



SENATE BILL 600: Medicaid Agency Omnibus.

2025-2026 General Assembly

Committee:	Senate Rules and Operations of the Senate	Date:	April 29, 2025
Introduced by:	Sens. Burgin, Galey, Sawrey	Prepared by:	Jennifer Hillman
Analysis of:	Second Edition		Staff Attorney

OVERVIEW: *Senate Bill 600 would make technical, conforming, and other changes to laws pertaining to the Medicaid program.*

BILL ANALYSIS: **Section 1** would extend the temporary authority of the federally facilitated marketplace to make North Carolina Medicaid eligibility determinations for certain applicants until June 30, 2028. The temporary authority currently expires on June 30, 2025. Medicaid eligibility determinations are otherwise made by county departments of social services.

Section 2 would correct language enacted in S.L. 2024-34 specifying a period after release from incarceration when a Medicaid beneficiary will receive services through NC Medicaid Direct before enrolling with a prepaid health plan (PHP). Under this section, these Medicaid beneficiaries would participate in NC Medicaid Direct until the start of the next month after it has been one full year since their release, while current law requires enrollment with a PHP at their next eligibility certification period, even if that is less than a year after release. This section would apply to (i) inmates released on or after the date the act would become law and (ii) inmates released on or after January 1, 2025, who are not enrolled with a PHP on the date this act would become law.

Section 3 would conform G.S. 108C-3 to reflect updated Medicaid provider screening requirements in federal regulations that took effect in 2023 and 2024. The conforming changes require heightened screening for skilled nursing facilities, portable x-ray suppliers, newly-enrolling hospice organizations, and certain providers that received a waiver of fingerprinting requirements when they initially enrolled due to a national, state, or local emergency.

Section 4 would make clarifying changes to the Medicaid subrogation statute to reflect changes to the Medicaid program that are associated with the transition to a managed care model and PHP contracts, which began in 2021. The changes would explicitly authorize PHPs to receive subrogation payments for their enrollees when the PHP is designated by DHHS and would require certain information related to a subrogation claim to be sent those PHPs. This section would apply to subrogation for Medicaid claims brought by Medicaid beneficiaries against third parties on or after that date.

EFFECTIVE DATE: The conforming provider screening changes in Section 3(a) would be retroactively effective January 1, 2023. The remainder of the conforming provider screening changes in Section 3 would be retroactively effective January 1, 2024. The remainder of the act would be effective when it becomes law.

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