

# NC DHHS Advanced Medical Home Program

## What is the AMH Program

The Advanced Medical Home Program (AMH) will replace Carolina ACCESS as the primary care management vehicle for NC Medicaid in the new era of Medicaid Managed Care. However, Carolina ACCESS (CA) will remain operational for certain beneficiaries that are fee-for-service only.

ATTESTATION PERIOD:

Oct. 1, 2018 –  
Jan. 31, 2019

## Eligibility Requirements

- Enrolled in Medicaid
- Enrolled in Carolina ACCESS
- A provider of primary care services, including certain preventative and ancillary services (ex. Family Medicine, OB/GYN, Psychiatry/Neurology, Internal Medicine, Pediatric)

## AMH Program Structure

The AMH Program has a tiered design that allows for practitioners to easily transition from the current Carolina ACCESS model to the new AMH model. The tiered design also provides flexibility to those practices/CINs that want to provide their own care management

## Tier Requirements

### AMH Tier 1\* and 2 Requirements:

- Provide primary care services
- 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)

*\*Tier 1 is open only to current Carolina ACCESS I participants and will sunset two years after the launch of Medicaid Managed Care*

### AMH Tier 3 Requirements:

- Meet all AMH Tier 2 requirements
- Perform risk stratification of panel population
- Provide care management to high-needs patients
- Create care plan for all care management patients
- Provide transitional and medication management for all enrolled patients who have an ED visit or hospital ADT event
- Demonstrate access to reliable ADT data feed for enrolled patients
- Receive claims data (directly or via CIN/partners) and meet the State's security standards for storage and use

## Payment Structure

Tier 1 Medical Home Fee = \$1.00 PMPM for all enrolled beneficiaries

*\*PHP not required to pay performance incentive*

Tier 2 Medical Home Fees = \$2.50 PMPM for Non-ABD beneficiaries

= \$5.00 PMPM for ABD beneficiaries

*\*PHP not required to pay performance incentive*

Tier 3 Medical Home Fees = \$2.50 PMPM for Non-ABD beneficiaries

= \$5.00 PMPM for ABD beneficiaries

Tier 3 Care Management Fee = Negotiated with PHPs

*\*PHP required to pay performance incentive if practice meets performance threshold on standard AMH measures, which may include total cost of care*

# AMH Tier 3 Overview

## The Highlights

- AMH Tier 3 certification allows for practices, either independently or through a CIN/other partner, to deliver care management directly to their enrolled panel
- There is only one care management platform across all PHP contracts
- AMH Tier 3 practices will receive a Care Management fee, in addition to the Medical Home Fee
- AMH Tier 3 practices have the potential to receive a performance payment

## Tier 3 Attestation

- Attestation requirements are similar to NCQA Level 3 PCMH (*However, being a PCMH Level 3 practice does not automatically qualify the practice for AMH Tier 3*)
- Requirements for AMH Tier 2 must be met, as well as the additional requirements listed out for AMH Tier 3 (*specified on the front*)
- Practices must prove to the PHPs, as part of the initial contracting process and prior to managed care Go-Live, that they are capable of meeting and maintaining all of the care management requirements
- **Attestation begins October 1, 2018 thru January 31, 2019**

## Tier 3 Payment Details

- AMH Tier 3 practices are paid the same Medical Home Fee (PMPM) as AMH Tier 2
- In addition to the Medical Home Fee, AMH Tier 3 practices are paid a Care Management fee
  - This fee is negotiated between the practice and each PHP
  - There is not a set minimum
- PHPs will also pay for performance, if a practice meets the cost of care, quality, and patient experience measure benchmarks (*not specified yet*)
  - There is NO penalty to the practice if they do not meet this measures
  - More information will be forthcoming from the State soon

## The Role of the PHP

- Medical Home Fees, Care Management fees, and additional payments are provided by the PHP(s)
- PHPs must contract with a minimum of 80% of the AMH Tier 3 practices in their service area
- PHPs are responsible for the supervision of the practice's performance per their tier status requirements, as reflected in the contracts
  - After the launch of Medicaid Managed Care, the State may review more collaborative approaches to monitor the AMH Tier 3 practices for better alignment among the different PHPs and the practice
- PHPs have a limited ability to change the tier status of a practice and stop care management payments, if the PHP determines the practice is unable to perform AMH Tier 3 responsibilities.
  - This does not affect the AMH Tier certification status with the State or other PHPs, nor would it affect other practices that are a part of the same CIN

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\*For more detailed information, please visit NC DHHS AMH webpage\*  
<https://medicaid.ncdhhs.gov/advanced-medical-home>