



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 #2014-038

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 pages are Attachment 4.19-B Supplement 3, Page 1a and Attachment 4.19-B Supplement 3, Page 1a.1.

The state plan changes are to revise the reimbursement methodologies for Dental Services. This change also includes a 1% rate reduction to the Dental 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,

A handwritten signature in black ink, appearing to read "Aldona Z. Wos".

Aldona Z. Wos, M.D.

Enclosures

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 Dental:

FY 2007 - Effective January 1, 2007 inflationary increases were applied to the following program:

Dental providers received an increase of 23.61%,

SFY 2009 – The rates for Dental Services are frozen at the rates in effect on December 31, 2008.

SFY 2010 – The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009. Effective October 1, 2009, a negative inflationary adjustment of 5.79% as applied to the existing rates. There will be no further annual adjustment.

SFY 2011 – As of July 1, 2010 rates will be frozen.

SFY 2012 – Rates will be frozen at the rate in effect on June 30, 2011. Effective November 1, 2011, existing rates are adjusted by a negative 2.67% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year. Exception: Reimbursement rates paid for composite fillings for back teeth were reduced by 15% (except for D2391 which was reduced by 5%) and a 10% increase as applied to rates paid for amalgam fillings for back teeth.

SFY 2013 – Effective July 1, 2012, the rates will be adjusted such that they will equal 98% of the rate in effect July 1, 2011. There will be no further annual adjustments this state fiscal year. Exception: The rates are frozen at the November 1, 2011 rates for composite fillings for back teeth and for amalgam fillings for back teeth.

SFY 2014 – Effective August 1, 2013, the rates are frozen as of the rates in effect at June 30, 2013. Effective January 1, 2014 rates will be adjusted such that they will equal 97% of the rate in effect July 1, 2013. There will be no further annual rate adjustment.

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 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 10

TN- No. 14-038
Supersedes
TN-No. 14-004

Approval Date: _____

Eff. Date: 01/01/2015

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 Dental - Continued:

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 10

TN- No. 14-038
Supersedes
TN-No. NEW

Approval Date: _____

Eff. Date: 01/01/2015

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