure Set Feedback Survey

In an effort to tailor the 2026 AMH Measure Set to meet the needs of plans, providers and the Department, we shared a feedback survey for the 2026 AMH Measure Set.

The survey was open from April 23rd-May 23rd, 2025.

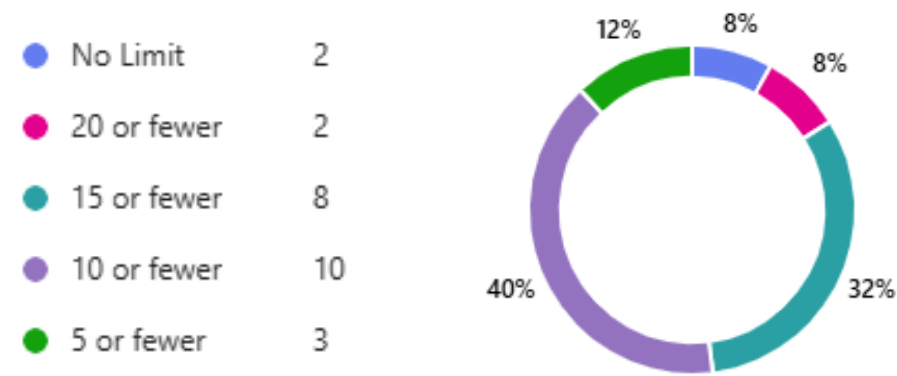
Figure 1: Breakdown of Survey Responses (n=25)



77% of respondents (10/13) said the AMH set current reflects their organization's priorities *moderately or very well*.

Figure 2: Respondents Ideal Number of Measures

How many measures do you feel are reasonable to include in the AMH Measure Set? There are currently 13 measures in the set.



40% of respondents expressed a need for a consolidated AMH Measure Set to prioritize key areas of primary care.

Feedback Survey Data (n=25)

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 MY2026 AMH Measure Set.

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



Measures for Removal from MY2026 AMH Set



The Department has selected three measures to remove for the 2026 AMH Measure Set

Total Cost of Care (TCOC): TCOC is not a measure for which the Department has set a standardized spec, it's not a clinical quality measure, and plans and providers can still enter into VBP arrangements based on shared savings or downside risk regardless of whether a TCOC measure is included in the AMH Measure Set.

Voted to Remove: 5 Health Plans, 3 Providers, and 1 CIN

Plan All-Cause Readmission (PCR): While important for evaluating care transitions, the PCR measure is not designed to evaluate performance at the AMH/individual practice level and does not account for the system-wide shared responsibility in preventing readmissions.

Voted to Remove: 6 Health Plans, 3 Providers, and 1 CIN

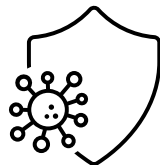
Screening for Depression and Follow-Up Plan (CDF): CDF has significant data accuracy and quality issues, and there is no national data available to set targets.

Voted to Remove: 5 Health Plans, 1 Provider

Department Response to Immunization Measure Feedback

The Department will retain the two immunization measures in the AMH measure set (Combo 10 and Combo 2)

- Improving vaccination rates strengthens public health, reduces disparities, and protects people throughout our communities from preventable illness.
- The Department is focused on adapting quality measure performance targets as appropriate to encourage continued improvement in the context of national trends.
- An alternate methodology was developed to set targets for any measure that has experienced persistent national declines, called “beat the trend.” In this methodology, plan targets are set based on outperforming the national benchmark’s relative change rather than achieving an increase to the rate.

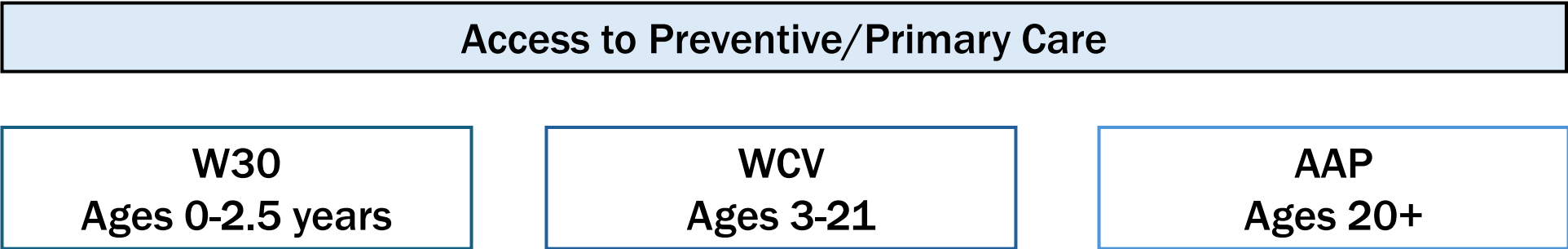


Measures for Addition to MY2026 AMH Set



The Department has selected one measure to add to the 2026 AMH Measure Set

Adult Access to Preventative and Ambulatory Health Services (AAP): AAP is a key measure in assessing delivery of comprehensive care for adult beneficiaries. Adding this measure aligns with the purpose of the AMH Measure Set and is crucial to ensuring members receive preventative services, particularly now as the beneficiary population continues to grow following Expansion.



Summary of Planned AMH Measure Set Changes (MY2026)

Count	Priority Area	Measure Name	Recommendation
1	Women's Health	Cervical Cancer Screening (CCS-E)	Keep
2		Chlamydia Screening (CHL)	Keep
3		Prenatal and Postpartum Care (PPC)	Keep
4	Child & Adolescent Health	Child and Adolescent Well-Care Visits (WCV)	Keep
5		Childhood Immunization Status (Combination 10) (CIS-E)	Keep
6		Immunizations for Adolescents (Combination 2) (IMA-E)	Keep
7		Well-Child Visits in the First 30 Months of Life (W30)	Keep
8	Chronic Health/General Access	Colorectal Cancer Screening (COL-E)	Keep
9		Controlling High Blood Pressure (CBP)	Keep
10		Glycemic Status Assessment for Patients with Diabetes (GSD)**	Keep
11		Adult Access to Preventive and Ambulatory Health Services (AAP)	ADD
12		Plan All-Cause Readmissions (PCR) [Observed versus expected ratio]	Remove
13	Behavioral Health	Screening for Depression and Follow-Up Plan (CDF)	Remove
14	Smarter Spending	Total Cost of Care (TCOC)	Remove

MY2026 AMH Measure Set will be 11 measures – the same size of the set at Managed Care launch in 2021.

Reminder:

These changes will be reflected in a mid-year update to the MY2025 tech specs, expected to be published at the end of June. As such, the first measurement year in which the new measure set will apply is the claims-year running from January 2026 through December 2026.

Thank you!

Please contact Medicaid.Quality@dhhs.nc.gov with any questions!

PCP Assignment Updates

PCP Assignment Requirements Updates

- **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.**
 - This process is referred to as “PCP Auto Assignment” (PCP AA).
- **DHB has drafted several updates to the requirements for auto-assignment implemented by plans**
 - These proposed updates incorporate suggestions and feedback previously received from stakeholders, including AMH TAG, and insights from our internal review of recurring issues and help center tickets related to PCP assignment.
- **DHB will be holding a separate stakeholder meeting to gather feedback on these proposed updates.**
 - A calendar invitation to the workgroup was shared with the AMH TAG email list on 6/6
 - If you did not receive the calendar invitation and would like to participate, please email medicaid.advancedmedicalhome@dhhs.nc.gov.
 - Proposed changes are also being shared with prepaid health plans directly for feedback.

**PCP Assignment Workgroup Meeting (via Teams):
Thursday June 12, 4:30-6 pm**

PCP Change Form Updates

The Standard Plan Administrative Simplification Workgroup previously developed a common PCP Change Form for providers to use to request members be added to a provider's panel, with member consent.

An updated version of this form is now available, allowing for verbal consent from the member when a signature is not practical. Instructions have also been updated for clarity.

Examples of the form are available at:

[AmeriHealth](#)

[Carolina Complete Health](#)

[Healthy Blue](#)

[United](#)

[WellCare](#)

Webinar series: Disaster preparedness for members with chronic conditions

Webinar series: Disaster preparedness for members with chronic conditions

NC AHEC is hosting a new webinar series focused on disaster preparedness for members with chronic conditions. This series will cover topics such as:

- Overview of Disaster Preparedness in North Carolina
- Understanding At-Risk Medicaid Populations
- General Preparedness for High-Risk Members
- Condition-Specific Considerations
- Sheltering in Place vs. Evacuation
- Special Considerations for Populations with Disabilities
- Behavioral Health and Substance Use Disorder Preparedness
- Building Resiliency and Promoting Equity

The first webinar will take place on June 12, 2025, followed by July 15 and August 19.

Register [here!](#)

Questions

Wrap-Up

For Awareness: SFY 2026 Care Management Rate Memo Published

SFY 2026 Memo Release

The Department provides public information annually 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 updated care management rate [memo](#) for SFY 2026 is now available on the AMH [webpage](#) (rates effective 7/1/25).

In the State Fiscal Year 2026 capitation rates, **\$10.86 PMPM** is built in for care management staffing needs in accordance with the Department's requirements and assumed average care management need levels within the Standard Plan populations.

Details on how this rate is calculated are available in the memo.

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 2025 Meetings

Tuesday, July 8th, 2025
4-5PM

Tuesday, August 12th, 2025
4-5PM

Potential Upcoming AMH TAG Topics

- TCM Implementation Survey
- Penetration Rate Best Practices Discussion

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