

DMA MCAC Legislative Provision Summary

S.L. 2016-94 [Appropriations Act] Provision Number and Title	DMA Section(s) Affected	SPA Needed?	SPA Effective Date	Waiver Needed?	Waiver Effective Date	Legislative Report(s) Required?
Column1	Column2	Column4	Column5	Column6	Column7	Column8
12H.1. Accounting for Medicaid Receivables as Nontax Revenue: For SFY2017, DHHS shall deposit from its revenues \$147M w/ Dept. of State Treasurer as nontax revenue.	Budget	No		No		No
12H.2. Medicaid Recovery and ABLER Accounts: Amends G.S. 147-86.73 to require ABLER account application forms to include notice of the State's right to estate recovery from Medicaid beneficiaries.	Finance / Third Party Liability	No		No		No
12H.3. Contract to Recover Certain Overpayments and Reporting on Prepayment Fraud: Requires DMA to: 1) issue an RFP by December 1, 2016 for recouping overpayments of ≤ \$150; and 2) submit a report on prepayment claims review & fraud prevention to the JLOC.	Compliance and Program Integrity	No		No		Yes
12H.4. Clarify DHHS Authority to Administer Medicaid and NC Health Choice Programs: Amends G.S. 108A-54 to clarify that DHHS is the Single State Agency.	All	Yes, but already at CMS		No		No
12H.5. Expand Support for Patients with Alzheimer's Disease. Authorizes CAP/DA 320 slot expansion and appropriates \$1.5M.	Clinical Policy	No		Yes	1-Jan-17	No
12H.6. Increase Nursing Rates for CAP-C: requires DMA to increase the RN and LPN reimbursement rate by 10%	Reimbursement	No		Yes	TBD; dependent on CMS approval	No
12H.7. Remove Sunset on Medicaid Eligibility / COLA Disregard: Amends 2012 session law to allow the COLA disregard to continue.	Eligibility	TBD; see existing SPA		No		No
12H.8.(a) Studies to be Conducted by DMA: requires DMA to study the impact of covering (without co-pays) all adult preventive services under USPTF and ACIP recommendations.	Finance, Clinical Policy	No		No		Yes
12H.8.(b) Studies to be Conducted by DMA: requires the Department to study the adequacy of reimbursement rates for numerous residential treatment services.	Finance, Clinical Policy	No		No		No
12H.9. Study Medicaid Coverage for School-Based Health Services: Requires DMA to submit a report to the JLOC and FRD analyzing the fiscal impact to DHHS and LEAs to add more Medicaid services to covered school-based services	Clinical Policy, Finance	No		No		Yes
12H.11. Study Innovations Waiver Waitlist: Requires the JLOC on Medicaid and NCHC to study causes and solutions, single stream funding, federal mandates regarding service coverage, including for the treatment of autism.	N/A	No		No		Yes
12H.12. Medicaid Graduate Medical Education Payments: authorizes exploration of options to maintain or expand GME reimbursement. See also: S.L. 2016-121, Section 2.(j).	Finance	No		No		No
12H.13. Rates Paid to FQHCs and RHCs: Requires DMA to adjust reimbursement rates to the two provider types in accordance with federal statutes and guidance.	Finance	Yes	1-Jul-16	No		No
12H.15. Evaluate Medicaid and NCHC Behavioral Health Provider Classification: Requires a legislative report to the JLOC on Medicaid and NCHC regarding the classification of BH agencies (excluding CABHAs) as "high" categorical risk in G.S. 108C-3(g).	Provider Services, Behavioral Health	No		No		Yes
12H.16. Completion of Performance Audit of County DSS Administration of the Medicaid Program: Requires the State Auditor to complete the performance audit and report to the JLOC on HHS and FRD.	N/A	No		No		Yes

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<p>12H.17. Medicaid Eligibility Determination Timeliness: Requires DMA to submit reports to the JLOCs on Medicaid and NCHC and HHS and the FRD regarding numerous quantifiable measures of application determination timeliness. Amends Chapter 108A to add requirements and sanctions regarding eligibility processing timeliness at the county level (including EBCI). Amends Chapter 150B to authorize counties to appeal adverse decisions and petition for contested cases at OAH. Authorizes DHHS rulemaking.</p>	Eligibility	Yes	1-Jan-17	No		Yes
<p>12H.18. Critical Medicaid Positions: Appropriates \$1,150,000 for 25 critical positions to enhance staffing in DMA</p>	Finance, Budget	No		No		No