

Revision: HCFA-PM-97-3 (CMSO)  
December 1997

State: North Carolina

Citation 3.1 Amount, Duration, and Scope of Services  
(continued)

(a)(3) Other Required Special Groups:  
Qualified Medicare Beneficiaries

1902(a)(10)(E)(i) Medicare cost sharing for qualified  
and clause (VIII) Medicare beneficiaries described in  
of the matter section 1905 (p) of the Act is  
following (F), provided only as indicated in item 3.2  
and 1905(p)(3) of this plan  
of the Act

1902(a)(10) (a)(4)(i) Other Required Special Groups:  
(E)(ii) and Qualified Disabled and Working  
1905(s) of the Individuals  
Act

Medicare Part A premiums for qualified  
disabled and working individuals described in  
section 1902(a)(10)(E) (ii) of the Act are provided  
as indicated in item 3.2 of this plan

1902(a)(10) (ii) Other Required Special Groups:  
(E)(iii) and specified Low-income Medicare  
1905(p)(3)(A)(ii) Beneficiaries  
of the Act

Medicare Part B premiums for specified  
low-income Medicare beneficiaries described in  
section 1902 (a)(10)(E) (iii) of the Act are  
provided as indicated in item 3.2 of this plan.

1902(a)(10) (iii) Other Required Special Groups:  
(E)(iv)(I)1905(p)(3) Qualifying Individuals - 1  
(A)(ii), and 1933 of  
the Act

Medicare Part B premiums for  
qualifying individuals described in  
1902(a)(10)(E)(iv)(I)and subject to 1933 of the Act  
are provided as indicated in item 3.2 of this plan

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TN No. 98-04  
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TN No. 93-03

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State: North Carolina

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1902(a)(10)  
(E)(iv)(II), 1905(p)(3)  
(A)(iv)(II), 1905(p)(3)  
the Act

(iv) Other Required Special Groups:  
Qualifying Individuals - 2

The portion of the amount of increase to the Medicare Part B premium attributable to the Home Health provisions for qualifying Individuals described in 1902(A)(10)(E)(iv) (II) and subject to 1933 of the Act are provided as indicated in item 3.2 of this plan.

1925 of the  
Act

(a)(5) Other Required Special Groups:  
Families Receiving Extended  
Medicaid Benefits

Extended Medicaid benefits for families described in section 1925 of the Act are provided as indicated in item 3.5 of this plan.

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Revision: HCFA-PM-91-4 (BPD)  
August 1991

OMB No.: 0938

State: North Carolina

Citation            3.1    Amount, Duration, and Scope of Services  
(continued)

- 1902(a) and 1903 (v) of the Act and Section 401(b)(1)(A) of P.L. 104-193    (a)(6) Limited Coverage for Certain Aliens  
Is an alien who is not a qualified alien or who is a qualified alien, as defined in section 431 (b) of P.L. 104-193, but is not eligible for Medicaid based on alienage status, and who would otherwise qualify for Medicaid are provided Medicaid only for the treatment of an emergency medical condition (including emergency labor and delivery) as defined in section 1903 (v)(3) of the Act.
- 1905(a)(9) of the Act    (a)(7) Homeless Individuals  
Clinic services furnished to eligible individuals who do not reside in a permanent dwelling or do not have a fixed home or mailing address are provided without restrictions regarding the site at which the services are furnished.
- 1902(a)(47) and 1920 of the Act    x    (a)(8) Presumptively Eligible Pregnant Women  
Ambulatory prenatal care for pregnant women is provided during a presumptive eligibility period if the care is furnished by a provider that is eligible for payment under the State Plan.
- 42 CFR 441.55 50 FR 43654 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act    (a)(9) EPSDT Services  
The Medicaid agency meets the requirements of sections 1902(a)(43), 1905(a)(4)(B), and 1905(r) of the Act with respect to early and periodic screening, diagnostic, and treatment (EPSDT) services.

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(BPD)

OMB No. 0938-

State/Territory: North Carolina

Citation 3.1(a)(9) Amount, Duration, and Scope of Services:  
EPSDT Services (continued)

- 42 CFR 441.60                    \_\_\_    The Medicaid agency has in effect agreements with continuing care providers. Described below are the methods employed to assure the providers' compliance with their agreements.
- 42 CFR 440.240               (a)(10)   Comparability of Services  
and 440.250
- 1902(a) and 1902  
(a)(10), 1902 (a)(52)  
1903(v), 1915(g),  
1925 (b)(4), and 1932  
of the Act
- Except for those items or services for which sections 1902(a), 1902(a)(10), 1903(v) 1915, 1925, and 1932 of the Act, 42 CFR 440.250, and section 245A of the Immigration and Nationality Act, permit exceptions:
- (i) Services made available to the categorically needy are equal in amount, duration, and scope for each categorically needy person.
  - (ii) The amount, duration, and scope of services made available to the categorically needy are equal to or greater than those made available to the medically needy.
  - (iii) Services made available to the medically needy are equal in amount, duration, and scope for each person in a medically needy coverage group.
  - X (iv) Additional coverage for pregnancy-related services and services for conditions that may complicate the pregnancy are equal for categorically and medically needy.

The continuing care provider submits monthly encounter data reflecting the number of examinations completed, the number of examinations where a referable condition was identified, and the number of follow-up treatment encounters. Medicaid staff make periodic on-site reviews to monitor the provider's record of case management.

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TN No. 03-04

Supersedes  
TN No. 92-01

Approval Date: **NOV 18 2003**

Effective Date 8/13/2003  
HCFA ID: 7982E

Revision: HCFA-AT-80-38 (BPP)  
 May 22, 1980

State North Carolina

Citation                    3.1(b) Home health services are provided in  
 42 CFR Part                    accordance with the requirements of  
 440, Subpart B                    42 CFR 441.15.  
 42 CM 441.15  
 AT-78-90                    (1) Home health services are provided to  
 AT-80-34                    all categorically needy individuals  
    21 years of age or over.  
    (2) Home health services are provided to  
    all categorically needy individuals under 21 years  
    of age.  
      X      Yes  
    \_\_\_\_\_ Not applicable. The State plan  
    does not provide for skilled  
    nursing facility services for  
    such individuals.  
    (3) Home health services are provided to  
    the medically needy:  
      X      Yes, to all  
    \_\_\_\_\_ Yes, to individuals age 21 or  
    over; SNF services are provided  
    \_\_\_\_\_ Yes, to individuals under age  
    21; SNF services are provided  
    \_\_\_\_\_ No; SNF services are not  
    provided  
    \_\_\_\_\_ Not applicable; the medically  
    needy are not included under this plan

\_\_\_\_\_  
 TN # 80-02  
 Supersedes  
 TN # \_\_\_\_\_

Approval Date 3/12/80

Effective Date 1/1/80

Revision: HCFA-PM-93-8 (BPD)  
December 1993

State/Territory: North Carolina

Citation 3.1 Amount, Duration, and Scope of Services (continued)

42 CFR 431.53 (c)(1) Assurance of Transportation

Provision is made for assuring necessary Transportation of recipients to and from providers. Methods used to assure such transportation are described in ATTACHMENT 3.1-D.

42 CFR 483.10 (c)(2) Payment for Nursing Facility Services

The State includes in nursing facility services at least the items and services specified in 42 CFR 483.10 (c)(8)(i).

42 CFR 447.40 (c)(3) Therapeutic Leave

Payment is made to reserve a bed during a recipient's temporary absence from an inpatient facility.

Yes. The State's policy is described in ATTACHMENT 3.1-A.1

No.

TN No. 01-27  
Supersedes  
TN No. 94-03

Approval Date: MAR 22 2002

Effective Date 10/01/01



Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

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Citation            3.1(e) Family Planning Services

42 CFR 441.20  
AT-78-90

The requirements of 42 CFR 441.20 are met regarding freedom from coercion or pressure of mind and conscience, and freedom of choice of method to be used for family planning.

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TN # 77-11  
Supersedes  
TN # \_\_\_\_\_

Approval Date 10/21/77

Effective Date 7/1/77

Revision: HCFA-PM-87-5 (BERC)  
APRIL 1987

OMB No.: 0938-0193

State/Territory: North Carolina

Citation                    3.1 (f)(1)            Optometric Services  
42 CFR 441.30                    Optometric services (other than those  
AT-78-90                                    provided under 435.531 and 436.531)  
are not now but were previously provided under the  
plan. Services of the type an optometrist is legally  
authorized to perform are specifically included in  
the term "physicians' services" under this plan and  
are reimbursed whether furnished by a physician or  
an optometrist.

Yes.

No. The conditions described in  
the first sentence apply but the term  
"physicians' services" does not specifically  
include services of the type an optometrist  
is legally authorized to perform.

Not applicable. The conditions  
in the first sentence do not  
apply.

1903(i)(1)                                    (2)            Organ Transplant Procedures  
of the Act,                                    Organ transplant procedures are  
P.L. 99-272                                    provided  
(Section 9507)

No.

Yes. Similarly situated  
individuals are treated alike and any  
restriction on the facilities that may, or  
practitioners who may, provide those  
procedures is consistent with the  
accessibility of high quality care to  
individuals eligible for the procedures under  
this plan. Standards for the coverage of  
organ transplant procedures are described at  
ATTACHMENT 3.1-E.

TN No. 87-5

Supersedes

Approval Date JUL 23 1987

Effective Date 4-1-87

TN No. 77-11

HCFA ID: 1008P/0011P

Revision: HCFA-PH-87-4 (BERC)  
MARCH 1987

OMB No. 0938-0193

State/Territory: North Carolina

<p>Citation 42CFR 431.110(b) AT-78-90</p>	<p>3.1 (g)</p>	<p><u>Participation by Indian Health Service Facilities</u></p> <p>Indian Health Service facilities are accepted as providers, in accordance with 42 CFR 431.110(b), on the same basis as other qualified providers</p>
<p>1902(e)(9) of the Act, P.L. 99-509 (Section 9408)</p>	<p>(h)</p>	<p><u>Respiratory Care Services for Ventilator- Dependent Individuals</u></p> <p>Respiratory care services, as defined in section 1902(e)(9)(C) of the Act, are provided under the plan to individuals who--</p> <p>(1) Are medically dependent on a ventilator for life support at least six hours per day;</p> <p>(2) Have been so dependent as inpatients during a single stay or a continuous stay in one or more hospitals, SNFs or ICFs for the lesser of--</p> <p style="padding-left: 40px;"><u>    </u> 30 consecutive days;</p> <p style="padding-left: 40px;"><u>    </u> <u>    </u> days (the maximum number of inpatient days allowed under the State plan);</p> <p>(3) Except for home respiratory care, would require respiratory care on an inpatient basis in a hospital, SNF, or ICF for which Medicaid payments would be made;</p> <p>(4) Have adequate social support services to be cared for at home; and</p> <p>(5) Wish to be cared for at home.</p> <p><u>    </u> Yes. The requirements of section 1902(e)(9) of the Act are met.</p> <p><u>  X  </u> Not applicable. These services are not included in the plan.</p>

TN No. 87-5  
Supersedes  
TN No. 78-3

Approval Date JUL 23 1987

Effective Date 4/1/87  
HCFA ID: 1008P/0011P

Revision: HCFA-PM-93-5 (MB)  
MAY 1993

State: North Carolina

Citation                    3.2 Coordination of Medicaid with Medicare and  
Other Insurance

(a) Premiums

(1) Medicare Part A and Part B

1902(a)(10)(E)(i) and  
1905(p)(1) of the Act

(i) Qualified Medicare  
Beneficiary (QMB)

The Medicaid agency pays Medicare Part A premiums (if applicable) and Part B premiums for individuals in the QMB group defined in Item A.25 of ATTACHMENT 2.2-A, through the group premium payment arrangement, unless the agency has a Buy-in agreement for such payment, as indicated below.

Buy-In agreement for:

X  Part A             X  Part B

\_\_\_\_\_ The Medicaid agency pays premiums, for which the beneficiary would be liable, for enrollment in an HMO participating in Medicare.

TN No. 93-17  
Supersedes  
TN No. 93-03

Approval Date 11-15-93

Effective Date 7/1/93

Revision: HCFA-PM-97-3 (CSMO)  
December 1997

State: North Carolina

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Citation

1902(a)(10)(E)(ii)  
and 1905(s) of the Act

(ii) Qualified Disabled and Working  
Individual (QDWI)

The Medicaid agency pays Medicare Part A premiums under a group premium payment arrangement, subject to any contribution required as described in ATTACHMENT 4.18-E, for Individuals in the QDWI group defined in item A.26 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iii)  
and 1905(p)(3)(A)(ii)  
of the Act

(iii) Specified Low-income Medicare  
Beneficiary (SLMB)

The Medicaid agency pays Medicare Part B premiums under the State buy-In process for individuals in the SLMB group defined in item A.27 of ATTACHMENT 2.2-A of this plan.

1902(a)(10)(E)(iv)(I),  
1905(p)(3)(A)(ii), and  
1933 of the Act

(iv) Qualifying Individual-1) (QI-1)

The Medicaid agency pays Medicare Part B premiums under the State buy-in process for individuals described in 1902 (a) (10) (E) (iv) (I) and subject to 1933 of the Act.

1902(a)(10)(E)(iv)(II),  
1905(p)(3)(A)(ii), and  
1933 of the Act

(v) Qualifying Individual-2(QI-2)

The Medicaid agency pays the portion of the amount of increase to the Medicare Part B premium attributable to the Home Health Provision to the individuals described in 1902 (a) (10) (E) (iv) (II) and subject to 1933 of the Act.

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TN No. 98-04

Supersedes

Approval Date 5/27/98

Effective Date 1-1-98

TN No. 93-03

Revision: HCFA-PM-97-3  
December 1997

State: North Carolina

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Citation

1843(b) and 1905(a)  
of the Act and  
42 CFR 431.625

(vi) Other Medicaid Recipients

The Medicaid agency pays  
Medicare Part B premiums to make Medicare Part B  
coverage available to the Following individuals:

X All individuals who are: (a)  
receiving benefits under titles I, IV-A,  
X, XIV, XVI (AABD or SSI); b) receiving  
State supplements under title XVI; or c)  
within a group listed at 42 CFR 431. 625  
(d)(2).

— Individuals receiving title  
II or Railroad Retirement benefits.

X Medically needy individuals  
(FFP is not available for this group).

1902(a)(30) and  
1905(a) of the Act

(2) Other Health Insurance

— The Medicaid agency pays insurance  
premiums for medical or any other type of remedial  
care to maintain a third party resource for  
Medicaid covered services provided to eligible  
individuals (except individuals 65 years of age or  
older and disabled individuals, entitled to  
Medicare Part A but not enrolled in Medicare Part  
B).

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TN No. 98-04  
Supersedes  
TN No. 93-03

Approval Date 5/27/98

Effective Date 1-1-98

Revision: HCFA-PM-93-2 (MB)  
MARCH 1993

State: North Carolina

Citation (b) Deductibles/Coinsurance

(1) Medicare Part A and B

1902(a)(30), 1902(n),  
1905(a), and 1916 of the Act

**ATTACHMENT 4.19-B, Section 24, Page 1**  
describe the methods and standards for  
establishing payment rates for services  
covered under Medicare, and/or the  
methodology for payment of Medicare  
deductible and coinsurance amounts, to the  
extent available for each of the following  
groups.

Sections 1902  
(a)(10)(E)(i) and  
1905(p)(3) of the Act

(i) Qualified Medicare Beneficiaries  
QMBs

The Medicaid agency pays Medicare Part A and Part B  
deductible and coinsurance amounts for QMBs (subject to any  
nominal Medicaid (copayment) for all services available under  
Medicare.

1902(a)(10), 1902(a)(30),  
and 1905(a) of the Act

(ii) Other Medicaid Recipients

The Medicaid agency pays for Medicaid services also covered  
under Medicare and furnished to recipients entitled to  
Medicare (subject to any nominal Medicaid copayment). For  
services furnished to individuals who are described in  
section 3.2(a)(1) (iv), payment is made as follows:

42 CFR 431.625

X For the entire range of services  
available under Medicare Part 3.

— Only for the amount, duration, and  
scope of services otherwise  
available under this plan.

1902(a)(10), 1902(a)(30),  
1905(a), and 1905(p)  
of the Act

(iii) Dual Eligible--QMS Plus

The Medicaid agency pays Medicare  
Part A and Part B deductible and coinsurance amounts for all  
services available under Medicare and pays for all Medicaid  
services furnished to individuals eligible both as QMBs and  
categorically or medically needy (subject to any nominal  
Medicaid copayment).

TN No. 03-05  
Supersedes  
TN No. 93-03

Approval Date 5/23/03

Effective Date 04/01/03

Revision: HCFA-PM-91-8 (MB)  
October 1991

OMB No.:

State/Territory: North Carolina

Citation

Condition or Requirement

1906 of the  
Act

(c) Premiums, Deductibles, Coinsurance  
and Other Cost Sharing Obligations

The Medicaid agency pays all premiums, deductibles, coinsurance and other cost sharing obligations for items and services covered under the State plan (subject to any nominal Medicaid copayment) for eligible individuals in employer-based cost-effective group health plans.

When coverage for eligible family members is not possible unless ineligible family members enroll, the Medicaid agency pays premiums for enrollment of other family members when cost-effective. In addition, the eligible individual is entitled to services covered by the State plan which are not included in the group health plan. Guidelines for determining cost effectiveness are described in section 4.22(h).

1902(a)(10)(F)  
of the Act

(d) \_\_\_\_\_ The Medicaid agency pays premiums for individuals described in item 19 of Attachment 2.2-A.

TN No. 92-27  
Supercedes  
TN No. NEW

Approval Date 1-31-94

Effective Date 7/1/92  
HCFA ID: 7983E

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

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Citation  
42 CFR 441.101,  
42 CFR 431.620(c)  
and (d)  
AT-79-29

3.3 Medicaid for Individuals Age 65 or  
Over in Institutions for Mental Diseases

Medicaid is provided for individuals 65  
years of age or older who are patients  
in institutions for mental diseases.

X Yes. The requirements of 42 CFR  
Part 441, Subpart C, and 42 CFR 431.620(c) and (d)  
are met.

— Not applicable. Medicaid is not  
provided to aged individuals in such institutions  
under this plan.

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TN # 77-11  
Supersedes  
TN # \_\_\_\_\_

Approval Date 10/21/77 Effective Date 7/1/77

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

Citation                    3.4    Special Requirements Applicable to  
42 CFR 441.252                    Sterilization Procedures  
AT-78-99

All requirements of 42 CFR Part 441, Subpart F are met.

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TN # 79-3  
Supersedes                    Approval Date 5/4/79                    Effective Date 3/31/79  
TN # \_\_\_\_\_

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: North Carolina

Citation

1902(a)(52)  
and 1925 of  
the Act

3.5 Families Receiving Extended Medicaid Benefits

- (a) Services provided to families during the first 6-month period of extended Medicaid benefits under Section 1925 of the Act are equal in amount, duration, and scope to services provided to categorically needy AFDC recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
- (b) Services provided to families during the second 6-month period of extended Medicaid benefits under section 1925 of the Act are--

- x Equal in amount, duration, and scope to services provided to categorically needy recipients as described in ATTACHMENT 3.1-A (or may be greater if provided through a caretaker relative employer's health insurance plan).
- \_\_\_ Equal in amount, duration, and scope to services provided to categorically needy AFDC recipients, (or may be greater if provided through a caretaker relative employer's health insurance plan) minus any one or more of the following acute services:
- \_\_\_ Nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.
- \_\_\_ Medical or remedial care provided by licensed practitioners.
- \_\_\_ Home health services.

TN No. 92-01  
Supersedes  
TN No. 91-42

Approval Date 10-21-92 Effective Date 1/1/92  
HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No.: 0938-

State: North Carolina

Citation      3.5      Families Receiving Extended Medicaid Benefits(Continued)

\_\_\_      Private duty nursing services.

\_\_\_      Physical therapy and related services.

\_\_\_      Other diagnostic, screening, preventive, and rehabilitation services.

\_\_\_      Inpatient hospital services and nursing facility services for individuals 65 years of age or over in an institution for mental diseases.

\_\_\_      Intermediate care facility services for the mentally retarded.

\_\_\_      Inpatient psychiatric services for individuals under age 21.

\_\_\_      Hospice services.

\_\_\_      Respiratory care services.

\_\_\_      Any other medical care and any other type of remedial care recognized under State law and specified by the Secretary.

TN No. 92-01  
Supersedes  
TN No. 87-18

Approval Date 10-21-92

Effective Date 1/1/92  
HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No. 0938

State: North Carolina

Citation      3.5 Families Receiving Extended Medicaid Benefits  
(Continued)

(C)\_\_\_ The agency pays the family's premiums, enrollment fees, deductibles, coinsurance, and similar costs for health plans offered by the caretaker's employer as payments for medical assistance--

\_\_\_ 1st 6 months    \_\_\_ 2nd 6 months

\_\_\_ The agency requires caretakers to enroll in employers' health plans as a condition of eligibility.

\_\_\_ 1st 6 mos.            \_\_\_ 2nd 6 mos.

(d)\_\_\_ (1)The Medicaid agency provides assistance to families during the second 6-month period of extended Medicaid benefits through the following alternative methods:

\_\_\_ Enrollment in the family option of an employer's health plan.

\_\_\_ Enrollment in the family option of a State employee health plan.

\_\_\_ Enrollment in the State health plan for the uninsured.

\_\_\_ Enrollment in an eligible health maintenance organization (HMO) with a prepaid enrollment of less than 50 percent Medicaid recipients (except recipients of extended Medicaid).

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TN No. 92-01

Supersedes \_\_\_\_\_ Approval Date 10-21-92      Effective Date 1/1/92

TN No. 90-9

HCFA ID: 7982E

Revision: HCFA-PM-91-4 (BPD)  
AUGUST 1991

OMB No. 0938-

State: North Carolina

Citation            3.5 Families Receiving Extended Medicaid Benefits(Continued)

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

(i) Pays all premiums and enrollment fees imposed on the family for such plan(s).

— (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

TN No. 92-01  
Supersedes  
TN No. 90-09

Approval Date 10-21-92

Effective Date 1/1/92  
HCFA ID: 7982E

\_\_\_\_ Enrollment in an eligible health maintenance organization (HMO) that has an enrollment of less than 50 percent of Medicaid recipients who are not recipients of extended Medicaid.

Supplement 2 to ATTACHMENT 3.1-A specifies and describes the alternative health care plan(s) offered, including requirements for assuring that recipients have access to services of adequate quality.

(2) The agency--

(i) Pays all premiums and enrollment fees imposed on the family for such plan(s).

\_\_\_\_ (ii) Pays all deductibles and coinsurance imposed on the family for such plan(s).

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TN No. 90-09  
Supercedes  
TN No. New

Approval Date JUN 22 1990

Effective Date 4/1/90

State: North Carolina

3.6 Unemployed Parent

For purposes of determining whether a child is deprived on the basis of the unemployment of a parent, the agency

\_\_\_ Uses the standard for measuring unemployment which was in the AFDC State plan in effect on July 16, 1996.

\_\_\_ Uses the following more liberal standard to measure unemployment:

The parent will be considered unemployed if the family meets the financial requirements listed under 42 CFR 435, Subparts G and 1.

Revision: HCFA-PM-87-4 (BERC)  
MARCH 1987

OMB No.: 0938-0193

State/Territory: North Carolina

SECTION 4 - GENERAL PROGRAM ADMINISTRATION

Citation  
42 CFR 431.15  
AT-79-29

4.1 Methods of Administration

The Medicaid agency employs methods of administration found by the Secretary of Health and Human Services to be necessary for the proper and efficient operation of the plan.

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TN No. 87-5

Supersedes

TN No. 74-21

Approval Date JUL 23 1987

Effective Date 4/1/87

HCFA ID: 1010P/0012P

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

Citation  
42 CFR 431.202  
AT-79-29  
AT-80-34

4.2 Hearings for Applicants and Recipients

The Medicaid agency has a system of hearings that meets all the requirements of 42 CFR Part 431, Subpart E.

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TN # 74-21  
Supersedes  
TN # \_\_\_\_\_

Approval Date 8/19/74

Effective Date 4/8/74

Revision: HCFA-AT-87-9  
AUGUST 1987

(BERC)

OMB No.: 0938-0193

State/Territory: North Carolina

Citation  
42 CFR 431.301  
AT-79-29

4.3

Safeguarding Information on Applicants  
and Recipients

Under State statute which imposes legal sanctions, safeguards are provided that restrict the use or disclosure of information concerning applicants and recipients to purposes directly connected with the administration of the plan.

52 FR 5967

All other requirements of 42 CFR Part 431, Subpart F are met.

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TN No. 87-12  
Supersedes  
TN No. 74-21

Approval Date 1/28/88

Effective Date 10-1-87  
HCFA ID: 1010P/0012P

Revision:

State/Territory: North Carolina

Citation

42 CFR 431 Subparts P & Q  
50 FR 21839  
75 FR 48847  
1903(u) of  
the Act,  
P.L. 99-509  
(Section 9407)  
P.L. 107-300  
P.L. 111-3

4.4 Medicaid Eligibility Quality Control (MEQC)

(a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P.

Yes

Not Applicable. The State operates an Approved MEQC Pilot

(b) In accordance with 431.806(c), the State operates a Medicaid quality control claims processing assessment system that meets the requirements of 431.830 – 431.836.

Yes.

Not applicable. The State has an approved Medicaid Management Information System (MMIS).

(c) In accordance with 431.806(b), Payment Error Rate Measurement (PERM) is implemented in accordance with 42 CFR Part 431, Subpart Q, in substitution to meet the statutory and regulatory (“traditional”) Medicaid Eligibility Quality Control (MEQC) review during the State’s PERM cycle year.

Yes.

Effective for FFY 2013

Effective for FFY 2016

Effective for FFY 2019

Not applicable.

TN No. 12-017

Supersedes

TN No. 88-3

Approval Date: 11-21-12

Effective Date 10/01/2012

Revision: HCFA-PM-88-10 (BERC)  
SEPTEMBER 1988

OMB No.: 0938-0193

State/Territory: North Carolina

Citation  
42 CFR 455.12  
AT-78-90  
48 FR 3742  
52 FR 48817

4.5 Medicaid Agency Fraud Detection and Investigation Program

The Medicaid agency has established and will maintain methods, criteria, and procedures that meet all requirements of 42 CFR 455.13 through 455.21 and 455.23 for prevention and control of program fraud and abuse.

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TN No. 88-18  
Supersedes  
TN No. 83-08

Approval Date JAN 09 1989  
Received 1-3-89

Effective Date 10/1/88  
HCFA ID: 1010P/0012P

New: HCFA-PM-99-3 (CMSO)  
JUNE 1999

State: \_\_\_\_\_

Citation 4.5a Medicaid Agency Fraud Detection  
Section 1902(a)(64) And Investigation Program  
The Social Security Act  
P.L. 105-33

The Medicaid agency has established a mechanism to receive reports from beneficiaries and others and compile data concerning alleged instances of waste, fraud, and abuse relating to the operation of this title.

TN No. 99-23  
Supersedes  
TN No. NEW

Approval Date: DEC 20 1999 Eff. Date: 8/5/97

Revision: HCFA-AT-80-38(BPP)  
 May 22, 1980  
 State North Carolina

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Citation  
 42 CFR 431.16  
 AT-79-29

4.6 Reports

The Medicaid agency will submit all reports in the form and with the content required by the Secretary, and will comply with any provisions that the Secretary finds necessary to verify and assure the correctness of the reports. All requirements of 42 CFR 431.16 are met.

TN # 77-20  
 Supersedes  
 TN # \_\_\_\_\_

Approval Date 1/24/78

Effective Date 10/1/77

Revision: HCFA-AT-80-38 (BPP)  
 May 22, 1980

State North Carolina

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Citation  
 42 CFR 431.17  
 AT-79-29

4.7 Maintenance of Records

The Medicaid agency maintains or supervises the maintenance of records necessary for the proper and efficient operation of the plan, including records regarding applications, determination of eligibility, the provision of medical assistance, and statistical, fiscal and other records necessary for reporting and accountability, and retains these records in accordance with Federal requirements. All requirements of 42 CFR 431.17 are met.

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TN # 77-20  
 Supersedes  
 TN # \_\_\_\_\_

Approval Date 1/24/78

Effective Date 10/1/77

Revision: HCFA-AT-80-38 (BPP)  
 May 22, 1980

State North Carolina

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<u>Citation</u> 42 CFR 431.18(b) AT-79-29	4.8 <u>Availability of Agency Program Manuals</u>	Program manuals and other policy issuances that affect the public, including the Medicaid agency's rules and regulations governing eligibility, need and amount of assistance, recipient rights and responsibilities, and services offered by the agency are maintained in the State office and in each local and district office for examination, upon request, by individuals for review, study, or reproduction. All requirements of 42 CFR, 431.18 are met.
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TN # 74-12  
 Supersedes  
 TN # \_\_\_\_\_

Approval Date 8/19/74

Effective Date 3/18/74

Revision: HCFA-AT-80-38 (BPP)  
May 22, 1980

State North Carolina

Citation  
42 CFR 433.37  
AT-78-90

4.9 Reporting Provider Payments to Internal Revenue Service

There are procedures implemented in accordance with 42 CFR 433.37 for identification of providers of services by social security number or by employer identification number and for reporting the information required by the Internal Revenue Code (26 U.S.C. 6041) with respect to payment for services under the plan.

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TN #74-13  
Supersedes Approval Date 8/19/74 Effective Date 3/18/74  
TN #\_\_\_\_\_

Revision: HCFA-PNI-99-3  
JUNE 1999

(CMSO)

State: North Carolina

- Citation 4.10 Free Choice of Providers  
42 CFR 431.51  
AT-78-90  
46 FR 48524  
48 FR23212  
1902 (a) 23  
of the Act  
P.L. 100-93  
(section 8 (f))
- (a) Except as provided in paragraph (b), the Medicaid agency assures that an individual eligible under the plan may obtain Medicaid services from any institution, agency, pharmacy, person, or organization that is qualified to perform the services, including an organization that provides these services or arranges for their availability on a prepayment basis.
- P.L. 100-203 (Section 4113)
- (b) Paragraph (a) does not apply to services furnished to an individual--
- (1) Under an exception allowed under 42 CFR 431.54, subject to the limitations in paragraph (c), or
  - (2) Under a waiver approved under 42 CFR 431.55, subject to the limitations in paragraph (c), or
  - (3) By an individual or entity excluded from participation in accordance with section 1902(p) of the Act,
  - (4) By individuals or entities who have been convicted of a felony under Federal or State law and for which the State determines that the offense is inconsistent with the best interests of the individual eligible to obtain Medicaid services.
  - (5) Under an exception allowed under 42 CFR 438.50 or 42 CFR 440.168, subject to the limitations in paragraph (c).
- Section 1902(a)(23)  
of the Social Security Act  
P.L. 105-33
- Section 1932(a)(1)  
Section 1905(t)
- (c) Enrollment of an individual eligible for medical assistance in a primary care case management system described in Section 1905 (t), 1915(a) 1915(b)(1), or 1932 (a); or managed care organization, prepaid inpatient health plan, a prepaid ambulatory health plan, or a similar entity shall not restrict the choice of the qualified person from whom the individual may receive emergency services or services under section 1905(a)(4)(c).

TN No. 03-04  
Supersedes  
TN No. 99-24

Approval Date: NOV 18 2003 Effective Date 8/13/2003