

The Clear Pricing Project (CPP) is ending December 31, 2025

The State Health Plan (Plan) would like to extend its sincere gratitude to the organizations that have supported the Clear Pricing Project (CPP) by being a part of the N.C. State Health Plan Network.

The Plan is facing a \$507 million deficit which we are actively trying to close. This means evaluating all programs, like CPP, to determine the best way to stabilize the Plan's financials.

When CPP launched in 2020, the intention was to promote transparent health care pricing, while trying to promote quality primary care and behavioral health. CPP introduced provider reimbursement rates based on a percentage of Medicare with incenting members to visit participating providers by reducing their copay down to zero. Given that most of the providers that signed up for CPP received an increase in reimbursement rates coupled with members having no cost-share, this model has not proven to be financially viable for the Plan.

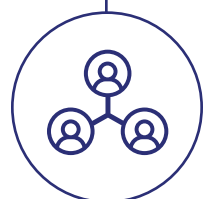
Given the current financial situation of the Plan, we must find other solutions that benefit all three parties: the Plan, members and providers. As such, the Plan will be ending CPP in its current form as of December 31, 2025.

The Plan is committed to continuing its effort in promoting affordable access to behavioral health services through reimbursement rates and member cost-share; however, it will not be at the current CPP reimbursement rate and will not have a \$0 member cost share.

While the Plan does need to cut costs, we are not willing to compromise on improving member health and recognize this is a balancing act.

You're still in network

You don't need to do anything. As of January 1, 2026, you will continue to be in network for the Plan as a participating provider in the Aetna Choice® POS II network. You will be reimbursed at your Aetna® contract rates.



Behavioral Health Access Program (BHAP)

The Plan will offer the BHAP beginning January 1, 2026, a custom fee schedule that:

- Applies to behavioral health provider types and specialties and a defined list of CPT codes as specified in the BHAP amendment
- For psychotherapy, evaluation and management and psychological testing codes, fees are set at 140% of current year NC Medicare rates (updated annually effective May 1st)
- ABA is set at NC Medicaid rates
- TMS codes are set at Aetna Market Fee Schedule (AMFS) rates

Note there will not be a different behavioral health copay for BHAP providers and they will not have a badge in provider search tools.

You can sign up for BHAP at [Go.Aetna.com/joinbhap](https://go.aetna.com/joinbhap) by signing an online amendment to your Aetna contract. If you choose not to sign up, you will be paid your Aetna contract rates. The amendment and FAQ document are posted at this site under helpful resources.

Independent Primary Care Providers (PCPs)

The Plan continues to value PCPs and will be rolling out new programs to support independent primary care. Stay tuned for more information about these efforts. The new program will have a renewed focus on quality, access, and steering members to lower cost care settings.

The payment model, while still being finalized, will be focused on the Aetna fee schedule, Per Attributed Member Per Month payments, and bonuses for steering members to lower cost alternatives where available (e.g., freestanding imaging vs. hospital-based).

Check the State Health Plan provider site for more information: shpnc.org/nc-state-health-plan-network.

Stay informed with these online resources

State Health Plan updates: shpnc.org/nc-state-health-plan-network

Aetna provider site for the N.C. State Health Plan: [Go.Aetna.com/ncshp](https://go.aetna.com/ncshp)

Subscribe for emails: cloud.provider.aetna.com/subscribe

Questions?

Call Aetna Provider Service Center: **1-888-632-3862**

Email: NorthCarolinaNetwork@aetna.com

