

1 behavioral health crisis to behavioral health clinics or other alternative appropriate care  
2 locations. The report shall include the following:

- 3 (1) The proposed reimbursement methodology to be utilized.
- 4 (2) An analysis of the financial impact of adding the coverage, including any  
5 anticipated costs to the Medicaid program.
- 6 (3) Whether the Department intends to add this coverage pursuant to its  
7 authority under G.S. 108A-54(e) or whether additional appropriations are  
8 required.
- 9 (4) If the Department intends to add this coverage pursuant to its authority under  
10 G.S. 108A-54(e), a time line for submission of any State Plan amendments  
11 or any waivers necessary for implementation and expected implementation  
12 date.

#### 13 14 **NC TRACKS ENHANCEMENTS TO PREVENT AND DETECT FRAUD, WASTE, 15 AND ABUSE**

16 **SECTION 11H.15.(a)** The Department of Health and Human Services  
17 (Department) shall enhance the capability of the NC Tracks Medicaid Management  
18 Information System (MMIS) to include the ability to detect and prevent fraud, waste, and abuse  
19 prior to the payment of claims. Program changes shall be made to MMIS to prevent claims  
20 payment to providers when fraud, waste, or abuse is identified. The new capability required by  
21 this subsection shall utilize publicly available data regarding Medicaid providers and recipients.  
22 For this new capability, the Department shall establish criteria for the identification of  
23 suspicious claims, suspicious patterns of activity, or both without preselecting providers or  
24 recipients for review. Claims or patterns of activity identified by this new capability shall be  
25 evaluated utilizing a combination of automated and manual processes to determine the validity  
26 of the suspected fraud, waste, or abuse prior to the issuance of any payment to the provider for  
27 the suspicious claims.

28 The new capability required by this subsection shall be implemented utilizing  
29 existing MMIS contracts no later than 150 days after this section becomes effective. Nothing in  
30 this section shall be construed to change or limit any current laws or rules regarding prompt  
31 payment to providers or provider prepayment claims review.

32 **SECTION 11H.15.(b)** This section is effective when it becomes law.

#### 33 34 **DURATION OF MEDICAID AND NC HEALTH CHOICE PROGRAM 35 MODIFICATIONS**

36 **SECTION 11H.16.** Except for eligibility categories and income thresholds and  
37 except for statutory changes, the Department of Health and Human Services shall not be  
38 required to maintain, after June 30, 2019, any modifications to the Medicaid and NC Health  
39 Choice programs required by this Subpart.

#### 40 41 **MEDICAID TRANSFORMATION TECHNICAL AND CLARIFYING CHANGES**

42 **SECTION 11H.17.(a)** Section 4 of S.L. 2015-245, as amended by Section 2(b) of  
43 S.L. 2016-121, reads as rewritten:

44 **"SECTION 4.** Structure of Delivery System. – The transformed Medicaid and NC Health  
45 Choice programs described in Section 1 of this act shall be organized according to the  
46 following principles and parameters:

- 47 ...
- 48 (4) Services covered by PHPs. – Capitated PHP contracts shall cover all  
49 Medicaid and NC Health Choice services, including physical health services,  
50 prescription drugs, long-term services and supports, and behavioral health  
51 services for NC Health Choice recipients, except as otherwise provided in