

1 10A NCAC 22L .0203 is proposed for re adoption without substantive change as follows:

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3 **10A NCAC 22L .0203 ACCESS TO CARE**

4 (a) In-plan and out-of-plan services shall be listed in the contract between the HMO and ~~the Division, DMA.~~ The  
5 HMO shall pay for all in-plan services when provided in accordance with the HMO's policies and procedures. The  
6 Division DMA shall pay for all out-of-plan services provided in accordance with the Medicaid State Plan. ~~policies~~  
7 ~~and procedures.~~ The Division of Medical Assistance has the authority to shall deny payment for in-plan services not  
8 provided nor authorized by the HMO.

9 (b) HMO members shall receive all in-plan services from their HMO or its subcontractors except:

- 10 (1) emergency medical services as defined in 42 U.S.C. 1396u-2(b)(2)(B) ~~4932(b)(2)(B)~~ and ~~(C) (E)~~,
- 11 ~~which that~~ could not be provided by the HMO because the time to reach the in-plan provider capable
- 12 of providing such services would have meant risk of serious damage or injury to the member's
- 13 health;
- 14 (2) Medicaid-covered family planning services and supplies;
- 15 (3) services provided by a public health department for the screening, diagnosis, counseling, or
- 16 treatment of sexually transmitted diseases, tuberculosis, ~~tuberculosis~~ or HIV; ~~and or~~
- 17 (4) services for which the HMO has referred the member to an out-of-plan provider.

18 (c) The HMO shall make payment for in-plan services in Paragraph ~~(b) (b)~~, of this Rule ~~Rule~~, in an amount agreed  
19 upon by the provider and the HMO. ~~In the absence of such an agreement, payment shall be made in the amount of~~  
20 ~~the Medicaid allowable fee.~~

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22 *History Note: Authority G.S. 108A-25(b); 42 U.S.C. 1396u-2(b)(2)(B),(C);*  
23 *Eff. August 3, 1992;*  
24 *Amended Eff. April 1, 1999; 1999.*  
25 *Readopted May 1, 2018.*

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