March 18, 2022

James Scott, Director
Division of Program Operations
Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2022-0004

Dear Mr. Scott:

Please find attached an amendment for North Carolina’s State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected page is Attachment 4.19-B, Section 5, Page 1b.

This state plan amendment will allow Medicaid to move the authority for the per member per month enhanced management fees for primary care providers participating in the Carolina Access program from the Primary Care Case Management section of the State Plan to the Physician reimbursement section of the Medicaid State Plan.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-538-3215.

Sincerely,

Kody H. Kinsley
Secretary

Enclosures
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 practices will receive a per member per month (PMPM) payment to support care management services for all not-partial benefit eligibility groups who are eligible for all state plan services and assigned to that practice:

Carolina ACCESS/AMH practices must meet all necessary practice requirements as determined by the Department, including:
- Enroll in NC Medicaid
- Sign Carolina ACCESS Agreement with DHB
- Provide primary care services, including certain preventative and ancillary services (ex. Family Medicine, OB/GYN, Psychiatry/Neurology, Internal Medicine, Pediatric)
- Manage patient–clinician relationship
- Offer a minimum of 30 hours/week of direct patient care operational hours
- Provide access to services and medical advice 24 hours/day, 7 days/week
- Refer to other providers for services not covered by PCP Offer interpretation services (at no cost to patient)

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: $2.50 PMPM
  - For all Aged, Blind, and disabled enrolled beneficiaries: $5.00 PMPM
- For Cherokee Indian Hospital Authority (CIHA) practices: $61.65 PMPM