




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

ROY COOPER • Governor
KODY H. KINSLEY • Secretary
JAY LUDLAM • Deputy Secretary, NC Medicaid

SIGNATURE REQUEST MEMORANDUM

TO: Jay Ludlam ^{DS}
FROM: Ashley Blango, SPA Coordinator
RE: State Plan Amendment

Title XIX, Social Security Act
Transmittal #2024-0031

Purpose

Attached for your review and signature is a Medicaid State Plan Amendment (Carolina ACCESS and Advanced Medical Home (AMH) programs) summarized below, and submitted on August 5, 2024, with a due date of August 9, 2024.

Clearance

This amendment has been reviewed for both accuracy and completeness by:

Ashley Blango, Betty J. Staton, Kathryn Horneffer, Melanie Bush, Lotta Crabtree, Adam Levinson

Background and Summary of Request

It is recommended that you sign this State Plan Amendment submission per Centers for Medicare and Medicaid Services (CMS) protocol as head of the Single State Agency administering the Medicaid program.

This SPA will allow Medicaid to revise the per member per month management fees for Carolina ACCESS/AMH tier 1, 2, and 3 practices with assigned Tailored Care Management-eligible beneficiaries. For primary care providers, the payment will change from \$2.50 for non-Aged, Blind and Disabled/\$5.00 for Aged, Blind and Disabled beneficiaries to \$5.00 for all Tailored Care Management-eligible enrolled beneficiaries, regardless of Age, Blind and Disabled status.

The proposed effective date of the SPA is July 1, 2024.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Ashley Blango at 919-812-6145.

State Plan Under Title XIX of the Social Security
Act Medical Assistance Program
State: North Carolina

Medical Home Fee for Carolina ACCESS and Advanced Medical Home (AMH) Program

This program will be administered under Physician Services and will be provided by Medicaid primary care providers (PCPs) who are enrolled in the Carolina ACCESS/AMH program.

Under Authority of 4.19-B, Section 5 page 1, DHB shall set forth medical home fees to providers enrolled in the Carolina ACCESS/AMH program.

Effective January 1, 2022, all Carolina ACCESS/AMH tier 1, 2, and 3 practices will receive a per member per month (PMPM) payment to support medical home functions for all members of not-partial benefit eligibility groups, who are eligible for all state plan services and assigned to that practice:

Effective July 1, 2024, the Medical Home Rates for this program will be as follows:

- For non-Cherokee Indian Hospital Authority (CIHA) practices:
 - For all non-Aged, Blind, and Disabled enrolled beneficiaries not eligible for Tailored Care Management (North Carolina's Health Home benefit, see SPA, NC-22-0024): \$2.50 PMPM
 - For all Aged, Blind, and Disabled enrolled beneficiaries not eligible for Tailored Care Management: \$5.00 PMPM
 - For all Tailored Care Management-eligible beneficiaries, regardless of Aged, Blind, and Disabled status: \$5.00 PMPM
- For Cherokee Indian Hospital Authority (CIHA) practices: \$61.65 PMPM

TN. No: 24-0031
Supersedes
TN. No: 23-0039

Approval Date:

Effective Date: 07/01/2024