

**NC MEDICAID MANAGEMENT INFORMATION  
SYSTEM+ (NCMMIS+) PROGRAM**

**Quarterly Report  
to the  
North Carolina General Assembly  
February – April 2013**

**APPENDIX E – STATE LEGISLATIVE  
MANDATES**

**State of North Carolina  
Department of Health and Human Services**

**July 1, 2013**



## APPENDIX E – STATE LEGISLATIVE MANDATES

### Calendar Year 2010

Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2010-002</a>	H 589	State Health Plan/ Cover Hearing Aids/ Autism	Requires health benefit plans and the State Health Plan to cover hearing aids and replacement hearing aids	Potential impact on R&A reporting tables if State Health Plan claims data is included in this project
<a href="#">2010-003</a>	H 1707	SHP/Aged-Out Dependents; Tobacco Use Testing	<ul style="list-style-type: none"> <li>Allows already-enrolled dependent children under the age of twenty-six who are not eligible for employer-based health care to remain on the North Carolina State Health Plan for Teachers and State Employees for plan year 2010-2011</li> <li>Directs the State Health Plan to consult with the Committee on Hospital and Medical Benefits before implementing any tobacco use testing program</li> </ul>	Potential impact on R&A reporting tables if State Health Plan claims data is included in this project
<a href="#">2010-031</a>	S 897	Appropriations Act of 2010	Modifies the Current Operations and Capital Improvements Appropriations Act of 2009	<p>Items that may impact MMIS include:</p> <ul style="list-style-type: none"> <li>CAPMR/DD Waiver changes</li> <li>2010-31 s. 10.24, <i>Statewide Expansion of Capitated 1915(b)(c) Behavioral Health Waivers</i> was repealed by 2011 – 102 s.1</li> <li>Replaced by the 2011 Appropriations Act changes to reimbursement rates and program benefits</li> <li>Add Never Events as non-covered by Medicaid State Plan</li> <li>Modify the Medicaid Recipient Appeal Process</li> </ul>



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<a href="#">2010-068</a>	S 1193	Implement LTC Partnership Program	<ul style="list-style-type: none"> <li>Implements the Long-term Care Partnership Program, to ensure that North Carolina's long-term care insurance laws comport with the Long-term Care Partnership Provisions in the federal 2005 DRA</li> <li>Authorizes the sharing of confidential information among the North Carolina Department of Insurance, entities that contract with the federal government, and other governmental agencies, as recommended by the North Carolina Study Commission on Aging</li> </ul>	<ul style="list-style-type: none"> <li>May require collection and storage of new or modified data elements in NCTracks, including changes to system screens to display data element(s)</li> <li>Potential reporting changes for R&amp;A and NCTracks</li> <li>Potential changes to inbound and/or outbound interface requirements for NCTracks</li> </ul>
<a href="#">2010-070</a>	H 382	Health Choice Program Review Process	<ul style="list-style-type: none"> <li>Creates the Health Choice Program Review Process to continue the current review process for program applicants and recipients appealing enrollment and eligibility decisions</li> <li>Creates a new review process for program recipients to appeal health services decisions</li> <li>Adds the health services review process to the agencies and proceedings currently exempted from the contested case provisions of the Administrative Procedure Act</li> </ul>	<ul style="list-style-type: none"> <li>Changes to existing appeal process letters and creation of new letter to inform NCHC recipients of new appeal process</li> <li>Potential to add new data fields in NCTracks to document recipient appeal process</li> <li>Potential for new standard and ad-hoc reports from R&amp;A and NCTracks to monitor adherence to service level agreements for timeliness of appeal process steps</li> </ul>



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<a href="#">2010-088</a>	H 1692	Medicaid Dental/ Special Needs Population	Requires the Department of Health and Human Services' Division of Medical Assistance and the Division of Public Health to explore issues related to providing dental services to the special needs population. Report results to be delivered on or before 11/15/11	<ul style="list-style-type: none"><li>• Based on study's final set of recommendations, potential future NCTracks' data fields to collect and report on total services and costs of dental care related to special health needs recipients in long-term care (LTC) or group homes</li><li>• Potential future impact on provider enrollment requirements/data collection/reporting related to dental services for special needs recipients</li><li>• Note: "Special Needs" designation for children enrolled in NCHC will end effective 10/01/11, per pending Title XXI State Plan Amendment. "Special Needs" designation expanded covered benefits for NCHC children to include Medicaid services not otherwise covered under the Title XXI benefit plan</li></ul>



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<a href="#">2010-093</a>	H 1703	Adult Day Care Criminal Record Check Process	Directs the Division of Aging and Adult Services, Department of Health and Human Services, to study the issue of criminal history record checks for current and prospective owners, and operators, as well as volunteers of adult day care programs and adult day health services programs, as recommended by the North Carolina Study Commission on Aging. Findings to be reported on or before 11/01/10	<ul style="list-style-type: none"> <li>• May affect eligibility and new enrollment requests for specified providers in NCTracks including extended application processing timeline</li> <li>• May result in disenrollment of existing providers based on expanded credentialing requirements</li> <li>• Potential new interfaces in NCTracks with professional organizations and criminal history databases</li> <li>• Increased cost to credential existing providers and new applicants to cover background checks on expanded individuals subject to criteria</li> <li>• Potential future impact on reporting from R&amp;A and NCTracks related to adult day care services providers</li> </ul>
<a href="#">2010-118</a>	S 765	Pooled Trusts/ Medicaid Reimbursement	Amends the General Statutes with respect to community third party trusts and Medicaid pooled trusts, and to provide for Medicaid reimbursement in certain circumstances	<ul style="list-style-type: none"> <li>• Potential changes to determining eligibility for certain programs based on assets used to determine family or individual income</li> <li>• May require collection of new or modified data elements in NCTracks</li> <li>• Potential reporting changes for R&amp;A and NCTracks</li> <li>• Potential changes to NCTracks Estate Recovery rules regarding specified trust, impacting State reimbursement of medical expenditures from estate after death of covered recipient</li> </ul>



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<a href="#">2010-120</a>	S 1392	State Health Plan/ Court-Ordered Guardianships	Allows state employees to enroll children for which they are court-appointed guardians as dependents in the North Carolina State Health Plan for Teachers and State Employees	<ul style="list-style-type: none"> <li>• Potential impact on R&amp;A reporting tables if State Health Plan claims data is included in this project</li> <li>• Increased potential NC SHP enrollees and claims, resulting in increased costs due to expanded data storage and reporting needs</li> <li>• Potential new reports from R&amp;A project to track and report data from new enrollee category, service utilization, and costs related to other plan enrolled members</li> </ul>
<a href="#">2010-121</a>	H 1705	Consumer Guidelines for Hearing Aid Purchases	Requires the Hearing Aid Dealers and Fitters Board to coordinate a task force that will develop guidelines for consumers to use when purchasing a hearing aid, as recommended by the North Carolina Study Commission on Aging. Study findings due 10/15/10	Has potential impact, but any recommended guidelines or standards should be external to existing NCMMIS+ projects [Update note: <a href="#">S.L. 2011-020</a> (HB 60) extends this task force activity to November 15, 2011.]
<a href="#">2010-128</a>	S 354	Continuing Care Retirement Community/Home Care	<ul style="list-style-type: none"> <li>• Permits continuing care retirement communities to provide or arrange for home care services without providing lodging when those services are provided adjunct to a contract for continuing care</li> <li>• Requires Department of Insurance and the Department of Health and Human Services to study issues related to continuing care retirement communities providing home care services without providing lodging</li> </ul>	<ul style="list-style-type: none"> <li>• Adds new provider type for Home Health Services – and impacts cross-walk from Legacy MMIS to NCTracks taxonomic value</li> <li>• New application and credentialing criteria required for NCTracks (paper and web-based)</li> <li>• Potential need to collect future new data elements or modification of existing data elements in NCTracks</li> <li>• Potential reporting changes for R&amp;A project and NCTracks</li> </ul>
<a href="#">2010-152</a>	S 900	Studies Act of 2010	Provides for studies by the Legislative Research Commission, statutory oversight committees and commissions, and other	The following studies could lead to changes in NCMMIS+ projects: <ul style="list-style-type: none"> <li>• Consolidation of State Agencies &amp; Departments</li> </ul>



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			agencies, committees, and commissions	<ul style="list-style-type: none"> <li>• Expansion of covered services by Certified Nurse Midwives</li> <li>• Efficient E-Commerce via increased automation, EFT and direct deposit, paperwork reduction, and lowered financial transaction costs</li> <li>• Potentially require LTC facilities to carry liability insurance to retain or obtain licensure (would impact NCTracks credentialing and provider enrollment)</li> <li>• Creation of State Diabetes Coordinator position may result in benefits, payment rates, and reporting for diabetes services</li> <li>• Monitor Impact of Revised Requirements for Personal Care Services for elderly and disabled</li> <li>• Study of mental health services provided to recipients, family support, early detection, and new models of treatment</li> <li>• CCNC requirement to collect BMI (Body Mass Index) from all enrolled Medicaid and NCHC recipients and develop preventive and treatment modalities</li> <li>• Cost effectiveness of supportive housing as alternative to institutionalization (MH/DD/SA)</li> <li>• Prescription Drug Abuse</li> </ul>



Calendar Year 2011

Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2011-011</a>	<a href="#">S 32</a>	Hospital Provider Assessment Act	<p>Adds new Article 7, <i>Hospital Provider Assessment Act</i>, to G.S. Chapter 108A</p> <ul style="list-style-type: none"> <li>Imposes assessments on hospitals to provide revenue to improve funding for payments for hospital services provided to Medicaid and uninsured patients</li> <li>All assessment proceeds and corresponding matching federal funds must be used to make the payments required under the new G.S. §108A-124</li> <li>Requires DHHS to file a State Plan amendment with CMS</li> </ul>	<ul style="list-style-type: none"> <li>R&amp;A and NCTracks new data collection and reporting requirements</li> <li>New NCTracks requirement for invoicing, collecting funds, and tracking assessments paid by designated hospitals</li> <li>NCTracks development and maintenance of financial criteria to re-determine billing amount calculation annually</li> <li>Develop new processes for fund distribution to eligible facilities, State Controller, and refunds</li> </ul>
<a href="#">2011-012</a>	<a href="#">S 7</a>	Add Controlled Substances	<p>Adds Mephedrone, Methyenedioxyprovalerone and certain derivatives of 2-Amino-1-Phenyl-1-Propanone, and synthetic cannabinoids to the list of controlled substances</p>	<ul style="list-style-type: none"> <li>NCTracks program changes to covered/non-covered drugs under Controlled Substance classes</li> <li>NCTracks and R&amp;A potential new reporting on requests for Prior Authorization and claims adjudication for named drugs</li> <li>Changes to Retro-DURUR reporting requirements</li> </ul>





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<a href="#">2011-090</a>	<a href="#">S 245</a>	Medicaid Billing by Local Health Departments	<ul style="list-style-type: none"><li>• Authorizes local public health departments, district health departments, and consolidated human services agencies ["LHDs"] to bill Medicaid through an approved Medicaid clearinghouse or through DHHS DPH</li><li>• Specifies LHD and DPH data collection and reporting requirements</li><li>• LHDs may re-bill outside of the HIS system any unpaid Medicaid claims submitted to HIS from July 1, 2010, forward</li></ul>	<ul style="list-style-type: none"><li>• New Trading Partner Agreements and interface testing for electronic claims submission and response</li><li>• Potential for Local HD to submit aggregate billing data for all claims and file detailed patient encounter date with DPH only; New requirements for interface and encounter processing/reporting with DPH</li><li>• Develop alternate electronic billing process for Local HD bypassing CNDS registration</li><li>• Impact to security in NCTracks to validate provider identity</li></ul>



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<a href="#">2011-099</a>	<a href="#">H 474</a>	Protect Adult Care Home Residents	<ul style="list-style-type: none"><li>• Strengthens adult care home infection control requirements</li><li>• Requires DHHS to develop guidelines prescribing the manner in which an adult care home is to report a suspected communicable disease outbreak to the local health department</li><li>• Requires DHR to annually inspect adult care homes for compliance with safe infection control standards</li><li>• Requires DHR and DHHS to develop mandatory, annual in-service training programs for medication aides and for supervisors on infection control, and to award continuing education credit upon successful completion</li></ul>	DHR BPAS: <ul style="list-style-type: none"><li>• Additional training, examination, and CE credit requirements will necessitate data and business rule development and/or modification</li><li>• Potential business rule changes after the rules development required by this law is completed</li><li>• Potential business rule modifications for inspections</li><li>• NCTracks changes to credentialing process for Adult Care Homes, including web pages, paper enrollment form, and collection/tracking of new data elements related to licensure and enrollment</li><li>• Potential for new database creation or interface to validate all requirements are met for licensure of each type of sub-provider within Adult Care Home</li></ul>



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<a href="#">2011-102</a>	<a href="#">S 316</a>	Additional Section 1915 Medicaid Waiver Sites	<p>Repeals S.L. 2010-31 s.10.24, <i>Statewide Expansion of Capitated 1915(b)(c) Behavioral Health Waivers</i></p> <ul style="list-style-type: none"> <li>Requires DHHS to implement additional 1915(b) (c) Medicaid waiver sites through a Request for Application (RFA) process for LME applicants who prove readiness</li> <li>Allows State facilities to disclose certain information for purposes of collecting payment</li> <li>Directs the distribution of a fund balance upon the dissolution of an area authority</li> <li>Contingent upon CMS approval of waiver expansion application</li> </ul>	<ul style="list-style-type: none"> <li>NCTracks business rules needed to accept and process encounter data from multiple entities in standardized format</li> <li>Changes to existing reports and new reports for NCMMIS+ and R&amp;A projects</li> <li>Expansion of managed care Fiscal Agent processes to include new entities</li> </ul>
<a href="#">2011-103</a>	<a href="#">S 608</a>	Health Care Sharing Organizations	<p>Declares that health care sharing organizations are exempt from health insurance regulation if the organization meets certain criteria, including:</p> <p>“Provides for the financial or medical needs of a participant through contributions from one participant to another in accordance with criteria established by the health care sharing organization.”</p>	<p>No direct impact to NCMMIS+ projects. This impacts regulation of such non-profit groups and does not exclude an individual from applying for other insurance. This impact is external to NCMMIS+ scope of work as currently defined</p>



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<a href="#">2011-104</a>	<a href="#">S 512</a>	Authorize Overnight Respite Pilot	<p>Requires DHHS to pilot an overnight respite program in qualified facilities that offer adult day care</p> <ul style="list-style-type: none"><li>• DHHS must adopt rules to ensure the health and safety of the overnight respite participants</li><li>• DHR will enforce the adopted rules</li><li>• The pilot adult day care programs must be selected and have received a DHR initial inspection by January 1, 2012</li><li>• DHR must conduct monitoring visits at least every six months</li><li>• DHR will be responsible for investigating complaints</li><li>• Each adult day care program participating in the pilot must periodically report the number of individuals served and the average daily census to DHR, on a schedule determined by DHR</li><li>• The act is repealed June 1, 2015</li></ul>	<p>DHR BPAS:</p> <ul style="list-style-type: none"><li>• New data and process requirements, to be determined after the required rule-making</li><li>• New interface requirement with Division of Aging and Adult Services</li><li>• Not a covered service under DHHS – no impact to benefit plan for this provider type in NCTracks</li></ul>



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<a href="#">2011-117</a> [Repealed and replaced by S.L. <a href="#">2012-142</a> , <a href="#">s.10.9.</a> ]	<a href="#">S 307</a>	Smart Card Biometrics Against Medicaid Fraud	<p>Establishes the NC Smart Card Pilot Program, for a 6 to 12-month period.</p> <ul style="list-style-type: none"> <li>The pilot program involves enrollment, distribution, and use of smart cards by designated recipients as replacements for currently used Medicaid assistance cards.</li> <li>Detailed requirements for the Program are specified in the Act.</li> <li>Report of pilot results due June 30, 2012.</li> </ul>	<ul style="list-style-type: none"> <li>Program administered by DMA Provider &amp; Recipient Services— potential that this could be delegated to Fiscal Agent</li> <li>May involve contract with 3<sup>rd</sup> party vendor to produce cards. NOTE: NCTracks was to produce NCHC ID cards, but this is being de-scoped for DIRM to produce Medicaid &amp; NC Health Choice cards.</li> <li>Fiscal agent call center will need new procedures instructing recipients on how to obtain replacement card(s). May require interface with 3<sup>rd</sup> party vendor to send requests.</li> <li>Equipment distribution, use, and training needed for all participating providers on recipient eligibility.</li> <li>Potential alternate “quick pay” reimbursement for providers</li> <li>New data sets (4) required for analysis of program success. Data collection and reporting potential impact to NCTracks and R&amp;A.</li> <li>Interface with DMV for photos and identify verification required.</li> </ul>
<a href="#">2011-145</a>	<a href="#">H 200</a>	Appropriations Act of 2011	Note: Provisions of this act are listed in a separate table in this Appendix	Please see the separate table for S.L. 2011-145 (HB 200)



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<a href="#">2011-185</a>	<a href="#">S 597</a>	Behavioral Health Services for Military	<p>Ensures that the behavioral health needs of members of the military, veterans, and their families are met</p> <ul style="list-style-type: none"> <li>• DMH/DD/SAS must collaborate with military agencies and other organizations to determine gaps in the care for traumatic brain injury, and report its recommendations by July 1, 2012</li> <li>• DMA and others must ensure that MedSolutions, Inc. is using the appropriate evidence-based diagnostic testing for screening and assessment of traumatic brain injury</li> <li>• DMH/DD/SAS and DMA must explore the possibility of implementing value-based purchasing or grants to provide additional reimbursement for certain providers, and define appropriate process and outcome measures on which to tie performance-based incentive payments</li> <li>• The Commission for MH/DD/SAS must adopt rules for LME staffing and training requirements</li> <li>• DMH/DD/SAS, in conjunction with others, must develop a training curriculum for community service organizations, and report on the curriculum by July 1, 2012</li> </ul>	<ul style="list-style-type: none"> <li>• Potential for future benefits available to expanded group of eligibles specific to head trauma and PTSD. Would require new health plan and benefit plan design under DMH for NCTracks multi-payer system</li> <li>• Potential to require alternate method of recipient eligibility to receive specific targeted services</li> <li>• Extensive referral potential from external entities. Issues include whether a referral equals a prior authorization for claims adjudication purposes</li> <li>• New provider type and type of service potential (new taxonomy and internal modifier in NCTracks)</li> <li>• Services provided through LMEs – unique requirements for claims handling needed</li> <li>• Reimbursement rates to be established for services</li> </ul>



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<a href="#">2011-189</a>	<a href="#">S 449</a>	Task Force on Fraud Against Older Adults	<ul style="list-style-type: none"> <li>• Directs the Consumer Protection Division, Dept. of Justice, to coordinate a Task Force on Fraud Against Older Adults, which must include DHHS representation</li> <li>• Task force must examine, among other things, establishing a statewide system to enable reporting on incidents of fraud and mistreatment of older adults</li> <li>• Interim report due by November 1, 2011, and final report with recommendations due by October 1, 2012</li> </ul>	<p>DHSR BPAS:</p> <ul style="list-style-type: none"> <li>• Future data interface/sharing and business rule changes, depending on action taken following task force recommendations</li> </ul> <p>MMIS:</p> <ul style="list-style-type: none"> <li>• Potential NCTracks and R&amp;A new reporting and data element collection specific to criteria as defined under this Task Force mission</li> </ul>
<a href="#">2011-202</a>	<a href="#">H 509</a>	Exclusions from Licensure: Home Services	Excludes from requirement to seek licensure as a mental health facility consumers living in their own home and receiving services	<p>DHSR BPAS:</p> <ul style="list-style-type: none"> <li>• Modify monitoring requirements to incorporate this exclusion from licensure requirement</li> </ul> <p>MMIS:</p> <ul style="list-style-type: none"> <li>• Provider – Changes to provider enrollment and credentialing questions for provider type to ensure that no license is required for these situations</li> </ul>
<a href="#">2011-249</a>	<a href="#">H 397</a>	DHHS Penalties and Remedies Revision	Revises licensure penalty classifications, processes, factors to be considered, and remedies pertaining to mental health facilities, adult care homes, and nursing homes	<ul style="list-style-type: none"> <li>• DHSR BPAS – Modify business and data rules, due to the legislative changes</li> </ul>



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<a href="#">2011-253</a>	<a href="#">H 618</a>	Streamline Oversight / DHHS Service Providers	<p>Streamlines duplicate oversight of certain DHHS service providers. The DHHS Secretary shall:</p> <ul style="list-style-type: none"> <li>• Direct that a rate-setting memorandum be prepared for every change or adjustment made in service definition, policy, rule, or provider requirements that impacts services provided in accordance with this act</li> <li>• Dissolve NC Treatment Outcomes Program Performance System (NC-TOPPS) Advisory Committee and establish a task force to improve the way data is accessible across services by August 1, 2011</li> <li>• Allow private sector implementation of an Internet-based, secure, and consolidated data warehouse and archive for maintaining corporate, fiscal, and administrative records of providers by September 1, 2011. The regulatory body that conducts administrative monitoring must use the data warehouse for document requests</li> <li>• Annually review updates to policy made by the certain national accrediting bodies, and take action to ensure that DHHS policy or procedural requirements do not duplicate them</li> </ul>	<p>MMIS:</p> <ul style="list-style-type: none"> <li>• Provider – Data collection and credentialing process changes with potential for interface to new database</li> <li>• Change to reference file maintenance process for pricing (will require rate setting memo)</li> </ul> <p>R&amp;A:</p> <ul style="list-style-type: none"> <li>• Optional creation of new provider administrative database for central access by multiple entities to avoid duplication of unfunded mandates (Internet-based). No recipient data will be stored here. Purpose to avoid duplication of multiple agencies conducting provider credentialing activities</li> </ul> <p>DHSR BPAS:</p> <ul style="list-style-type: none"> <li>• Data and process changes</li> </ul>





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<a href="#">2011-254</a>	<a href="#">H 629</a>	Substance Abuse Treatment	<ul style="list-style-type: none"> <li>Requires chemical dependency screening and assessing of criminal defendants ordered into residential treatment at Dept. of Correction-operated facilities</li> <li>If the screening indicates chemical dependency, the court must order an assessment to determine the appropriate level of treatment</li> <li>As a condition of probation, the court may require a defendant to undergo available medical or psychiatric treatment and remain in a specified institution if required for that purpose</li> <li>Requires the NC Substance Abuse Professional Practice Board to adopt rules related to the approval of substance abuse specialty curricula developed by a school, college, or university</li> </ul>	<ul style="list-style-type: none"> <li>Potential to impact facilities licensed by DHSR</li> <li>Potential need to coordinate with the Dept. of Correction with respect to these types of services</li> <li>See, e.g., S.L. <a href="#">2011-264</a>, s.1(a): Statewide restructuring of management responsibilities for the delivery of services for individuals with mental illness, DD, and SA disorders through expansion of the 1915(b)/(c) Medicaid Waiver – to result in the establishment of a system that is capable of managing all public resources that may become available for MH/DD/SAS</li> </ul>
<a href="#">2011-258</a>	<a href="#">H 808</a>	Revise Laws on Adult Care Homes	<ul style="list-style-type: none"> <li>Authorizes DHSR to waive annual inspections of adult care homes that achieve the highest rating</li> <li>Establishes an informal dispute resolution procedure for adult care homes to dispute cited inspection deficiencies</li> </ul>	DHSR BPAS – Data and business process modifications
<a href="#">2011-264</a> Amended by S.L. <a href="#">2012-151</a> , ss.13(a) and (b).	<a href="#">H 916</a>	Statewide Expansion of 1915(b)/(c) Waiver	<ul style="list-style-type: none"> <li>Directs a statewide restructuring of management responsibilities for the delivery of services for individuals with mental illness, DD, and SA disorders through expansion of the 1915(b)/(c) Medicaid Waiver – to result in the establishment of a system that is capable of managing all public resources that may become available for MH/DD/SAS</li> <li>Establishes requirements for DHHS and LMEs with respect</li> </ul>	<ul style="list-style-type: none"> <li>Phase out of existing CAP MR/DD benefit plan by July 1, 2013 to be replaced by waiver expansions statewide for all LMEs</li> <li>Potential impact to electronic claims filing procedures if LMEs elect single administration model where a single LME acts as general administrator for all state waiver participants (i.e. large claim files)</li> </ul>



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			<p>to statewide expansion of the 1915(b)/(c) Medicaid waiver</p> <ul style="list-style-type: none"> <li>• Revises counties' duties and county area authority standards</li> </ul> <p>DHHS responsibilities include, but are not limited to:</p> <ul style="list-style-type: none"> <li>• Designating <del>a single entity</del> <u>an area authority</u> to assume responsibility for all aspects of waiver management. [As amended by S.L. 2012-151, s.13(a).]</li> <li>• Using managed care strategies, including care coordination and utilization management, to reduce the trend of escalating costs in the State Medicaid Program</li> <li>• Phasing out the current CAP-MR/DD Waiver as well as the utilization management functions currently performed by public and private contractors. (LMEs must offer to contract with providers that were previously approved to provide targeted case management under the CAP-MR/DD Waiver, for the provision of Community Guide services.)</li> <li>• Selecting LMEs that have been assessed to meet minimum criteria for waiver operations. Later, requiring other LMEs to merge with or be aligned through an inter-local agreement with an LME that has been approved</li> <li>• Reassigning responsibilities to a different LME, if an LME fails to merge / align as required or fails to meet performance requirements of an approved contract with DHHS to operate a Waiver. [As amended by S.L. 2012-151, s.13(b).]</li> <li>• Determining the feasibility of adding habilitation services to the State Medicaid Plan</li> </ul>	<p>submitted from a single provider for statewide waiver services)</p> <ul style="list-style-type: none"> <li>• Increased reporting for existing managed care reports to expand to duplication of reports for current Piedmont Waiver Program for each new waiver entity</li> <li>• New reporting and interface/data collection requirements between CCNC, LMEs, and NCTracks</li> <li>• See also, S.L. 2012-151, <a href="#">below</a></li> </ul>



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			<p>through the 1915(i) Option</p> <ul style="list-style-type: none"> <li>• Considering the impact on ICF-MR facilities and minimize potential inconsistencies with the Certificate of Need (CON) law</li> <li>• Discontinuing the pilot program to administer the Supports Intensity Scale</li> <li>• Establishing written policies ensuring alignment of objectives and operational coordination</li> <li>• Submitting, in coordination with others, a strategic plan delineating specific strategies and agency responsibilities by October 1, 2011</li> <li>• Submitting status reports on the restructuring and expansion</li> </ul>	
<a href="#">2011-272</a>	<a href="#">H 677</a>	Discharge of Adult Care Home Residents	<ul style="list-style-type: none"> <li>• Amends the ACH residents' rights law and the associated Medical Care Commission rulemaking standards with respect to protections against transfer or discharge</li> <li>• Establishes a new process by which adult care homes can initiate the discharge of residents for specified reasons</li> <li>• Requires the DSS of each county to establish an "ACH resident discharge team" to assist with finding a placement for the resident, if needed</li> <li>• Establishes a new process for appeals of such discharges, utilizing a Hearing Unit to be designated within DMA. The Hearing Unit's decision is the final agency decision</li> <li>• Exempts hearings of appeals initiated by adult care homes from G.S. 15B contested case provisions</li> </ul>	DHSR BPAS – New data and process requirements



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2011-311</a>	<a href="#">S 670</a>	Revise Membership/Hearing Aid Fitters Board	<ul style="list-style-type: none"> <li>Allows dispensing by apprentices if supervised by a "Registered Sponsor," who must be <i>either</i> a board licensee <i>or</i> a licensed doctoral-level audiologist [formerly only board licensees could supervise]</li> <li>Requires registration by the board of non-licensee Registered Sponsors</li> </ul>	<ul style="list-style-type: none"> <li>This is a non-standard provider, but may require collection of additional data element for enrollment and credentialing process in Medicaid program</li> <li>Claims processing could be impacted if data regarding supervising provider does not meet criteria</li> </ul>
<a href="#">2011-337</a>	<a href="#">S 375</a>	NC Health Information Exchange Act	Regulates disclosure of protected health information through a voluntary, statewide HIE network. Each covered entity that elects to participate must enter into a business associate contract and a written participation agreement.	<ul style="list-style-type: none"> <li>Potential new interfaces for obtaining recipient eligibility and healthcare information (inbound/outbound)</li> <li>Potential new business rules and HIPAA agreements to exchange information between NCTracks and other Authorized Business Associates and authorized providers</li> <li>New scripts for call center and revised letters for recipients to advise them of right to opt out of having personal information shared through HIE</li> <li>New data elements and reporting to track opt-out and approval for release of protected medical information</li> </ul>
<a href="#">2011-346</a>	<a href="#">S 437</a>	Enact First Evaluation Program	<ul style="list-style-type: none"> <li>Adds a new waiver process and criteria for the DHHS Secretary to allow certain certified providers to conduct initial (first level) examinations for involuntary commitments of individuals with mental illness</li> <li>Requires DMH/DD/SAS to expand its standardized certification training program to include refresher training for all such certified providers</li> </ul>	MMIS-Provider – credentialing data and process



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2011-349</a>	<a href="#">S 474</a>	Photo ID for Certain Controlled Substances	Requires pharmacies to require photo identification prior to dispensing certain controlled substances	MMIS - Business process needed for point-of-sale (POS) for specified controlled substance classes to document that ID has been confirmed. This could change POS application development ongoing now with SureScripts and NCTracks
<a href="#">2011-355</a>	<a href="#">S 743</a>	Encourage Volunteer Health Care Providers	Amends physician and physician assistant licensure laws <ul style="list-style-type: none"><li>Broadens the applicability of "Limited Volunteer" license categories</li><li>Adds "Retired Limited Volunteer" license categories</li></ul>	MMIS - Provider: <ul style="list-style-type: none"><li>Data and business rules for credentialing MDs and PAs</li><li>Services furnished by these providers are not reimbursable – edits needed in claims processing to ensure claims are zero pay to performing provider</li><li>New reports and data elements regarding provider enrollment data collection</li><li>New provider type may be needed</li></ul>



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2011-375</a>	<a href="#">H 644</a>	Establish Pharmacy Audit Rights	<ul style="list-style-type: none"> <li>Establishes pharmacy audit rights and standards for recoupment of claims</li> <li>Authorizes a 30-day period to submit a written request for a reconsideration review to DMA</li> </ul>	<p>MMIS-Pharmacy:</p> <ul style="list-style-type: none"> <li>Audits &amp; recoupments business processes</li> <li>Impact to Program Integrity audit triggers, audit process, and provider appeal rights under audit</li> <li>Potential changes to financial module for recoupment of claims if provider appeals results of audit</li> <li>New edit may be required to identify pharmacy providers who are subject to audit or may have been identified for recoupment after audit. Needs to also identify if they have filed appeal and business rules related to recoupment if appeal is in process</li> </ul>
<a href="#">2011-386</a>	<a href="#">H 809</a>	Model Healthcare-Associated Infections Law	Requires DHHS to establish a statewide surveillance and reporting system for healthcare-associated infections, and to subject hospitals to its requirements	<p>DHSR BPAS:</p> <ul style="list-style-type: none"> <li>access to data</li> </ul> <p>MMIS-Provider:</p> <ul style="list-style-type: none"> <li>Access to data</li> </ul> <p>R&amp;A:</p> <ul style="list-style-type: none"> <li>Analysis of data</li> </ul>
<a href="#">2011-389</a>	<a href="#">H 678</a>	Pilot Release of Inmates to Adult Care Homes	Requires DHHS, in collaboration with the Department of Correction, to establish a pilot program to allow inmates released from confinement to be placed in adult care homes	<p>DHSR BPAS:</p> <ul style="list-style-type: none"> <li>Accommodation of pilot data and pilot facility business rules</li> </ul> <p>MMIS:</p> <ul style="list-style-type: none"> <li>Potential new eligibility category with specific associated benefit plan; new reports and data collection based on this specific pilot claims and recipient data</li> </ul> <p>R&amp;A:</p> <ul style="list-style-type: none"> <li>Pilot data analysis reporting potential</li> </ul>



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2011-398</a> [Amended by S.L. <a href="#">2012-187.</a> ]	<a href="#">S 781</a>	Regulatory Reform Act of 2011	<p>Makes sweeping changes to the NC Administrative Procedures Act and related statutes that significantly impact DHHS divisions in their rulemaking, contested case, and declaratory ruling responsibilities and will likely impact the NCMMIS+ projects over time</p> <p>In addition:</p> <ul style="list-style-type: none"> <li>• Section 1. Requires that all policies, guidelines, and interpretations be in a rule, if they meet the definition of a rule</li> <li>• Section.2. Establishes a “Rules Modification and Improvement Program” to conduct an annual review of existing rules, which will include public input. Agencies must review the public comments, prepare a report on whether any of the recommendations contained in the comments have potential merit and justify further action, and submit a report of their findings to the OSBM by January 31 each year</li> <li>• Section 55.1. Requires DHHS to request a waiver from the federal single Medicaid state agency requirement contained in <a href="#">42 C.F.R. § 432.10(e)(3)</a> with regard to final decisions in administrative hearings</li> <li>• Section 57. Requires every State agency or other body with rule-making powers to deliver a list of all permanent rules adopted by the body – including specific information for each rule – to the legislature by October 1, 2011</li> </ul>	<p>Divisions:</p> <ul style="list-style-type: none"> <li>• Impact on key staff availability due to new responsibilities imposed by this act</li> <li>• Future business process changes are likely to be defined as a result of this act</li> <li>• Potential to change NCTracks File Maintenance Process for entering changes to business rules, edits, etc. based upon State CSRs and federal legislative requirements (i.e., Fiscal Agent may have higher obligation to ensure all requirements are met before change is made to NCTracks system)</li> <li>• See also, S.L. 2012-187, <a href="#">below</a></li> </ul>



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2011-399</a>	<a href="#">S 496</a>	Medicaid and Health Choice Provider Requirements	<ul style="list-style-type: none"> <li>• Adds a new G.S. Chapter 108C, "Medicaid and Health Choice Provider Requirements," with requirements for provider enrollment and screening, sanctions, change of ownership/successor liability, appeals, and other specifics</li> <li>• Removes an exemption from contested case requirements that had existed with respect to certain appeals by community support services providers</li> <li>• Modifies procedures for changing medical policy</li> <li>• Expressly authorizes rulemaking for Medicaid and Health Choice programs</li> </ul>	MMIS: <ul style="list-style-type: none"> <li>• Provider business rules for credentialing need to be revised based on level of provider risk as "limited, moderate, or high." This applies to NCHC and Medicaid providers. Requires new notification letters to advise provider of their determined risk level and required credentialing procedures</li> <li>• Business rules must allow for out of state provider credentialing to be based on credentialing conducted by the other state</li> <li>• Credentialing and enrollment rules impacted by new screening criteria based on criminal history</li> <li>• New rules for provider payment suspension based on credentialing or recertification results obtained and appeal process for providers. This will impact claims processing rules also and new edits or cross-check with specific data elements in provider file need to be created</li> <li>• Rules required for entity that will be responsible for handling provider appeals that result in withhold of payments. Issues include whether FA or DMA Provider Division will handle these appeals</li> <li>• New requirements for VANs (billing agents) to enroll and identify with State or their claim submissions will not be recognized and processed (business rules needed to identify and verify the Trading Partner agreement status for electronic claims)</li> </ul>
North Carolina	General Assembly		July 1, 2013	Page 24 of 47 <ul style="list-style-type: none"> <li>• New minimum training requirements for...</li> </ul>





**S.L. 2011-145 (HB 200) Appropriations Act of 2011**

Sess. Law <a href="#">2011-145</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§6A.7(b5) [As amended by S.L. 2011-391, s.11(d)] [Section 6A.7(b) was rewritten by S.L. <a href="#">2012-142, s.6A.10</a> , and this provision was REDESIGNATED as §6A.7(b5) by]	State Information Technology Consolidation <ul style="list-style-type: none"> <li>DHHS single case management system</li> </ul>	Requires DHHS, in coordination with the State CIO, to develop a plan to implement a single case management system throughout the Department, beginning in the 2012-2013 fiscal year	DHSR BPAS: <ul style="list-style-type: none"> <li>Potential for significant scope change to the extent BPAS is developing “case management system” functionality</li> <li>New interface/data integration requirement with the single case management system to prevent duplicate or inconsistent data</li> </ul> MMIS: <ul style="list-style-type: none"> <li>Must determine whether there will be an interface/data integration requirement</li> </ul>
§6A.18	Enterprise Electronic Forms and Digital Signatures	The State must: <ul style="list-style-type: none"> <li>Implement a coordinated enterprise electronic forms and digital signatures capability; and</li> <li>Integrate executive branch agencies already in the process of developing electronic forms and digital signatures projects</li> </ul>	DHSR BPAS: <ul style="list-style-type: none"> <li>Integrate this functionality into the State system, after it is implemented</li> </ul> MMIS: <ul style="list-style-type: none"> <li>Integrate this functionality into the State system, after it is implemented, for provider and recipient documents filed electronically</li> </ul>
§10.17	DHHS Regulatory Functions Study and Plan	Requires DHHS to: <ul style="list-style-type: none"> <li>Examine all regulatory functions performed by each division, and report its findings by January 30, 2012</li> <li>Develop a plan to consolidate regulatory functions performed by the various divisions</li> </ul>	MMIS - To be determined based on results of study and recommendation submitted as part of final report in January 2012. NCTracks is multi-payer system and impact may be less than on other projects



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Sess. Law <a href="#">2011-145</a>	Section Title	Summary	Impact on NCMMIS+ Projects
<p>§10.19 Ruled unconstitutional in <i>Planned Parenthood v. Cansler</i>, No. 1:11CV531, United States District Court, M.D.N.C., <a href="#">June 28, 2012</a>. <i>But see</i>, S.L. <a href="#">2012-142, s.10.12</a>, below.</p>	<p><del>Prohibit Use of All Funds for Planned Parenthood Organization</del></p>	<p><del>For fiscal years 2011-2012 and 2012-2013, prohibits DHHS from providing State funds or other funds it administers for contracts or grants to Planned Parenthood, Inc. and affiliated organizations.</del></p>	<p>MMIS:</p> <ul style="list-style-type: none"> <li><del>• Claims business rules and processing edits required to ensure that claims are not paid in error</del></li> <li><del>• New reporting for claims with specific procedure or diagnosis or place of service to monitor that regulations have been implemented correctly</del></li> </ul>
<p>§10.24</p>	<p>Health Information Technology</p>	<p>Directs DHHS, in cooperation with the State CIO, to coordinate health information technology (HIT) policies and programs within the state</p> <p>The goal is to avoid duplication of efforts and ensure that each State agency, public entity, and private entity that undertakes health information technology activities does so within the area of its greatest expertise and technical capability and in a manner that supports coordinated State and national goals</p>	<p>MMIS – HIT project will be integrated into NCTracks in future, and payments will be issued through new fiscal agent. Details are still being worked out on integration process and timeline</p>
<p>§10.26</p>	<p>Aids Drug Assistance Program</p>	<p>Directs DHHS to work with the Department of Correction (DOC) to use DOC funds to purchase pharmaceuticals for the treatment of inmates with HIV/AIDS in a manner that allows these funds to be accounted for as State matching funds in DHHS' drawdown of federal Ryan White funds</p>	<p>MMIS – impacts claims processing to ensure that specific drugs covered under Ryan White program are not paid under NCTracks. EOB message should give instructions to provider on how to file claims with unique grant programs for these services</p>



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Sess. Law <a href="#">2011-145</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§10.26A	Men's Health	<ul style="list-style-type: none"> <li>Directs DPH to delegate to the Chronic Disease Prevention and Control Office the responsibility for ensuring attention to the prevention of disease and improvement in the quality of life for men over their entire lifespan</li> <li>Directs DHHS to develop strategies for achieving these goals</li> </ul>	<ul style="list-style-type: none"> <li>May result in new benefit plan under DPH for multi-payer system</li> <li>Will require modifications to covered services for men's health under defined payer and benefit plan</li> <li>May require creation of new notification to recipients within eligibility criteria to advise of new benefits under covered program</li> </ul>
§10.27	NC Health Choice Medical Policy	<ul style="list-style-type: none"> <li>DHHS cannot implement any proposed medical policy change exceeding \$1,000,000 for a given fiscal year unless the source of State funding is identified and approved.</li> </ul>	<ul style="list-style-type: none"> <li>No direct impact to the NCMMIS+ program. This approval is required before change order is entered in maintenance request tracking system for new Fiscal Agent</li> </ul>
§10.28	Community Care of North Carolina	<ul style="list-style-type: none"> <li>DHHS and DMA must enter into a three-party contract between NCCCN, Inc. and each of the 14 CCNC networks, which includes certain requirements</li> <li>By July 1, 2012, the DHHS, DMA, and NCCCN, Inc. must finalize a comprehensive plan that establishes certain management methodologies</li> </ul>	<ul style="list-style-type: none"> <li>May require changes to NCTracks to manage monthly per member per month (PMPM) for CCNC networks and enrolled recipients. Current rules reimburse PMPM for Medicaid only – no reimbursement for NCHC enrollees</li> <li>CCNC may need to be enrolled as a specific provider type to ensure that claims are covered and specific rules applied to this managed care organization and PMPM claims are processed based on systems business rules</li> </ul>
§10.31(d)(1)n.1. [as amended by S.L. <a href="#">2012-72</a> , s. 8]	Medicaid; Mental Health Services	<p>S.L. 2012-72, s.8 adds new "associate" provider types that can provide EPSDT services to children:</p> <ul style="list-style-type: none"> <li>Licensed clinical social workers associates</li> <li>Licensed professional counselor associates</li> <li>Licensed marriage and family therapist associates</li> <li>Licensed clinical addiction specialists associate</li> </ul>	MMIS - New provider types, business rules, and processes; data impact



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Sess. Law <a href="#">2011-145</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§10.31A [as amended by S.L. 2011-391, s.24]	Medicaid Provider Assessments	DHHS may implement a Medicaid assessment program for any willing provider category allowed under federal regulations, except for hospital providers subject to the assessments authorized in Session Law 2011-11.	MMIS: <ul style="list-style-type: none"> <li>Financial - May impact reimbursement amount calculation on adjudicated claims. Need to determine if there are specific cut-back rules that can be applied to defined providers</li> </ul> R&A: <ul style="list-style-type: none"> <li>potential new reports based on provider cut-back payments</li> </ul>
§10.33	Medicaid Cost Containment Activities	Appropriates funds to support Medicaid cost containment activities, which may include: <ul style="list-style-type: none"> <li>Prospective reimbursement methods</li> <li>Incentive-based reimbursement methods</li> <li>Service limits</li> <li>Prior authorization of services</li> <li>Periodic medical necessity reviews</li> <li>Revised medical necessity criteria</li> <li>Service provision in the least costly settings</li> <li>Plastic magnetic-stripped Medicaid identification cards for issuance to Medicaid enrollees [see also, <a href="#">S.L. 2011-117</a>]</li> <li>Fraud detection software or other fraud detection activities</li> <li>Technology that improves clinical decision making</li> <li>Credit balance recovery and data mining services</li> <li>Other cost containment activities</li> </ul>	MMIS: <ul style="list-style-type: none"> <li>Impact to be determined based on results of study to determine which provisions will be implemented into NCAC. Potential changes are too broad at this time to determine impact to NCTracks program</li> </ul> R&A <ul style="list-style-type: none"> <li>Impact to be determined based on results of study to determine which provisions will be implemented into NCAC</li> </ul>



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Sess. Law <a href="#">2011-145</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§10.36(c)	Families Pay Part of the Cost Under the CAP-MR / DD and CAP-Children's Programs	Similar to previous S.L. 2009-451 §10.65. Adds: "Implementation of this provision shall be delayed until the implementation of the new MMIS."	This program may be deleted based on other legislation passed in 2011. No changes will be evaluated until future continuation of this program is determined. Netbacks is scheduled to implement between March 1, 2013 and July 1, 2013
§10.38 [REPEALED by S.L. <a href="#">2012-142, s.10.9F</a> (a).]	Medicaid Waiver for Assisted Living	<del>Requires DHHS to develop and implement a home- and community-based services program under Medicaid State Plan 1915(i) authority in order to continue Medicaid funding of personal care services to individuals living in adult care homes.</del>	<del>NCTracks impact to reporting and business rules related to processing claims and payment rates based on expansion of 1915(i) waiver approval by CMS</del>
§10.41	NC Health Choice	<ul style="list-style-type: none"> <li>• Rewrites G.S. 108A-70.21(b); changes program benefits, and requires payment of per member per month fees to CCNC providers</li> <li>• Repeals G.S. 108A-70.23 (services for children with special needs)</li> <li>• Modifies G.S. 108A-70.27(c) to require DMA to provide to the Department data required under this section that are collected by the Plan</li> <li>• Gives DHHS additional rule-making authority for the transition and operation of Health Choice</li> </ul>	<ul style="list-style-type: none"> <li>• NCTracks impact to add claims payment to CCNC for PMPM for NCHC recipients (suspended at this time). Business rule changes needed and potential change to interface from NCTracks to CCNC networks</li> <li>• Eliminate benefit plan for Special Needs under NCHC program (impacts multi-payer design and Business Rules &amp; Analysis project used to code benefit plans)</li> <li>• Changes NCHC benefits to be Medicaid look-alike program. Significant modification to benefit program and business rules already submitted to NCTracks for Title XXI</li> </ul>



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Sess. Law <a href="#">2011-145</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§10.44	Medicaid Recipient Appeals	Requires DHHS to review the appeals process for adverse Medicaid determinations for Medicaid recipients to examine whether it conforms with, or exceeds, the requirements of federal law	<ul style="list-style-type: none"> <li>• Impacts recipient letters and notification of appeal rights based on changes in this legislation</li> <li>• Fiscal Agent must mail letters from local Raleigh location rather than NC Central Processing Center per new regulations. NCTracks working on solution to this, as they do not have capacity for large mailings from local office. Potential third party vendor to be engaged. Changes are still under review</li> </ul>
§10.47(d),(e)	DHHS Savings through CCNC	<p>(d) If savings are not being achieved in the amount required by subsection (a), requires the Secretary, to the extent required in order to achieve savings at the required rate, take whatever actions are necessary, including the following to be effective January 1, 2011:</p> <p style="padding-left: 40px;">Reduce Medicaid provider rates by another 2%; and, Eliminate or reduce the level or duration of optional Medicaid services.</p> <p>[<i>But see</i>, S.L. <a href="#">2012-142, s. 10.9C</a>]</p> <p>(e) Requires DHHS, in collaboration with CCNC and LMEs, to ensure the effective integration of behavioral health and physical health services for Medicaid recipients</p>	Impact to NCTracks via new pricing files provided to Reference subsystem. Decision on pricing will be determined and identified by State
§10.47	Revise Pharmacy Dispensing Fees for Pharmacists that Dispense High Proportions of Generic Drugs	Requires DHHS to revise Medicaid pharmacy dispensing fees to encourage more generic prescriptions and thereby achieve savings of \$15 million dollars in the 2011-2012 fiscal year and \$24 million dollars in the 2012-2013 fiscal year	NCTracks changes to pricing manual guidelines, reference files, and Build 9 Pharmacy pricing calculation (to include dispensing fees). May require CSR if additional changes are made from current dispensing rates and methodology



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<b>Sess. Law <a href="#">2011-145</a></b>	<b>Section Title</b>	<b>Summary</b>	<b>Impact on NCMMIS+ Projects</b>
§10.49A [as amended by S.L. 2011-391, s.26A]	Home Care Agency In-Home Aide Services Licensure Moratorium	Imposes a three-year moratorium, beginning July 1, 2011, on licensure of new home care agencies that intend to offer in-home aide services	DHSR BPAS: <ul style="list-style-type: none"> <li>• Modify business rules</li> </ul> MMIS: <ul style="list-style-type: none"> <li>• Provider – Modify business rules</li> </ul>
§10.53	Repeal State Abortion Fund	Section 93 of Chapter 479 of the 1985 Session Laws, as amended, is repealed	MMIS – potential impact of coverage for abortion and additional documentation required for any abortion claim submitted to validate that reason is based on one of several approved conditions. Business rule changes and system changes to suspend every abortion claim for manual review
§13.3(e) [as amended by S.L. 2011-391, s.27(a).]	Abolish, Transfer, or Consolidate DENR Environmental Health Programs	Transfers all DENR Radiation Protection Section functions to DHSR	DHSR BPAS – Expand project scope to incorporate new data and business processes
§13.3(eee) [as amended by S.L. 2011-391, s.27(d)]	Abolish, Transfer, or Consolidate DENR Environmental Health Programs	<ul style="list-style-type: none"> <li>• DHSR is responsible for developing a training program for tanning equipment operators</li> <li>• If the training program is provided by the Department, the Department may charge each person trained a reasonable fee to recover the actual cost of the training program</li> </ul>	DHSR BPAS – Expand project scope to incorporate new data and business responsibilities
§13.3(ooo)	Abolish, Transfer, or Consolidate DENR Environmental Health Programs	Provides that annual fees collected from certain nuclear facilities by the Department of Crime Control and Public Safety are for the use of the Radiation Protection Section of DPH  The fees can be used only for costs of planning and implementing emergency response activities as required by FEMA for the operation of nuclear facilities	DHSR BPAS – If the reference to DPH instead of DHSR is an error, new data and business processes will need to be incorporated into the project



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Sess. Law <a href="#">2011-145</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§23.3 [added by S.L. 2011-391, s.49.]	Department of Insurance and Affordable Care Act	<ul style="list-style-type: none"> <li>Department of Insurance (DOI) and DHHS may collaborate and plan in furtherance of the requirements of the ACA for establishing and operating a State-based Health Benefits Exchange</li> <li>DOI may contract with experts necessary to facilitate preparation for an Information Technology system capable of performing requirements of the ACA</li> </ul>	Impact to be determined as Health Insurance Exchange is further defined by State and requirements for interface/interaction with NCTracks claims processing system. Greatest impact may be to NCFast project for determining applicant eligibility for specific benefit programs (public and private)
§29.23	Limit State Abortion Funding / Health Plan / Insurance	No state funds may be used for the performance of abortions or to support the administration of any governmental health plan or government offered insurance policy offering abortion, except where (i) the life of the mother would be endangered or (ii) the pregnancy is the result of a rape or incest	MMIS – potential impact of coverage for abortion and additional documentation required for any abortion claim submitted to validate that reason is based on one of several approved conditions. Business rule changes and system changes to suspend every abortion claim for manual review

**Calendar Year 2012**

Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2012-066</a>	<a href="#">H1055</a>	Eliminate LME Provider Endorsement.	Removes G.S. Chapter 122C requirements for LME “endorsement” of mental health providers. Effective 6/26/2012	MMIS: <ul style="list-style-type: none"> <li>Provider business rules and processes</li> </ul> DHSR BPAS: <ul style="list-style-type: none"> <li>No impact</li> </ul>
<a href="#">2012-072</a>	<a href="#">H1081</a>	Provisional Licensure Changes / Medicaid.	<ul style="list-style-type: none"> <li>Changes the titles of certain licensed psychologists, clinical social workers, and clinical addictions specialists in order to provide clarification regarding their licensure status and to meet requirements of the Center for Medicare and Medicaid Services</li> </ul>	MMIS - New provider types, business rules, and processes; data impact





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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
			<ul style="list-style-type: none"> <li>Amends S.L. 2011-145 s. <a href="#">10.31(d)(1)n.1</a>. (Medicaid mental health services), to add new “associate” provider types that can provide EPSDT services to children:  Licensed clinical social workers associates  Licensed professional counselor associates  Licensed marriage and family therapist associates  Licensed clinical addiction specialists associate</li> </ul>	
<a href="#">2012-126</a> [Minor technical corrections were made by S.L. <a href="#">2012-194</a> , s.62.]	<a href="#">H0438</a>	Strengthen Local Public Health Infrastructure	<ul style="list-style-type: none"> <li>Requires DHHS to establish a Public Health Improvement Incentive Program, which provides monetary incentives for creating and expanding multicounty local HDs serving a population of not less than 75,000</li> <li>By July 1, 2014, in order to receive State and federal funding from DPH:  (1) Local HDs must obtain and maintain accreditation pursuant to G.S. 130A-34.1; and  (2) Counties must maintain operating appropriations to local HDs at levels equal to amounts appropriated in State fiscal year 2010-2011</li> <li>Redefines “essential public health services” that local HDs must ensure are available and accessible</li> <li>Requires the Program Evaluation Division to study the feasibility of transferring all DPH functions to the UNC Healthcare System and/or the UNC School of Public Health, and to submit findings and recommendations by February 1, 2013</li> </ul>	MMIS: <ul style="list-style-type: none"> <li>Provider: New accreditation requirement for local health departments</li> <li>Possibility of all DPH functions being transferred to another state entity in the future</li> </ul>
<a href="#">2012-128</a>	<a href="#">S0347</a>	Mental Health Crisis	<u>Section 1</u> adds a new G.S. §122C-263.2, which provides that:	DHSR BPAS – System will accommodate the changes



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
		Management.	<ul style="list-style-type: none"> <li>• A hospital or other site of first examination (for involuntary commitments) that does not otherwise operate as a licensable mental health facility shall not be deemed to be acting as a licensed or unlicensed mental health facility if it uses reasonable safety or containment measures and precautions to manage patients being held under appropriate supervision pending involuntary commitment placement</li> <li>• Reasonable safety or containment measures and precautions shall not be considered a violation of rules regulating acute care hospitals or mental health facilities; and</li> <li>• Placing patients in a consolidated location of a hospital pursuant to this subsection shall not constitute a special care unit</li> </ul> <p><u>Section 2:</u></p> <ul style="list-style-type: none"> <li>• Requires that DHHS study LME efforts and activities (i) to reduce the need for acute care inpatient admissions and (ii) to reduce the number of patients requiring three or more episodes of crisis services</li> <li>• Requires that LMEs ensure appropriate levels of community-based care, including assessment management, boarding, and placement of individuals during the involuntary commitment process; and</li> <li>• Expires December 31, 2013</li> </ul>	
<a href="#">2012-142</a>	<a href="#">H0950</a>	Appropriations Act of 2012	Note: Provisions of this act are listed in a separate table in this Appendix	Please see the separate table for S.L. 2012-142 (HB 950)



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2012-145</a>	<a href="#">S0187</a>	Modifications of 2012 Appropriations Act	<i>Note:</i> Provisions of this act are incorporated in a separate table in this Appendix.	Please see the separate table for S.L. 2012-142 (HB 950)
<a href="#">2012-151</a>	<a href="#">S0191</a>	LME Governance.	<p>Makes changes in governance with respect to the implementation of statewide expansion of the 1915(b)/(c) Medicaid waiver, including:</p> <ul style="list-style-type: none"> <li>• Making all area authorities a local political subdivision of the State</li> <li>• Making all of G.S. Chapter 122C applicable to county programs</li> <li>• Requiring Area Authority board members to receive annual training provided by DHHS, in addition to initial orientation</li> <li>• Requiring DHHS, in cooperation with the School of Government and LMEs, to develop a standardized core curriculum for Area Authority board members' training</li> <li>• Allowing area authorities to add counties to their catchment area by agreement of a majority of the existing member counties</li> <li>• Prohibiting, for two years beginning 7/1/2012, DHHS approval of any county request to withdraw from a multicounty area authority operating under the 1915(b)/(c) Medicaid Waiver</li> <li>• Requiring that, by 1/1/2014, DHHS adopt rules establishing a process for county disengagement</li> <li>• Requiring that DHHS adopt rules establishing a procedure for single-county disengagement from an area authority operating under a 1915(b)/(c) Medicaid Waiver</li> <li>• Allowing the Secretary to waive LME business plan</li> </ul>	<ul style="list-style-type: none"> <li>• See also, S.L. 2011-264, <a href="#">above</a></li> </ul>



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
			<p>requirements that are inconsistent with or incompatible with contracts entered into between DHHS and the area authority for management responsibilities under a 1915(b)(c) Medicaid Waiver</p> <ul style="list-style-type: none"> <li>• Adding a new G.S. §122C-126.1, which provides that “competitive health care information” (information relating to competitive health care activities by or on behalf of an area authority) is confidential and not a public record</li> <li>• Repealing G.S. §122C-122, <i>Public Guardians</i>, and requiring successor guardians to continue contracts that were entered under the authority of G.S. §122C-122</li> <li>• Amending S.L. 2011-264, s.1(a)(3) to require DHHS to designate an area authority to assume responsibility for all aspects of Waiver management</li> <li>• Amending S.L. 2011-264, s.1(c) to require that, if an LME fails to meet performance requirements of an approved contract with DHHS to operate a Waiver, DHHS must reassign the LME’s responsibilities to an LME in good standing</li> </ul>	
<p><a href="#">2012-155</a> [As amended by <a href="#">2012-194</a>, ss. 47(a) and 47(b) (minor corrections only)]</p>	<p><a href="#">H0614</a></p>	<p>Volunteer Health Care Services Act.</p>	<p>Enacts <a href="#">Article 1J</a> in G.S. Chapter 90, titled the Voluntary Health Care Services Act, effective 1/1/2013. The Act creates a registration process within DHHS to allow for the provision of free health care services at properly registered volunteer health care events. Qualified in-state and out-of-state providers can participate in such events up to seven days per calendar year without obtaining additional licensure or authorization. The providers are generally immune from liability for damages, subject to</p>	<p>DHSR BPAS:</p> <ul style="list-style-type: none"> <li>• No impact</li> </ul> <p>MMIS:</p> <ul style="list-style-type: none"> <li>• Provider systems could be leveraged for this new registration process and data management/tracking. System modifications may be required</li> </ul>



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
			<p>specified exceptions</p> <p>DHHS responsibilities include:</p> <ul style="list-style-type: none"> <li>• Registering, collecting a one-time fee from, and approving sponsoring organizations</li> <li>• Updating sponsoring organization information when notified of changes</li> <li>• Receiving quarterly reports from registered sponsoring organizations</li> <li>• Revoking registrations when appropriate, and defending associated appeals</li> <li>• Waiving the registration requirements, if appropriate, during a natural disaster or other emergency circumstance</li> <li>• In conjunction with licensing boards, verifying proper licensure status and history of in-state and out-of-state providers (within as little as 14 days) prior to a scheduled event, and notifying the sponsoring agency of any provider(s) that are not permitted to participate. (The sponsoring organization may update the provider list as late as three days before the event.)</li> </ul>	
<a href="#">2012-171</a>	<a href="#">S0525</a>	Critical Access Behavioral Health Agencies.	<ul style="list-style-type: none"> <li>• Requires that DHHS ensure Critical Access Behavioral Health Agencies (CABHAs) are the only providers of these Medicaid services: <ul style="list-style-type: none"> <li>(i) NCMMIS+Community Support Team;</li> <li>(ii) Intensive In-Home; and</li> <li>(iii) Child and Adolescent Day Treatment</li> </ul> </li> <li>• Specifies required services that CABHAs must provide</li> <li>• Requires that DHHS ensure CABHAs meet certain staffing requirements, in accordance with the State Plan</li> </ul>	MMIS-Provider: Credentialing; allowable and required services; compliance verification



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2012-187</a>	<a href="#">S0810</a>	Regulatory Reform Act of 2012.	<p><b>Section 10.2</b> amends <a href="#">G.S. 120-270</a> by:</p> <ul style="list-style-type: none"> <li>Removing a requirement for annual reports to the General Assembly about agency efforts to reduce dissemination of personal identifying information, as defined in G.S. 14-113.20(b)</li> <li>Adding a requirement that, if an agency determines that a provision of law impedes its ability to reduce the incidence of identity theft, the agency must report such finding to the General Assembly</li> </ul> <p><b>Section 8.1</b> amends <a href="#">S.L. 2011-398</a> (Regulatory Reform Act of 2011), s. 63 by:</p> <ul style="list-style-type: none"> <li>Making Sections 15-27 and 32-33 of the 2011 Act effective for Medicaid contested cases when the waiver referenced in <a href="#">Section 55.1</a> has been granted or 2/1/2013, whichever occurs first</li> </ul>	<p>All Projects:</p> <ul style="list-style-type: none"> <li>Notify DHHS / legislature of any laws that impede identity theft prevention measures. (Refer to the extensive list of “personal identifying information” defined in <a href="#">G.S. 14-113.20(b)</a>)</li> </ul> <p>MMIS:</p> <ul style="list-style-type: none"> <li>New contested case provisions apply to Medicaid appeals by 02/01/2013 at the latest</li> </ul>



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Sess. Law	Bill #	Short Title	Summary	Impact on NCMMIS+ Projects
<a href="#">2012-196</a>	<a href="#">H0799</a>	Licensure by Endorsement - Military & Spouses.	<p>Adds a new section, <a href="#">G.S. §93B-15.1</a>, <i>Licensure for individuals with military training and experience; licensure by endorsement for military spouses; temporary license</i>, which:</p> <ul style="list-style-type: none"><li>• Requires licensing boards (except Medical Board) to issue licenses to non-resident, military-trained applicants and military spouse applicants if they meet specified conditions</li><li>• Allows the boards to issue a temporary practice permit to an applicant, in specified circumstances</li><li>• Requires the boards to count all relevant experience when calculating years of practice - including full-time and part-time experience, and regardless of whether in a paid or volunteer capacity</li><li>• Requires implementation by 7/24/2013</li><li>• Requires a study about similar provisions for the Medical Board. Report due in January 2013</li></ul>	MMIS-Provider - Potential credentialing changes



S.L. 2012-142 (HB 950) Appropriations Act of 2012

Sess. Law <a href="#">2012-142</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§6A-7A	Enhance Enterprise-Level Business Intelligence to Increase Efficiency in State Government	<p>Establishes an enterprise-level business intelligence (BI) initiative, beginning by 8/1/2012, and a Government Business Intelligence Competency Center (GBICC) within the Office of State Controller (OSC)</p> <p>GBICC will assume the work, purpose, and resources of the current data integration effort, and will advise and assist the State Controller in managing the initiative</p> <p>OSC <u>may partner with current vendors</u> to assist in the initiative, but must use current licensing agreements wherever feasible</p> <p>The BI initiative:</p> <ul style="list-style-type: none"> <li>Will support the <u>development of State agency BI capability</u> in a coordinated manner, and reduce unnecessary information silos and technological barriers</li> <li>Will <u>leverage data from transactional systems</u> for enterprise-level State BI</li> <li>Will include a comprehensive evaluation of <u>existing data analytics projects and plans</u>, to identify data integration and BI opportunities that will generate efficiencies and improved service delivery in State agencies</li> </ul> <p>OSC/GBICC activities during the phased initiative include:</p> <ul style="list-style-type: none"> <li>Inventorying existing State agency business intelligence projects, both completed and under development</li> <li>Determining whether current, ongoing projects support the enterprise-level objectives</li> <li>Determining whether current applications are scalable, are applicable for multiple State agencies, or both</li> <li>Identifying redundancies and determining which projects should be discontinued</li> <li>Incorporating or consolidating existing projects, as appropriate</li> <li>Eliminating redundant BI projects, applications, software, and licensing</li> <li>OSC may also expand existing data integration or BI contracts with current data integration efforts, as appropriate</li> </ul> <p>Duties of State agencies include:</p> <ul style="list-style-type: none"> <li>Granting access to all information required</li> <li>Providing information on all the agency's</li> </ul>	<p>All Projects (especially R&amp;A):</p> <ul style="list-style-type: none"> <li>Provide information, as needed by OSC/BBICC</li> <li>Provide access, as needed by OSC/GBICC (including HIPAA-protected data)</li> <li>R&amp;A System will accommodate</li> </ul> <p>MMIS:</p> <ul style="list-style-type: none"> <li>Obtain or facilitate waivers and written agreements, as necessary for data sharing</li> </ul>





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Sess. Law <a href="#">2012-142</a>	Section Title	Summary	Impact on NCMMIS+ Projects
		<p>information technology activities relevant to the State BI effort</p> <ul style="list-style-type: none"> <li>Forecasting the agency's projected future BI information technology needs and capabilities</li> <li>Providing, upon request and in a timely and responsive manner, complete and accurate data, business rules and policies, and support</li> <li>Identifying potential resources for deploying BI in the agency as part of the enterprise-level effort</li> <li><u>Immediately seeking any waivers and entering into any written agreements</u> that may be required by State or federal law to effectuate data sharing and to carry out the purposes of the initiative. [Note: the GBICC is also given this power / duty.]</li> </ul> <p>HIPAA: With respect to health information covered under HIPAA, and to the extent allowed by federal law, <u>the State Controller and the GBICC are deemed:</u></p> <ul style="list-style-type: none"> <li>A business associate with access to protected health information acting on behalf of the State's covered entities in support of data integration, analysis, and BI; and</li> <li>Authorized to access and view individually identifiable health information, provided that the access is essential to the enterprise fraud, waste, and improper payment detection program or required for future initiatives having specific definable need for the data</li> </ul>	
§6A-9	State Private Cloud	Requires the SCIO to create a plan by 01/01/2013 for the development and implementation of a State-owned, State-hosted infrastructure as a service, or private cloud, project to be operated and managed by the State	All Projects: Potential future impact that may require system changes
§6A-10	Enterprise Grants Management	<ul style="list-style-type: none"> <li>Redesignates <a href="#">S.L. 2011-145, s.6A-7(b)</a> as s. 6A-7(b5)</li> <li>Amends S.L. 2011-145, s.6A-7 by adding provisions (new sections 6A-7(b1) through 6A-7(b4) requiring the development of an enterprise grants management system, to be coordinated by a Grants Management Oversight Committee</li> </ul>	<ul style="list-style-type: none"> <li>See also, S.L. <a href="#">2011-145, s 6A-7(b5)</a>, above</li> </ul>



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Sess. Law <a href="#">2012-142</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§6A-12	State Portal Implementation / Operation	<p>Requires the SCIO to plan, develop, implement, and operate a Statewide electronic portal to:</p> <ul style="list-style-type: none"> <li>Increase the convenience of members of the public in conducting online transactions with, and obtaining information from, State government, and</li> <li>Facilitate their interactions and communications with government agencies</li> </ul> <p>Specific provisions include:</p> <ul style="list-style-type: none"> <li>There must be a convenient, free alternative for any online service provided</li> <li>Participation by State agencies in the portal will be voluntary</li> </ul> <p>Repeals S.L. 2011-145, s.6A.10 (<i>State Portal Implementation and Operation</i>), as amended by Section 12(b) of S.L. 2011-391</p>	All Projects: Potential future impact that may require system changes
§10.5	Medicaid Therapies Limit Revised	Repeals S.L. 2011-145, s10.37(a)(2), which required elimination or limitation of adult physical therapy, occupational therapy, and speech therapy visits to three visits per calendar year	MMIS - Potential changes to edits/audits, benefit plans, and limitations controls
§10.6	Medicaid Eligibility / COLA Disregard	<p>Adds a new G.S. §108A-54.4, <i>Income disregard for federal cost-of-living adjustments, effective 1/1/2013 and expiring on 12/31/2017</i>, to read:</p> <p>"An increase in a Medical Assistance Program recipient's income due solely to a cost-of-living adjustment to federal Social Security and Railroad Retirement payments shall be disregarded when determining income eligibility for the Medical Assistance Program. This section shall not be deemed to render a recipient eligible for the Medical Assistance Program if all other eligibility requirements are not met."</p> <p>Requires DHHS to apply to CMS for any necessary approvals to implement this income disregard</p>	<p>MMIS:</p> <ul style="list-style-type: none"> <li>Potential changes to edits/audits to implement triggers to manage income limits that apply to recipients</li> <li>May also require changes to NC Fast</li> </ul>
§10.7	Medicaid Nonemergency Medical Transportation Services	Requires DHHS/DMA, in consultation with the DOT, Public Transportation Division, to develop and issue a RFP for management of nonemergency medical transportation (NEMT) services for Medicaid recipients	<p>Possible needs for reports to support some requirement definition</p> <p>Possible impact to DHSR and R&amp;A</p>



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Sess. Law <a href="#">2012-142</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§10.8	Modify and Improve Pharmacy Services	<p>Amends S.L. 2011-145, s.10.48, which requires DHHS to revise pharmacy dispensing fees under Medicaid in order to encourage more generic prescriptions and thereby achieve savings in Fiscal Year 2011-2012.</p> <ul style="list-style-type: none"><li>• The amendment requires that, in Fiscal Year 2011-2013, DHHS must also lower the fees paid to pharmacies and expand prior authorization requirements to achieve additional savings</li><li>• Expansion of prior authorization requirements must be consistent with the limitations set forth in S.L. 2011-145, s.10.31(d)(2)r.5A (restrictions on prior authorization for treatment of mental illness and HIV/AIDS)</li></ul>	Potential Impact to MMIS to change PA business rules, PDL, rebates, PA interface and reporting.
§10.8A	Study Electronic Prior Authorization for Medicaid Prescriptions	Requires DHHS to study implementing a system for pharmacy benefits managers to exchange electronic prior authorization requests with health care providers	Enhancements to PA system and functionality to track, monitor and process data ; outreach to providers to support a compatible means of exchanging data; process definitions on how data affects claims payment business rules



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Sess. Law <a href="#">2012-142</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§10.9	Smart Card Pilot Program	<p>Repeals and replaces S.L. <a href="#">2011-117</a>. The new pilot program retains the same basic concepts and activities, with some notable changes:</p> <ul style="list-style-type: none"> <li>• Removes the success criteria, data sample sets, and methodology</li> <li>• Requires a report to the legislature by 3/1/2013 that includes:               <ul style="list-style-type: none"> <li>(i) detailed results of the pilot in the four different geographic regions of the State, including cost savings achieved in each region</li> <li>(ii) costs associated with implementation of the pilot program, including payments to vendors; and</li> <li>(iii) an evaluation of the feasibility of, and issues associated with, implementing the smart card program statewide</li> </ul> </li> <li>• Requires evaluation of at least two different types of available technology</li> <li>• Requires selection of a region that is served by Community Care of North Carolina for the pilot</li> <li>• Removes the <i>Compliance, Prosecutions, and Contracts</i> sections</li> </ul>	<ul style="list-style-type: none"> <li>• Program administered by DMA Provider &amp; Recipient Services – potential that this could be delegated to Fiscal Agent</li> <li>• May involve contract with third party vendor to produce cards. NOTE: NCTracks was to produce NCHC ID cards, but this is being de-scoped for DIRM to produce Medicaid and NC Health Choice cards</li> <li>• Fiscal agent call center will need new procedures instructing recipients on how to obtain replacement card(s). May require interface with third party vendor to send requests</li> <li>• Equipment distribution, use, and training needed for all participating providers on recipient eligibility</li> <li>• Potential alternate “quick-pay” reimbursement for providers</li> <li>• Interface with DMV for photos and identify verification required</li> </ul>
§10.9B	PED / FRD Joint Study Medicaid Organization	<p>Requires the Program Evaluation Division and the Fiscal Research Division of the General Assembly to study the feasibility of creating a separate Department of Medicaid, and make a joint recommendation to the General Assembly no later than February 15, 2013</p>	<p>MMIS:</p> <ul style="list-style-type: none"> <li>• May require reports but no impact to MMIS system</li> </ul> <p>R&amp;A:</p> <ul style="list-style-type: none"> <li>• Potential impact that may require a change to the R&amp;A project</li> </ul>



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Sess. Law <a href="#">2012-142</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§10.9C	Remove Authority for Medicaid Provider Rate and Service Reduction	Prohibits, with some exceptions, DHHS from reducing Medicaid provider payment rates or Medicaid optional services for the 2012-2013fiscal year.	N/A
§10.9E	Medicaid Option / Special Care and Memory Care Units	<p>Requires DMA to apply to CMS for a home- and community-based services program under Medicaid State Plan 1915(i) authority for elderly individuals who:</p> <ul style="list-style-type: none"> <li>(i) are typically served in special care and memory care units that meet the criteria of the State-County Special Assistance Program; and,</li> <li>(ii) have been diagnosed with a progressive, degenerative, irreversible disease that attacks the brain and results in impaired memory, thinking, and behavior.</li> </ul> <p>Requires the program to be implemented, if approved by CMS.</p>	<p>MMIS:</p> <ul style="list-style-type: none"> <li>• Potential for new benefit plan criteria, rates in MMIS, new reports.</li> </ul> <p>R&amp;A:</p> <ul style="list-style-type: none"> <li>• R&amp;A system will accommodate</li> </ul>
§10.9F	Personal Care Services / ADL Eligibility	<p>Repeals S.L. <a href="#">2011-145, s.10.38</a> (<i>Medicaid Waiver for Assisted Living</i>).</p> <p>Rewrites S.L. 2011-145, s.10.37(a)(1), as amended by S.L. 2011-391, s.25 (<i>Authorize DMA to Take Certain Steps to Effectuate Compliance with Budget Reductions in the Medicaid Program</i>):</p> <ul style="list-style-type: none"> <li>• Deletes references to in-home services and In-Home Care for Children (IHCC) and In-Home Care for Adults (IHCA) programs</li> <li>• Substitutes “personal care” services</li> <li>• Defines eligibility for personal care services</li> <li>• Requires that all assessments for personal care services, continuation of service, and change of status reviews be performed by an independent assessment entity (IAE). And the IAE cannot be an owner of a provider business or provider of personal care services of any type</li> <li>• Requires DHHS to apply to CMS, for a State Plan Amendment to implement this section</li> </ul>	<p>MMIS:</p> <ul style="list-style-type: none"> <li>• Potential changes to eligibility in MMIS and modifications to benefit plans</li> </ul> <p>R&amp;A:</p> <ul style="list-style-type: none"> <li>• System will accommodate</li> </ul>



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Sess. Law <a href="#">2012-142</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§10.12 [See also, S.L. <a href="#">2011-145, s.10.19.</a> ]	Funds for Family Planning Services by Local Health Departments	<ul style="list-style-type: none"> <li>Prohibits funds appropriated to DHHS for 2012-2013 from being allocated to renew, extend, or enter into new contracts for the provision of family planning services and pregnancy prevention activities with providers other than local health departments</li> <li>Upon the expiration of any contracts between the DPH and private providers of family planning services and pregnancy prevention activities, DHHS must reallocate three hundred forty-three thousand dollars (\$343,000) of these contract funds to local health departments</li> <li>Prohibits local health departments receiving funds under this section from contracting with private providers for the provision of family planning services or pregnancy prevention activities</li> <li>These services and activities must be provided directly by local health department recipients or by other governmental entities contracted by local health department recipients</li> <li>This section does not apply to contracts administered by the Department pursuant to <a href="#">G.S. 130A-131.15A</a> (Teen Pregnancy Prevention Initiatives)</li> </ul>	Potential edit changes to MMIS to support payments to only those eligible entities and services performed ; develop reports to track and monitor progress
§10.16	AIDS Drug Assistance Program Pilot	Requires DPH to develop a pilot program to enroll individuals receiving services under the Aids Drug Assistance Program (ADAP) in Inclusive Health North Carolina. However, it shall not implement the pilot program until it obtains actuarial services to ensure the cost neutrality or cost savings of enrolling ADAP recipients in Inclusive Health North Carolina.  The purposes of the pilot are: (i) to determine cost savings to ADAP through enrollment of ADAP recipients in a preexisting conditions insurance program (PCIP) and (ii) to inform the Department of best practices in transitioning ADAP recipients to Medicaid as they become eligible	MMIS: <ul style="list-style-type: none"> <li>Changes to MMIS to modify/include ADAP plan, and historical data related to ADAP recipient drug data ; develop systematic means for set-up, management and evaluation of pilot</li> </ul> R&A: <ul style="list-style-type: none"> <li>System will accommodate</li> </ul>



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Sess. Law <a href="#">2012-142</a>	Section Title	Summary	Impact on NCMMIS+ Projects
§10.23A	Transitions to Community Living Initiative	Establishes the Blue Ribbon Commission on Transitions to Community Living. The Commission shall (i) examine the State's system of community housing and community supports for people with severe mental illness, severe and persistent mental illness, and intellectual and developmental disabilities and (ii) develop a plan that continues to advance the State's current system into a statewide system of person-centered, affordable services and supports that emphasize an individual's dignity, choice, and independence	MMIS: <ul style="list-style-type: none"><li>Possible new/modified benefit plan</li></ul> R&A: <ul style="list-style-type: none"><li>Ad hoc reporting to support study and analysis; R&amp;A system will accommodate</li></ul>

End of Appendix E