North Carolina Department of Health and Human Services

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

September 26, 2014

Jackie Glaze
Associate Regional Administrator
Division of Medicaid
Centers for Medicare and Medicaid Services
Region IV
Atlanta Federal Center
61 Forsyth Street, SW Suite 4T20
Atlanta, GA 30303-8909

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2014-033

Dear Ms. Glaze:

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected page is Attachment 4.19-B Supplement 2, Page 1b.1.

The state plan changes are to revise the reimbursement methodologies for Durable Medical Equipment Services. This change also includes a 1% rate reduction to the Durable Medical Equipment Services effective January 1, 2015 which implements Session Law 2014 – 100, Section 12H.14A.

This amendment is effective January 1, 2015.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact Teresa Smith or me at 919-855-4116.

Sincerely,

Aldona Z. Wos, M.D.

Enclosures

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State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: North Carolina

Payments for Medical and Remedial Care and Services

Payment for Medical Equipment Continued:

SFY 2015 – Effective July 1, 2014, the rates are frozen at the rate in effect as of June 30, 2014. Effective January 1, 2015, the rates will be adjusted such that they will equal 99% of the rate in effect December 31, 2014. There will be no further adjustments except that Medicaid rates may be adjusted downward in accordance with the applicable years downward adjustments to the Medicare fee schedule.

SFY 2016 – Effective July 1, 2015, the rates are frozen at the rate in effect as of June 30, 2015. There will be no further annual adjustments this state fiscal year except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

Reference: Attachment 4.19-B, Section 7, Page 4