

## **Table of Contents**

**State/Territory Name: North Carolina**

**State Plan Amendment (SPA) #: 22-0004**

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

**DEPARTMENT OF HEALTH & HUMAN SERVICES**  
Centers for Medicare & Medicaid Services  
601 E. 12th St., Room 355  
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

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March 9, 2023

Jay Ludlam  
Deputy Secretary of N.C. Medicaid  
Division of Health Benefits  
1950 Mail Service Center  
Raleigh, NC 27699

Re: North Carolina State Plan Amendment (SPA) NC-22-0004

Dear Deputy Secretary Ludlam:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) NC-22-0004. 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.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act. This letter informs you that North Carolina's Medicaid SPA NC-22-0004 was approved on March 8, 2023, with an effective date of January 1, 2022. Enclosed are copies of the approved CMS-179 summary form and approved SPA pages to be incorporated into the North Carolina State Plan.

If you have any questions, please contact Robert Townes at (215) 861-4716 or via email at [Robert.Townes@cms.hhs.gov](mailto:Robert.Townes@cms.hhs.gov)

Sincerely,



James G. Scott, Director  
Division of Program Operations

Enclosures

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL  
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER

2 2 — 0 0 0 4

2. STATE

NC

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL

SECURITY ACT  XIX  XXI

TO: CENTER DIRECTOR  
CENTERS FOR MEDICAID & CHIP SERVICES  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE

January 1, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §447.201

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 22 \$ 0  
b. FFY 23 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Section 5, Page 1b

Attachment 3.1-A Section 25, Page 1

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

Attachment 4.19-B, Section 5, Page 1b

Attachment 3.1-A Section 25, Page 1

9. SUBJECT OF AMENDMENT

Medical Home Fee for Carolina ACCESS and Advanced Medical Home

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED: Secretary

DocuSigned by:  
12. TYPED NAME OF STATE AGENCY OFFICIAL

12. TYPED NAME  
Kody H. Kinsley

13. TITLE  
Secretary

14. DATE SUBMITTED  
March 29, 2022

15. RETURN TO

Office of the Secretary  
Department of Health and Human Services  
2001 Mail Service Center  
Raleigh, NC 27699-20014

**FOR CMS USE ONLY**

16. DATE RECEIVED  
March 29, 2022

17. DATE APPROVED  
March 9, 2023

**PLAN APPROVED - ONE COPY ATTACHED**

18. EFFECTIVE DATE OF APPROVED MATERIAL  
January 1, 2022

19. SIGNATURE

20. TYPED NAME OF APPROVING OFFICIAL  
James G. Scott

21. TITLE OF APPROVING OFFICIAL  
Director, Division of Program Operations

22. REMARKS

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

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

Carolina Access and AMH medical home fees are payable to the following providers:

- Physician
- Physician group practice
- Advance Practice Midwife
- Nurse Practitioner
- Physician Assistant

Providers must meet all state licensure and certification requirements for their area of practice including licensed physicians, nurse practitioners, advance practice midwife and physician assistants.

Carolina ACCESS and AMH practices must meet the following requirements

- Enroll in NC Medicaid
- Sign Primary Care Provider 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 Fee for Carolina ACCESS and Advanced Medical Home (AMH) Program provides reimbursement for primary care coordination that primary care providers provide to beneficiaries outside of traditional PCP services. Providers are locating, coordinating, and monitoring primary care services for beneficiaries. This service will be monitored to observe impact on beneficiaries' engagement with primary care at 6-, 12- and 18-month intervals.

Through peer reviewed articles, Medical Homes have been shown to improve care for HIV patients with diabetes, chronic pulmonary disease, asthma, congestive heart failure, or behavioral disorders at lower costs and reduce specialist visits and improve care delivery and population health management.

Assurances

The following beneficiary protections in §1905(t) apply to this program as applicable:

- Services are provided according to the provisions of 1905(t) of the Social Security Act (the Act);
- §1905(t)(3)(A), which requires primary care case managers to maintain reasonable hours of operation and 24-hour availability of referral and treatment;
- §1905(t)(3)(B), which restricts enrollment to nearby providers, does not apply to this program because there is no enrollment of new Medicaid beneficiaries as part of this program;
- §1905(t)(3)(C), which requires primary care case managers to ensure the availability of a sufficient number of health care professionals to provide high quality care in a prompt manner;
- §1905(t)(3)(D), which prohibits discrimination on the basis of health status in enrollment and disenrollment;
- §1903(d)(1) provides for protections against fraud and abuse;
- Any marketing and/or other activities will not result in selective recruitment and enrollment of individuals with more favorable health status, pursuant to Section 1905(t)(3)(D) of the Act, prohibiting discrimination based on health status, marketing activities included; and
- The state will notify Medicaid beneficiaries of the Carolina Access and AMH program. The notification will include a description of the attribution process, calculation of payments, how personal information will be used and of payment incentives, and will be made publicly available.

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

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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 and 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 and AMH program.

Effective January 1, 2022, all Carolina ACCESS and 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:

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

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TN. No. 22-0004  
Supersedes  
TN. No. 18-0012

Approval Date: 3/9/2023

Effective Date: 1/1/2022