GENERAL ASSEMBLY OF NORTH CAROLINA SESSION 2025

S

SENATE BILL 600 PROPOSED COMMITTEE SUBSTITUTE S600-PCS45379-BC-17

Short Title: Medicaid Agency Omnibus.

(Public)

D

Sponsors:

Referred to:

March 26, 2025

1 2 3 4	LAWS PERT	A BILL TO BE ENTITLED NG TECHNICAL, CONFORMING, AND OTHER MODIFICATIONS TO AINING TO THE DEPARTMENT OF HEALTH AND HUMAN SERVICES, F HEALTH BENEFITS.
5	The General Asse	embly of North Carolina enacts:
6 7	TEMDODADI	Y EXTEND OPTION TO DECREASE MEDICAID ENROLLMENT
8		OUNTY DEPARTMENTS OF SOCIAL SERVICES
9		TION 1. Section 1.8(a) of S.L. 2023-7, as amended by Section 9(a) of S.L.
10	2024-34, reads as	
11	"SECTION	
12		the Department of Health and Human Services (DHHS) is authorized, on a
13	temporary basis	to conclude by June 30, 2025, 2028, to utilize the federally facilitated
14	- '	ketplace), also known as the federal health benefit exchange, to make Medicaid
15	•	ninations. In accordance with G.S. 108A-54(b), G.S. 108A-54(f), these
16	•	inations shall be in compliance with all eligibility categories, resource limits,
17	and income thresh	holds set by the General Assembly."
18		OF LMENTE IN MEDICAID MANAGED CADE APTED DELEAGE
19		ROLLMENT IN MEDICAID MANAGED CARE AFTER RELEASE
19 20	FROM INCARC	CERATION
19 20 21	FROM INCARC SECT	CERATION TION 2.(a) G.S. 108D-40 reads as rewritten:
19 20 21 22	FROM INCARO SECT "§ 108D-40. Pop	CERATION CION 2.(a) G.S. 108D-40 reads as rewritten: Dulations covered by PHPs.
19 20 21 22 23	FROM INCARO SECT "§ 108D-40. Pop (a) Capita	CERATION CION 2.(a) G.S. 108D-40 reads as rewritten: Dulations covered by PHPs. ated PHP contracts shall cover all Medicaid program aid categories except for
19 20 21 22	FROM INCARO SECT "§ 108D-40. Pop	CERATION CION 2.(a) G.S. 108D-40 reads as rewritten: Dulations covered by PHPs. ated PHP contracts shall cover all Medicaid program aid categories except for
19 20 21 22 23 24	FROM INCARO SECT "§ 108D-40. Pop (a) Capita	CERATION CION 2.(a) G.S. 108D-40 reads as rewritten: Dulations covered by PHPs. ated PHP contracts shall cover all Medicaid program aid categories except for
19 20 21 22 23 24 25	FROM INCARO SECT "§ 108D-40. Pop (a) Capita the following cato 	CERATION CION 2.(a) G.S. 108D-40 reads as rewritten: Dulations covered by PHPs. ated PHP contracts shall cover all Medicaid program aid categories except for egories:
 19 20 21 22 23 24 25 26 27 28 	FROM INCARO SECT "§ 108D-40. Pop (a) Capita the following cato 	CERATION TON 2.(a) G.S. 108D-40 reads as rewritten: oulations covered by PHPs. ated PHP contracts shall cover all Medicaid program aid categories except for egories: Recipients who are inmates of prisons. Upon the recipient's release from prison, the exception under this subdivision shall continue to apply for a period that is the shorter of the following:until the first day of the month
 19 20 21 22 23 24 25 26 27 28 29 	FROM INCARO SECT "§ 108D-40. Pop (a) Capita the following cato 	CERATION TON 2.(a) G.S. 108D-40 reads as rewritten: oulations covered by PHPs. ated PHP contracts shall cover all Medicaid program aid categories except for egories: Recipients who are inmates of prisons. Upon the recipient's release from prison, the exception under this subdivision shall continue to apply for a period that is the shorter of the following:until the first day of the month following the twelfth month after the recipient's release.
 19 20 21 22 23 24 25 26 27 28 29 30 	FROM INCARO SECT "§ 108D-40. Pop (a) Capita the following cato 	CERATION TON 2.(a) G.S. 108D-40 reads as rewritten: oulations covered by PHPs. ated PHP contracts shall cover all Medicaid program aid categories except for egories: Recipients who are inmates of prisons. Upon the recipient's release from prison, the exception under this subdivision shall continue to apply for a period that is the shorter of the following:until the first day of the month following the twelfth month after the recipient's release. a. The recipient's initial Medicaid eligibility certification period post
 19 20 21 22 23 24 25 26 27 28 29 30 31 	FROM INCARO SECT "§ 108D-40. Pop (a) Capita the following cato 	CERATION TON 2.(a) G.S. 108D-40 reads as rewritten: oulations covered by PHPs. Inted PHP contracts shall cover all Medicaid program aid categories except for egories: Recipients who are inmates of prisons. Upon the recipient's release from prison, the exception under this subdivision shall continue to apply for a period that is the shorter of the following:until the first day of the month following the twelfth month after the recipient's release. a. The recipient's initial Medicaid eligibility certification period post release.
 19 20 21 22 23 24 25 26 27 28 29 30 31 32 	FROM INCARC SECT "§ 108D-40. Pop (a) Capita the following cate (9)	 CERATION CION 2.(a) G.S. 108D-40 reads as rewritten: Dulations covered by PHPs. ated PHP contracts shall cover all Medicaid program aid categories except for egories: Recipients who are inmates of prisons. Upon the recipient's release from prison, the exception under this subdivision shall continue to apply for a period that is the shorter of the following:until the first day of the month following the twelfth month after the recipient's release. a. The recipient's initial Medicaid eligibility certification period post release. b. Three hundred sixty-five days.
 19 20 21 22 23 24 25 26 27 28 29 30 31 32 33 	FROM INCARO SECT "§ 108D-40. Pop (a) Capita the following cato 	 CERATION CION 2.(a) G.S. 108D-40 reads as rewritten: Dulations covered by PHPs. ated PHP contracts shall cover all Medicaid program aid categories except for egories: Recipients who are inmates of prisons. Upon the recipient's release from prison, the exception under this subdivision shall continue to apply for a period that is the shorter of the following:until the first day of the month following the twelfth month after the recipient's release. a. The recipient's initial Medicaid eligibility certification period post release. b. Three hundred sixty-five days. Recipients residing in carceral settings other than prisons and whose Medicaid
 19 20 21 22 23 24 25 26 27 28 29 30 31 32 	FROM INCARC SECT "§ 108D-40. Pop (a) Capita the following cate (9)	 CERATION CION 2.(a) G.S. 108D-40 reads as rewritten: Dulations covered by PHPs. ated PHP contracts shall cover all Medicaid program aid categories except for egories: Recipients who are inmates of prisons. Upon the recipient's release from prison, the exception under this subdivision shall continue to apply for a period that is the shorter of the following:until the first day of the month following the twelfth month after the recipient's release. a. The recipient's initial Medicaid eligibility certification period post release. b. Three hundred sixty-five days.



	General A	ssemb	ly Of North Carolina	Session 2025
1			a period that is the shorter of the following: until the first	a day of the month
2			following the twelfth month after the recipient's release.	
3			a. The recipient's initial Medicaid eligibility certified	cation period post
4			release.	eation period post
5			b. Three hundred sixty five days.	
6		"	b. Three hundred sixty five days.	
0 7		SECT	TON 2.(b) This section is effective when it becomes law	and applies to (i)
8	inmates re		on or after that date and (ii) inmates released on or after Jan	
9			with a PHP on the date this act becomes law.	luary 1, 2025, with
10		ioneu w	the at the on the date this act becomes faw.	
10	CONFOR	DA NO	ORTH CAROLINA LAW TO FEDERAL REQUI	DEMENTS FOD
11			TEGORICAL RISK LEVELS FOR PROVIDER SCRE	
	MEDICA			EMINGS
13	1000 1		TON 3.(a) G.S. 108C-3 reads as rewritten:	
14			icaid provider screening.	· • • • • • • • • • • • • • • • • • • •
15	(a)		ler Screening. – The Department shall conduct provider scre	ening of Medicaid
16	1		rdance with applicable State or federal law or regulation.	
17	(b)		ment Screening. – The Department must screen all initial pro-	
18			n Medicaid, including applications for a new practice	
19			ests based on Department_the Department's assessment of re-	
20	of the prov	vider to	a categorical risk level of "limited," "moderate," or "high."	-limited, moderate,
21	<u>or high.</u> If	a provic	der could fit within more than one risk level described in this	section, the highest
22	level of sc	reening	is applicable.	
23	(c)	Limite	ed Categorical Risk Provider Types. – The All of the follow	ing provider types
24	are hereby		ated as "limited" limited categorical risk:	••••••
25			0	
26		(4)	Health programs operated by an Indian Health Program	n (as Program, as
27		~ /	defined in section 4(12) of the Indian Health Care Improve	· ·
28			an urban Indian organization (as o rganization, as defined	·
29			the Indian Health Care Improvement Act) Act, that receive	
30			Indian Health Service pursuant to Title V of the In	6
31			Improvement Act.	ului Heului Cule
32			Improvement rict.	
33		 (10)	Nursing facilities, including Intermediate Care Facilities for	or Individuals with
33 34		(10)	Intellectual Disabilities. Disabilities, that are not skilled nur	
34 35		(10_{0})	Skilled nursing facilities that are limited categorical risk up	
35 36		<u>(10a)</u>	of this section.	Idel Subsection (K)
			of this section.	
37		···· (12)	Discritica en actualizione ana didiane en dische dine and d	:
38		(12)	Physician or nonphysician practitioners (including pract	-
39			nurse practitioners, CRNAs, physician assistants, physician	
40			occupational therapists, speech/language pathologists,	-
41			audiologists), optometrists, audiologists; optometrist	
42			orthodontists, orthodontists; and medical groups or clinics.	
43		•••		
44	(d)		ed Categorical Risk Screenings. – When the Department des	•
45			ited categorical level of risk, the Department shall conduct s	such the applicable
46	screening		ns as required by federal law.	
47	(e)	Moder	rate Categorical Risk Provider Types. – The <u>All of the</u> follow	ving provider types
48	are hereby	-design	ated as <u>"moderate" moderate</u> categorical risk:	
49				
50		(8)	Pharmacy Services. services.	
51		•••		

	General Assemb	ly Of North Carolina	Session 2025
1 2 3	(11)	Revalidating agencies providing durable medical equipment not limited to, including orthotics and prosthetics.	nent, including, but
5 4 5	 (15)	Skilled nursing facilities that are moderate categorical ris (k) of this section.	sk under subsection
6	(f) Mode	rate Categorical Risk Screenings. – When the Department d	esignates a provider
7		<u>-moderate</u> categorical level of risk, the Department shall	
8		ing functions as required by federal law and regulation.	
9	- * *	Categorical Risk Provider Types. – The All of the following	g provider types are
10	hereby designate	d as <u>"high" high</u> categorical risk:	
11	(1)	Prospective (newly enrolling) Prospective, or newly en	<u>nrolling, a</u> dult care
12		homes delivering Medicaid-reimbursed services.	
13			
14	(4)	Prospective (newly enrolling) Prospective, or newly	
15		providing durable medical equipment, including, but not	limited to, orthotics
16		and prosthetics.	
17			11
18	(6)	Prospective (newly enrolling) Prospective, or newly	
19 20		providing nonbehavioral health home- or community-base	-
20 21		to waivers authorized by the federal Centers for Medi	care and medicald
21	(7)	Services under 42 U.S.C. § 1396n(c).	oprolling agancias
22	(7)	Prospective (newly enrolling) Prospective, or newly providing personal care services or in-home care services	
23 24	(8)	Prospective (newly enrolling) Prospective, or newly	
25	(0)	providing private duty nursing, home health, or home infu	
26	(9)	Providers against whom which the Department has in	
27		suspension based upon a credible allegation of fraud in	
28		C.F.R. § 455.23 within the previous 12-month period. Th	
29		return the provider to its original risk category not later th	
30		the cessation of the payment suspension.	
31			
32	(11)	Providers who that have incurred a Medicaid final overpa	lyment, assessment,
33		or fine to the Department in excess of twenty percent (20)	· •
34		payments received from Medicaid in the previous 12-	1
35		Department shall return the provider to its original risk cat	
36		12 months after the completion of the provider's repa	yment of the final
37		overpayment, assessment, or fine.	
38			1
39 40	<u>(13)</u>	Skilled nursing facilities that are high categorical risk und this section.	er subsection (K) of
40 41	(h) High		motos o providor os
41		<u>Categorical Risk Screenings. – When the Department desig</u> gorical level of risk, the Department shall conduct such the a	
42 43	·	ired by federal law and regulation.	ppiloable sereening
44	-	y-Enrolled Providers. – For providers dually enrolled in the	e federal Medicare
45	.,	edicaid, the Department may rely on the results of the	
46		edicare contractors.	P8
47	1 ·	<u>f-State Providers.</u> For out-of-state providers, the Departm	ent may rely on the
48		ovider screening performed by the Medicaid agencies of	
49		m agencies of other states.	
50		d Nursing Facilities. – The categorical risk level for pro-	
51	skilled nursing fa	acilities is the categorical risk level required by federal la	w or regulation. If

	General Assemb	ly Of North Carolina	Session 2025
1	federal law or re	egulation does not require a particular categorical risk l	evel, skilled nursing
2	facilities are limit	ted categorical risk."	
3	SECT	TION 3.(b) G.S. 108C-3, as amended by Section 3(a)	of this act, reads as
4	rewritten:		
5	"§ 108C-3. Med	icaid provider screening.	
6			
7		ed Categorical Risk Provider Types All of the following	ng provider types are
8	•	ited categorical risk:	
9	(1)	Ambulatory surgical centers.	
10	(1a)	Behavioral health and intellectual and developmenta	• •
11		agencies that are nationally accredited by an entit	
12		Secretary. Secretary, unless they meet the description in s	subdivision (g)(15) of
13		this section.	
14	•••		
15	(16)	Portable X-ray suppliers.	
16			
17		rate Categorical Risk Provider Types. – All of the followi	ng provider types are
18	designated as mo	derate categorical risk:	
19	····		1 (1)
20	(5)	Hospice organizations. Revalidating hospice organization	-
21		the description in subdivisions (g)(14) and (g)(15) of thi	s section.
22			A T 1 ' 1 ' 1 1
23	(10)	e	Medicaid-reimbursed
24 25		services. services, unless they meet the description in su	(g)(15) 01
23 26	(11)	this section. Revelidating agancies providing durable medical a	avinment including
20 27	(11)	Revalidating agencies providing durable medical en-	
27		orthotics and prosthetics. prosthetics, unless they measubdivision (g)(15) of this section.	et the description m
28 29	(12)	Revalidating agencies providing nonbehavioral	health home- or
30	(12)	community-based services pursuant to waivers autho	
31		Centers for Medicare and Medicaid Services under 42-1	
32		U.S.C. § 1396n(c), unless they meet the description in s	
33		this section.	<u>uourribion (5)(10) or</u>
34	(13)	Revalidating agencies providing private duty nursing, h	ome health. personal
35	()	care services or in-home care services, or home infusion	· 1
36		meet the description in subdivision $(g)(15)$ of this sectio	
37			
38	(16)	Portable X-ray suppliers.	
39	••••		
40		Categorical Risk Provider Types All of the followin	g provider types are
41		h categorical risk:	
42			
43	<u>(14)</u>	Prospective, or newly enrolling, hospice organization	ons and revalidating
44		hospice organizations undergoing a change in ownership	
45	<u>(15)</u>	The following revalidating providers (i) that are revalidation	ting for the first time
46		since newly enrolling and (ii) for which fingerprinting	
47		newly enrolling provider, were waived due to a national	onal, state, or local
48		emergency:	
49		a. Opioid treatment programs that have not been fu	
50		certified by the Substance Abuse and Men	tal Health Services
51		Administration since October 23, 2018.	

General Assemb	oly Of North	h Carolina			Sess	sion 2025
	<u>b. Ag</u>	gencies providing dur	able medical	equipr	nent, including	orthotic
	and	d prosthetics.				
	<u>c.</u> <u>Ad</u>	lult care homes delive	ring Medicaid	-reimb	oursed services.	
	<u>d.</u> <u>Ag</u>	gencies providing priv	ate duty nursi	ng, ho	me health, pers	onal care
	ser	vices, or in-home car	e services, or h	ome i	nfusion.	
	<u>e.</u> <u>Ho</u>	spice organizations.				
"						
SECT	FION 3.(c)	Subsection (a) of thi	s section is ret	roacti	vely effective J	anuary 1
2023. The remain	nder of this s	section is retroactively	effective Janu	ary 1	, 2024.	
	EDICAID	SUBROGATION	RIGHTS	IN	MANAGED	CARI
ENVIRONMEN						
		G.S. 108A-57 reads a				
		ights; withholding of				
		ection, the term "bene				
	0	r beneficiary, (ii) the			• 1	
0	-	entative, (iii) the medi			•	d (iv) th
		the medical assistance	~			
		er provisions of the la		-	•	
	-	to all rights of recover	•			
		m brought by a medic				
		1 medical assistance	payments for		h care items or	· service
furnished to the	modical acc		1 0 1			
C 1 (1		•			ry or action, h	ereinafte
	e "Medicaid	l claim." Any claim	brought by a	medic	al assistance be	ereinafte eneficiar
against a third p	e "Medicaid party that do	l claim." Any claim bes not state the Mee	brought by a licaid claim sl	medic hall be	al assistance be e deemed to in	ereinafte eneficiar clude th
against a third p Medicaid claim.	e "Medicaid party that do If the benef	l claim." Any claim bes not state the Meo ficiary has claims aga	brought by a licaid claim sl linst more thar	medic hall be	al assistance be e deemed to in third party relat	ereinafte eneficiar clude th ted to th
against a third p Medicaid claim. same injury, the	e "Medicaid party that do If the benef any amoun	l claim." Any claim bes not state the Mee ficiary has claims aga nt received in paymen	brought by a licaid claim sl uinst more than t of the Medic	medic hall be n one aid cla	al assistance be e deemed to in third party relat aim related to th	ereinafte eneficiar clude th ted to th hat injur
against a third p Medicaid claim. same injury, then shall reduce the p	e "Medicaid party that do If the benef any amoun	l claim." Any claim bes not state the Meo ficiary has claims aga	brought by a licaid claim sl uinst more than t of the Medic	medic hall be n one aid cla	al assistance be e deemed to in third party relat aim related to th	ereinafte eneficiar clude th ted to th hat injur
against a third p Medicaid claim. same injury, then shall reduce the p to that injury.	e "Medicaid party that do If the benef any amount total balance	I claim." Any claim bes not state the Meo ficiary has claims aga nt received in paymen e of the Medicaid clai	brought by a slicaid claim sl hinst more than t of the Medic m applicable to	medic hall be n one aid cla o subs	al assistance be e deemed to in third party relat aim related to th equent recoverio	ereinafte eneficiar clude th ted to th hat injur es relate
against a third p Medicaid claim. same injury, then shall reduce the t to that injury. <u>The Departm</u>	e "Medicaid party that do If the benef n any amoun total balance ent may desi	I claim." Any claim bes not state the Med ficiary has claims aga at received in payment of the Medicaid clai ignate one or more PH	brought by a flicaid claim sl licaid claim sl linst more than t of the Medic m applicable to <u>IPs to receive a</u>	medic hall be n one aid cla o subs all or a	al assistance be e deemed to in third party relat aim related to th equent recoveri- a portion of payr	ereinafte eneficiar clude th ted to th hat injur es relate <u>nents du</u>
against a third p Medicaid claim. same injury, then shall reduce the t to that injury. <u>The Departm</u> <u>under this section</u>	e "Medicaid party that do If the benef n any amount total balance <u>ent may desinned</u>	I claim." Any claim bes not state the Med ficiary has claims aga at received in payment of the Medicaid clai ignate one or more PH partment for the Medicai	brought by a flicaid claim sl licaid claim sl uinst more than t of the Medic m applicable to <u>IPs to receive a</u> caid claim by s	medic hall be aid cla b subs all or a sendin	al assistance be e deemed to in- third party relat aim related to the equent recoveri- the portion of payr and a notice of de	ereinafte eneficiar clude th ted to th hat injur es relate <u>nents du</u> esignatio
against a third p Medicaid claim. same injury, then shall reduce the t to that injury. <u>The Departm</u> <u>under this section</u> to (i) the benefici	e "Medicaid party that do If the benef n any amoun total balance <u>ent may desi</u> n to the Dep iary who has	I claim." Any claim bes not state the Med ficiary has claims aga at received in payment of the Medicaid clai ignate one or more PH partment for the Medi- s the claim against the	brought by a slicaid claim sl ainst more than t of the Medic m applicable to <u>IPs to receive a</u> caid claim by slip third party and	medic hall be r one aid cla b subs all or a sendin 1 (ii) a	al assistance be e deemed to in- third party relat aim related to th equent recoveri- <u>portion of payr</u> <u>g a notice of de</u> <u>ny PHP designa</u>	ereinafte eneficiar clude th ted to th that injur es relate <u>ments du</u> esignatio ted in th
against a third p Medicaid claim. same injury, then shall reduce the to to that injury. <u>The Departm</u> <u>under this section</u> to (i) the beneficien notice. As used in	e "Medicaid party that do If the benef n any amount total balance <u>ent may desi</u> n to the Dep iary who has n this section	I claim." Any claim bes not state the Med ficiary has claims aga nt received in payment of the Medicaid clai ignate one or more PH partment for the Medic the claim against the n, the term "designated	brought by a slicaid claim sl ainst more than t of the Medic m applicable to <u>IPs to receive a</u> caid claim by slip third party and	medic hall be r one aid cla b subs all or a sendin 1 (ii) a	al assistance be e deemed to in- third party relat aim related to th equent recoveri- <u>portion of payr</u> <u>g a notice of de</u> <u>ny PHP designa</u>	ereinafte eneficiar clude th ted to th that injur es relate <u>ments du</u> esignatio ted in th
against a third p Medicaid claim. same injury, then shall reduce the t to that injury. <u>The Departm</u> <u>under this section</u> to (i) the benefice <u>notice. As used in</u> of designation un	e "Medicaid party that do If the benef n any amount total balance ent may desi n to the Dep iary who has n this section nder this sub-	I claim." Any claim bes not state the Med ficiary has claims aga at received in payment of the Medicaid clai ignate one or more PH partment for the Medic sthe claim against the a, the term "designated section.	brought by a licaid claim sl inst more than it of the Medic mapplicable to <u>IPs to receive a</u> caid claim by s third party and PHP" refers to	medic hall be aid cla baid cla	al assistance be e deemed to in- third party relat aim related to th equent recoveri- a portion of payr a notice of de ny PHP designa P designated in	ereinafte eneficiar clude th ted to th hat injur es relate <u>ments du</u> ssignatio ted in th the notic
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	General Assemb	oly Of North Carolina	Session 2025
1	The court shall h	old an evidentiary hearing no sooner than 60 days after the	e date the action was
2	filed. All of the f	ollowing shall apply to the court's determination under this	subsection:
3	(1)	The medical assistance beneficiary has the burden of p	
4		convincing evidence that the portion of the beneficiary's	
5		represents compensation for the Medicaid claim is le	ss than the portion
6		presumed under subsection (a1) of this section.	
7	(2)	The presumption arising under subsection (a1) of this se	
8		solely by the fact that the medical assistance beneficia	ary was not able to
9		recover the full amount of all claims.	<u>.</u>
10	(3)	If the beneficiary meets its burden of rebutting the presur	
11		subsection (a1) of this section, then the court shall deter	1
12		the recovery that represents compensation for the Medic	
13		order the beneficiary to pay the amount so determined	
14 15		Department, or designated PHP, in accordance with sub-	. ,
15 16		section. In making this determination, the court may cons it deems just and reasonable.	sider any factors that
10	(4)	If the beneficiary fails to rebut the presumption arising u	nder subsection (a1)
18	(+)	of this section, then the court shall order the beneficiary	
10		presumed pursuant to subsection (a1) of this section	
20		<u>Department, or designated PHP, in accordance with sub</u>	-
21		section.	(,
22	(a3) Notw	ithstanding the presumption arising pursuant to subsection	(a1) of this section,
23	the medical assis	tance beneficiary and the Department may reach an agreem	ent on the portion of
24	the recovery that	t represents compensation for the Medicaid claim. If su	ich an agreement is
25	reached after an a	application has been filed pursuant to subsection (a2) of this	section, a stipulation
26		e application signed by both parties shall be filed with the	
27	· ,	n 30 days of receipt of the proceeds of a settlement or ju	0
28		in subsection (a) of this section, the medical assistance	
29	•	by the beneficiary shall notify the Department Department	<u>, and any designated</u>
30		pt of the proceeds.	1 1 0 1 1 11
31		nedical assistance beneficiary or any attorney retained by t	•
32	-	eds obtained by or on behalf of the beneficiary by settlen	v
33 24	-	vise from a third party by reason of injury or death, distribu	-
34 35	•	esignated PHP, the amount due pursuant to this section as f If, upon the expiration of the time for filing an application	
35 36	(1)	(a2) of this section, no application has been filed, then the	-
30 37		pursuant to subsection (a1) of this section, as prorated w	-
38		others having medical subrogation rights or medical liens	
39		received or recovered, shall be paid to the Departm	-
40		designated PHP, within 30 days of the beneficiary's receip	
41		the absence of an agreement pursuant to subsection (a3)	
42	(2)	If an application has been filed pursuant to subsection (a2	
43		no agreement has been reached pursuant to subsection	
44		then the Department Department, or designated PHP, shall	
45		a. If the beneficiary rebuts the presumption arising u	
46		of this section, then the amount determined by the	-
47		subsection (a2) of this section, as prorated with the	
48		having medical subrogation rights or medical lien	-
49 50		received or recovered, shall be paid to the Departi	-
50		designated PHP, within 30 days of the entry of the	e court's order.

	General Assembly Of North CarolinaSession 2025
	b. If the beneficiary fails to rebut the presumption arising under
	subsection (a1) of this section, then the amount presumed pursuant to
	subsection (a1) of this section, as prorated with the claims of all others
	having medical subrogation rights or medical liens against the amount
	received or recovered, shall be paid to the Department Department, or
	designated PHP, within 30 days of the entry of the court's order.
	(3) If an agreement has been reached pursuant to subsection (a3) of this section,
	then the agreed amount, as prorated with the claims of all others having
	medical subrogation rights or medical liens against the amount received or
	recovered, shall be paid to the Department Department, or designated PHP,
	within 30 days of the execution of the agreement by the medical assistance
	beneficiary and the Department.
	(a6) The United States and the State of North Carolina shall be entitled to shares in each
n	et recovery by the Department under this section. Their shares shall be promptly paid under this
S	ection and their proportionate parts of such sum shall be determined in accordance with the
n	natching formulas in use during the period for which assistance was paid to the recipient.
	(b) It is a Class 1 misdemeanor for any person seeking or having obtained assistance
U	inder this Part for himself or another to willfully fail to disclose to the county department of
	ocial services or its attorney and to the Department the identity of any person or organization
а	against whom the recipient of assistance has a right of recovery, contractual or otherwise.
	(c) (For contingent repeal, see note) This section applies to the administration of and
С	claims payments under the NC Health Choice Program established under Part 8 of this Article.
	(d) As required to ensure compliance with this section, the Department may apply to the
	court in which the medical assistance beneficiary's claim against the third party is pending, or if
	there is none, then to a court of competent jurisdiction in this State for enforcement of this
;	section."
	SECTION 4.(b) This section is effective when it becomes law and applies to
	Medicaid claims brought by medical assistance beneficiaries against third parties on or after that
	date.
	EFFECTIVE DATE
	SECTION 5. Except as otherwise provided, this act is effective when it becomes
	law.