

GENERAL ASSEMBLY OF NORTH CAROLINA  
SESSION 2005

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HOUSE DRH70289-LN-153 (3/14)

Short Title: NC Health Choice/Medicaid Rates.

(Public)

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Sponsors: Representative Howard.

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Referred to:

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A BILL TO BE ENTITLED

1  
2 AN ACT TO PROVIDE THAT PROVIDERS PROVIDING SERVICES TO NC  
3 HEALTH CHOICE ENROLLEES SHALL BE PAID AT THE RATES PAID  
4 PROVIDERS UNDER THE MEDICAL ASSISTANCE PROGRAM.

5 The General Assembly of North Carolina enacts:

6 **SECTION 1.** G.S. 108A-70.21(b) reads as rewritten:

7 "**§ 108A-70.21. Program eligibility; benefits; enrollment fee and other**  
8 **cost-sharing; coverage from private plans; purchase of extended**  
9 **coverage.**

10 ...

11 (b) Benefits. – Except as otherwise provided for eligibility, fees, deductibles,  
12 copayments, and other cost-sharing charges, health benefits coverage provided to  
13 children eligible under the Program shall be equivalent to coverage provided for  
14 dependents under the North Carolina Teachers' and State Employees' Comprehensive  
15 Major Medical Plan, including optional prepaid plans. Prescription drug providers shall  
16 accept as payment in full, for outpatient prescriptions filled, ninety percent (90%) of the  
17 average wholesale price for the prescription drug or the amounts published by the  
18 Centers for Medicare and Medicaid Services plus a dispensing fee of five dollars and  
19 sixty cents (\$5.60) per prescription for generic drugs and four dollars (\$4.00) per  
20 prescription for brand name drugs. All other health care providers providing services to  
21 Program enrollees shall accept as payment in full for services rendered the maximum  
22 allowable charges under the ~~North Carolina Teachers' and State Employees'~~  
23 ~~Comprehensive Major Medical Plan~~ State Medical Assistance Program for services less  
24 any copayments assessed to enrollees under this Part. No child enrolled in the Plan's  
25 self-insured indemnity program shall be required by the Plan to change health care  
26 providers as a result of being enrolled in the Program.

1 In addition to the benefits provided under the Plan, the following services and  
2 supplies are covered under the Health Insurance Program for Children established under  
3 this Part:

- 4 (1) Dental: Oral examinations, teeth cleaning, and scaling twice during a  
5 12-month period, full mouth X-rays once every 60 months,  
6 supplemental bitewing X-rays showing the back of the teeth once  
7 during a 12-month period, fluoride applications twice during a  
8 12-month period, fluoride varnish, sealants, simple extractions,  
9 therapeutic pulpotomies, prefabricated stainless steel crowns, and  
10 routine fillings of amalgam or other tooth-colored filling material to  
11 restore diseased teeth. No benefits are to be provided for services  
12 under this subsection that are not performed by or upon the direction  
13 of a dentist, doctor, or other professional provider approved by the  
14 Plan nor for services and materials that do not meet the standards  
15 accepted by the American Dental Association.
- 16 (2) Vision: Scheduled routine eye examinations once every 12 months,  
17 eyeglass lenses or contact lenses once every 12 months, routine  
18 replacement of eyeglass frames once every 24 months, and optical  
19 supplies and solutions when needed. Optical services, supplies, and  
20 solutions must be obtained from licensed or certified ophthalmologists,  
21 optometrists, or optical dispensing laboratories. Eyeglass lenses are  
22 limited to single vision, bifocal, trifocal, or other complex lenses  
23 necessary for a Plan enrollee's visual welfare. Coverage for oversized  
24 lenses and frames, designer frames, photosensitive lenses, tinted  
25 contact lenses, blended lenses, progressive multifocal lenses, coated  
26 lenses, and laminated lenses is limited to the coverage for single  
27 vision, bifocal, trifocal, or other complex lenses provided by this  
28 subsection. Eyeglass frames are limited to those made of zylonite,  
29 metal, or a combination of zylonite and metal. All visual aids covered  
30 by this subsection require prior approval of the Plan. Upon prior  
31 approval by the Plan, refractions may be covered more often than once  
32 every 12 months.
- 33 (3) Hearing: Auditory diagnostic testing services and hearing aids and  
34 accessories when provided by a licensed or certified audiologist,  
35 otolaryngologist, or other hearing aid specialist approved by the Plan.  
36 Prior approval of the Plan is required for hearing aids, accessories,  
37 earmolds, repairs, loaners, and rental aids.

38 The Department may provide services to children aged birth through five years enrolled  
39 in the Program through the State Medical Assistance managed care program. Services  
40 provided through the managed care program shall be paid from Program funds."

41 **SECTION 2.** This act becomes effective July 1, 2005.