

NC Medicaid Back Porch Chat

February Back Porch Chat

Dr. Brittany Watson
Associate Medical Director Consultant
Division of Health Benefits

Feb. 19, 2026



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

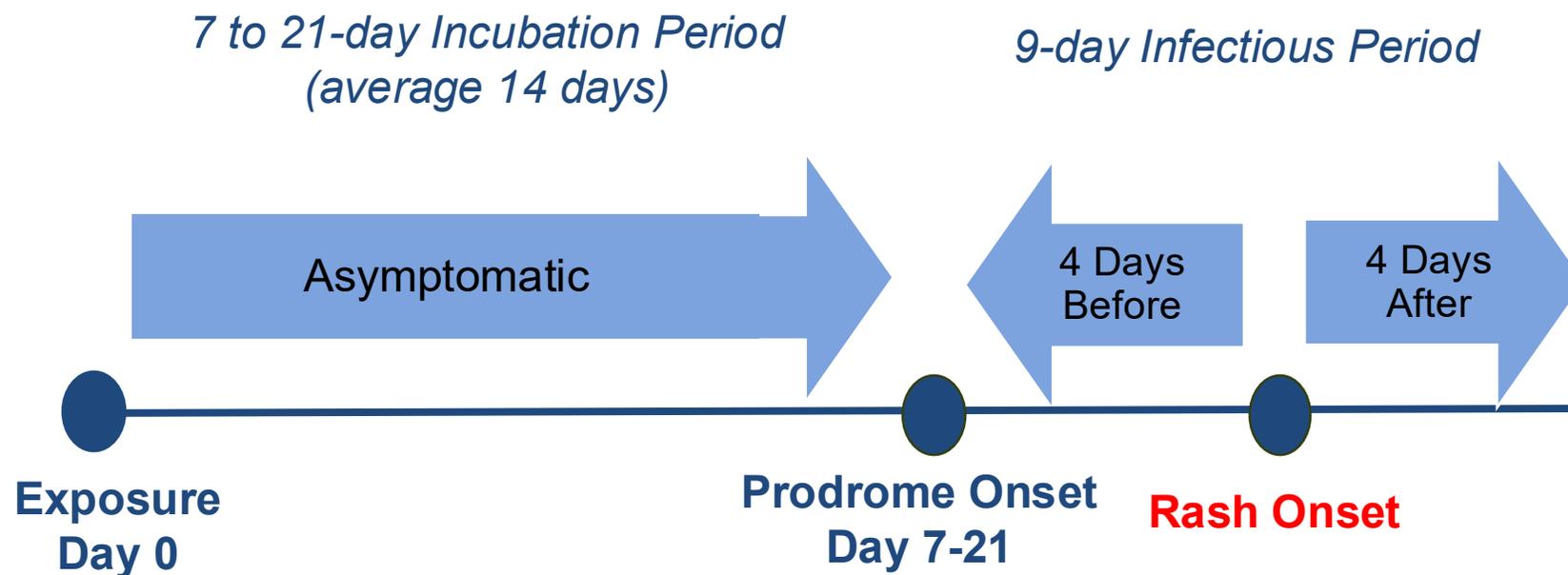


Measles Update

Erica Wilson, MD, MPH
Medical Director, Medical Consultation Unit
Communicable Disease Branch
Division of Public Health

Airborne virus that can remain infectious for **up to two hours** after a case occupied that space

There is no minimum time in a shared space to be considered exposed



[cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html#cdc_generic_section_10-case-and-contact-investigation](https://www.cdc.gov/surv-manual/php/table-of-contents/chapter-7-measles.html#cdc_generic_section_10-case-and-contact-investigation)

Clinical Presentation

- Prodrome (typically lasts 2–4 days)
 - High fever (up to 105°)
 - 3 Cs: cough, coryza (runny nose), conjunctivitis
 - Koplik spots (white spots on inner cheek)
- Rash (typically lasts 4–7 days)
 - Begins a few days after prodrome
 - Maculopapular (flat lesions and small, solid raised lesions)
 - Begins on head and face
 - Spreads to trunk and extremities
 - Fades in order of appearance
- Be sure to note timing and order of symptoms
- Presentation can be modified in vaccinated individuals

**TESTING PRIOR TO RASH
ONSET MAY LEAD TO A
FALSE NEGATIVE RESULT**

Measles Complications

- More common
 - Otitis media (1 in 10)
 - Diarrhea (1 in 10)
 - Pneumonia (up to 1 in 20)
- Uncommon
 - Acute encephalitis (1 per 1,000)
 - Subacute sclerosing panencephalitis (SSPE)
- 1–3 per 1,000 children die from respiratory or neurologic complications
 - >100,000 deaths per year globally, most in unvaccinated children age <5
- Prolonged damage to immune system

Current Situation: North Carolina

North Carolina Measles Metrics

Last updated: Feb. 17

Data current as of: 5 p.m. Feb. 16

Updated twice weekly on Tuesdays and Fridays by NCDHHS at approximately noon.

22

Number of Cases Since December 2025

1

Newly Reported Cases
Cases reported since last update

1

Total Cases Hospitalized Since December 2025

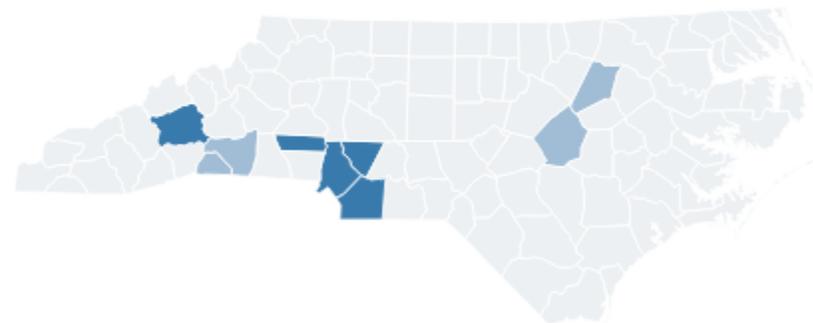
[What is a case?](#) / [More details about the data](#)

NC Exposure Locations

What to Do If You Were Exposed

Cases Since December 2025

Cases by County



[Text Version](#) | [Export Map Data](#)

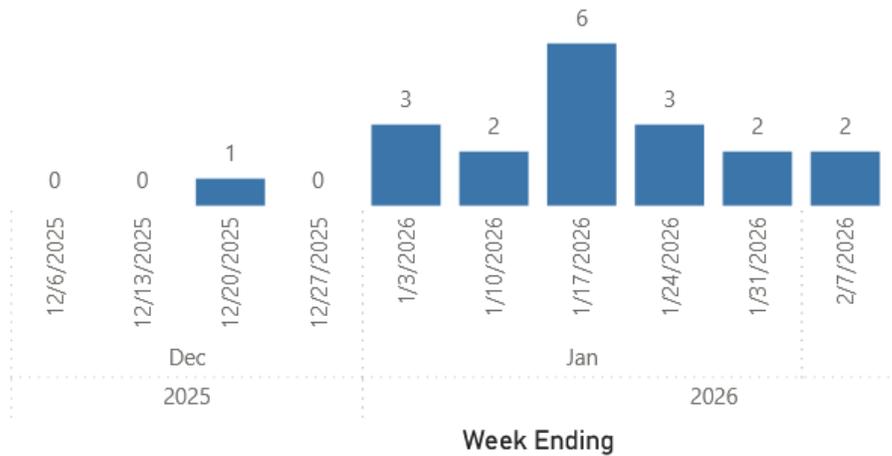
For Residents and Visitors

Measles cases are rising in NC. Cases have mostly affected people who are not vaccinated.

- Everyone 1 year and older should get [the MMR vaccine](#).
- Parents and health care providers should talk about early MMR vaccination for infants 6-11 months old who live in or travel to areas with community spread.

Number of Cases

By Date Symptoms Began



dph.ncdhhs.gov/programs/epidemiology/communicable-disease/infectious-respiratory-diseases/measles-rubeola/measles-cases-and-outbreaks-north-carolina

Measles Preparedness for Health Care Facilities

Provide Information

- Add information about measles to your phone lines and websites
- Conduct pre-visit phone triage for sick visits
- Post signage with information on the signs and symptoms of measles

Be prepared with a plan if someone screens positive or arrives with symptoms!

Is Your Health Care Setting Ready?



Infection prevention office plan

Should include:

- Appropriate precautions and isolation for possible measles cases
- Safe specimen collection
- Contact tracing plan

Is Your Health Care Setting Ready?



Infection prevention office plan

Staff immunization policy and records

Presumptive Evidence of Immunity for Health Care Personnel

- Written documentation of two doses of measles vaccine
- Laboratory evidence of immunity
- Laboratory confirmation of disease
- Birth before 1957*

*For unvaccinated health care personnel born before 1957 that lack laboratory evidence of measles immunity or laboratory confirmation of disease, health care facilities should consider vaccinating personnel with two doses of MMR vaccine at the appropriate interval.

Is Your Health Care Setting Ready?



Infection prevention office plan



Staff immunization policy and records



Testing Supplies

Should include:

- Nasopharyngeal swab and VTM or UTM to test at SLPH
- Appropriate supplies for testing at a commercial lab

Is Your Health Care Setting Ready?



Infection prevention office plan



Staff immunization policy and records



Testing Supplies



**Know your Local Health Department (LHD)
and State partners**

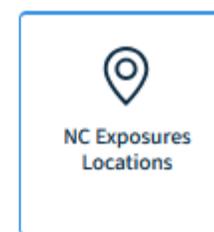
NCDPH Communicable Disease On Call

919-733-3419

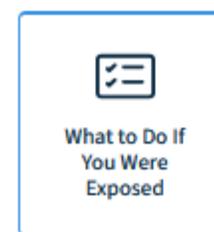
NCDHHS Measles Landing Page



NC Measles Cases Dashboard



NC Exposures Locations



What to Do If You Were Exposed



Symptoms / How It Spreads

Measles (Rubeola) Resources for Health Care Providers

Measles cases are rising in the United States and globally.

Prompt recognition, reporting, and investigation of measles cases are important. You can help limit disease spread with vaccines and early case identification.

On this page

- [Prevention with the MMR vaccine](#)
 - [Early vaccination for infants \(6-11 months\)](#)
- [Post-Exposure Prophylaxis \(PEP\)](#)
- [Identifying cases and infection control](#)
- [Laboratory testing](#)
- [Treatment](#)
- [More resources](#)

For Local Health Departments

[Communicable Disease Manual](#)

[CDC Preparedness Checklist \(PDF\)](#)

[CDC Be Ready for Measles Toolkit](#)

Defend Yourself with the MMR Vaccine



Quiz: Check Your Immunity

Find out if you're protected

What You Need to Know

- **Measles is very contagious** and can be dangerous, especially for babies and children.
- **The MMR vaccine** is the best way to protect yourself, your loved ones and community.
- **Traveling in- or out-of-state?** Talk with your health care provider about vaccination.

Looking for your vaccine record? [Tips for locating your records](#)

Where to Get the Vaccine

Check with your health care provider. If you're uninsured or underinsured, find no- or low-cost vaccines near you:

- No-cost vaccines for eligible children: [Vaccines for Children](#)
- Contact your [local health department](#)
- Find a [federally qualified health center](#)

Frequently Asked Questions

What is a measles exposure? 

What if my business/organization has a measles exposure? 

Can I still get measles if I've been vaccinated? 

Can vitamin A prevent or treat measles? 

When should I seek emergency care? 

Resources and Guidance



Download/Share Fact Sheets and More



For Local Health Departments / Health Care Providers



For Child Care, Schools and Universities

<https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/measles>

<https://www.ncdhhs.gov/news/press-releases/2025/03/28/north-carolina-prepares-measles-prevention-amid-national-increase-cases>

Immunization Update

Beth Meadows, MSN, RN, CPHN
Provider Clinical Services Unit Manager
NC Immunization Branch
Division of Public Health

Updated Immunization Schedules

On Jan. 5, 2026, RFK Jr. directed the CDC Acting Director to formally update the U.S. childhood immunization schedule, effective immediately, to the following:

- The CDC will now routinely recommend vaccines for 11 diseases instead of 17.
- Several vaccines previously recommended for all children are now:
 - Limited to high-risk groups.
 - Left to “[shared clinical decision-making](#).”

[Official Presidential Memorandum to Update Childhood Immunization Schedule Communication](#)

New HHS Childhood Immunization Schedule (released January 5, 2026)

Recommended for All Children

- Diphtheria
- Tetanus
- Acellular pertussis (whooping cough)
- Haemophilus influenzae type b (Hib)
- Pneumococcal conjugate
- Polio
- Measles
- Mumps
- Rubella
- Human papillomavirus (HPV)
- Varicella (chickenpox)

Recommended for Certain High-Risk Groups or Populations

- RSV*
- Hepatitis A
- Hepatitis B
- Meningococcal

**Note: any children whose mother did not have the vaccine should get one dose*

Recommended Based on Shared Clinical Decision-Making

- Rotavirus
- COVID-19
- Influenza
- Hepatitis A
- Hepatitis B
- Meningococcal

Key Points

- Vaccines remain available under the Vaccines for Children (VFC) program
- Medicaid will continue to pay administration fees
- Insurance carriers will continue to reimburse for privately purchased vaccines administered to insured patients
- VFC providers should continue to follow the previous CDC schedule or other evidence-based schedules (AAP)
- NC's law has not changed

Review our Bilingual Childhood Vaccine Toolkit

Why it Matters

- The **Toolkit** offers ready-to-use, resources to support vaccine conversations.
- Materials are designed for **healthcare providers!**

Toolkit Highlights

- **Rack cards:** Quick, family-friendly vaccine reminders
- **Flyers & Brochures:** Easy-to-read handouts in English and Spanish
- **Social Media Tools:** Pre-made posts and graphics to share online
- **Conversation Guides**, including:
 - [How to Talk to Parents About Vaccines](#)
 - [How to Talk to Parents Who Want to Delay Vaccines](#)

[Click here to access the Childhood Vaccine toolkit](#)

Real Diseases. Real Risks. Real Protection.

Vaccines protect what matters most – your child's health.

Doctors recommend vaccines because they protect your child from serious, preventable diseases. Serious side effects from vaccines are extremely rare. Millions of children are safely vaccinated each year.

Don't let diseases of the past become part of your child's future.

RSV <small>(Respiratory Syncytial Virus)</small>	Whooping Cough <small>(Pertussis)</small>	Hib <small>(Haemophilus influenzae type B)</small>	
A common virus that can cause severe breathing problems. RSV is the number one reason infants end up in the hospital. (Protected by: RSV immunization)	A serious cough that can make it hard for babies to breathe. 1 in 3 children who get it need hospital care. (Protected by: DTaP and Tdap vaccines)	A bacterial infection that can cause brain damage, deafness and death – especially in infants. (Protected by: Hib vaccine)	
HPV <small>(Human papilloma virus)</small>	Measles	Pneumococcal <small>(PCV)</small>	Polio
A virus that causes cervical, throat and other cancers. The vaccine protects both boys and girls. (Protected by: HPV vaccine)	One of the most contagious diseases on Earth. It can cause lung infections, brain swelling and death. (Protected by: MMR vaccine.)	A bacteria that can cause ear infections and brain, lung and blood infections. (Protected by: PCV vaccine.)	A highly infectious disease that can cause lifelong paralysis or even death. (Protected by: Polio/IPV vaccine.)

Vaccines like these and others your children need are available at their doctor's office and local community health centers.

Your child's doctor shares your goal – a healthy future for your family. Have questions? Get real answers. Talk to your child's doctor today. VaccinesForKids.nc.gov

NC Department of Health and Human Services • VaccinesForKids.nc.gov
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Such photos. Posted by model. For illustrative purposes only.

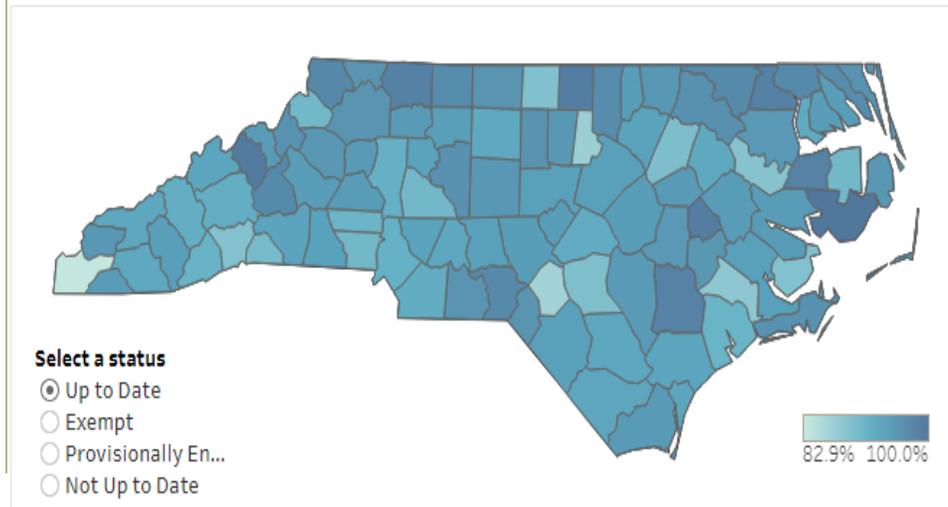
Kindergarten Immunization Dashboard

Key Features:

- Access up-to-date information on immunization coverage and trends over the previous three years.
- Generate reports for specific schools or counties.
- View immunization data at the state, county and school levels.

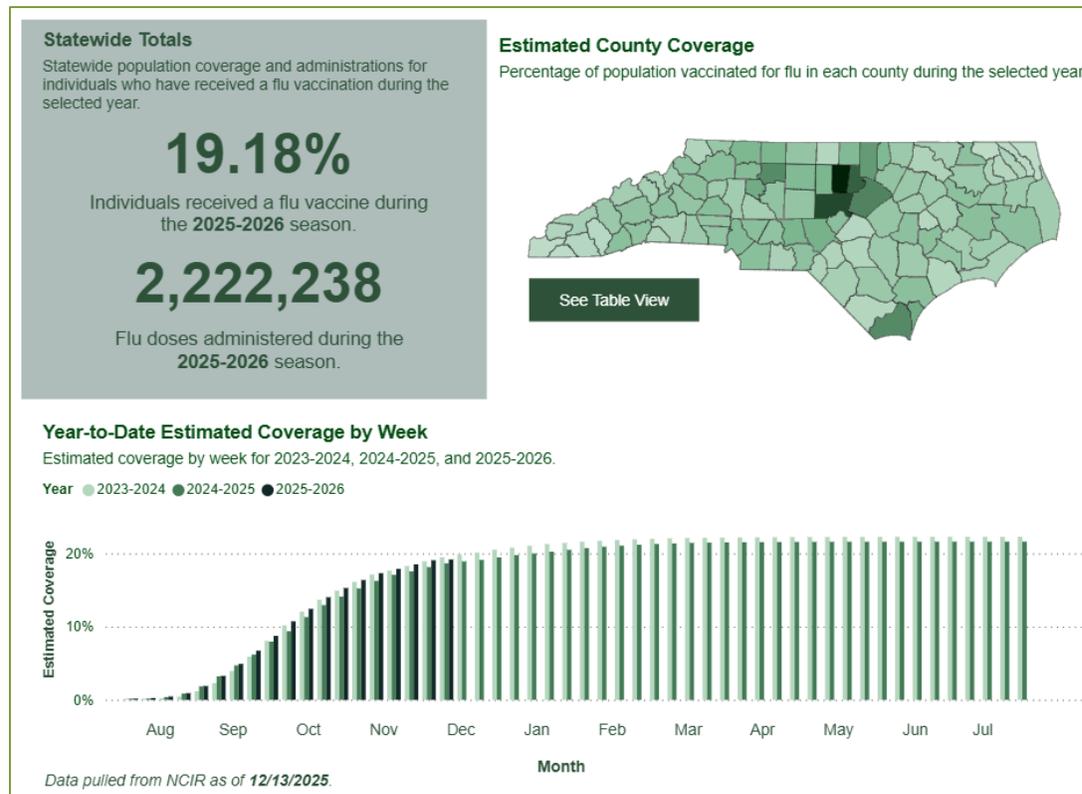
Find the [Dashboard](#) on the Schools section of the Immunization Branch website.

Kindergarteners with Up to Date status by County in 2022



New Respiratory Virus Vaccine Dashboards!

State and County Updates for COVID, flu and RSV Vaccination



<https://www.dph.ncdhhs.gov/programs/epidemiology/communicable-disease/respiratory-diseases/dashboard/vaccinations>

Resources

- [NC Immunization Branch](#)
- [NCDHHS Respiratory Health Toolkit](#)
- [Immunize.org](#)
- [Your Local Epidemiologist](#)
- [Vaccine Education Center Children's Hospital of Philadelphia](#)

[Common Health Coalition- Health Leader Toolkit: Navigating Changes to the Federal Childhood Immunization Schedule](#)
includes:



- [Clinician Discussion Guide](#)
- [Shared Clinical Decision-Making Guide \(accompanying video\)](#)
- [Clinician Liability Guide](#)
- [Infographic Outlining Anticipated Impacts of the Changes to the Federal Childhood Immunization Schedule](#)

Rural Health Transformation Program

Debra Farrington, MSW, LCSW
Deputy Secretary for Health, NCDHHS

NC Rural Health Transformation- Overview

The Rural Health Transformation Program (RHTP) is a part of H.R. 1 and is designed to support rural communities by improved access to care, enhanced technology, expanded workforce and strengthened strategic partnerships.

- In December, NC was awarded \$213 million and could reasonably anticipate approximately **~\$1 billion over the initial five-year period (assuming similar awards of \$213 million per year)**.

Our Vision

- To advance community-designed, community led innovative solutions that foster independence, improve health and promote well-being for rural North Carolinians.

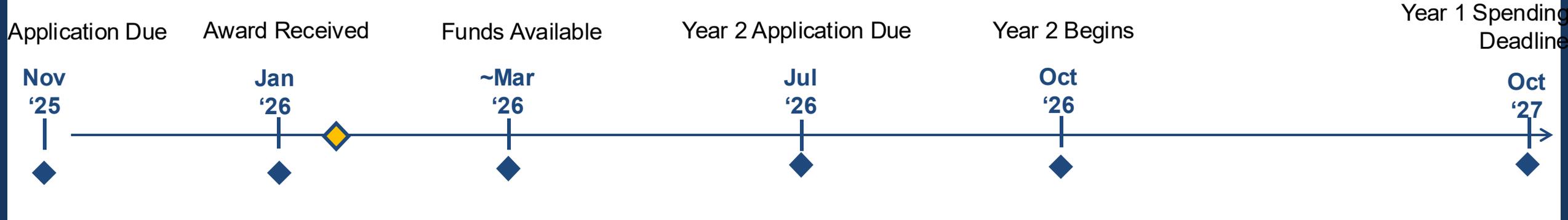
Our Goals

- Catalyze Innovative Care Models - Changing the way providers work together to care for patients in rural NC
- Transform the Rural Care Experience - Building community-based clinical, behavioral and social supports close to home
- Create a Sustainable Rural Delivery System - Underlying systems change in rural workforce pipelines and care team models, and rural provider financial models



Timeline of Funding During the First 2 Years

Year 1 establishes foundational infrastructure and fill immediate needs, while laying the groundwork for ongoing, sustainable, community funding in Year 2 and beyond.



Pre-Award Mobilization | Infrastructure + Quick Wins | Year 1 Community Funding Available

Program Management and Governance

- Establish governance structures
- Priority hires
- Align org chart and scope to CMS award/feedback
- Stand up reporting structure
- Establish priority procurement mechanisms
- Create Communications and Engagement Plan

- ♦ ROOTs Hub RFA
- ♦ BH Infrastructure
- ♦ Hub Leads Contracted
- ♦ Expand Existing BH Workforce Programs
- ♦ Establish Rural Health Innovation Fund
- ♦ HIE Provider Connections

NC ROOTS Hubs

- Funding for Primary Care, Prevention, and Chronic Disease Management
- Funding and TA support for workforce initiatives

Hospital and Primary Care Financial Sustainability

- Funding for hospital feasibility studies
- Identify pilot sites
- Release capacity-building funds to pilot sites

Digital Health

- Expand HIE connections
- Establish governance for the NC Rural Digital Health Collaborative (NCRDHC)
- Award funding under the Rural Health Innovation Fund (RHIF)

Behavioral Health

- Funding for additional behavioral health community providers

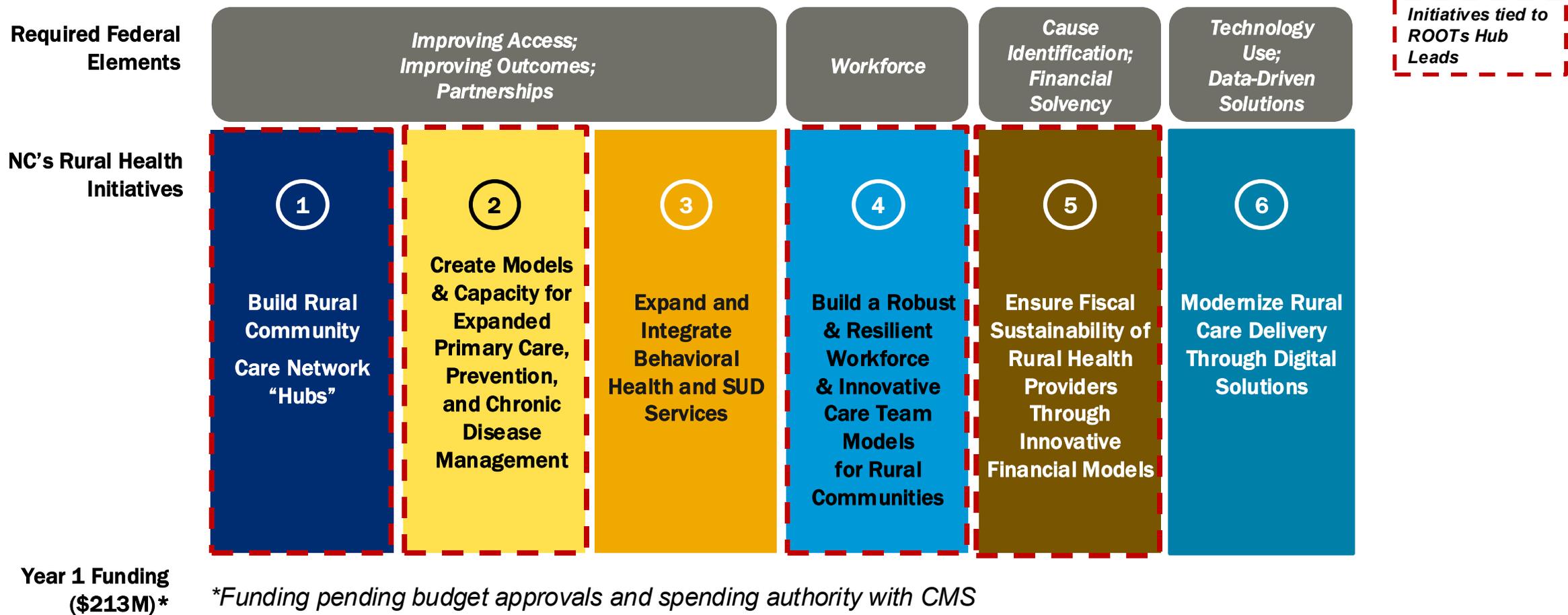
Stakeholder Communications and Engagement



NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
 Division of Health Benefits

NC RHTP Initiatives

The program goals span six initiatives that work together to advance community-designed, community-led innovative solutions that foster independence, improve health and promote well-being for rural North Carolinians.



Initiatives tied to ROOTs Hub Leads



Initiative 1 - The ROOTs Hubs Responsibilities and Network

The **ROOTs Hubs** will be responsible for implementing a set of mandatory projects aligned with NC RHTP Initiatives with the option to implement additional projects suited to regional needs.

The **ROOTs Hub Lead** will be responsible for the following activities to support the Rural Health Programs:

- 1) Stand up a governance structure and establish a network of providers and partners
 - 2) Assess regional needs and set shared priorities and actions based on community input and direction
 - 3) Coordinate the development of models of care with defined care pathways and systems
 - 4) Fund and implement programs based on the needs of the region and alignment to the RHTP grant
 - 5) Collect and analyze data to monitor performance and outcomes of programs against RHTP goals and KPIs
- **NC ROOTS Hub Network** is a diverse set of partners from across sectors that influence health and are invested in making rural North Carolina healthy. The networks will include, but are not limited to:
 - Safety net providers (primary care practices, hospitals, Federally Qualified Health Centers, LHDs, Rural Health Centers)
 - Behavioral health providers
 - Community-based organizations (CBOs)
 - Academic institutions
 - Community members including people with lived experiences



Year 1 Funding Through the Hub Leads

The following opportunities will be awarded through the Hub Leads in Budget Year 1 (Jan- Oct 2026)

Program/Contract	Initiative	Details
ROOTs Hub Lead(s)	1	Hub Leads funding for foundational infrastructure and operations of the ROOTs Hub.
ROOTS Driven Chronic Disease, Prevention, Physical Activity & Cancer	2	Hub Leads funding for chronic disease needs assessment and priority program implementation.
ROOTS Driven Nutrition Access	2	Hub Leads funding for efforts that enable nutrition access in rural communities.
ROOTS Driven Perinatal Health Access Expansion	2	Hub Leads funding for perinatal needs assessment, three required perinatal components, and 1-2 elective components.
Rural Health Workforce Incentives	4	Hub Leads funding to provide incentive packages to rural practitioners.
Workforce Training	4	Hub Leads funding workforce training to address rural health workforce shortages through education, training, and pipeline development.
Hospital Feasibility Studies	5	Hub Leads funding Hospital Feasibility Studies to promote financial sustainability.



Activities and funding are subject to CMS approval and may change

Additional Funding and Support – Investing in Our Providers

In addition to community funding through the Hub Leads, there will be additional funding available during Year 1.

Program Name	Activities	Description
Behavioral health	First Episode Psychosis Program	Expand the Coordinated Specialty Care (CSC) model with rural adaptations
	Expand CCBHCs	Expand reach by creating new CCBHCs.
	Mobile OTP and Medication Units	Launching an additional units to support OTP access for remote and rural areas.
	MORES Expansion	Expanding access to MORES in rural counties and linking MORES to CCBHCs.
	EMS MAT Expansion	Expand EMS MAT to an additional counties in rural areas
	Rural Crisis Centers	Integrate new community crisis centers into CCBHCs.
	School Based Health Centers (SBHC)	Expanding SBHCs in rural areas.
	CCBHC Quality Improvement	Launch a statewide QI activity
	NC MATTERS	Expanding clinical coverage for existing program.
Digital Health	HIE Connections	Funding for providers to connect to the HIE
	Rural Health Innovation Fund	Funding for providers to enhance technology maturity and improve outcomes for residents.

Activities and funding are subject to CMS approval and may change



Future Opportunity – Medicaid Primary Care Capitation Pilot

NC Medicaid plans to launch a **primary care capitation pilot program** through its managed care plans to test a different way of paying rural primary care practices. Participating practices can apply for **temporary upfront funding** from the RHTP funds to support transition to and initial participation in this new model.



Prospective Payments to Primary Care Providers

Through managed care plans, in lieu of some existing fee-for-service payments. No RHTP funding.



Infrastructure Funding for Practices to Support Initial Participation

RHTP funds administered by ROOTS Hubs.



Training and Advising for Participating Practices

RHTP funds through a vendor.

Additional Resources

- Stay tuned for an informational session on the ROOTS Hubs!
- Learn more, including links to FAQs, Town Hall recording and other NC award information
ncdhhs.gov/divisions/office-rural-health/rural-health-transformation-program

The screenshot shows the official website of the North Carolina Department of Health and Human Services (NCDHHS). The page is titled "Rural Health Transformation Program" and is part of the "Office of Rural Health" section. The header includes the NCDHHS logo and navigation links for Assistance, Divisions, Providers, News, and About. The main content area features a "ON THIS PAGE" section with a dropdown menu, a news item dated Dec. 29, 2025, about CMS awarding North Carolina over \$222 million in federal funding, and a "Key Resources" section with links to the application, one-page summary, program overview, and frequently asked questions. A "Town Hall Recordings" section lists two virtual town hall recordings from Oct. 3, 2025, and Jan. 16, 2026. A right-hand sidebar contains a "Table of Contents" with links to various sections of the page.

H.R. 1 Overview

Sarah Gregosky
Chief Operating Officer
NC Medicaid

Understanding the Impact of H.R.1 and the Federal Changes to Medicaid

- On July 4, 2025, the House Reconciliation bill (H.R.1), previously known as the “H.R.1 One Big Beautiful Bill Act,” was signed into law. The federally mandated changes will have a significant impact to Medicaid.
- The new Medicaid provisions take effect over the next several years. They will change eligibility rules for some people and how Medicaid operates.

Eligibility Changes for Certain Immigrants

Begins Oct. 1, 2026

- Limits Medicaid to lawful permanent residents (“green card” holders), certain Cuban and Haitian entrants and individuals from the Compacts of Free Association nations.
- Excludes refugees, asylees and other humanitarian groups who were previously eligible for Medicaid coverage.
- Limits federal matching payments for Emergency Medicaid for individuals who would otherwise be eligible for expansion coverage except for their immigration status to the state’s regular Federal Medical Assistance Percentage (FMAP).

Changes to Retroactive Coverage

Begins Jan. 1, 2027

Member impact: Anyone applying for new Medicaid coverage

For individuals who apply for Medicaid benefits on or after Jan. 1, 2027

- The mandatory retroactive coverage period changes from 3 months to 1 month prior to the month of application for some low-income adults ages 19 through 64 without disabilities (also known as the Medicaid expansion population)
- Limits retroactive coverage for children, adults age 65+ and individuals with disabilities to 2 months prior to the month of application.

Work/Community Engagement Requirements

Begins Jan. 1, 2027

Member impact: Requires some low-income adults ages 19 through 64 without disabilities (also known as the Medicaid expansion population) who are current Medicaid beneficiaries or applying for Medicaid to work or participate in qualifying activities.

This includes work, participate in a work training program or volunteer in the community for at least 80 hours per month or attend school at least half-time unless they meet an exemption.

Who is exempt from the community engagement/work requirement?

- Children age 18 or younger
- People with disabilities, receiving Supplemental Security Income (SSI) or Social Security Disability Insurance (SSDI)
- Adults age 65 or older
- People who are pregnant or eligible for postpartum coverage (12 months after a pregnancy ends)
- Former foster care children age 25 or younger
- Parent or caregiver of a child under age 14
- Parent or caregiver of people with disabilities

Who is exempt from the community engagement/work requirement?

- Veterans with a total disability
- American Indian/Alaska Natives
- People who are medically frail*
- People enrolled in a substance use disorder treatment program
- People who are incarcerated or people who have been released from incarceration in last 90 days
- People who qualify for Medicare

* *Criteria still to be determined*

6-month eligibility redeterminations for certain members

Begins Jan. 1, 2027

Member impact: Some low-income adults ages 19 through 64 without disabilities (also known as the Medicaid expansion population) must have their Medicaid eligibility redetermined every 6 months instead of the traditional 12 months.

This applies to those applying for or renewing their Medicaid coverage.

Additional Resources

H.R. 1 webpage

- Available in English and Spanish
- Will be updated regularly with additional information
- medicaid.ncdhhs.gov/beneficiaries/impact-hr1-and-federal-changes-medicaid

An official website of the State of North Carolina [How you know](#)

NC.GOV NCDHHS SERVICES [Select Language](#)

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The Impact of H.R.1 and Federal Changes to Medicaid

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ON THIS PAGE

[Versión en español](#)

What is H.R. 1 and the Federal Changes to Medicaid?

Federally mandated changes will have a significant impact on Medicaid. They will change eligibility rules for some people and how Medicaid operates.

Beneficiaries
How To Apply
Medicaid Health Plans and Programs
Medicaid Programs and Services
Medicaid Reentry Rules
Non-Emergency Medical Transportation (NEMT)
The Impact of H.R.1 and Federal Changes to Medicaid

Note: Information may change with the Centers for Medicare & Medicaid Services final rule.



Pharmacy Benefit Administration (PBA) Transition

John Matta, PharmD, MBA

Director of Pharmacy and Ancillary Services

Introduction into the Pharmacy Benefits Administrator (PBA) Coming May 2

- NCDHHS has awarded the Pharmacy Benefits Administrator (PBA) contract to Prime Therapeutics to implement a modernized pharmacy benefit solution for NC Medicaid Direct.
- The PBA will go live May 2, 2026, at which time Prime Therapeutics will begin processing NC Medicaid Direct point-of-sale (POS) pharmacy claims.
- This transition supports **greater consistency, transparency and operational oversight** of pharmacy benefits.
- The goal is to **simplify and streamline pharmacy-related processes** for providers while maintaining continuity of care for beneficiaries.
- This change does **not** affect the NC Medicaid **Managed Care Pharmacy processes**. Providers should continue using their existing processes for their contracted managed care plans.

Words Matter – PBA vs PBM

Pharmacy Benefits Administrator (PBA)

- The State maintains control of the pharmacy program not the PBA
- Fair and transparent pharmacy reimbursement that follows NCDHHS reimbursement logic; same logic as NCTracks
- Pharmacies have all data available to determine final reimbursement for a prescription
- No spread pricing
- No retrospective adjustments to payments based on pricing terms
- No hidden transaction fees to pharmacies

VS

Pharmacy Benefits Manager (PBM)

- PBMs are private entities that manage prescription drug benefits on behalf of health plans and employers
- PBMs have significant control over the pharmacy program, including formulary design, reimbursement rate and network management
- They may use Spread Pricing: charging payers more than they reimburse pharmacies and keeping the difference.
- Retrospective adjustments or “Clawbacks” may be applied
- Limited transparency, pharmacies often do not know the final reimbursement until after adjustments

What Does the PBA Transition Mean for Providers?

- Effective May 2, 2026: Prime Therapeutics will serve as the PBA for NC Medicaid Direct
- Pharmacy point-of-sale (POS) claims submission for NC Medicaid Direct will remain the same as Prime Therapeutics will take over the Pharmacy BIN and PCN number utilized by NC Medicaid Direct.
- Prime will perform the following functions: Pharmacy Claims Processing, Operations Support for the Pharmacy Program and Pharmacy Call Center Operations for providers and beneficiaries.
- **Clinical Polices and reimbursement methodologies will remain under the control of the State**
- All current and historical prior authorizations will be transferred to Prime for claims processing.
- Starting May 2, 2026, new prior authorization submissions should be submitted to Prime via phone, fax, mail or electronic PA (ePA) through CoverMyMeds® accessible via a link housed on the Prime web portal

Prime Contact Information and Web Support (Beginning May 2, 2026)

- Prime Phone number: (844) 620-6116; 24 hours/7 days a week/365 days a year
- Prime Fax Number: (866) 422-8981
- Prime Provider Web Portal: pba.Medicaid.ncdhhs.gov
- Web Support Hours: Monday – Friday 8 a.m. to 8 p.m. EST

Clinical Coverage Policy Promulgation and Coverage Request Portal

Melissa Clayton

Associate Director, Medical Health, Clinical Policy

Biannual Policy Posting ~ Policies Promulgated Jan. 1, 2026

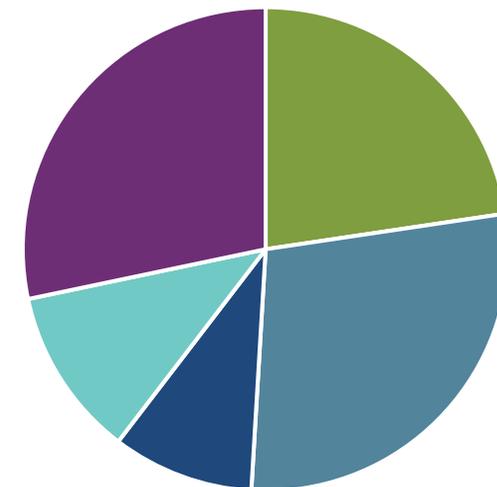
- 1E-3 - Sterilization Procedures
- 1S-11- Genetic Testing – Gene Expression
- 1T-2- Special Ophthalmological Services
- 2A-1- Acute Inpatient Hospital Services
- 3L - State Plan Personal Care Services (PCS)
- 3L-1 - State Plan Personal Care Services (PCS) Provided in Congregate Settings
- 8A-Enhanced Mental Services
- 8A-10 - Clinically Managed Residential Withdrawal Management Services
- 8A-12 - Substance Abuse Intensive Outpatient Program (SAIOP)
- 8A-13 - Substance Abuse Comprehensive Outpatient Treatment (SACOT)
- 8D-3 - Clinically Managed Low-Intensity Residential Treatment Services
- 8D-4 - Clinically Managed Population Clinical Specific High-Intensity Residential Program
- 8D-5 - Clinically Managed Residential Services
- 8D-6 - Medically Monitored Intensive Inpatient Services



Coverage Request Process Metrics (Jan. 1, 2025, to Present)

Coverage Requests	Count	Percent
Approved	12	23%
Denied	15	28%
Redirected to Provider Ombudsmen	5	9%
Canceled	6	11%
Open	15	28%
Total Requests Received	53	100%

Submitted Coverage Request Determination



■ Approved ■ Denied ■ Redirected to Provider Ombudsmen ■ Canceled ■ Open

Out of **38 completed submissions over the past 13 months, approximately:**

- 73% were submitted by individual providers
- 13% were submitted by business/product owners
- 10% were submitted by other stakeholders (non-profits, government agencies, labs, etc.)
- **Link for new coverage requests:** medicaid.ncdhhs.gov/providers/forms/nc-medicaid-new-coverageservice-request-form
- **Link for policy revision requests:** medicaid.ncdhhs.gov/providers/program-specific-clinical-coverage-policies/nc-medicaid-clinical-policy-revision-request-form

