AMENDMENT NUMBER 10

CONTRACT #30-2024-001-DHB
CHILDREN AND FAMILIES SPECIALITY PLAN

BETWEEN

THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF HEALTH BENEFITS

AND

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

THIS Amendment to Contract #30-2024-001-DHB (Contract), which was made effective August 15, 2024, as subsequently amended, is between the North Carolina Department of Health and Human Services, Division of Health Benefits ("Department"), and Blue Cross and Blue Shield of North Carolina ("Contractor"). Department and Contractor may be individually referred to as "Party" and collectively as the "Parties."

Background

The Children and Families Specialty Plan (CFSP) is an integrated Medicaid Managed Care plan that covers services specified to address a spectrum of Member needs, including those related to physical health, behavioral health, I/DD, LTSS, and pharmacy services and unmet health-related resource needs. Intended to meet the unique health care needs of children, youth and families currently and formerly served by the child welfare system, the CFSP operates statewide, enabling Members to access a broad range of physical health and behavioral health services and maintain treatment plans when their geographic locations change.

The purpose of this Amendment is to incorporate requirements related to Public Law No. 119-21 (H.R. 1) in the following Sections of the Contract as follows:

1. Modify requirements in *Section V. Scope of Services*.
2. Modify *Section VII. Attachments* as specified herein.

The Parties agree as follows:

1. Modifications to *Section V. Scope of Services*

a. *Section V.B. Members 4. Member Engagement* is revised to add the following:

t. Engagement with Terminated or Reduced Benefits Beneficiaries

i. Effective January 1, 2027, prior to the effective date of a Member's reduced or terminated Medicaid eligibility, the CFSP shall utilize existing Member engagement, education, and outreach channels to contact Members appearing on the daily *8110 Pending Termination Reduction Report* provided by the Department.

1) The daily *8110 Pending Termination Reduction Report*, provided by the Department to the CFSP, will identify Members to whom DSS has sent the *DSS-8110 Notice of Modification, Termination, or Continuation of Public Assistance*.

2) Within five (5) Business Days of the Member appearing on the *8110 Pending Termination Reduction Report*, the CFSP shall conduct at least one (1) outreach required under this

Section to the Member prior to the effective date of the Member's reduced or terminated Medicaid eligibility. The CFSP may conduct the outreach to the Member appearing on the *daily 8110 Pending Termination Reduction Report* through regular mail, telephone, text message, or email.

ii. The CFSP is encouraged to conduct outreach to Members enrolled with the CFSP after the effective date of the Member's reduced or terminated eligibility as documented on the monthly *Detailed Termination Reduction Report*.

1) The CFSP may conduct outreach following the effective date of the Member's reduced or terminated Medicaid eligibility through regular mail, telephone, text message, or email.
2) The CFSP may conduct outreach to an individual enrolled with the CFSP as of the effective date of terminated Medicaid eligibility for transition of care purposes and/or if the termination reason on the *Detailed Termination Reduction Report* is categorical, in which case the CFSP may contact the individual within a reasonable time following the termination effective date for Federally Facilitated Marketplace (FFM) marketing purposes.

iii. The CFSP shall develop outreach materials to be submitted to the Department for review and approval and shall provide approved outreach materials to Members to remind Members to update their contact information, provide new information to their county DSS and to respond to inquiries from their local DSS regarding recertification. The Department shall review materials and provide approval or request edits within fifteen (15) Business Days of receipt.

2. Modifications to Section VII. Attachments: Specific Contract Attachments are modified as follows:

a. ***Section VII. Attachments* is revised to add *Section VII. Attachment T: Member Engagement During Implementation of Pub. L. 119-21 ("H.R. 1")* and is attached to this Amendment.**

3. <u>Effective Date:</u> This Amendment is effective August 14, 2026, unless otherwise explicitly stated herein, subject to approval by CMS.

4. <u>Other Requirements</u>: 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.

IN WITNESS WHEREOF, the Parties have executed this Amendment in their official capacities as of the Effective Date.

BLUE CROSS AND BLUE SHIELD OF NORTH CAROLINA

_____ Date: _____
Angela Boykin, Chief Executive Officer (CEO)

THE NORTH CAROLINA DEPARTMENT OF HEALTH AND HUMAN SERVICES, DIVISION OF HEALTH BENEFITS

_____ Date: _____
Melanie Bush, Deputy Secretary
NC Medicaid

Attachment T: Member Engagement During Implementation of Pub. L. 119-21 ("H.R. 1")

Background: On July 4, 2025, Public Law No. 119-21 (H.R. 1), was enacted and introduced new federal requirements affecting Medicaid eligibility, enrollment, and renewal processes. This *Attachment T: Member Engagement During Implementation of Pub. L. 119-21 ("H.R. 1") ("Attachment T")* sets out CFSP functions related to the State's implementation of H.R. 1. requirements, such as targeted outreach and education and reporting.

1. **Member Services**
   a. Member Communications Regarding H.R. 1
      i. Within thirty (30) Calendar Days of the publication of the *H.R. 1 DHB Communications and Engagement Toolkit* by the Department, the CFSP shall develop and submit to the Department for review a Member Communication Plan Regarding H.R. 1. for communicating with Members before and during the launch of H.R.1 community engagement requirements regarding the frequency of recertifications (six (6) month certification periods) for Medicaid expansion Members.
      ii. The Member Communication Plan Regarding H.R. 1 shall address how the CFSP intends to communicate information related to community engagement requirements and the increased frequency of recertifications to its enrolled Medicaid expansion population based on Department-developed Member communication materials provided in the *H.R.1 DHB Communications and Engagement Toolkit*, to include:
         1) What the H.R. 1. requirements are, to whom they apply, and when they are effective;
         2) Where to access additional information;
         3) How to provide documentation to the local DSS; and
         4) Other areas, at the direction of the Department.
      iii. Within the Member Communication Plan Regarding H.R. 1, the CFSP shall describe:
         1) The modalities, such as mailings, text messages, apps and emails, that will be used to communicate with Members before and during the launch of H.R.1 community engagement requirements about the increased frequency of recertifications for Medicaid expansion Members.
         2) Its proposed messaging to Members, as well as its process for regularly reviewing and updating this information to ensure it aligns with the latest guidance from the Federal government and the Department–developed communication materials appearing in the *H.R. 1 DHB Communications and Engagement Toolkit*.
      iv. The Member Communication Plan Regarding H.R. 1 shall include the CFSP's proposed timeline for implementation of communication activities. The CFSP shall begin conducting outreach to Members using the Department-developed Member communication materials provided in the *H.R.1 DHB Communications and Engagement Toolkit* within thirty (30) Calendar Days of its publication by the Department.
      v. The CFSP shall update its Member Communication Plan annually and within thirty (30) Calendar Days of the CFSP's receipt of the Department's written request.
   b. Member Materials
      i. The Department shall provide the CFSP a Department-developed template for community engagement inserts to be included in Member Welcome Packets. No later than September 15, 2026, the CFSP shall begin including the insert in the Member Welcome Packet mailed to enrollees who are part of the Medicaid expansion population .
         1) The CFSP may use the Department-developed template to distribute community engagement inserts to Members without prior approval from the Department. If the CFSP makes any material changes to the inserts, the materials shall be submitted to the Department for review prior to distribution to Members.

ii. The CFSP may include informational materials on community engagement requirements and increased frequency of recertifications for Medicaid expansion Members when sending other Member communications, including but not limited to explanations of benefits and communications for appeals and grievances.

iii. The CFSP may incorporate informational materials on qualified alien changes aligned with the *H.R. 1. DHB Communications and Engagement Toolkit* on the CFSP's website, in call scripting, or through social media. The CFSP may use the *H.R. 1 DHB Communications and Engagement Toolkit* in developing informational materials.

iv. Within thirty (30) Calendar Days of the publication of the *H.R. 1 DHB Communications and Engagement Toolkit* by the Department, the CFSP shall make available within two clicks of the homepage, excluding any click required for a cookie banner, on its Member website information regarding community engagement requirements and increased frequency of recertifications for Medicaid expansion Members.

1) The CFSP shall include link(s) on its Member website to the State website on the H.R.1 eligibility and enrollment changes at https://medicaid.ncdhhs.gov/hr1.

v. Within thirty (30) Calendar Days of the publication of the *H.R. 1 DHB Communications and Engagement Toolkit* by the Department, the CFSP shall update Member smartphone applications, as applicable, to include information regarding community engagement requirements and increased frequency of recertifications for Medicaid expansion Members, and links to the State website on the H.R.1 eligibility and enrollment changes at https://medicaid.ncdhhs.gov/hr1.

vi. All updates to Member materials shall comply with language and accessibility requirements in *Section V.B.3.h.* of the Contract.

c. Call Centers

i. Within thirty (30) Calendar Days of receiving call scripting from the Department, the CFSP shall make all call center staff aware of, and prepare call center staff, to answer Member questions about, community engagement requirements and increased frequency of recertifications for Medicaid expansion Members.

ii. The CFSP shall update call center scripts to align with scripting provided by the Department to include the information required in this Section. If scripting provided by the Department is modified by the CFSP, it must be submitted to the Department for review and approval.

2. **Provider Communications**

a. Within thirty (30) Calendar Days of publication of the *H.R. 1. DHB Communications and Engagement Toolkit* by the Department, the CFSP shall post and share provider-focused H.R. 1 guidance developed by the Department on the CFSP's provider facing website, Provider Portal, Provider Manual, and/or Provider bulletins or newsletters.