



Advanced Medical Home Provider Manual Updates

May 16, 2024

This document provides a summary of updates in the revised Advanced Medical Home (AMH) Provider Manual, which the Department released on May 16, 2024. The requirements in the updated Provider Manual are effective as of the date of publication.

Key updates and clarifications are described below:

1. Formatting Enhancements:

- Footnotes have been updated for improved clarity and updated resources.
- Tables and figures have been renumbered sequentially throughout the manual.

2. Section II: AMH Practice Requirements

- The direct patient care requirement has been updated to a minimum of 30 office hours per week, with the option for some virtual care delivery.
- A brief overview of Healthy Opportunities Pilot (HOP) was included in the Future Evolution of AMH Practice Requirements.

3. Section III: AMH Payment Model

- Tailored Plan and HOP referral fees have been incorporated into the AMH Payment Model.

4. Section IV: Quality

- The Prenatal and Postpartum care measure has been added to the 2024 Measure Set.
- The timeline for the AMH Performance Incentive has been updated.

5. Section V: Data Exchange between Health Plans and AMH Practices

- AMH Program Data flows have been revised to indicate which reports are NC Integrated Care for Kids (NC InCK) specific.
- In the patient risk list (PRL) section, fields specific to the InCK program have been identified.

6. Section VI: AMH Attestation and Certification

- The historical information regarding the Carolina ACCESS grandfathered participation has been removed.

7. Section VII: Contracting and Oversight

- The language has been updated to specify that, in the event of a compliance action against a Clinically Integrated Networks (CIN)/other partner, the health plan will provide notice to each AMH Tier 3 practice affiliated with that CIN/other partner within 60 calendar days that a corrective action was imposed.

8. Section VIII: Practice Supports and Other Resources

- A new requirement has been added for health plans to engage and support practices through a call center and online provider portal as well as provide training and

education on the Medicaid program and providers' rights within the programs. Health Plans should also meet with clinical leadership at the regional level at least on a quarterly basis to discuss implementation of quality improvement activities that align with the Quality Strategy.

9. Appendix A. Standard Terms and Conditions for Health Plan Contracts with AMH Tier 1 and 2 Practices

- References to Carolina ACCESS have been removed.

10. Appendix D. North Carolina Integrated Care for Kids (InCK) Model for AMH Tier 3 Practices

- Duplicate InCK Data flow information has been removed, as it is covered in Section V on AMH Data flow.

11. Appendix F. Healthy Opportunities Pilot Guidance for AMH Tier 3 Practices

- The HOP "Sections" have been renamed to "parts" to avoid duplicate titles in the manual.
- Additional background information on HOP has been added to the overview.

12. Appendix H. HOP Fee Schedule and Service Definitions

- This appendix has been removed and replaced with Appendix I.

13. Appendix I Healthy Opportunities Pilot Standard Terms and Conditions.

- This appendix has been renamed to Appendix H.

For more information on AMH, please visit the Department's [AMH webpage](#), and direct any comments or questions to Medicaid.AdvancedMedicalHome@dhhs.nc.gov.