

**ATTACHMENT C: ADVANCED MEDICAL HOME PROGRAM POLICY FOR
MEDICAID AND NC HEALTH CHOICE MEMBERS**

1. BACKGROUND.

- A. The Advanced Medical Home (AMH) program refers to an initiative under which a Standard Plan or BH I/DD Tailored Plan must pay Medical Home Fees to all participating primary care practices that act as PCPs. In the context of BH I/DD Tailored Plans, only AMH practices certified as AMH+ practices will play the lead role in providing Tailored Care Management.
- B. An AMH “practice” will be defined by an NPI and service location.
- i. Standard Terms and Conditions for BH I/DD Tailored Plan Contracts with All Advanced Medical Home Providers**
- a) Accept members and be listed as a PCP in the BH I/DD Tailored Plan’s member-facing materials for the purpose of providing care to members and managing their healthcare needs.
 - b) Provide primary care and patient care coordination services to each member, in accordance with BH I/DD Tailored Plan policies.
 - c) Provide or arrange for primary care coverage for services, consultation or referral, and treatment for emergency medical conditions, twenty-four (24) hours per day, seven (7) days per week. Automatic referral to the hospital emergency department for services does not satisfy this requirement.
 - d) Provide direct patient care a minimum of thirty (30) office hours per week.
 - e) Provide preventive services, in accordance with Section VII. Attachment M.2. Table 1: Required Preventive Services.
 - f) Maintain a unified patient medical record for each member following the BH I/DD Tailored Plan’s medical record documentation guidelines.
 - g) Promptly arrange referrals for medically necessary healthcare services that are not provided directly and document referrals for specialty care in the medical record.
 - h) Transfer the member’s medical record to the receiving provider upon the change of PCP at the request of the new PCP or BH I/DD Tailored Plan (if applicable) and as authorized by the member within thirty (30) days of the date of the request, free of charge.
 - i) Authorize care for the member or provide care for the member based on the standards of appointment availability as defined by the BH I/DD Tailored Plan’s network adequacy standards.
 - j) Refer for a second opinion as requested by the member, based on Department guidelines and BH I/DD Tailored Plan standards.
 - k) Review and use member utilization and cost reports provided by the BH I/DD Tailored Plan for the purpose of AMH-level UM and advise the BH I/DD Tailored Plan of errors, omissions or discrepancies if they are discovered.
 - l) Review and use the monthly enrollment report provided by the BH I/DD Tailored Plan for the purpose of participating in BH I/DD Tailored Plan or practice-based population health or care management activities.

Section VII. Attachment M.2. Table 1: Required Preventive Services

		Required for providers who serve the following age ranges (the age ranges are not displayed to the provider on this screen; the age ranges will be used in PEGA workflow for approval and verification purposes)											
Reference Number	AMH Preventative Health Requirements	0 to 3	0 to 6	0 to 11	0 to 18	0 to 21	0 to 121	3 to 17	7 to 120	11 to 18	11 to 121	18 to 121	21 to 121
1	Adult Preventative and Ancillary Health Assessment						X		X		X	X	X
2	Blood Lead Level Screening	X	X	X	X	X	X						
3	Cervical Cancer Screening (applicable to females only)						X		X		X	X	X
4	Diphtheria, Tetanus, Pertussis Vaccine (DTaP)	X	X	X	X	X	X	X					
5	Haemophilus Influenza Type B Vaccine Hib	X	X	X	X	X	X	X					
6	Health Check Screening Assessment	X	X	X	X	X	X	X	X	X	X	X	
7	Hearing		X	X	X	X	X	X	X	X	X		
8&9	Hemoglobin or Hematocrit	X	X	X	X	X	X	X	X	X	X	X	X
10	Hepatitis B Vaccine	X	X	X	X	X	X	X					
11	Inactivated Polio Vaccine (IPV)	X	X	X	X	X	X	X					
12	Influenza Vaccine	X	X	X	X	X	X	X	X	X	X	X	X
13	Measles, Mumps, Rubella Vaccine (MMR)	X	X	X	X	X	X	X					
14	Pneumococcal Vaccine	X	X	X	X	X	X	X	X		X	X	X
15	Standardized Written	X	X	X	X	X	X	X					
16	Tetanus			X	X	X	X	X	X	X	X	X	X
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17	Tuberculin Testing (PPD Intradermal Injection/Mantoux Method)	X	X	X	X	X	X	X	X	X	X	X	X
18	Urinalysis								X		X	X	X
19	Varicella Vaccine	X	X	X	X	X	X	X					
20	Vision Assessment		X	X	X	X	X	X	X	X	X	X	

Contractor: Legally Authorized Representative