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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: NC 22-0037

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group

March 15, 2023

Dave Richard
Office of the Deputy Secretary
Department of Health and Human Services
2501 Mail Service Center
Raleigh, NC 27699-20014

RE: NC 22-0037

Dear Deputy Secretary Richard:

We have reviewed the proposed North Carolina State Plan Amendment (SPA) 22-0037 which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 28, 2022. This SPA modifies the per member per month rate for medical home payments, specifically for primary care providers with assigned Tailored Care Management eligible beneficiaries.

Based upon the information provided by the State, we have approved the amendment with an effective date of December 8, 2022. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

If you have any additional questions or need further assistance, please contact Ysabel Gavino at maria.gavino@cms.hhs.gov.

Sincerely,

A black rectangular box redacting the signature of Todd McMillion.

Todd McMillion
Director
Division of Reimbursement Review

Enclosures

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

1. TRANSMITTAL NUMBER

2 2 — 0 0 3 7

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

December 08, 2022

5. FEDERAL STATUTE/REGULATION CITATION

42 CFR §447.201.

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)

a. FFY 23 \$ 13,775,916

b. FFY 24 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment 4.19-B, Section 5, Page 1b

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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION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

Attachment 4.19-B, Section 5, Page 1b

9. SUBJECT OF AMENDMENT

Enhanced 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

11. DocuSigned by: [Redacted] STATE AGENCY OFFICIAL

12. TYPED NAME

Dave Richard

13. TITLE

Deputy Secretary

14. DATE SUBMITTED

12/15/22 | 11:35 AM PST

15. RETURN TO

Office of the Deputy Secretary
Department of Health and Human Services
2501 Mail Service Center
Raleigh, NC 27699-20014

FOR CMS USE ONLY

16. DATE RECEIVED

December 28, 2022

17. DATE APPROVED

March 15, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL

December 08, 2022

19. SIGNATURE OF APPROVING OFFICIAL

[Redacted Signature]

20. TYPED NAME OF APPROVING OFFICIAL

Todd McMillion

21. TITLE OF APPROVING OFFICIAL

Director, Division of Reimbursement Review

22. REMARKS

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 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

Effective December 8, 2022, all Carolina ACCESS/AMH tier 1, 2, and 3 practices will receive a per member per month (PMPM) payment to support care management services for all Tailored Care Management eligible, 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 not eligible for Tailored Care Management: \$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 enrolled beneficiaries, regardless of Age, Blind, and Disabled (ABD) status: \$20.00 PMPM
- For Cherokee Indian Hospital Authority (CIHA) practices: \$61.65 PMPM