

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2005

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HOUSE BILL 1124

Short Title: NC Health Choice/Medicaid Rates.

(Public)

Sponsors: Representative Howard.

Referred to: Health.

April 6, 2005

A BILL TO BE ENTITLED

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

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.

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

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

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

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