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State/Territory Name: NORTH CAROLINA

State Plan Amendment (SPA) #: NC-23-0039

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

April 9, 2024

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

RE: North Carolina State Plan Amendment (SPA) Transmittal Number SPA # NC-23-0039

Dear Deputy Secretary Jay Ludlam,

We have reviewed the proposed North Carolina State Plan Amendment (SPA) to Attachment 4.19-B, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on December 5, 2023. This plan amendment updates the Enhanced Medical Home Payments. This State Plan Change will reduce medical home payments for primary care providers with beneficiaries eligible for Tailored Care Management (TCM) to align with medical payment for non-TCM eligible members.

Based upon the information provided by the State, we have approved the amendment with an effective date of October 1, 2023. 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,



Todd McMillion
Director
Division of Reimbursement Review

Enclosures

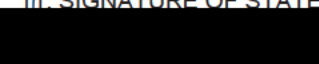
TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 3 9</u>	2. STATE <u>NC</u>
	3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE October 01, 2023	
5. FEDERAL STATUTE/REGULATION CITATION 42 C.F.R. §438.208, 1905(t)	6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>24</u> \$ <u>28,141,023</u> - <u>28,141,023</u> b. FFY <u>25</u> \$ <u>29,232,235</u> - <u>29,232,235</u>	
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 Payments

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

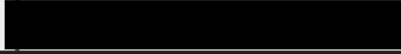
OTHER, AS SPECIFIED: Secretary

11. SIGNATURE OF STATE AGENCY OFFICIAL 	15. RETURN TO Office of the Deputy Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014
12. TYPED NAME Jay Ludlam	
13. TITLE Deputy Secretary	
14. DATE SUBMITTED 11/20/23 12:10 PM EST	

FOR CMS USE ONLY

16. DATE RECEIVED December 5, 2023	17. DATE APPROVED April 9, 2024
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL October 1, 2023	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL Todd McMillion	21. TITLE OF APPROVING OFFICIAL Director, Division of Reimbursement Review

22. REMARKS
Federal Budget Impact amounts in Box 6 represent a savings
The State authorizes CMS the following pen and ink changes:
Box # 5: to add 1905(t)
Box # 6: Federal Budget Impact should be negative

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:

Effective October 1, 2023, 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