

**PUBLIC NOTICE
(SPA 24-0037)**

HOSPITAL PROGRAM TRANSFER OUTLIERS

The Department of Health and Human Services, Division of Health Benefits hereby provides notice of its intent to amend the Medicaid State Plan Attachment 4.19-A, Page 5-6, and Attachment 4.19-A, Page 24.

This amendment adds language to clarify when hospital transfers qualify for outlier payments and includes a detailed list of applicable discharge status codes that determine payment eligibility. The changes outlined are clarifications or procedural adjustments that should not have a financial impact.

This amendment will become effective December 1, 2024.

The annual estimated State Fiscal Impact of this change is:

- a. **SFY 2025 \$0.00**
- b. **SFY 2026 \$0.00**

A copy of the proposed public notice may be viewed at the County Department of Social Services. Questions, comments and requests for copies of the proposed State Plan Amendment should be directed to the Division of Health Benefits at the address listed below:

Jay Ludlam
Deputy Secretary for NC Medicaid
Division of Health Benefits
2501 Mail Service Center
Raleigh, NC 27699-2501
medicaidrulescomments@dhhs.nc.gov

Posted on the Division of Health Benefits Website: November 25, 2024
<https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan>