



PROVIDER COMMUNICATION BULLETIN

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ALL NETWORK PROVIDERS

NC Medicaid Rate Reductions Reversal Update

NCDHHS announced Dec. 10, 2025, that it will reverse widespread reductions to NC Medicaid rates that took effect Oct. 1, 2025. Vaya Health is committed to working closely with providers to restore reimbursement levels to the rates in effect on Sept. 30, 2025.

Recoupments

Vaya did not implement the rate reductions until after Nov. 1, 2025. In anticipation of a resolution to the rate reduction issue, Vaya did not recoup the rate differential for dates of service on or after Oct. 1. All outstanding recoupments related to the Oct. 1 fee schedule changes are therefore cancelled.

Revised Fee Schedules

NCDHHS informed NC Medicaid health plans it intends to post updated NC Medicaid Direct fee schedules on its Fee Schedules and Covered Codes Portal by Jan. 5, 2026. The fee schedules will reflect NC Medicaid annual procedure code updates. Additionally, we will post updated Vaya-specific rate schedules to our [Rate and Checkwrite Schedules](#) webpage by Jan. 5, 2026.

Important Dates

NCDHHS notified NC Medicaid health plans they must update their rate schedules by Feb. 19, 2026, and reprocess all impacted claims by March 21, 2026. However, these dates are contingent upon timely receipt of the updated fee schedules on Jan. 5, 2026. Vaya cannot begin implementing the new fee schedules until we receive them from NCDHHS. Vaya intends to implement the new fee schedules as quickly as possible upon receipt, but no later than 45 days following the Department's issuance of revised fee schedules. Providers should continue to monitor communications from Vaya for more details and any updates on timelines.

Reprocessing and Interim Claims

Vaya will not require providers to take any action for claims to be reprocessed. While we have up to 30 days to reprocess claims following implementation of the updated fee schedules, we intend to do so with urgency to swiftly get necessary funds to providers. Vaya will communicate options for interim claims in an upcoming Provider Communication Bulletin.

GLP-1 Retroactivity

In accordance with the [Governor's directive](#), NC Medicaid coverage for GLP-1s for the treatment of obesity is being reinstated effective Dec. 12, 2025. Coverage of GLP-1s for weight management will revert to the criteria in place as of Sept. 30, 2025, restoring access to

medications previously available under the NC Medicaid Outpatient Pharmacy Prior Approval Criteria GLP-1s for Weight Management, effective Aug. 1, 2024. NC Medicaid continues to cover Wegovy and Zepbound for clinical indications other than weight loss based on the U.S. Food and Drug Administration-approved indications and uses. Prior authorization requests for GLP-1 weight management drugs may be submitted under the reinstated criteria.

Previously denied or end-dated prior authorizations for weight loss treatment under the policy in effect from Oct. 1 through Dec. 12, 2025, must be resubmitted so the member's current health status can be evaluated under the revised criteria.

Members may be eligible for reimbursement if they paid for a GLP-1 weight management drug between Oct. 1 and Dec. 12, 2025. Providers must request backdated authorizations prior to re-adjudicating previously denied point-of-sale pharmacy claims.

To request backdating of an authorization or to submit a new authorization request over the phone, call the Pharmacy Service Line at 1-800-540-6083 between 7 a.m.-6 p.m., Monday-Saturday, including holidays.

For more information, review the following NC Medicaid Bulletins (Dec. 19, 2025):

- [Medicaid Rate Reduction Reversal Update](#)
- [NC Medicaid to Reinstitute Coverage of GLP-1s for Weight Management](#)
- [Non-Emergency Medical Transportation Rate Reduction Update](#)

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