NC Medicaid
Back Porch Chat

May Back Porch Chat

Dr. Janelle White
NC Medicaid - Chief Medical Officer

May 15, 2025

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

Technical Assistance

Logistics for Today's Webinar

Questions during the live webinar

Q&A

Technical Assistance

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Agenda

1. Federal Updates
2. Clinical Coverage Request Process and Policy Revision Process
3. 2024 CAHPS Survey Results
4. Credentialing Committee
5. Reminders for Incarcerated Beneficiaries & CAA 5121 Updates
6. Medicaid for Pregnant Women
7. NC Medicaid Long Term Services & Supports Forum
8. Q&A

Federal Updates

Dr. White

Federal Proposals Threaten Medicaid

Congress is considering massive cuts to Medicaid to help pay for tax cuts.

In February, the U.S. House of Representatives passed a budget resolution calling for the Committee that oversees Medicaid to slash up to $880 billion from its programs. Medicaid and Medicare are the largest program the Committee oversees.

Reducing the federal match for Medicaid Expansion

NC has a trigger law, which means Medicaid expansion ends if the federal government changes their cost share

This could take health care away from more than 630,000 hardworking North Carolinians. This includes, veterans, childcare, hospitality, construction and other NC workers

Reducing provider taxes, making it a block grant, or imposing per capita caps

These options are cuts to Medicaid that would take billions of dollars from North Carolina

Could result in increased state costs and/or eliminate coverage of health care services

The Value of Medicaid

Medicaid is incredibly valued. We learned during expansion that people know it, want it AND trust NCDHHS as an information source and conduit to services.

- More North Carolinian **adults under 65 who could qualify for Medicaid have very positive impressions**—71% in 2024 were very or somewhat positive.
- Americans believe that **cutting back on government-funded health care will raise the cost of health care and increase the number of uninsured people**. North Carolinians share this belief.
- We must **protect the investments that state leaders made in the health of our state**.

Apply what we know from expansion: Keep it simple and direct.

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Medicaid Strengthens NC

Medicaid benefits North Carolinians, is under threat and needs to be protected.

- NC Medicaid **provides affordable health coverage to 1 in 4 North Carolinians**—that's access to doctors and prescriptions for more than 3 million children, older adults, people with disabilities and working North Carolinians.
- NC Medicaid **contributes $30 billion to the state's economy** each year.
- **98% of NC Medicaid dollars go to services and providers across the state.**
- In some rural counties, more than half of the population is covered by Medicaid.

Campaign theme

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Making People Healthier

Supporting Messages

While North Carolina is only one year into expansion, in states that expanded Medicaid earlier:

- More babies lived to their first birthday
- Fewer women died during pregnancy
- Mental and physical health improved
- Fewer people had uncontrolled diabetes
- Cancer was diagnosed earlier
- Fewer people died from heart disease

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Affordable Care

Primary Narrative

NC Medicaid is an innovative, fiscally responsible and popular Medicaid program **with bipartisan support** that delivers for North Carolina taxpayers and helps keep North Carolinians healthy.

It provides affordable health coverage to 1 in 4 North Carolinians—that's access to doctors and prescriptions for more than 3 million children, **older adults, people** with disabilities and **working** North Carolinians.

Despite widespread support for Medicaid, Congress is proposing massive cuts that will hurt NC.

Current proposals **could** take health coverage away from **630,000 hardworking** North Carolinians **newly enrolled through expansion**, worsen health outcomes, take billions from our **state's economy**, disproportionately harm rural communities and **drive up** costs for everyone**,** including employers.

Medicaid strengthens NC. Protect NC Medicaid.

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Supporting the NC Economy

Medicaid brings billions of dollars into the state's economy.

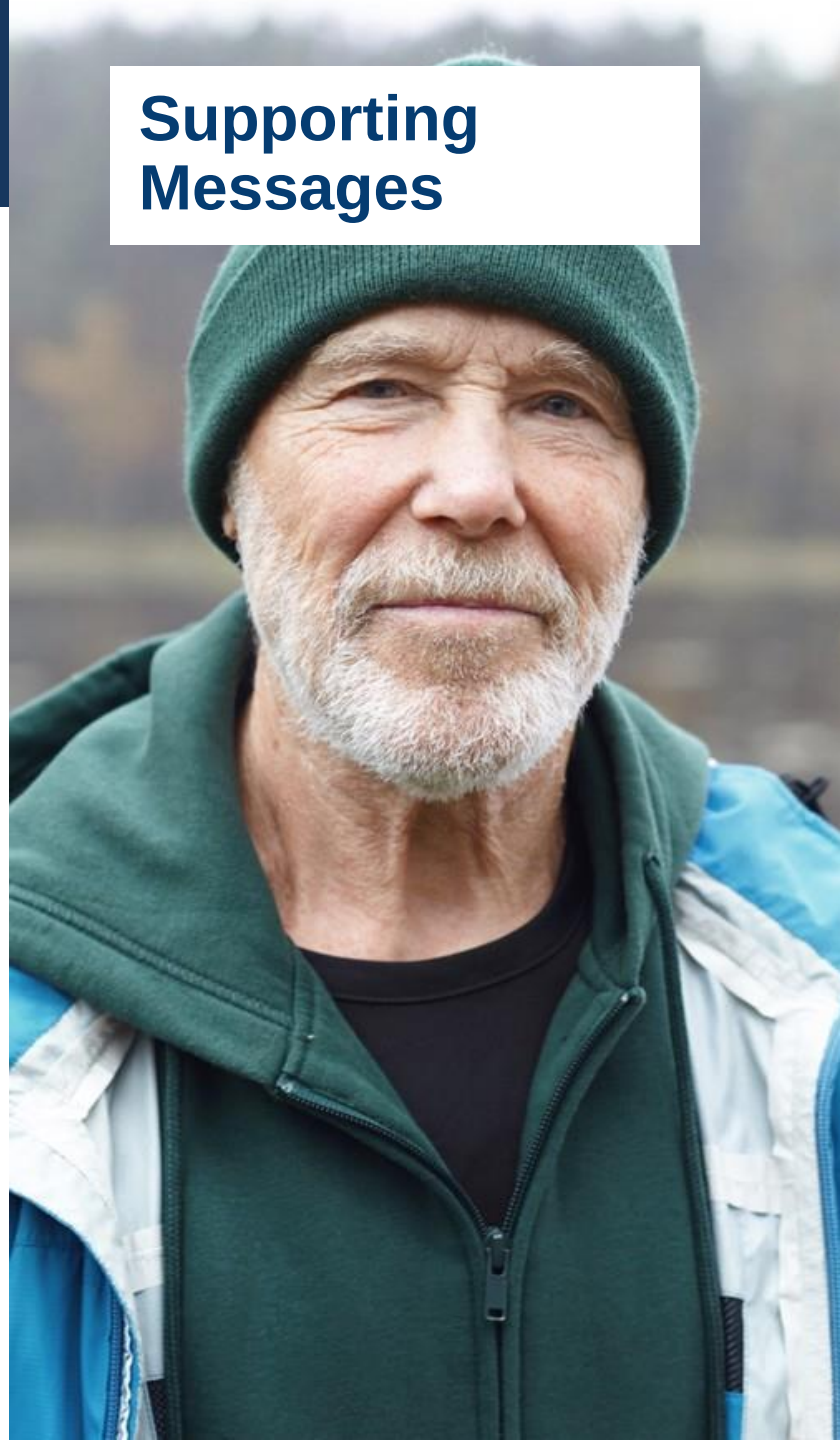
- NC Medicaid contributes $30 billion to the state's economy each year.
- 98% of NC Medicaid dollars go to services and providers across the state.

Supporting Messages

Supporting Rural Communities

Rural communities rely on Medicaid and will be hit the hardest.

In some rural counties, more than half of the population is covered by Medicaid.



Supporting the NC Workforce

Medicaid supports North Carolina's businesses and workforce.

Medicaid expansion has provided affordable health coverage to veterans and workers in child care, construction, hospitality, home health care and other essential industries who could lose their health coverage overnight under changes being considered. When employees are uninsured, they miss more work, are less productive and employers pay more.

Impact on Substance Use

Medicaid is saving lives and increasing access to behavioral health and substance use treatment.

Overdoses in North Carolina have decreased, with visits to emergency departments down by 29% and suspected overdose deaths down by 27% from 2023 to 2024. There are more behavioral health providers serving people covered by Medicaid since the launch of expansion.

Supporting Messages

Positive Perceptions

North Carolinians value NC Medicaid.

- 71% of adults under 65 who could qualify say it is a positive or very positive program for the state.
- Americans understand what is at stake. Seven in ten say that cutting back on government funded health care will raise the cost of health care and increase the number of people who are uninsured.

Supporting Messages

Oversight and Stewardship

North Carolina is an excellent steward of Medicaid funds.

Lawmakers wisely require robust safeguards against fraud, waste, and abuse in Medicaid. Not only do the federal and state government have dedicated units for preventing, detecting, and prosecuting fraud against Medicaid, in North Carolina, Medicaid health plans are required also to have such units. With these strong protections already in place, efforts would be best spent on leveraging Medicaid's ability to improve health outcomes, to improve access to health care in rural communities, and to support our businesses and workforce.

Supporting Messages

Protecting NC Medicaid

Supporting Messages

Congress is proposing massive cuts to Medicaid.

No matter what technical term is used - provider tax, per capita caps, block grants, enhancement rates; they are all cuts to Medicaid. And that means the same thing: North Carolinians lose health care coverage and/or fewer health care services are covered.

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Clinical Coverage Request Process and Policy Revision Process

Melissa Clayton

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Some Updates to Review

	New Coverage/Service Requests*	Clinical Policy Revision Requests
	medicaid.coverage.request@dhhs.nc.gov	*medicaid.policy.revision.request@dhhs.nc.gov*
Purpose	For formally submitting a request for new coverage of a ***procedure(s), product(s) and/or service(s)*** through the NC Medicaid website.	For formally submitting a ***request for revision of an NC Medicaid Clinical Coverage Policy (CCP)*** through the NC Medicaid website.
Use Case	Example: A provider wants NC Medicaid to consider new coverage for Occupational Therapy Services via Telehealth for children 0 – 3 in the NC Infant-Toddler Program.	Example: A provider wants NC Medicaid to consider making edits to CCP 5A-3 based on what they are hearing from providers.
Timeline	Standard Timeline: • Initial Review: up to **9 weeks** • Detailed Review: up to **16 weeks** • Implementation: up to **14 months**	Expedited Timeline: • Initial Review: up to **8 weeks** • Policy Modification and Promulgation: up to **14 months**

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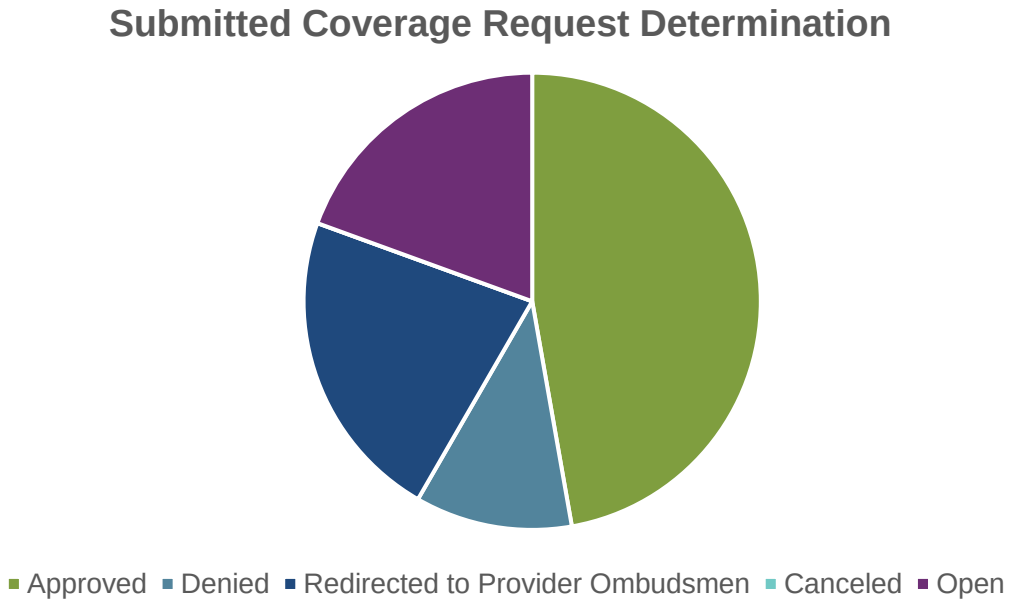
Formally known as **Coverage Requests.*

Coverage Request Process Metrics (11/19/2024 to Present)

Coverage Requests	Count	Percent
Approved	17	47%
Denied	4	12%
Redirected to Provider Ombudsmen	8	22%
Canceled	0	0%
Open	7	19%
Total Requests Received	**36**	**100%**



22% of submissions were directed to this process incorrectly but successfully redirected internally.

Out of **29 completed submissions over the past 5 months, approximately:**

- 86% were submitted by individual providers
- 7% were submitted by business/product owners
- 7% were submitted by other stakeholders (non-profits, government agencies, labs, etc.)

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Notes:
1. If similar requests are submitted by multiple providers, those are combined as the review process is the same.
2. Duplicate requests are not tracked in the above metrics.
3. Redirected requests are simple requests which are entered into ServiceNow (i.e., for simple taxonomy or code update) or inappropriate requests (i.e., request for a single beneficiary).

2024 Consumer Assessment of Healthcare Providers and Systems (CAHPS) Survey Results

Hannah Fletcher, Zoe Shipley, Deanna Williams

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2024 CAHPS Survey Overview

NC Medicaid contracts with Health Services Advisory Group, Inc. (HSAG) to administer and report the results of the Medicaid Consumer Assessment of Healthcare Providers and Systems (CAHPS) Health Plan 5.1(H) Surveys with HEDIS supplement, annually.

Eligible Population

Adults (18 years of age or older) and children (17 years of age or younger) who are currently enrolled in NC Medicaid and were enrolled continuously during the measurement period (Feb. 16, 2024-May 6, 2024) with no more than one gap in enrollment up to 45 days are eligible for survey sample inclusion.

2024 Survey Populations	
Five Standard Plans (SPs)	***Six NC Medicaid Programs***
AmeriHealth	NC Medicaid Direct
Carolina Complete	Eastern Band of Cherokee Indians (EBCI) Tribal Option
Healthy Blue	Tailored Plan (TP) Eligible Beneficiaries
United Healthcare	SP beneficiaries receiving behavioral health services
WellCare	Former Foster Youth*
	Foster Care Children**

* Adult population only
** Child population only

Two Aggregate Comparison Groups:

- ***NC Medicaid Program***: Combined results of all five SPs, Medicaid Direct, EBCI Tribal Option, Former Foster Youth*, and Foster Care Children**
- ***NC Standard Plan Aggregate***: Combined results of all five SPs

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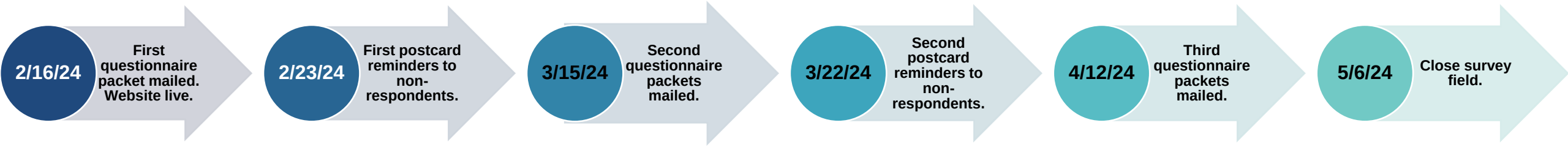
2024 CAHPS Survey Administration and Outcomes

Administration

Data collected via mail or web-based survey by the adult beneficiary or the child beneficiary's parent/guardian

Beneficiaries completed surveys between Feb. to May of 2024.



2024 Survey Outcomes and Response Rates

Survey	Total Eligible Sample	Total Respondents^	Response Rate
Adult	61,232	5,461	8.92%
Child	63,403	7,270	11.47%

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^Includes targeted oversamples for Black and Hispanic beneficiaries

Results: Program Strengths and Opportunities for Improvement

Strengths and Growth Opportunities: National Comparisons

2024 NC Medicaid Program Star Ratings Comparing Positive Ratings Results to the NCQA National Percentiles

Global Ratings Measure	NC Medicaid Program Compared to NCQA National Percentiles			
	Adult		Child	
	Comparison to National Percentile	*North Carolina Rate*	*Comparison to National Percentile*	*North Carolina Rate*
Rating of Health Plan	★★★	79.36%	★★	**86.16%**
Rating of All Health Care	★★★	76.54%	★★★	86.57%
Rating of Personal Doctor	★★★★★	**87.39%**	★★★	90.40%
Rating of Specialist Seen Most Often	★★★★	**84.76%**	★★★	87.64%

Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above ★★★★ 75th-89th Percentiles★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile

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Strengths and Growth Opportunities: National Comparisons, cont.

2024 NC Medicaid Program Star Ratings Comparing Positive Ratings Results to the NCQA National Percentiles

Composite Measure	NC Medicaid Program Compared to NCQA National Percentiles			
	Adult		Child	
	Comparison to National Percentile	*North Carolina Rate*	*Comparison to National Percentile*	*North Carolina Rate*
Getting Needed Care	★★★★	**86.13%**	★★★★	**86.74%**
Getting Care Quickly	★★★	84.64%	★★★	89.18%
How Well Doctors Communicate	★★★★	**94.38%**	★★★★	**96.08%**
Customer Service	★★★★	**91.35%**	★★	**87.64%**

Star Assignments Based on Positive Ratings Compared to NCQA National Percentiles: ★★★★★ 90th Percentile or Above ★★★★ 75th-89th Percentiles★★★ 50th-74th Percentiles ★★ 25th-49th Percentiles ★ Below 25th Percentile

Strengths and Growth Opportunities: By Respondent Race

2024 NC Medicaid Program Comparing Positive Ratings Results by Respondent Race – Significant Findings Only

Measures	White Respondents		Multi-racial Respondents		Black Respondents		Native American Respondents		Other Race Respondents	
	Adult	Child	Adult	Child	Adult	Child	Adult	Child	Adult	Child
Rating of Personal Doctor	Ø	91.87% ↑	Ø	Ø	Ø	Ø	Ø	Ø	Ø	Ø
Rating of Specialist Seen Most Often	Ø+	Ø	Ø	78.95% ↓	Ø+	Ø	65.96% ↓+	Ø	Ø	Ø
Getting Needed Care	Ø+	Ø	Ø	Ø	85.89% ↑	Ø	Ø	Ø	77.06% ↓	83.70% ↓
Getting Care Quickly	Ø	92.80% ↑	Ø	Ø	Ø	Ø	Ø	Ø	Ø	83.10% ↓
Customer Service	87.55% ↓	Ø	Ø	Ø	91.79% ↑	Ø	Ø	Ø	Ø	Ø
How Well Doctors Communicate	Ø	97.82% ↑	Ø	Ø	Ø	Ø	Ø	Ø	Ø	94.58% ↓
Coordination of Care	83.72% ↓	Ø	Ø+	Ø	88.06% ↑	Ø	Ø	Ø	Ø	Ø
Advising Smokers and Tobacco Users to Quit	Ø	Ø	Ø+	Ø	Ø+	Ø	Ø	Ø	60.71% ↓+	Ø

Teal shading and ↑ Indicates the demographic category score is significantly higher than the comparison group's score.
Purple shading and ↓ indicates the demographic category score is significantly lower than the comparison group's score.
"Other" race includes Native Hawaiian/Other Pacific Islander, Asian, and Other.
+ Indicates fewer than 100 respondents. Caution should be exercised when evaluating these results.
Ø Indicates the score is not significantly higher or lower than the other race category.

Strengths and Growth Opportunities: By Respondent Ethnicity

2024 NC Medicaid Program Comparing Positive Ratings Results by Respondent Ethnicity – Significant Findings Only

Measures	Hispanic Respondents	
	Adult	Child
Rating of Health Plan	80.82% ↑	88.86% ↑
Rating of All Health Care	80.50% ↑	∅
Rating of Specialist Seen Most Often	88.75% ↑	∅
Getting Needed Care	80.12% ↓	85.22% ↓
Getting Care Quickly	∅	84.93% ↓
How Well Doctors Communicate	∅	94.21% ↓
Advising Smokers and Tobacco Users to Quit*	64.23% ↓	∅
Discussing Cessation Medications*	36.89% ↓	∅
Discussing Cessation Strategies*	35.54% ↓	∅

Teal shading and ↑ Indicates the demographic category score is significantly higher than the Non-Hispanic score.
Purple shading and ↓ indicates the demographic category score is significantly lower than the Non-Hispanic group's score.
* Indicates measure is for the adult population only.
∅ Indicates the score is not significantly higher or lower than the Non-Hispanic score.

Strengths and Growth Opportunities: By Respondent Geography

2024 NC Medicaid Program Comparing Positive Ratings Results by Respondent Rurality – Significant Findings Only

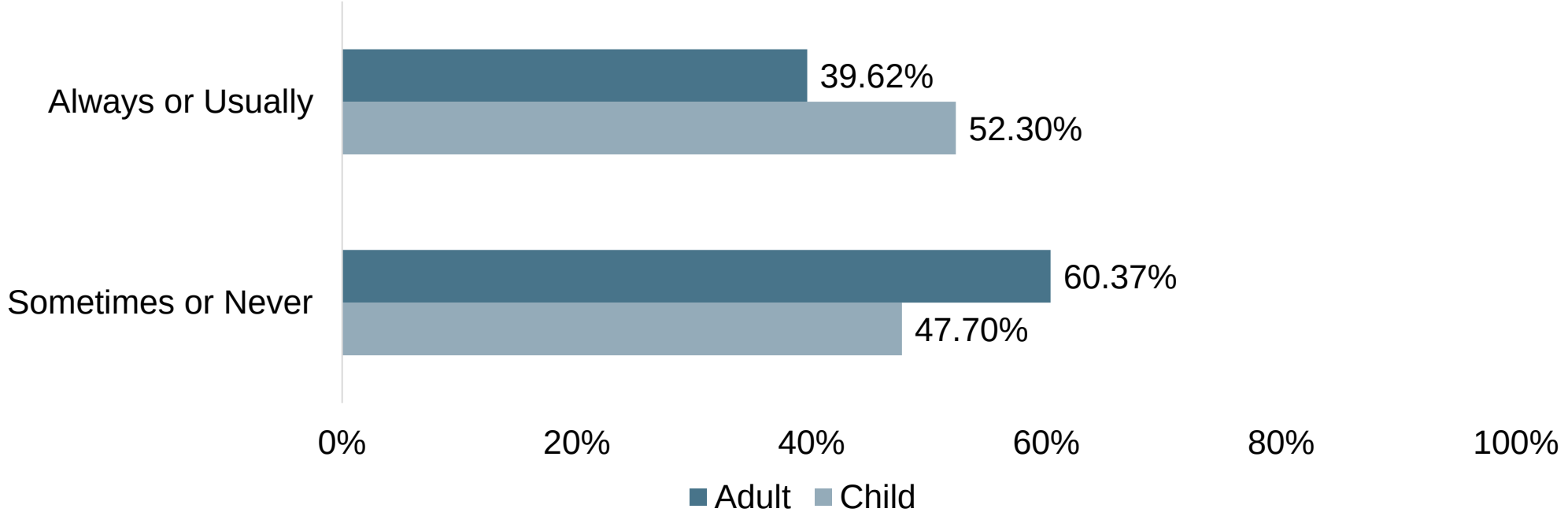
Measures	Rural Respondents	
	Adult	Child
General Health Status	**59.54 ↓**	∅
Mental or Emotional Health Status	**65.38% ↓**	∅
Rating of Specialist Seen Most Often	∅	90.28% ↑
Rating of Personal Doctor	∅	**89.16% ↓**

Teal shading and ↑ Indicates the demographic category score is significantly higher than the Urban score.
Purple shading and ↓ indicates the demographic category score is significantly lower than the Urban score.
∅ Indicates the score is not significantly higher or lower than the Urban score.

Very few significant differences were found between rural and urban respondents. This may indicate that experiences of care do not substantially differ based on beneficiary's geography.

Strengths and Growth Opportunities: Mental Health Supplemental Items

How Often 2024 Adult and Child NC Medicaid Program Respondents Among Those Who Needed Counseling or Mental Health Treatment Received An Appointment As Soon As They/Their Child Needed



While only 39.62% of adult respondents indicated they usually or always received an appointment for mental health treatment as soon as they need it, the majority (52.3%) of child respondents usually or always received an appointment for mental health treatment for their child as soon as they needed it.

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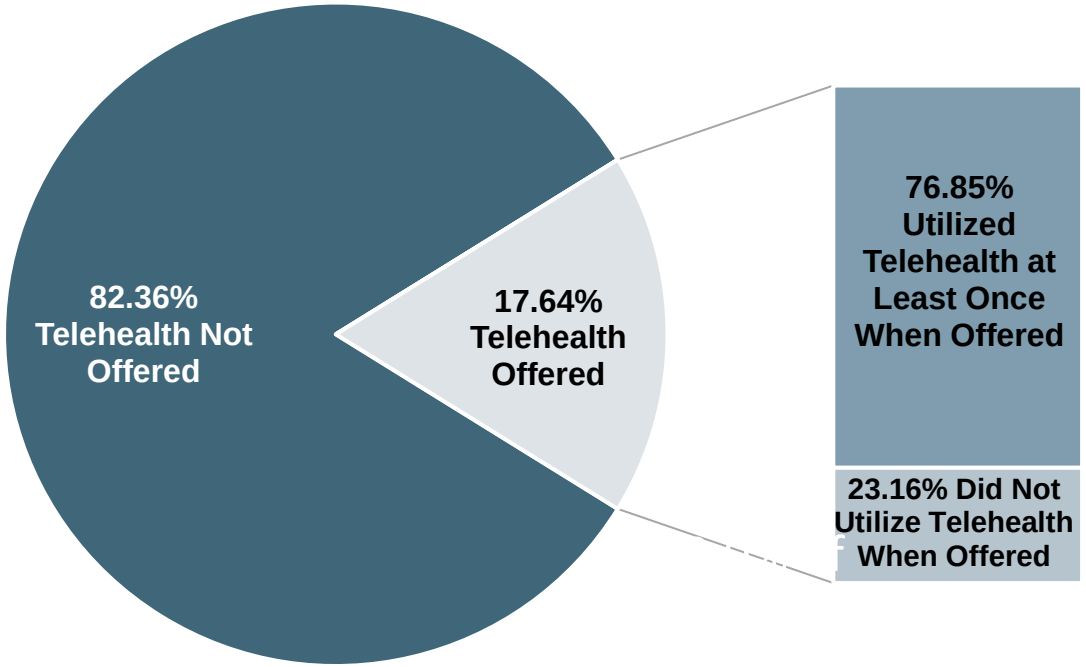
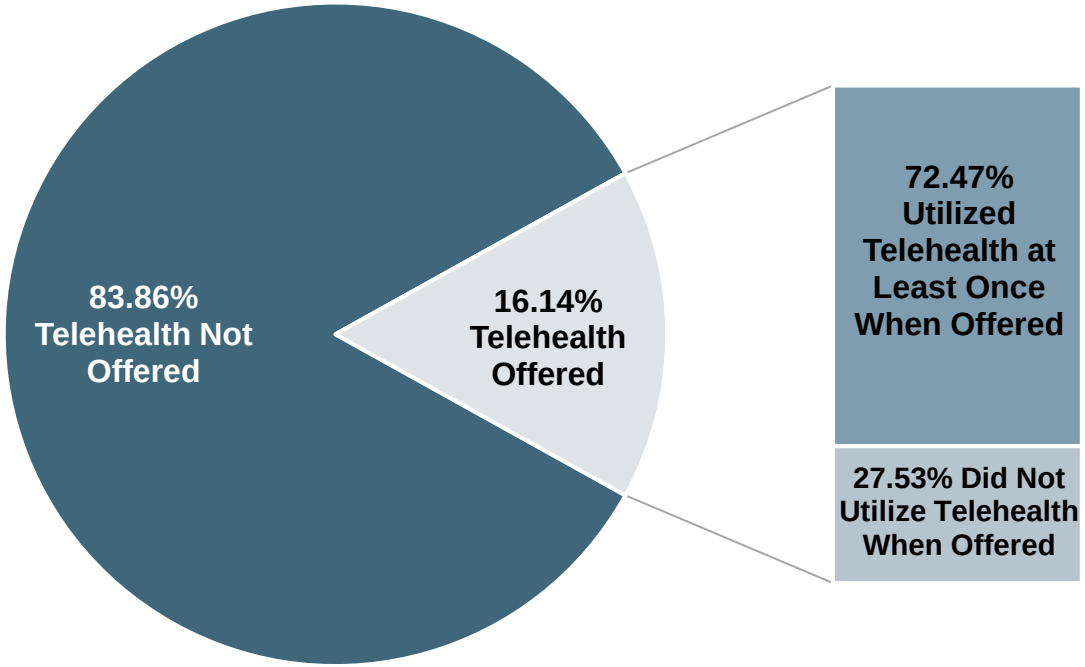
Strengths and Growth Opportunities: Telehealth Supplemental Items

2024 Adult Respondents Offered Telehealth Instead of In Person Appointment and Utilization When Offered



2024 Child Respondents Offered Telehealth Instead of In Person Appointment and Utilization When Offered



Despite telehealth rarely being offered instead of an in-person appointment to both adult and child respondents, utilization of telehealth when offered remained *high*.

Key Takeaways

- When compared to NCQA National Percentiles, North Carolina reported more measures with higher percentiles rather than lower percentiles. This may indicate that the NC Medicaid Program is performing higher than National Averages.

- There was no distinct pattern among significant differences by self-identified race and ethnicity. However, Other race and Hispanic ethnicity respondents had significantly lower ratings for multiple measures compared to their non-Other and non-Hispanic counterparts, respectively.

- There were few significant differences between rural and urban respondents which may indicate that experience of care does not substantially differ based on beneficiary geography.

- Among those who needed counseling or mental health treatment, child respondents usually or always received an appointment as soon as their child needed one more frequently than adult respondents.

- Telehealth was offered instead of in-person appointments infrequently. Among those who were offered telehealth appointments, most chose to use telehealth services at least once.

Thank you!

To view the full report and corresponding two-page summary for the 2024 survey, please visit NC Medicaid's Quality Management & Improvement webpage:
medicaid.ncdhhs.gov/reports/quality-management-and-improvement

Credentialing Committee Updates

Susan Sartain

What is the NC Medicaid Credentialing Committee?

NC Medicaid will establish a Provider Credentialing Committee that will render final decisions on submitted applications. These decisions will be based on information found during the credentialing process.

Findings may include information disclosed by the provider as well as information discovered through background checks and continuous monitoring conducted independently of applications, **including National Practitioner Data Bank (NPDB) checks**.

Applies to all Division of Health Benefits (DHB), Division of Mental Health (DMH), Division of Public Health (DPH), Office of Rural Health (ORH), and all managed care health plan practitioners.

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When are providers reviewed by the Credentialing Committee?

The Credentialing Committee may review a provider's enrollment application (*see below*) based on adverse findings during the credentialing process.

In addition, the Credentialing Committee may review a provider's continued participation when ongoing monitoring reveals findings that can impact eligibility.

Applications with no findings will be ratified by the Credentialing Committee but will not be subject to further review.

Initial

Re-enrollment

Maintenance
(In the event the provider adds a credential, criminal disclosure, service location, etc.)

Recredentialing

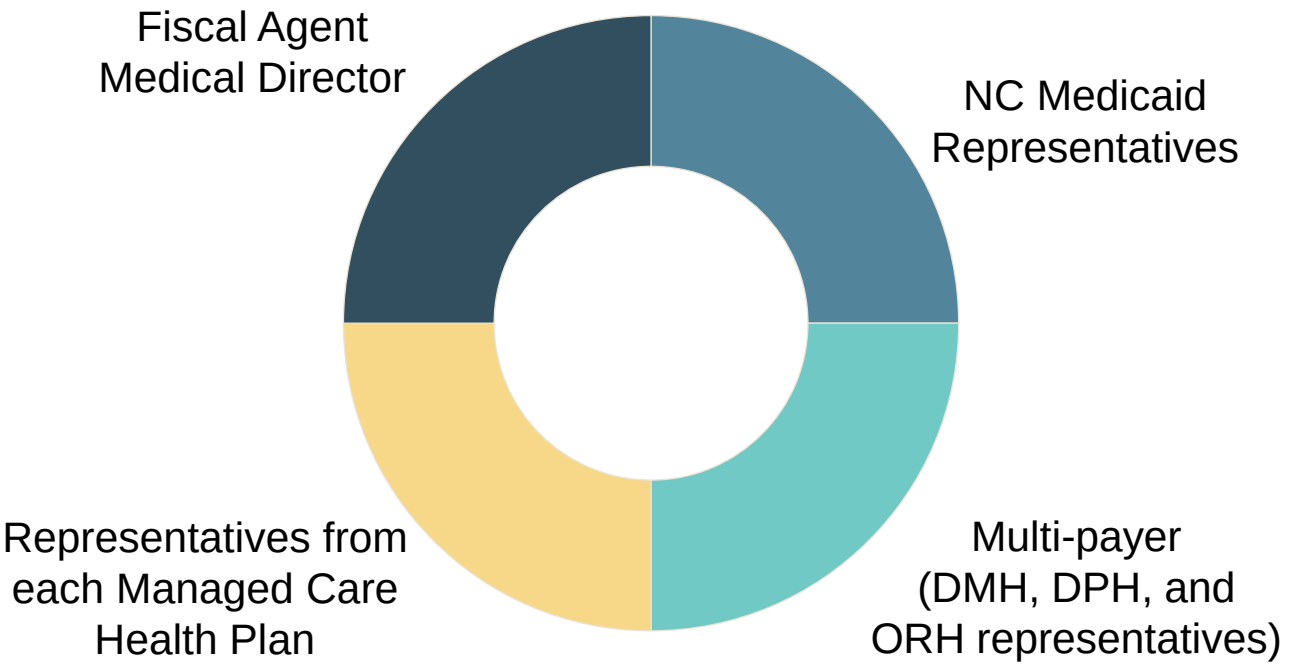
Ongoing Monitoring

Who makes up the Credentialing Committee?

The Credentialing Committee is comprised of voting and non-voting members.

Non-voting members may include, as needed, the:

- Credentialing Coordinator
- Peer Expert Specialists
- Peer Expert Non-Physician Practitioners



Credentialing Committee

A deeper look

Only applications with discretionary issues will be discussed in the Credentialing Committee meeting with brief ratification of the “clean” applications.

The Credentialing Committee will:

- Meet once per week
- Pre-review practitioner's profiles for discussion at next meeting
- Ratify clean applications
- Maintain charter and bylaws (and any revisions) to ensure adherence to Medicaid, NCQA, Federal and State standards for participation

Individual Provider Attestation

Additional requirements to align with standards set by the National Committee for Quality Assurance (NCQA)

GDIT will create a new attestation and process for individual providers to electronically sign through the Provider Portal.

- **Only required** for initial enrollment, re-enrollment, and re-verification
- Will apply to new applications submitted after implementation; **will not affect inflight applications**
- An Office Administrator (OA) will complete the application but will not be able to submit it until it is verified, signed, and attested to by the provider
- Upon email notification, the Provider will be able to verify and attest the application information
- During this process, application information **may not be modified**. Providers will only have the option to Approve or Reject the information. If rejected, the OA will then have the option to modify the information and resend it to the provider without needing to start over.
- An email will be sent to the OA when attestation is complete informing them whether the Provider attests to or rejects the information

Race, Ethnicity, and Languages Spoken by Practitioner

Additional requirements to align with standards set by the National Committee for Quality Assurance (NCQA)

GDIT will also start capturing a provider's race, ethnicity, and languages (the provider speaks) on individual provider enrollment applications.

- Will only apply to Individual and Atypical Individual providers for all application types
- An option will be available for provider to opt out of providing race, ethnicity, and language responses
- Race, ethnicity, and language responses will be editable in the Provider Portal

National Practitioner Data Bank (NPDB) Checks

Additional requirements to align with the standards set by the National Committee for Quality Assurance (NCQA)

NPDB checks for malpractice claims for individual providers is being added to the application process

- Credentialing Committee is necessary in order to query this database
- Negative results, as determined by the bylaws, will go to the Committee for determination

Credentialing Committee

Learn more

Credentialing Committee Fact Sheet

Credentialing Committee Web Page

Register: NC Medicaid Provider Operations and NC AHEC Virtual Office Hours: June 5, 2025

NC Medicaid Bulletins & Other Communications

Contact
Medicaid.credcommittee.stakeholders@dhhs.nc.gov

Reminders for Incarcerated Beneficiaries & CAA 5121 Updates

Christy Berrong

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Division of Health Benefits

Incarceration & Suspension / Unsuspension of Benefits

- Incarcerated Medicaid beneficiaries have their Medicaid benefit placed in a **suspended status as of the day after they become incarcerated**. Exception: individuals in county jails do not have benefits suspended until they are incarcerated for more than 30 days.
- Upon release from incarceration, the benefit will be **unsuspended as of the date of release**. *Note*: There can be a lag in the release status being reflected in NCTracks, but the benefit will be unsuspended retroactive to the date of release.
- All beneficiaries whose Medicaid was suspended during incarceration will be enrolled in **NC Medicaid Direct (or EBCI Tribal Option, if applicable)** upon release, regardless of the delivery system they were in prior to incarceration.

Standard Plan Beneficiary enters prison on Jan. 7

- Incarceration date must be recorded in NC FAST to update benefit history in NCTracks.
- Once incarceration date is recorded, Medicaid benefit is suspended as of Jan 8. While benefits are suspended, NCTracks will display “RESTRICTIVE COVERAGE, INPATIENT SERVICES AT A HOSPITAL ONLY" and the beneficiary's Managed Care Status will be MCS023.
- Beneficiary is disenrolled from Standard Plan as of Jan. 8.

Beneficiary released from prison on June 16

- Release date must be recorded in NC FAST to update benefit history in NCTracks.
- Once release date is recorded, Medicaid benefit is unsuspended effective June 16.
- Individual is enrolled in NC Medicaid Direct as of June 16.

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Consolidated Appropriations Act (CAA) 5121 Update

CAA 5121 requires states to provide screening and diagnostic services and care management to eligible children/youth in the last 30 days of their placement and the first 30 days after release (care management only) who are being held post-adjudication. The effective date of these requirements is Jan. 1, 2025.

Eligible Individuals	Required Screening And Diagnostic Services	Required Care Management Activities
Medicaid-enrolled children and youth who are: ✓ Under 21 years of age or former foster youth ages 18 to 26; and ✓ Being held in a carceral facility post-adjudication	✓ Comprehensive health, developmental history, and physical examinations ✓ Appropriate vision, hearing, and lab testing ✓ Dental screening services ✓ Immunizations	✓ Comprehensive needs assessments (e.g., behavioral health, health-related social needs). ✓ Development of a person-centered care plan—including social, educational, and other underlying needs. ✓ Referrals and related activities (e.g., appointment scheduling) to link individuals to needed services in the community. ✓ Monitoring and follow-up activities (e.g., follow-up with service providers) to ensure the care plan is implemented.

Source: CMS State Health Official Letter, Provisions of Medicaid and CHIP Services to Incarcerated Youth.

Consolidated Appropriations Act (CAA) 5121 Update

- Centers for Medicare and Medicaid Services (CMS) offered states a **glidepath approach** to implementation of CAA 5121 requirements. NC Medicaid plans to phase-in these requirements, **beginning with the state's five youth development centers**, operated by the Department of Public Safety (DPS), Division of Juvenile Justice and Delinquency Prevention (DJJDP).
- **Screening and diagnostic services** will be provided by **local community health centers**. **Reentry care management** will be provided by Local Management Entities / Care Management Organizations (**LME/MCOs**) or by the Cherokee Indian Hospital Authority (**CIHA**).

More details on CAA and incarceration can be found here:

- **NC Medicaid Provider Bulletin:** medicaid.ncdhhs.gov/blog/2025/04/15/changes-required-justice-involved-youth-per-section-5121-2023-consolidated-appropriations-act-caa
- **CAA 5121 Fact Sheet:** medicaid.ncdhhs.gov/medicaid-services-justice-involved-youth-per-section-5121-2023-consolidated-appropriations-act/download?attachment

Provider Reminder: Medicaid for Pregnant Women

Michael Herrera

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Medicaid for Pregnant Women

Reminder: NC Medicaid for Pregnant Women (MPW) is full Medicaid.

- Effective **April 1, 2022**, NC Medicaid coverage for pregnant beneficiaries extends to the **last day of the month in which the 12-month postpartum period ends**.
- All NC Medicaid beneficiaries who are pregnant and have benefits in a program that covers the birth of the child will be able to access **full coverage NC Medicaid benefits** for the duration of pregnancy and the extended 12-month postpartum period.
  - For example, **MPW** covers things like **primary care visits** and dental services for the **full 12-month postpartum period** after the day of delivery.
- Prior Authorization guidelines previously in place to limit services related to pregnancy and other conditions that may complicate pregnancy were removed.
- **No unique billing** requirements.
- Providers should align services with clinical coverage policy and billing guidance when billing for services provided to MPW members.

Medicaid for Pregnant Women (cont.)

References for Providers:

- **Clinical Policies**
  - Program Specific Clinical Coverage Policies | NC Medicaid – save this link!
  - Policy 1 E-5, Obstetrics, Section 3.6 revised in April 2022 to note that “full array of health care services are covered during their eligibility period” for MPW beneficiaries.

- **Provider Bulletins**
  - Changes to the 1E-5 Obstetrical Services Policy Effective April 1, 2022
  - Medicaid for Pregnant Beneficiaries Coverage Limitations End March 31, 2022

- **Fact Sheet**
  - NC Medicaid’s New Extended Postpartum Coverage (March 2022)

2025 NC Medicaid Long Term Care Services & Supports (LTSS) Forum

Sabrena Lea

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

2025 LTSS Forum- June 4-5, 2025

We invite you to the 2025 NC Medicaid LTSS Forum, taking place June 4–5, 2025.

This two-day, statewide forum is a premier opportunity to connect with LTSS providers, advocates, stakeholders, and thought leaders in North Carolina.

This year's theme, **"We're All in This Together 3.0".**

This highlights our shared commitment to strengthening Long Term Services and Supports through collaboration, innovation, and community engagement.

- Registration Information: 2025 NC Medicaid Forum
- Interested in Being a Vendor: Reserve your spot here!
- Forum Location:

Hilton Raleigh North Hills

3415 Wake Forest Road

Raleigh, NC 27609

NC DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Health Benefits

Featured Speakers and Topics

Featured Speakers *(but not limited to)*

- Jay Ludlam, NC Medicaid Deputy Secretary
- Dr. Janelle White, NC Medicaid Chief Medical Officer
- Adam Levinson, NC Medicaid Chief Financial Officer
- Joyce Massey-Smith, Director, NC Division of Aging and Adult Services
- Andy McCraken, Director of Center for Workforce Health

Forum Topics *(but not limited to)*

- All Ages, All Stages NC- NC Multi Sector Plan on Aging Updates
- Disaster Preparedness for Special Populations
- NC Medicaid Outlook Presentation
- Centers for Medicaid and Medicare (CMS) Updates


QUESTIONS?