

GENERAL ASSEMBLY OF NORTH CAROLINA
SESSION 2021

H

1

HOUSE BILL 573

Short Title: NC Medicaid & SNAP Program Integrity Reform. (Public)

Sponsors: Representatives Stevens, Carter, Warren, and Goodwin (Primary Sponsors).
For a complete list of sponsors, refer to the North Carolina General Assembly web site.

Referred to: Health, if favorable, Rules, Calendar, and Operations of the House

April 19, 2021

A BILL TO BE ENTITLED

AN ACT TO ADDRESS MEDICAID ELIGIBILITY DETERMINATIONS AND MONITORING WHEN THERE ARE FEDERAL RESTRICTIONS OR LIMITATIONS PREVENTING THE STATE FROM DISENROLLING CERTAIN INDIVIDUALS FROM THE MEDICAID PROGRAM, TO ESTABLISH STANDARDS FOR QUALIFIED HOSPITALS ABLE TO MAKE PRESUMPTIVE ELIGIBILITY DETERMINATIONS FOR THE MEDICAID PROGRAM, TO REQUIRE APPLICANTS FOR FOOD AND NUTRITION SERVICES BENEFITS TO COOPERATE WITH THE CHILD SUPPORT ENFORCEMENT PROGRAM AS A CONDITION OF ELIGIBILITY FOR BENEFITS AND REPORT ANY CHANGE IN CIRCUMSTANCES TO ALLOW RE-VERIFICATION OF ELIGIBILITY AND TO LIMIT THE MEANS BY WHICH A PERSON MAY BE GRANTED CATEGORICAL ELIGIBILITY FOR PURPOSES OF RECEIVING FOOD AND NUTRITION SERVICES BENEFITS UNDER THE SUPPLEMENTAL NUTRITION AND ASSISTANCE PROGRAM (SNAP).

The General Assembly of North Carolina enacts:

PART I. REFORMS TO ELIGIBILITY MONITORING FOR THE NORTH CAROLINA MEDICAID PROGRAM

SECTION 1.(a) G.S. 108A-55.5 reads as rewritten:

"§ 108A-55.5. Eligibility monitoring for medical assistance.

(a) On at least a ~~quarterly~~-monthly basis, the Department shall review information concerning changes in circumstances that may affect medical assistance beneficiaries' eligibility to receive medical assistance benefits. The Department shall share the information directly with, or make the information available to, the county department of social services that determined the beneficiary's eligibility.

...."

SECTION 1.(b) Part 6 of Article 2 of Chapter 108A of the General Statutes is amended by adding a new section to read:

"§ 108A-55.6. Redeterminations for medical assistance when certain federal restrictions or limitations are placed upon the State.

(a) If the State receives federal funding for medical assistance that is contingent upon temporary maintenance of effort restrictions or that in any way limits the ability of the State to disenroll individuals from the State's medical assistance program, then the Department shall direct county departments of social services to do both of the following:



- 1 (1) Continue to conduct redeterminations of eligibility for medical assistance in
2 the same manner in which the redeterminations were conducted prior to the
3 restrictions or limitations.
- 4 (2) Act on redeterminations to the fullest extent permissible under the law.
- 5 (b) Within 60 days of the expiration of the restrictions or limitations under subsection (a)
6 of this section, the Department shall complete a full audit in which the Department shall do all
7 of the following:
- 8 (1) Ensure that counties complete and act upon eligibility redeterminations for all
9 cases that have not had a redetermination within the last 12 months.
- 10 (2) Request approval from the Centers for Medicare and Medicaid Services for
11 the authority to conduct and act upon eligibility redeterminations for each
12 beneficiary enrolled during the period of restriction or limitation who had been
13 enrolled for more than three total months. Within 60 days of receipt of that
14 approval, the Department shall ensure all counties have completed and acted
15 on the redeterminations.
- 16 (3) Carry out all eligibility monitoring activities required under G.S. 108A-55.5
17 and take the required action, if applicable.
- 18 (4) Submit a summary report of the audit to the Joint Legislative Oversight
19 Committee on Medicaid and NC Health Choice."

20 **SECTION 1.(c)** This section becomes effective October 1, 2021, and applies to any
21 applicable restrictions or limitations placed upon the North Carolina Medicaid program on or
22 after that date.

23

24 **PART II. REFORMS TO PRESUMPTIVE ELIGIBILITY FOR MEDICAID BENEFITS**

25 **SECTION 2.(a)** Part 6 of Article 2 of Chapter 108A of the General Statutes is
26 amended by adding a new section to read:

27 **"§ 108A-55.7. Hospital presumptive eligibility.**

28 (a) Unless required under federal law, the Department and any county department of
29 social services may not be designated as a qualified entity for the purpose of making presumptive
30 eligibility determinations for Medicaid coverage.

31 (b) For the purposes of this section, "qualified hospital" has the same meaning as under
32 42 C.F.R. § 1110.

33 (c) When a qualified hospital makes a presumptive eligibility determination, it is the
34 responsibility of the hospital to do all of the following:

- 35 (1) Notify the Department of each presumptive eligibility determination within
36 five business days from the date on which the determination was made.
- 37 (2) Assist individuals determined to be presumptively eligible for Medicaid
38 coverage with completing and submitting a full application for Medicaid
39 benefits.
- 40 (3) Provide the following written notification, in plain language and large print,
41 to the applicant:
- 42 a. Failure to properly submit a full application for Medicaid benefits
43 before the last day of the month following the date the individual is
44 determined to be presumptively eligible for Medicaid benefits will
45 result in termination.
- 46 b. If a full application for Medicaid benefits is properly submitted before
47 the last day of the month following the date the individual is
48 determined to be presumptively eligible for Medicaid benefits, then
49 the presumptive eligibility will continue until an eligibility
50 determination is made on the submitted application.

1 (d) The Department shall establish standards to ensure accurate presumptive eligibility
2 determinations are made by each qualified hospital. These standards shall be related to all of the
3 following measures:

4 (1) Receipt by the Department of the Medicaid presumptive eligibility card within
5 five business days from the determination date.

6 (2) The proportion of individuals determined presumptively eligible for medical
7 assistance benefits by the qualified hospital who submit a full application for
8 benefits before the end of the presumptive eligibility period.

9 (3) The proportion of individuals determined presumptively eligible for medical
10 assistance benefits by the qualified hospital who are eligible for medical
11 assistance benefits based on a submitted full application for benefits.

12 (e) If a qualified hospital fails to meet any of the standards established by the Department
13 under this section, then the Department shall notify the hospital in writing within five days from
14 the date on which the Department determined the standard was not met. Notification shall include
15 all of the following:

16 (1) A description of the standard that was not met and an explanation of why the
17 Department determined the hospital failed to meet that standard.

18 (2) The process by which a qualified hospital may dispute the finding of failure
19 to meet an established standard.

20 (3) The following information, as applicable:

21 a. If it is the first occurrence of a failure to the standards, then the
22 Department shall provide a statement that if there is a second finding
23 of failure to meet any established standard, then all applicable hospital
24 staff shall be required to participate in mandatory presumptive
25 eligibility training provided by the Department.

26 b. If it is the second occurrence of a failure to meet the standards, then
27 the Department shall provide (i) the date, time, and location of the
28 mandatory presumptive eligibility training that will be provided by the
29 Department to all applicable hospital staff and (ii) a statement that if
30 there is a third finding of failure to meet any established standard, then
31 the hospital will be disqualified from making presumptive eligibility
32 determinations under 42 C.F.R. § 1110(d).

33 c. If it is the third occurrence of a failure to meet the standards, then the
34 Department shall provide notice that, effective immediately, the
35 hospital is disqualified in accordance with subsection (f) of this
36 section.

37 (f) If a qualified hospital fails to meet any of the standards established by the Department
38 under this section more than twice, then that hospital shall be disqualified under 42 C.F.R. §
39 1110(d) and shall no longer be eligible to make presumptive eligibility determinations of any
40 kind."

41 **SECTION 2.(b)** This section becomes effective October 1, 2021, and applies to
42 presumptive eligibility determinations made on or after that date.

43
44 **PART III. REFORMS RELATED TO FOOD AND NUTRITION SERVICES BENEFITS**
45 **UNDER THE SUPPLEMENTAL NUTRITION AND ASSISTANCE PROGRAM (SNAP)**

46 **SECTION 3.(a)** Part 5 of Article 2 of Chapter 108A of the General Statutes is
47 amended by adding the following new sections to read:

48 **"§ 108A-52.1. Cooperation with child support program as a condition of eligibility.**

49 The Department shall require applicants for electronic food and nutrition benefits to
50 cooperate with the Child Support Enforcement Program in accordance with Article 9 of Chapter

1 110 of the General Statutes as a condition of eligibility for food and nutrition benefits pursuant
2 to 7 C.F.R. § 273.11(o) and (p).

3 **"§ 108A-52.2. Reporting requirement.**

4 Any person who is eligible to receive electronic food and nutrition benefits under this Part
5 shall report to the Department any change in circumstances, including, but not limited to, changes
6 in income or residency, within 10 days from the date of the change to allow the Department to
7 re-verify the person's eligibility.

8 **"§ 108A-52.3. Limitation on categorical eligibility.**

9 Notwithstanding any provision of law to the contrary, the Department shall not grant a person
10 categorical eligibility under 7 U.S.C. § 2014(a) for the food and nutrition services program based
11 on noncash, in-kind, or other benefits unless expressly required by federal law."

12 **SECTION 3.(b)** This section becomes effective January 1, 2022.

13
14 **PART IV. EFFECTIVE DATE**

15 **SECTION 4.** Except as otherwise provided, this act is effective when it becomes
16 law.