ALERT – Call Your State Senator Today
Oppose Amendments to House Bill 403

Last Thursday, the NC Senate Health Care Committee considered House Bill 403, Behavioral Health and Medicaid Modifications, a bill that was introduced back in March to address issues with the state’s local management entities/managed care organizations (LME/MCOs). These regional authorities coordinate the delivery of mental health and substance abuse disorder services under the Medicaid program.

This bill was previously given a favorable vote in the NC House and is now in the NC Senate. At their recent meeting, the Senate Health Care Committee passed a “committee substitute” bill which broadens the impact of the bill significantly and includes provisions of major concern.

The latest version of HB 403 eliminates the Chapter 58 protections previously adopted that have been a priority since the Medicaid reform discussions began several years ago. These provisions ensure the same protection for Medicaid providers and patients that are extended under commercial insurance plans.

The revised bill also sets reimbursement at 90% for any provider who is not in the Medicaid prepaid plan network and provides care for a Medicaid patient. In addition to setting reimbursement at level that could discourage physicians accepting Medicaid patients, this provision creates an inequity in the reformed Medicaid system by giving the health plans an unfair contracting advantage.

Please contact your member of the NC Senate today to encourage opposition to the elimination of Chapter 58 protections and the 90% reimbursement provisions. Here is a sample message from the NC Medical Society to convey:
I am a physician constituent in your district and I have great concerns over the provisions in latest version of HB 403 - LME/MCO Claims Reporting/Mental Health Amendments pertaining to Medicaid Reform.

First, this bill takes away Chapter 58 protections that we have asked for from the beginning of the Medicaid reform discussion. These insurance regulation protections ensure that North Carolina citizens receiving Medicaid and providing services get the same protections as those who are in commercial insurance plans. North Carolina patients and providers should not be required to seek remedies in Federal Court for a state operated program. I ask that you make sure that the Chapter 58 protections remain in place.

Furthermore, this bill interferes with competitive contract negotiations by automatically enrolling and setting a government mandated price for providers who do not accept a health plan contract offering. This is unfair favoritism toward health plans while placing absolutely no burden on their contract offering to providers. This process will be complicated enough for those of us who will now have to contract with multiple vendors just to continue to see Medicaid patients. I ask you to oppose this provision.

Please remove the provisions in Part II regarding Medicaid Reform to allow more discussion before we change Medicaid Reform for the third time in as many years. Thank you for your consideration. Please contact me if you have any questions about how this could impact patients and providers in your district.

If you do not know who your member of the Senate is, you can find their information at: http://bit.ly/SenateCounty17, or call us at (919) 833-3836 for assistance.

Please forward any feedback you get to us at ncacp@ncmedsoc.org, and please also encourage your colleagues to contact their senators too.

Thank you!

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