



NC DEPARTMENT OF  
**HEALTH AND  
HUMAN SERVICES**  
Division of Health Benefits

**ROY COOPER** • Governor  
**KODY H. KINSLEY** • Secretary  
**JAY LUDLAM** • Deputy Secretary, NC Medicaid

October 02, 2023

Dear County DSS Director:

The Department of Health and Human Services, Division of Health Benefits (DHB) hereby provides notice of its intent to revise the per member per month management fees for Carolina ACCESS/AMH tier 1, 2, and 3 practices with assigned Tailored Care Management-eligible beneficiaries. For primary care providers with assigned Tailored Care Management eligible beneficiaries, the payments will revert to \$2.50 for non-Aged, Blind and Disabled/\$5.00 for Aged, Blind and Disabled beneficiaries and no longer provide the \$20 payment regardless of Age, Blind and Disabled status.

Please post this notice in your facility so that interested parties may be made aware of this proposed change and may comment as necessary. The posting can be removed after ninety days from the date of this letter.

Sincerely,

*Betty J Staton*

Betty J Staton  
State Plan and Amendments Manager

Attachment: Public Notice SPA 23-0039 (**Enhanced Medical Home Payments**)

**NC MEDICAID**

**NC DEPARTMENT OF HEALTH AND HUMAN SERVICES • DIVISION OF HEALTH BENEFITS**

LOCATION: 1985 Umstead Drive, Kirby Building, Raleigh, NC  
27603 MAILING ADDRESS: 2501 Mail Service Center, Raleigh, NC  
27699-2001 [www.ncdhhs.gov](http://www.ncdhhs.gov) • TEL: 919-855-4100 • FAX: 919-  
733-6608

AN EQUAL OPPORTUNITY / AFFIRMATIVE ACTION EMPLOYER

**PUBLIC NOTICE**  
**(SPA 23-0039)**  
**Enhanced Medical Home Payments**

The Department of Health and Human Services, Division of Health Benefits hereby provides notice of its intent to revise the per member per month management fees for Carolina ACCESS/AMH tier 1, 2, and 3 practices with assigned Tailored Care Management-eligible beneficiaries. For primary care providers with assigned Tailored Care Management eligible beneficiaries, the payments will revert to \$2.50 for non-Aged, Blind and Disabled/\$5.00 for Aged, Blind and Disabled beneficiaries and no longer provide the \$20 payment regardless of Age, Blind and Disabled status.

This amendment will become effective October 1, 2023.

The annual estimated state fiscal impact of this change is

a. SFY 2024	(\$ 9,026,760)
b. SFY 2025	(\$11,755,060)

A copy of the proposed public notice may be viewed at the County Department of Social Services. Questions, comments and requests for copies of the proposed State Plan amendment should be directed to the Division of Health Benefits at the address listed below:

Jay Ludlam  
Deputy Secretary for NC Medicaid  
Division of Health Benefits  
2501 Mail Service Center  
Raleigh, NC 27699-2501  
[medicaidrulescomments@dhhs.nc.gov](mailto:medicaidrulescomments@dhhs.nc.gov)

Posted on the Division of Health Benefits Website: September 29, 2023  
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>