

Protocol for Changing Advanced Medical Home Tier Status

Overview

The Advanced Medical Home (AMH) program is intended to provide an opportunity for practices to assume primary responsibility for care management in exchange for additional reimbursement from Prepaid Health Plans (PHPs). Under the model, AMHs certified by the Department as “Tier 3” take on certain care management functions from PHPs and deliver them at the practice level.¹ Practices that wish to participate in the AMH program but are not ready to take on all functions associated with AMH Tier 3 may either partner with a clinically integrated network (CIN)/other partner to deliver select or all Tier 3 functions or participate as an AMH Tier 2.¹ Under AMH Tier 2, PHPs assume primary responsibility for care management, while practices assume levels of care management responsibility comparable to the current Carolina ACCESS program. PHPs are required to contract with all AMH Tier 3 practices.²

To participate as a Tier 3 practice by the time managed care launches on Feb. 1, 2020, practices need to be contracted with PHPs by mid-November and be ready to perform all Tier 3 functions by Feb. 1, 2020. See [here](#) for additional information on managed care dates and key deadlines.

If a practice certified for AMH Tier 3 determines that it requires additional time to meet the Tier 3 requirements prior to managed care launch, it may change its certification status with the Department to Tier 2 without penalty. **The Department encourages practices who will not be ready to assume Tier 3 responsibilities prior to Feb. 1, 2020, either alone or in partnership with a CIN/other partner, to change their Tier status to AMH Tier 2 as soon as possible to ensure that contracting will be complete by mid-November.** If a practice successfully undergoes this process, that practice will no longer count in the denominator of AMH Tier 3 practices for which PHPs are accountable for contracting in each PHP region. **However, changes to a practice’s AMH Tier status will not impact providers’ standing as Medicaid enrolled providers, nor will it impact their ability to see patients or have patients attributed to them in auto-assignment.** Tier status does not affect the ability to be paid Medical Home Fees (\$2.50 or \$5 PMPM payments); rather, it will impact the practice’s ability to receive negotiated AMH Tier 3 Care Management Fees and, potentially, Performance Incentive Payments in addition to those Medical Home Fees. NC Medicaid will notify PHPs of any changes to a provider’s Tier status on the Medicaid Credentialed Provider File, but practices should ensure that PHPs are aware of their Tier status as they engage in contracting discussions.

Practices should note that after go-live, the PHP contract permits PHPs to downgrade the Tier status of an AMH (for the purposes of its own PHP network) in the event that the AMH underperforms against the Tier 3 AMH requirements.³ To avoid this occurrence, practices who believe they will be unable to meet all Tier 3 requirements at go-live are encouraged to complete the process below. Practices that have chosen to downgrade to Tier 2 and subsequently gain/acquire necessary Tier 3 capabilities may

¹ Providers may not downgrade to Tier 1. Tier 1 is open only to practices that were grandfathered in via their participation as Carolina ACCESS I providers.

² For additional information on the AMH program, see [here](#). See [here](#) for the PHP Contract; see Section VII.M.2 for the Advanced Medical Home Program Policy.

³ The PHP must send a notice of underperformance to the AMH practice before downgrading the practice, copying the Department. See [here](#) for the PHP Contract; see Section V.d (p. 185) for the Advanced Medical Home Oversight provision.

re-attest to Tier 3 at any time through the AMH Tier Attestation Tool available on the NCTracks Secure Provider Portal (see [here](#) for instructions on how to do this). Once a practice has re-attested to Tier 3, PHPs will again be required to contract with them at a Tier 3 level in the same way as other Tier 3 providers.

Protocol for Practices to Make a Tier Change

The NCTracks AMH Tier Attestation Tool currently does not permit providers to lower their Tier status themselves through the online provider portal. Therefore, providers who wish to change their Tier status must submit a letter to the Department on practice letterhead containing the following:

- a. A request to change the AMH Tier from Tier 3 to Tier 2;
- b. The Organization Name (DBA, Service Location Name may be included) per the NCTracks provider record
- c. The NPI and Service Location address of practice
- d. The signature of the NCTracks assigned Office Administrator (OA)
- e. The contact information of OA, to include at minimum:
 - i. Printed Name
 - ii. Phone Number
 - iii. Email

AMH program providers may request a change in Tier status for multiple service locations in a single letter if the Office Administrator is the same for each. To do this, the practice should separately list out each provider/organization name, NPI, and service location (and have the letter signed by the common Office Administrator).

The Department certified AMH tier level cannot be lower than the PHP contracted tier level. Requests to lower the AMH tier level below the PHP contracted tier level will be denied.

The preferred method of submission is via email to: Medicaid.StateAMHchangerequest@dhhs.nc.gov. If a provider is unable to submit the request by email, they may instead choose one of the following options:

- Fax their request to Provider Services at 919-715-0672, or
- Mail the request to the Division of Health Benefits, Provider Services Section, 2501 Mail Service Center, Raleigh, NC 27699-1950

Providers will receive a notification of the disposition of their request via email to the Office Administrator's email address on record in the NCTracks portal.

NC Medicaid Provider Services, (919) 527-7200
