

Amendment Number 16 (17)
Contract #30-2022-007-DHB-#
Medicaid Direct Prepaid Inpatient Health Plan Contract

This Amendment (“Amendment”) to Contract #30-2022-007-DHB-# (“Contract”), as subsequently amended, is between the North Carolina Department of Health and Human Services, Division of Health Benefits (“Division”), and **PIHP Name** (“Contractor” or “PIHP”), each, a Party and collectively, the Parties.

Purpose:

The purpose of this Amendment is to incorporate a State directed uniform dollar increase payment to Intermediate Care Facilities (“ICFs”) and to revise and restate the Medicaid Payment Amounts for State Fiscal Year 2026 by amending the following sections of the Contract:

- I. Section IV. Scope of Services.
- II. Section VI. Contract Attachments, Second Revised and Restated Attachment P. Medicaid Payment Amounts.

The Parties agree as follows:

I. Modifications to Section IV. Scope of Services

Section IV. H. Providers, 4. Provider Payments, o. ICF/IDD Provider Payments is revised and restated to add the following:

- ii. Effective July 1, 2025, the PIHP shall increase reimbursement rates paid to ICFs appearing on the Department’s ICF-IID fee schedule posted to the Department’s Fee Schedule and Covered Codes website by a uniform dollar amount prescribed by the Department for services furnished by the ICF under procedure code T2016 and/or (*This language struck for Alliance Only and to be updated for other Plans in future Amendment: ~~the ICF under procedure code T2016 and/or~~*) revenue codes in the rate book on or after July 1, 2025 and during the rating period of July 1, 2025 through June 30, 2026. The PIHP shall apply the uniform dollar increase to ICF provider reimbursement rates consistent with the timeline requirements of *Section IV.J.1.d.iv.4*). For any claims that the PIHP is required to reprocess to comply with this Section, the PIHP shall reprocess the claims and pay, as applicable, any interest consistent with the requirements of *Section IV.J.1.d.iv*.
 1. The PIHP shall apply the uniform dollar increase amount of thirty-four dollars and twenty-nine cents (\$34.29) per diem, consistent with the increase included in the Department’s ICF-IID fee schedule posted to the Department’s Fee Schedule and Covered Code website effective July 1, 2025.
 2. The PIHP shall have the ability to prospectively or retroactively apply reimbursement increases or decreases and recoup overpayments made to ICFs for date of service specified by the Department to account for change to provider eligibility for the uniform dollar increase.

II. Modifications to Section VI. Contract Attachments

Section VI. Second Revised and Restated Attachment P: Medicaid Payment Amounts is revised and restated in its entirety as Section VI. Third Revised and Restated Attachment P: Medicaid Payment Amounts and attached to this amendment.

III. Effective Date

This Amendment is effective July 1, 2025, unless otherwise explicitly stated herein, subject to approval by CMS.

IV. Other Requirements

Unless expressly amended herein, all other terms and conditions of the Contract, as previously amended, shall remain in full force and effect.

Execution:

By signing below, the Parties execute this Amendment in their official capacities and agree to the amended terms and conditions outlined herein as of the Effective Date.

Department of Health and Human Services, Division of Health Benefits

Jay Ludlam, Deputy Secretary
NC Medicaid

Date: _____

PIHP Name

CEO

Date: _____

Section VI. Third Revised and Restated Attachment P. Medicaid Payment Amounts

This *Third Revised and Restated Attachment P: Medicaid Payment Amounts* provides the Medicaid Direct Prepaid Inpatient Health Plan Medicaid Capitation Rates for the period of July 1, 2025 – June 30, 2026.