

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

1. Inpatient hospital services other than those provided in an institution for mental diseases.
Described in Attachment 4.19-A
2. Payments for Medicare Part A inpatient deductible.
Described in Attachment 4.19-A (Rates will be paid in strict accordance with the State Plan under 4.19-A)

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Payment for Hospital Acquired Conditions:

Effective January 1, 2011 and in accordance with Title XIX of the Social Security Act – Sections 1902, 1903 and 42 CFRs 434, 438, and 447, Medicaid will make no payment to providers for services related to Provider Preventable Conditions (PPC) which includes Never Events (NE), Other Provider Preventable Conditions (OPPCs) and Additional Other Provider-Preventable Conditions (AOPPC).

In accordance with N.C. State Plan, Attachment 3.1-A, Page 1, Hospital Services payments are allowed except for the following conditions outlined below.

Never Events (NE) are defined by the National Coverage Determination (NCD) manual for Outpatient Hospitals, Ambulatory Surgical Centers (ASC) and practitioners, and these providers will be required to report NEs. Outpatient Hospital claims must bill separate a claim as a Bill Type 130 or as designated by the National Uniform Bill Committee for a non-payment/zero claim.

Ambulatory Surgical Centers (ASC) and their practitioners are included in the category of Other Provider Preventable Conditions (OPPC) claims. Never Events (NE) for Ambulatory Surgical Centers (ASC) and practitioners (AOPPC) are required to append one of the following applicable NCD modifiers to all lines related to the erroneous surgery(s).

- PA: Surgery Wrong Body Part
- PB: Surgery Wrong Patient
- PC: Wrong Surgery on Patient

Practitioners are defined in Attachment 4.19-B - Section 5, Section 6 and Section 17.

The provider may file a separate claim for the same Medicaid recipient with the same dates of service to include the allowable charges for reimbursement. Providers must identify and report NE occurrences.

Prohibition on payments for NEs, OPPCs, and AOPPCs shall not result in a loss of access to care or services for Medicaid beneficiaries. This policy applies to all Medicaid reimbursement provisions contained in 4.19B.

State Plan Under Title XIX of the Security Act
Medical Assistance Program

Attachment 4.19-B
Section 1, Page 3

State: North Carolina

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Health Care-Acquired Conditions

The State identifies the following Health Care-Acquired Conditions for non-payment under Section 4.19 (A)

X Hospital-Acquired Conditions as identified by Medicare other than Deep Vein Thrombosis (DVT)/Pulmonary Embolism (PE) following total knee replacement or hip replacement surgery in pediatric and obstetric patients.

Effective January 1, 2011, Medicaid will make zero payment to providers for services related to Provider Preventable Conditions (PPC) which includes Healthcare Acquired Conditions (HCAC). Reimbursement for conditions described above is defined in Attachment 4.19-A, Page 8a of this State Plan.

TN No. 11-001
Supersedes
TN No. NEW

Approval Date: Jan. 17, 2012

Effective Date: 01/01/2011

CMS ID: 7982E

State Plan Under Title XIX of the Security Act
Medical Assistance Program

Attachment 4.19-B
Section 1, Page 4

State: North Carolina

Citation

42 CFR 447, 434, 438, and 1902(a)(4), 1902(a)(6), and 1903

Payment Adjustment for Provider Preventable Conditions

The Medicaid agency meets the requirements of 42 CFR Part 447, Subpart A, and sections 1902(a)(4), 1902(a)(6), and 1903 with respect to non-payment for provider-preventable conditions.

Other Provider-Preventable Conditions

The State identifies the following Other Provider-Preventable Conditions for non-payment under Section 4.19 (B) of this State plan.

X Wrong surgical or other invasive procedure performed on a patient; surgical or other invasive procedure performed on the wrong body part; surgical or other invasive procedure performed on the wrong patient.

On and after the above effective date, Medicaid will make zero payments to providers for Other Provider-Preventable Conditions which includes Never Events (NE) as defined by the National Coverage Determination (NCD). The Never Events (NE) as defined in the NCD includes Inpatient Hospitals, Outpatient Hospitals, Ambulatory Surgical Centers (ASC) and practitioners, and these providers will be required to report NEs. Reimbursement for conditions described above is defined in Attachment 4.19-B, Section 1, Page 2, of this State Plan.

TN No. 11-001
Supersedes
TN No. NEW

Approval Date: Jan. 17, 2012

Effective Date: 01/01/2011

CMS ID: 7982E

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

Attachment 4.19-B
Section 1 Page 5

State: NORTH CAROLINA

____ Additional Other Provider-Preventable Conditions identified below (please indicate the section(s) of the plan and specific service type and provider type to which the provisions will be applied).

TN No. 11-001
Supersedes
TN No. NEW

Approval Date: Jan. 17, 2012

Effective Date: 01/01/2011

CMS ID: 7982E

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

2.a OUTPATIENT HOSPITAL SERVICES

With respect to hospitals licensed by the State of North Carolina that are qualified to certify public expenditures in accordance 42 CFR 433.51(b), other than hospitals owned or controlled by the University of North Carolina Health Care System, as defined in N.C. Gen. Stat. 116-37, hospitals that are State-owned and operated by the Department of Health and Human Services, and Critical Access Hospitals pursuant to 42 USC 1395i-4, the expenditures claimable for Federal Financial Participation (FFP) will be the hospitals' reasonable costs incurred in serving Medicaid outpatients, as determined in accordance with Medicare principles. Payment to these hospitals will be made in stages (the first stage payment will be 70% of reasonable cost determined on an interim basis; the second stage payment will be for the difference between the hospital's reasonable costs determined on an interim basis and the first stage payment). Each hospital's allowable Medicaid outpatient costs for the rate year will be determined on an interim basis by multiplying the hospital's Medicaid outpatient ratio of cost-to-charges (RCCs) as specified on lines 37-68 of Worksheet C or D from the hospital's most recent available as-filed CMS 2552 cost report by the hospital's allowable Medicaid outpatient charges for services provided during the same fiscal year as the cost report and paid not less than six months after the end of that same fiscal year. This cost data will be brought forward to the end of the period for which FFP is being claimed by applying the applicable CMS PPS Hospital Input Price Indices. Hospitals' final allowable costs of serving Medicaid outpatients will be determined using audited CMS 2552 cost reports for the year for which final FFP is being determined. The difference between the final and interim allowable Medicaid cost will be an adjustment(s) to the applicable period for which the cost was incurred and initial claim was made.

All hospitals that are state-owned and operated by the Department of Health and Human Services, and Critical Access Hospitals pursuant to 42 USC 1395i-4 will be reimbursed their allowable outpatient costs as determined using the CMS 2552 in accordance with the provisions of the Medicare Provider Reimbursement Manual. All other hospitals and all primary affiliated teaching hospitals for the University of North Carolina Medical Schools will be reimbursed 70 percent of their allowable outpatient costs as determined using the CMS 2552 cost report and in accordance with the Medicare Provider Reimbursement Manual. Hospitals that are not qualified to certify public expenditures will also be paid using the enhanced payments for outpatient services methodologies described below.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

2.a.1. ENHANCED PAYMENTS FOR OUTPATIENT HOSPITAL SERVICES

Hospitals that are licensed by the State of North Carolina, are not qualified to certify expenditures and that received payment for more than 50 percent of their Medicaid inpatient discharges under the DRG methodology for the most recent 12-month period ending September 30, shall be entitled to the following enhanced payments, for outpatient services for the 12-month period ending September 30 of each year, paid annually in up to four installments.

Base Enhanced Payments:

- (1) The base enhanced payment to hospitals shall equal a percent, not to exceed the State's federal financial participation rate in effect for the period, for which the payment is being calculated, of the hospital's outpatient "Medicaid deficit." At least 10 calendar days in advance of the first payment of the payment plan year, the Division will determine, and notify eligible hospitals of, the percent of the outpatient "Medicaid deficit" to be paid as the base enhanced payment for outpatient services.
- (2) The "Medicaid deficit" is calculated as follows:
 - A. Reasonable costs of outpatient hospital Medicaid services shall be determined annually by calculating a hospital's Medicaid outpatient cost-to-charge ratio using the most recent available as-filed hospital fiscal year CMS 2552 cost report data available before payments are calculated and multiplying the Medicaid outpatient cost-to-charge ratio by the hospital's Medicaid allowable charges for outpatient services provided during the same fiscal year as the filed cost report and paid not less than six months after the end of the fiscal year .
 - B. Applying an inflation factor calculated based on the most current information available at the time on the CMS website for the CMS PPS Hospital Input Price Index to bring the cost data forward to the mid-point of the payment period.
 - C. Multiplying the Medicaid outpatient costs by a percentage equal to 100 minus the percent of allowable outpatient costs specified in Section 2a on Page 1 above.

Equity Enhanced Payments:

- (1) The Equity enhanced payment shall, when added to the enhanced payment described in Paragraph 2.A.1 of this Section, equal one hundred percent of the hospital's outpatient "Medicaid deficit" as that term is defined in Subparagraph 2.a.1(2) of this Section 2.
- (2) Assessments collected under this section are considered an allowable cost and are not subject to cost settlement.

State Plan Under Title XIX of the Social Security Act
Medical Assistance Program
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Payments calculated under Paragraph 2.a.1. (when added to other Medicaid payments received or to be received for these services) shall not cause aggregate payments to any category of hospitals as specified in 42 CFR 447.321 to exceed the maximum allowed aggregate upper limits for that category established by applicable federal law and regulation.

The payments authorized under Paragraph (e) shall be effective in accordance with GS 108A-55(c).

MEDICAL ASSISTANCE
STATE: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

2.a.2. ENHANCED PAYMENTS TO TEACHING HOSPITALS FOR OUTPATIENT HOSPITAL SERVICES

Hospitals that are not qualified to certify, are licensed by the State of North Carolina, qualify for disproportionate share hospital status under Paragraph (c) of the Disproportionate Share Hospital payment section of this plan, and, for the fiscal year immediately preceding the period for which payments under this Paragraph are being calculated:

- i. Qualify to receive inpatient hospital rate adjustment payments described in Paragraph (g) of the section of this plan entitled “INPATIENT HOSPITAL RATE ADJUSTMENT PAYMENT TO HOSPITALS SERVING HIGH PORTIONS OF LOW INCOME PATIENTS;” and
- ii. Operate at least two Medicare approved graduate medical education programs and report on cost reports filed with the Division, Medicaid costs attributable to such programs; shall be entitled to additional enhanced payments for outpatient services, paid annually in up to four installments.
 - (1) The additional enhanced payment for Medicaid outpatient services shall satisfy the portion of the outpatient “Medicaid deficit” equal to 7.22 percent of the hospital’s estimated uncompensated care cost of providing inpatient and outpatient services to uninsured patients
 - (2) The outpatient “Medicaid deficit” shall be calculated as follows:
 - A. Reasonable costs of outpatient hospital Medicaid services shall be determined annually by calculating a hospital’s Medicaid outpatient cost-to-charge ratio using the most recent available as-filed CMS 2552 cost report data and multiplying the Medicaid outpatient cost-to-charge ratio by the hospital’s Medicaid allowable charges for outpatient services provided during the same fiscal year as the filed cost report, but paid not less than six months after the end of the fiscal year,
 - B. Applying the applicable CMS PPS Hospital Input Price Indices to bring the cost data forward to the mid-point of the payment period.
 - C. Multiplying the Medicaid outpatient costs by a percentage equal to 100 minus the percent of allowable outpatient costs specified in Section 2a on Page 1 above.

MEDICAL ASSISTANCE
STATE: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- (3) Uncompensated care costs are calculated using hospitals' gross charges for services provided to uninsured patients as filed with and certified to the Division for the same fiscal year as the CMS cost report used in determining reasonable cost in 2. A. above. The Division shall convert hospitals' gross charges for uninsured patients to costs by multiplying them by a cost-to-charge ratio determined using hospitals' most recent available as-filed CMS 2552 cost reports for the same fiscal year used in 2.A. and then subtracting payments hospitals received from uninsured patients.
- (4) Payments under Paragraph 2.a.2.(when added to Medicaid payments received or to be received for these services) shall not cause aggregate payments to any category of hospitals as specified in 42 CFR 447.321 to exceed the maximum allowed aggregate upper limits for that category established by applicable federal law and regulation.
- (5) The payments authorized under Paragraph 2.a.1. and 2.a.2. shall be effective in accordance with GS 108A-55(c).

TN. No. 06-008
Supersedes
TN. No. 05-015

Approval Date **SEP 21 2006**

Eff. Date 10/01/2006

State Plan Under Title XIX of the Social Security
Act Medical Assistance Program
State: NORTH CAROLINA

Payments for Medical and Remedial Care and Services: Inpatient Hospital

2.a.3. OUTPATIENT HOSPITAL SERVICES BY UNIVERSITY OF NORTH CAROLINA
HOSPITALS

In addition to the payments made elsewhere in this plan, hospitals owned or controlled by the University of North Carolina Health Care System, as defined in N.C. Gen. Stat. § 116-37, are eligible for supplemental payments for all outpatient hospital services, excluding outpatient laboratory services. For a hospital eligible under this is in addition to the payment in this subparagraph supersedes the requirement, in Paragraph 2.a. of this Section, that such a hospital be paid 70 percent of their allowable costs.

The total payment available for hospitals eligible under this subparagraph will be determined by aggregating the difference between what would be paid under Medicare payment principles for each eligible hospital's Medicaid fee-for-service outpatient hospital charges, i.e. each hospital's upper payment limit, and the outpatient Medicaid payments as otherwise calculated under this State Plan. Since Medicare reasonable cost principles will be used to estimate what would be paid under Medicare payment principles, each hospital's upper payment limit will be Medicaid cost. For each eligible hospital, both Medicaid cost and Medicaid payments will be estimated using data from the latest available Medicare cost report and a Medicaid PS&R for the same year as the Medicare cost report and run no less than nine (9) months after the close of the cost report year.

Medicaid cost will be determined by applying a cost to charge ratio from the Medicare cost report to the Medicaid charges on the PS&R and inflating into the current fiscal year using the CMS PPS hospital market basket index. Medicaid payments will be taken from the Medicaid PS&R and inflated into the current fiscal year using the CMS PPS hospital market basket index.

The total calculated supplemental payment amount will be paid to eligible hospitals in payments made no more frequently than each quarter.

If payments in this section would result in payments to any category of hospitals in excess of the upper payment limit calculation required by 42 C.F.R. 447.321, payments for each eligible hospital receiving payments under this section will be reduced proportionately to ensure compliance with the upper payment limit.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- 2.b. Rural health clinic (RHC) services and other ambulatory services furnished by a rural health clinic. Subparagraph (1) through (5) conform to the provisions of the Benefits Improvement and Protection Act of 2000.
- (1) Effective for dates of service occurring January 1, 2001 and after, RHCs are reimbursed on a prospective payment rate. The initial rate is equal to 100 per cent of their average reasonable costs of Medicaid covered services provided during the clinic's fiscal years 1999 and 2000, adjusted to take into account any increase (or decrease) in the scope of services furnished during fiscal year 2001 by the RHC (calculating the payment amount on a per visit basis).
- (A) In determining the initial PPS rate, cost caps for core services shall continue to be used to determine reasonable cost, as established by Medicare.
- (B) The clinic's average fiscal years 1999 and 2000 cost shall be calculated by adding the total reasonable costs together for fiscal year 1999 and fiscal year 2000 and dividing by the number of visits.
- (C) A visit means a face-to-face encounter between an RHC patient and any health professional whose services are reimbursed under the State Plan.
- (D) In the case of any RHC participating with a licensed Medicaid managed care organization, and receiving either PPS or cost based reimbursement, quarterly reconciliation will occur with supplemental payments made no less frequently than every four months to the clinic for the difference between the payment amounts paid by the managed care organization and the amount to which the clinic is entitled under the prospective payment system. A final annual reconciliation of any supplemental payments will be completed at the end of the RHCs' fiscal year upon determination of the final cost based or PPS rate for the period.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- (2) At the beginning of each clinic's fiscal year, subsequent to January 1, 2001, the rates shall be increased by the percentage increase in the Medicare Economic Index for primary care services and adjusted to take into account any increase (decrease) in the scope of services furnished during that fiscal year.
 - (A) A rate adjustment due to change in the scope of services must be supported by the preponderance of evidence by the provider.
 - (B) The Division of Medical Assistance shall make rate adjustments due to change in the scope of services.
 - (C) The MEI rate adjustment shall take effect on the first day of the provider's fiscal year.
 - (D) Rates may also be adjusted to take into consideration reasonable changes in the industry's cost of service.
- (3) Newly qualified RHCs after December 31, 2000, will have their initial rates established either by reference to rates paid to other clinics in the same or adjacent areas with similar caseload, or in the absence of such other clinics, through cost reporting methods. Rates for subsequent fiscal years shall be based on the same update methods reflected in subparagraph (2) above.

Alternative Payments

- (4) Providers who elected to be reimbursed in accordance to the cost based methodology in effect on December 31, 2000, and who did not change their election prior to January 1, 2005 shall remain with that choice of cost based reimbursement methodology.
 - (A) Rates paid under this cost based reimbursement methodology must be at least equal to the payment under the payment methodology included in subparagraphs (1) and (2). To ensure providers receive no less under the cost based reimbursement methodology than under PPS, the actual amount received under cost based reimbursement is compared to the amount a provider would have received under PPS.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- (B) Provider clinics are paid on the basis of the principles and at the Medicare determined rates specified in the Medicare regulation in Part 405, Subpart D not to exceed the Medicare established limits. For Medicaid only services, the interim rates are based on a Medicaid fee schedule.
- (C) Independent clinics are paid for all core services offered by the clinic at a single cost-reimbursement rate for clinic visit, established by the Medicare carrier, which includes the cost of all core services furnished by the clinic.
- (D) Effective October 1, 1993, physician-provided services at a hospital inpatient or an outpatient location are paid at the existing fee-for-service rate only to those clinics whose agreement with their physician states that the clinic does not compensate the physician for services in a location other than at the rural health clinic location.
- (E) If the Core Service Provider Number has a Change of Ownership, the new provider will be reimbursed under the PPS methodology established in paragraph (3) above.

Enhanced Reimbursement for Pregnancy Medical Home Services will be made to RHC providers as specified in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F. The Pregnancy Medical Home will be paid these enhanced payments in addition to their regular reimbursement.

Two enhanced payments may be made to RHCs for services provided by a Pregnancy Medical Home. Upon completion of the high risk screening, an enhanced payment of \$50.00 will be made to the PMH. Upon completion of the recipient's post partum visit, an enhanced payment of \$150.00 will be made to the PMH provider. The PMH provider will receive a maximum of \$200 enhanced payments per recipient per pregnancy even if there are multiple births.

Additionally, the PMH provider receives an enhanced rate for a vaginal delivery by paying the same rate for the vaginal delivery as for an uncomplicated c-section. Only the physician rates for the delivery codes are enhanced. The enhanced rates were determined by applying a 13.2% increase to the NC Medicaid Physician Fee Schedule rate as established in Attachment 4.19-B Section 5, Page 1 of the State Plan.

There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1 of the State Plan.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- 2.c. Federally qualified health center (FQHC) services and other ambulatory services furnished by a federally qualified health center. Subparagraph (1) through (5) conform to the provisions of the Benefits Improvement and Protection Act of 2000.
- (1) Effective for dates of service occurring January 1, 2001 and after, FQHCs are reimbursed on a prospective payment rate. The initial rate is equal to 100 per cent of their average reasonable costs of Medicaid covered services provided during the center's fiscal years 1999 and 2000, adjusted to take into account any increase (or decrease) in the scope of services furnished during fiscal year 2001 by the FQHC (calculating the payment amount on a per visit basis).
- (A) In determining the initial PPS rate, cost caps for core services shall continue to be used to determine reasonable cost, as established by Medicare.
- (B) The center's average fiscal years 1999 and 2000 cost shall be calculated by adding the total reasonable_costs together for fiscal year 1999 and fiscal year 2000 and dividing by the number of visits.
- (C) A visit means a face-to-face encounter between an FQHC patient and any health professional whose services are reimbursed under the State Plan.
- (D) In the case of any FQHC participating with a licensed Medicaid managed care organization and receiving either PPS or cost based reimbursement, quarterly reconciliation will occur with supplemental payments made no less frequently than every four months to the center for the difference between the payment amounts paid by the managed care organization and the amount to which the center is entitled under the prospective payment system. A final annual reconciliation of any supplemental payments will be completed at the end of the FQHCs' fiscal year upon determination of the final cost based or PPS rate for the period.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- (2) At the beginning of each center's fiscal year, subsequent to January 1, 2001, the rates shall be increased by the percentage increase in the Medicare Economic Index for primary care services and adjusted to take into account any increase (decrease) in the scope of services furnished during that fiscal year.
- (A) A rate adjustment due to change in the scope of services must be supported by the preponderance of evidence by the provider.
- (B) The Division of Medical Assistance shall make rate adjustments due to change in the scope of services.
- (C) The MEI rate adjustment shall take effect on the first day of the provider's fiscal year.
- (D) Rates may also be adjusted to take into consideration reasonable changes in the industry's cost of service.
- (3) Newly qualified FQHCs after December 31, 2000, will have their initial rates established either by reference to rates paid to other centers in the same or adjacent areas with similar caseload, or in the absence of such other centers, through cost reporting methods. Rates for subsequent fiscal years shall be based on the same update methods reflected in subparagraph (2) above.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Alternative Payments

- (4) Providers who elected to be reimbursed in accordance to the cost based methodology in effect on December 31, 2000, and who did not change their election prior to January 1, 2005 shall remain with that choice of cost based reimbursement methodology.
- (A) Rates paid under this cost based reimbursement methodology must be at least equal to the payment under the payment methodology included in subparagraphs (1) and (2). To ensure providers receive no less under the cost based reimbursement methodology than under PPS, the actual amount received under cost based reimbursement is compared to the amount a provider would have received under PPS.
- (B) Services furnished by a federally qualified health center (FQHC) are reimbursed at one hundred percent (100%) of reasonable cost, not to exceed the Medicare established limits, as determined in an annual cost report, based on Medicare principles and methods (for Medicaid only services, the interim rates are based on a Medicaid fee schedule) when:
- (1) It is receiving a grant under Section 329 (migrant health centers), 330 (community health centers) or 340 (health care centers for the homeless), Public Housing Health Centers receiving grant funds under Section 340A of the Public Health Service Act and Urban Indian organizations receiving funds under Title V of the Indian Health Improvement Act are FQHC's effective calendar quarter beginning or after October 1, 1993;
 - (2) It meets the requirements for receiving a Public Health Service grant or was treated as a comprehensive federally funded health center as of January 1, 1990.
 - (3) Nutrition services are provided by RHC's and FQHC. Providers are reimbursed in accordance with reimbursement methodologies established for services provided by RHC's and FQHCs as based on Medicare principles.
 - (4) Effective October 1, 1993, physician-provided services at a hospital inpatient and an outpatient location are paid at the existing fee-for-service rate only to those clinics whose agreement with their physician states that the clinic does not compensate the physician for services in a location other than at the federally qualified health clinic location.
- (C) If the Core Service Provider Number has a Change of Ownership, the new provider will be reimbursed under the PPS methodology established in paragraph (3) above.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Alternative Payments

Enhanced Payments for Pregnancy Medical Home Services will be made to FQHC providers as specified in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F. The Pregnancy Medical Home will be paid these enhanced payments in addition to their regular reimbursement.

- (5) Two enhanced payments may be made to FQHCs for services provided by a Pregnancy Medical Home. Upon completion of the high risk screening, an enhanced payment of \$50.00 will be made to the PMH. Upon completion of the recipient's post partum visit, an enhanced payment of \$150.00 will be made to the PMH provider. The PMH provider will receive a maximum of \$200 enhanced payments per recipient per pregnancy even if there are multiple births.

Additionally, the PMH provider receives an enhanced rate for a vaginal delivery by paying the same rate for the vaginal delivery as for an uncomplicated c-section. Only the physician rates for the delivery codes are enhanced. The enhanced rates were determined by applying a 13.2% increase to the NC Medicaid Physician Fee Schedule rate as established in Attachment 4.19-B Section 5, Page 1 of the State Plan.

There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1 of the State Plan.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

3. Laboratory and X-ray Services

Fees for independent laboratory services shall be the lower of the submitted charge or the appropriate fee from the fee schedule in effect on July 1, 1990.

- a. Annual fees are increased each January 1, based on the forecast of the Gross National Product (GNP) implicit price deflator, but not to exceed the percentage increase granted by the N.C. State Legislature and not to exceed the Medicare maximum fees.
- b. Fees for new services are established based on fees for similar existing services. If there are no similar services the fee is set at the Medicare maximum fee. If there is no Medicare fee available, the fee is established at 60 percent of charges until a Medicare fee is established.

The above methodology shall also apply to laboratory services paid to hospital outpatient facilities, physicians, and any provider supplying outpatient laboratory services.

Services reimbursed under the above methodology are not subject to cost settlement.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1b of the State Plan.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- 4.a. Skilled nursing facility services (other than services in an institution for mental diseases) for individuals 21 years of age or older.

Described in 4.19-D

TN. No. 88-12
Supersedes
TN. No. NEW

Approval Date 6/9/89

Receipt Date 9/21/88
Eff. Date 7/1/88

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- 4.b. Health Check Services / Early and Periodic Screening and Diagnosis of individuals under 21 years of age, and treatment of conditions found.

Health Check Services provide early and regular preventive medical and dental screenings. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Health Check Services. The agency's fee schedule rates were set as of July 1, 2010 and are effective for services provided on or after that date. The Fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>. Providers will be reimbursed the lower of the fee schedule rate or their usual and customary charge.

Health Check services will be provided by direct enrolled Medicaid providers who may be either governmental or private providers. Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 1 section of the State Plan. Early and Periodic Screening, Diagnosis and Treatment (EPSDT) identifies treatments that are medically necessary to correct or ameliorate a defect, physical or mental illness or a condition that is identified.

Services contained in 1905(a) and not listed as covered services in the state agency manuals/state plan will be provided. Services provided as described in Section 1905(a) to correct or ameliorate defects and physical and mental illnesses and conditions discovered by screening services and not covered in the state plan will be provided if determined to be medically necessary by the appropriate agency staff or consultants.

The rate for services contained in 1905 (a) will be reimbursed at 80% of Medicare's fee. If no Medicare rate exists, the State will reimburse a rate equal to similar services in the state plan. If no similar service exists, the State will review the rates of surrounding Medicaid states. If the surrounding Medicaid State's fees are not available, the State will reimburse 80% of usual and customary charges or negotiate the fee with the provider.

EPSDT services provided by Local Health Departments (governmental agencies) may be cost settled as described in Attachment 4.19-B, Section 9, page 1 of the state plan.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Additional service categories are reimbursed as follows:

Hearing aids and hearing aid accessories are reimbursed at invoice cost (invoices must accompany claims for aids and accessories). Fitting and dispensing services are reimbursed at a fixed reasonable reimbursement fee.

Batteries are reimbursed at current retail costs; an invoice is not required and a dispensing fee is not allowed.

TN. No. 10-008
Supersedes
TN. No. 91-47

Approval Date 05-16-11

Eff. Date 07/01/2010

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

4.c. Family Planning Services

Payments for Family Planning services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Family Planning Services Fee Schedule. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rates were set as of July 1, 2013 and are effective for services provided on or after that date.

(a) Family Planning services are reimbursed at 100 percent of the Medicaid Physician Schedule in effect on July 1, 2013.

(b) Family Planning services provided by Local Health Departments (governmental agencies) are paid at cost and will be cost settled as described in Attachment 4.19-B, Section 9, page 1 of the state plan.

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

PHYSICIAN'S FEE SCHEDULE

(a) Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Physician Services. The agency's fee schedule rates were set as of July 1, 2011 and are effective for services provided on or after that date. All rates are published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee>.

(b) Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, shall be reimbursed based on the North Carolina Medicaid Fee Schedule which is based on 86 percent of the Medicare Fee Schedule Resource Based Relative Value System (RBRVS) in effect January 1 of each year, but with the following clarifications and modifications:

- (1) A maximum fee is established for each service and is applicable to all specialties and settings in which the service is rendered. Payment is equal to the lower of the maximum fee or the provider's customary charge to the general public for the particular service rendered.
- (2) Rates for services deemed to be associated with adequacy of access to health care services may be adjusted based on administrative review. The service must be essential to the health needs of the Medicaid recipients, no other comparable treatment available and a rate adjustment must be necessary to maintain physician participation within the geographic area at a level adequate to meet the needs of Medicaid recipients and for which no other provider is available.
- (3) Fees for new services are established based on this Rule, utilizing the most current RBRVS, if applicable. If there is no relative value unit (RVU) available from Medicare, fees shall be established based on the fees for similar services. If there is no RVU or similar service, the fee shall be set at 75 percent of the provider's customary charge to the general public. For codes not covered by Medicare that Medicaid covers, annual changes in the Medicaid payments shall be applied each January 1 and fee increases shall be applied based on the forecasted Gross National Product (GNP) Implicit Price Deflator. Said annual changes in the Medicaid payments shall not exceed the percentage increase granted by the North Carolina General Assembly.
- (4) Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1 of the State Plan.

(c) Administration of Vaccinations whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, shall be reimbursed based on the North Carolina Medicaid Fee Schedule. The fee for the Administration of Vaccinations is based on the CMS regional maximum, not to exceed the Medicare established cap.

Administration of Vaccinations is not subject to cost settlement when reimbursement on the North Carolina Medicaid Fee Schedule is equal to the CMS regional maximum cap.

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

Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Primary Care Services as defined in section 1902 whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, shall be reimbursed based on the North Carolina Affordable Care Act (ACA) Medicaid Fee Schedule.

Enhanced Affordable Care Act (ACA) Payments for Primary Care Services as defined in section 1902 with dates of service effective January 1, 2013 – December 31, 2014 will be reimbursed at no less than the Medicare Cost Share rates in effect January 1, 2013 – December 31, 2014 or, if greater, the Medicare Fee Schedule Resource Based Relative Value System (RBRVS) in effect as of July 1, 2009.

In accordance with 42 CFR 447.405(2)(b) for vaccines provided under the Vaccines for Children Program (VFC) in CYs 2013 and 2014, reimbursement must be the lesser of:

- (1) The Regional Maximum Administration Fee; or,
- (2) The Medicare fee schedule rate in CY 2013 or 2014

If no Medicare rate exists for a particular billing code, reimbursement shall be based on the January 2013 Medicare Fee Schedule Resource Based Relative Value System (RBRVS) and the 2009 conversion factor.

The ACA Primary Care Services fee schedule rates were set as of January 1, 2013 and are effective for services provided on or after that date and ending on December 31, 2014. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

Enhanced ACA Primary Care payments shall be made to eligible Primary Care Physicians with a specialty designation of family medicine, general internal medicine, or pediatric medicine or a subspecialty within those specialties recognized by the American Board of Medical Specialties (ABMS), the American Osteopathic Association (AOA), or the American Board of Physician Specialties (ABPS) who meets the following criteria:

- (1) Physicians must self-attest to a covered specialty or subspecialty designation.
- (2) ACA providers must specify that they either are Board certified in an eligible specialty or subspecialty and/or that 60 percent of their Medicaid claims for the prior year were for the E&M codes specified in the regulation.

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

Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

- (3) If attesting to Board Certification, the certification must remain valid for the entire time these supplemental payments are received by the physician.
- (4) Physician Assistants and Nurse Practitioners must identify their supervising physician who qualifies for the enhanced payment.
- (5) Payments will begin on or after January 1, 2013, but not prior to physician, physician assistant, or nurse practitioner's attestation. EXCEPTION: Physicians who attest on or before June 30, 2014 will be eligible for payments retroactive to the later of January 1, 2013, or the date upon which they met all requirements for higher payment under the Federal regulations

Primary Care physicians enrolling in calendar year 2013 or 2014 without board certification with attestation will require verification of 60% billed and paid primary care services as defined in section 1902 for the prior month of calendar year 2012.

ACA physician's billing history will be reviewed at the end of 2013 and 2014 to confirm that 60 percent of codes billed and paid during CY 2013 and 2014 were primary care services eligible for payment under sections 1902(a)(13)(C) and 1902(jj) of the Act.

Federally Qualified Health Centers, Rural Health Centers, School Based Health Centers, Health Departments and CABHA providers are not eligible for enhanced primary care services payments.

There shall be no cost settlement for any Primary Care Services provider in any setting for these services reimbursed at the enhanced ACA rates.

These payments will terminate on December 31, 2014.

Reimbursement Template -Physician Services

Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Attachment 4.19-B: Physician Services 42 CFR 447.405 Amount of Minimum Payment

The state reimburses for services provided by physicians meeting the requirements of 42 CFR 447.400(a) at the Medicare Part B fee schedule rate using the Medicare physician fee schedule rate in effect in calendar years 2013 and 2014 or, if greater, the payment rates that would be applicable in those years using the calendar year 2009 Medicare physician fee schedule conversion factor. If there is no applicable rate established by Medicare, the state uses the rate specified in a fee schedule established and announced by CMS.

- The rates reflect all Medicare site of service and locality adjustments.
- The rates do not reflect site of service adjustments, but reimburse at the Medicare rate applicable to the office setting.
- The rates reflect all Medicare geographic/locality adjustments.
- The rates are statewide and reflect the mean value over all counties for each of the specified evaluation and management and vaccine billing codes.

The following formula was used to determine the mean rate over all counties for each code: _____

Method of Payment

- The state has adjusted its fee schedule to make payment at the higher rate for each E&M and vaccine administration code.
- The state reimburses a supplemental amount equal to the difference between the Medicaid rate in effect on July 1, 2009 and the minimum payment required at 42 CFR 447.405.

Supplemental payment is made: monthly quarterly

The state's rates were set using a state developed fee schedule based on the January 2013 release in conjunction with the 2009 conversion factor.

The state will adjust the fee schedule to account for any changes in Medicare rates throughout the year.

Primary Care Services Affected by this Payment Methodology

- This payment applies to all Evaluation and Management (E&M) billing codes 99201 through 99499.
- The State did not make payment as of July 1, 2009 for the following codes and will not make payment for those codes under this SPA (specify codes). 99339, 99340, 99363, 99364, 99366, 99368, 99441, 99442, 99443, 99444, 99485, 99486, 99487, 99488, 99489, 99495, and 99496.
- The state will make payment under this SPA for the following codes which have been added to the fee schedule since July 1, 2009 (specify code and date added). 99224, 99225, and 99226 – effective January 1, 2011.

Physician Services – Vaccine Administration

For calendar years (CYs) 2013 and 2014, the state reimburses vaccine administration services furnished by physicians meeting the requirements of 42 CFR 447.400(a) at the lesser of the state regional maximum administration fee set by the Vaccines for Children (VFC) program or the Medicare rate in effect in CYs 2013 and 2014 or, if higher, the rate using the CY 2009 conversion factor.

- Medicare Physician Fee Schedule rate
- State regional maximum administration fee set by the Vaccines for Children program
- Rate using the CY 2009 conversion factor

Documentation of Vaccine Administration Rates in Effect 7/1/09

The state uses one of the following methodologies to impute the payment rate in effect at 7/1/09 for code 90460, which was introduced in 2011 as a successor billing code for billing codes 90465 and 90471.

- The imputed rate in effect at 7/1/09 for code 90460 equals the rate in effect at 7/1/09 for billing codes 90465 and 90471 times their respective claims volume for a 12 month period which encompasses July 1, 2009. Using this methodology, the imputed rate in effect for code 90460 at 7/1/09 is:_____.
- A single rate was in effect on 7/1/09 for all vaccine administration services, regardless of billing code. This 2009 rate is: _____.

Documentation of Vaccine Administration Rates in Effect 7/1/09 (continued)

Alternative methodology to calculate the vaccine administration rate in effect
7/1/09: _____

Note: This section contains a description of the state's methodology and specifies the affected billing codes. The State did not make payment as of July 1, 2011 for code 90460 and will not make payment for code 90460 under this SPA

Effective Date of Payment

E & M Services

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on but not prior to December 31, 2014. All rates are published at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

Vaccine Administration

This reimbursement methodology applies to services delivered on and after January 1, 2013, ending on but not prior to December 31, 2014. All rates are published at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

TN. No. 13-001
Supersedes
TN. No. NEW

Approval Date: 06-12-13

Eff. Date: 01/01/13

PRA Disclosure Statement

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1148. The time required to complete this information collection is estimated to average 48 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to :CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Physician Assistant Services:

Payments for Physician Assistant Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Physician Assistant Services Fee Schedule. The agency's rates were set as of April 1, 2012 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

(a) Physician Assistant Services are reimbursed at 100 percent of the Medicaid Physician Assistant Services Fee Schedule in effect.

(b) Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19B, Supplement 3, Page 1k of the State Plan.

MEDICAL ASSISTANCE
State: NORTH CAROLINA
PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

(c) Supplemental Payments

(1) Supplemental payments will be made to Eligible Medical Professional Providers. These supplemental payments will equal the difference between the Medicaid payments otherwise made under this state plan and the Average Commercial Rate Payment. These supplemental payments will, for the same dates of service, be reduced by any other supplemental payments for professional services found elsewhere in the state plan.

(2) Eligible Medical Professional Providers must meet all of the following requirements. An Eligible Medical Professional Providers must be:

(i) Physicians paid under this Section 5, and other professionals paid under Section 6a-d or Section 17 of this Attachment; and

(ii) Licensed in the State of North Carolina and eligible to enroll in the North Carolina Medicaid program as a service provider; and

(iii) Employed by, contracted to provide a substantial amount of teaching services, or locum tenens of the state-operated school of medicine (SOM) at East Carolina University or the University of North Carolina at Chapel Hill, or employed or locum tenens within the University of North Carolina Health Care System. A professional "contracted to provide a substantial amount of teaching services" is a professional where all or substantially all of the clinical services provided to patients by that contracted professional involves supervision and/or teaching of medical students, residents, or fellows.

Except for professional providers in a Hospital-Based Group Practice, Eligible Medical Professional Providers shall exclude any professional provider that is a member of a group practice acquired or assimilated by the UNC HCS after July 1, 2010. A Hospital-Based Group Practice includes professional providers with the following hospital-based specialties: anesthesiology, radiology, pathology, neonatology, emergency medicine, hospitalists, radiation-oncology, and intensivists.

For a group practice that does not consist of professional providers employed by the SOM, is not a Hospital-Based Group Practice, and was included within the UNC HCS on or before July 1, 2010, the number of Eligible Medical Professional Providers in the group practice may not increase beyond the number of Eligible Medical Professional Providers in the group practice as of July 1, 2010.

(iv) Effective July 1, 2014, the number of eligible medical professional providers shall be limited as follows:

- a.) 418 with the East Carolina University (ECU) Brody School of Medicine.
- b.) 1,176 with the University of North Carolina at Chapel Hill (UNC) Faculty Physicians.
- c.) 14 with the UNC Hospital's Pediatric Clinic.
- d.) 75 with UNC Physicians Network.
- e.) 18 with Chatham Hospital.

(v) Effective July 1, 2014, supplemental payments under this section shall not be made for services provided in Wake County.

(3) Supplemental payments will be made quarterly and will not be made prior to the delivery of services.

(4) The Quarterly Average Commercial Rate to be paid will be determined in accordance with the following calculation.

(i) Compute Average Commercial Fee Schedule: Compute the average commercial allowed amount per procedure code for the top five payers with payment rates. The top five commercial third party payers will be determined by total billed charges. If there are any differences in payment on a per billing code basis for services rendered by different types of medical professionals, the Department will calculate separate Average Commercial Fee Schedules to reflect these differences. The data used to develop the Average Commercial Fee Schedule(s) will be based upon payments from the most recently completed state fiscal year. The Average Commercial Fee Schedules will be computed at least once per fiscal year.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

(ii) Calculate the Quarterly Average Commercial Payment Ceiling: For each quarter of the current fiscal year, multiply the Average Commercial Fee Schedule amount, as determined in Paragraph (c)(4)(i) above, by the number of times each procedure code was rendered and paid in the quarter to the Eligible Medical Professional Providers on behalf of Medicaid beneficiaries as reported by the MMIS. If applicable, a separate payment ceiling will be set when payment for the same service differs according to the type of professional rendering the service. The sum of the product for all procedure codes will determine the Quarterly Average Commercial Payment Ceiling.

(5) Supplemental Payments to be paid will be determined in accordance with the following calculation:

(i) Determine the Quarterly Supplemental Payment Ceiling at the Average Commercial Rate using the following formula:

(Quarterly Average Commercial Payment per CPT Code) as calculated x (Medicaid Volume per CPT Code)
= Quarterly Supplemental Payment Ceiling at the Average Commercial Rate calculated as outlined in section (4) paragraph (i).

(ii) Supplemental Payments will equal the Quarterly Supplemental Payment Ceiling at the Average Commercial Rate less the total Medicaid payments made for the quarter to Eligible Medical Professional Providers for the procedure codes included in the calculation of the Average Commercial Fee Schedule in paragraph (4)(i) above, as reported from the MMIS. Medicaid volume and payments shall include all available payments and adjustments.

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Enhanced Payments for Pregnancy Medical Home Services

This service will be provided by a Pregnancy Medical Home provider (PMH) (as specified in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F) enrolled in Medicaid who may be either private or governmental.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private PMH providers. The PMH fee schedule rates were set as of March 1, 2011 and are effective for services provided on or after that date. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

Two enhanced payments may be made to the PMH providers. Upon completion of the high risk screening, an enhanced payment of \$50.00 will be made to the PMH. Upon completion of the recipient's post partum visit, an enhanced payment of \$150.00 will be made to the PMH provider. The PMH providers will receive a maximum of \$200 enhanced payments per recipient per pregnancy even if there are multiple births.

PMH providers receive an enhanced rate for a vaginal delivery by paying the same rate for the vaginal delivery as for an uncomplicated c-section. Only the physician rates for ante partum codes, delivery codes and post partum codes are enhanced. The enhanced rates were determined by applying a 13.2% increase to the NC Medicaid Physician Fee Schedule rate as established in Attachment 4.19-B Section 5, Page 1 of the State Plan.

There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1 of the State Plan.

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

6. Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law:

Chiropractic Services, Podiatry Services, Optometry Services, Nurse Practitioner Services, Independent Practitioner Services and Other Licensed Practitioner Services.

a. **Podiatry Services:**

Payments for Podiatry Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Podiatry Services Fee Schedule. The agency's rates were set as of November 1, 2011 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

(a). Effective November 1, 2011 Podiatry Services rates shall be set at 97.33% percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009. Effective July 1, 2012 Podiatry Services rates shall be set at 98% percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009.

(b) Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19B, Supplement 3, Page 1e of the State Plan.

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law:

Chiropractic Services, Podiatry Services, Optometry Services, Nurse Practitioner Services, Independent Practitioner Services and Other Licensed Practitioner Services.

b. Optometry Services:

Payments for Optometry Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Optometry Services Fee Schedule. The agency's rates were set as of November 1, 2011 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

(a) Effective November 1, 2011 Optometry Services shall be set at 97.36 % percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009. Effective July 1, 2012 Optometry Services rates shall be set at 98.% percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009

(b) Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19B, Supplement 3, Page 1f of the State Plan.

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law:

Chiropractic Services, Podiatry Services, Optometry Services, Nurse Practitioner Services, Independent Practitioner Services and Other Licensed Practitioner Services.

c. **Chiropractic Services:**

Payments for Chiropractic Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Chiropractic Services Fee Schedule. The agency's rates were set as of November 1, 2011 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

(a) Effective November 1, 2011 Chiropractic Services shall be set at 97.33% percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009. Effective July 1, 2012 Chiropractic Services rates shall be set at 98.% percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009

(b) Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19B, Supplement 3, Page 1d of the State Plan.

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law:

Chiropractic Services, Podiatry Services, Optometry Services, Nurse Practitioner Services, Independent Practitioner Services and Other Licensed Practitioner Services.

d. Nurse Practitioner Services:

(1) Payments for Nurse Practitioner Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Nurse Practitioner Services Fee Schedule. The agency's rates were set as of November 1, 2011 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

(a) Effective November 1, 2011 Nurse Practitioner Services shall be set at 100 % percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on November 1, 2011.

(b) Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19B, Supplement 3, Page 1g of the State Plan.

(2) Enhanced Payments for Pregnancy Medical Home Services will be made to licensed nurse practitioners for services provided by a Pregnancy Medical Home provider as specified in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F. Reimbursement will be as described in Attachment 4.19-B Section 5, Page 4 of the State Plan. There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law:

Chiropractic Services, Podiatry Services, Optometry Services, Nurse Practitioner Services, Independent Practitioner Services and Other Licensed Practitioner Services.

e. Independent Practitioner Services(IPS): Physical, Occupational, Speech, Language Pathology/Audiology, and Respiratory Therapy.

Payments for Independent Practitioner Services covered under Attachment 3.1-A.1, are equal to the lower of the submitted charge or the appropriate fee from the specific Independent Practitioner Services Fee Schedule. The agency's rates were set as of November 1, 2011 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

(a) Effective November 1, 2011 Independent Practitioner Services shall be set at 97.34 % percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009. Effective July 1, 2012 Independent Practitioner Services rates shall set at 98% percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009.

(b) Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19B, Supplement 3, Page 1h of the State Plan.

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law: Chiropractic Services, Podiatry Services, Optometry Services, Nurse Practitioner Services, Independent Practitioner Services and Other Licensed Practitioner Services.

f. Other Licensed Practitioner Services:

(1) CPT code rates for these licensed practitioners are adjusted annually in accordance with the physician services. A maximum fee is established for each service and is applicable to all specialties and setting in which the service is rendered. Payments for these Other Licensed Practitioner Services covered under Attachment 3.1-A.1, are equal to the lower of the submitted charge or the fee schedule rate.

The following licensed practitioners will have the following reductions to their maximum fee of the physician fee schedule rate.

- (a) Licensed Nurse Practitioners certified in child and adolescent psychiatry will receive 85%,
- (b) Licensed Clinical Social Workers will receive 75%,
- (c) Licensed Professional Counselors will receive 75%,
- (d) Licensed Marriage and Family Therapists will receive 75%,
- (e) Licensed Clinical Nurse Specialists certified in child and adolescent psychiatry will receive 85%,
- (f) Certified Psychological Associates will receive 75%,
- (g) Licensed Clinical Addictions Specialists and Certified Clinical Supervisors who are licensed as clinical addiction specialists will receive 75%,

Notwithstanding any other provision, if specified, the Other Licensed Practitioner Services rates will be adjusted as shown on Attachment 4.19B, Supplement 3, Page 1i of the State Plan.

(2) Any mental health non-CPT codes service which are available for other practitioners to bill will have its rate established based on Attachment 4.19-B, Section 13.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

- (4) Annual fee increases are applied each January 1 based on the physician fee schedule adjustments as set out in Attachment 4.19-B, Section 5, but not to exceed the percentage increase approved by the North Carolina State Legislature.
- (5) Fee for new services are established based on the fees for similar existing services. If there are no similar services the fee is established at 75% of estimated average charge.
- (6) Fees for particular services can be increased based on administrative review if it is determined that the service is essential to the health needs of Medicaid recipients, that no alternative treatment is available, and that a fee adjustment is necessary to maintain physician participation at a level adequate to meet the needs of Medicaid recipients. A fee may also be decreased based on administrative review if it is determined that the fee may exceed the Medicare allowable amount for the same or similar services, or if the fee is higher than Medicaid fees for similar services, or if the fee is too high in relation to the skills, time and other resources required to provide the particular service.
- (7) Medicaid Services Provided in Schools are services that are medically necessary and provided in schools to Medicaid recipients in accordance with an Individualized Education Program, (IEP) or an Individual Family Service Plan (IFSP). Covered services include the following as described in Attachment 3.1-A.1:
 - a. Audiology
 - b. Occupational Therapy
 - c. Physical Therapy
 - d. Psychological/Counseling Services
 - e. Speech
 - f. Nursing Services

TN No: 07-008
Supersedes
TN No: 04-011

Approval Date: 06/06/08

Effective Date: 07/18/07

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

The interim payment to the Local Education Agencies for services (Paragraph 7a-e) listed above are based on the physician fee schedule methodology as outlined in Attachment 4.19-B, Section 5. These rates are adjusted July 1st of each year.

The interim payment for nursing services (Paragraph 7f) has 3 components, each established on a 15-minute unit fee. The interim rate for Attendant Care Services is equal to the current rate for Personal Care Services. The interim rate for RN Services and LPN Services are established by using the national average hourly salary for RNs and LPNs based on data from the U.S. Department of Labor. The fee per 15-minute unit is then derived from the average hourly salary for Registered Nurse (RN) and Licensed Practical Nurse (LPN).

- A. Direct Medical Services Payment Methodology
Beginning, with cost reporting periods ending on or after June 30, 2008, the Division of Medical Assistance (DMA) will begin using a cost based methodology for all Local Education Agencies (LEAs). This methodology will consist of a cost report, time study and reconciliation. If payments exceed Medicaid-allowable costs, the excess will be recouped.

Once the first year's cost reports are received, and each subsequent year, the Division will examine the cost data for nursing services to determine if an interim rate change is justified. Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 1 section of the State Plan.

To determine the Medicaid-allowable direct and indirect costs of providing direct medical services to Medicaid-eligible clients in the LEA, the following steps are performed:

- (1) Direct costs for direct medical services include unallocated payroll costs and other unallocated costs that can be directly charged to direct medical services. Direct payroll costs include total compensation of direct services personnel listed in the descriptions of the covered Medicaid services delivered by school districts in Attachment 3.1-A.1.

TN No: 07-008
Supersedes
TN No: NEW

Approval Date: 06/06/08

Effective Date: 07/18/07

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Other direct costs include costs directly related to the approved direct services personnel for the delivery of medical services, such as purchased services, capital outlay, materials and supplies. These direct costs are accumulated on the annual cost report, resulting in total direct costs. The cost report contains the scope of cost and methods of cost allocation that have been approved by the Centers for Medicare & Medicaid Services (CMS).

- (2) Total direct costs for direct medical services from Item 1 above are reduced on the cost report by any federal grant payments with a matching requirement resulting in adjusted direct costs for direct medical services.
- (3) The net direct costs for each service is calculated by applying the direct medical services percentage from the CMS-approved time study to the adjusted direct costs from Item 2 above.

A time study which incorporates a CMS-approved methodology is used to determine the percentage of time medical service personnel spend on IEP-related medical services, and general and administrative time. This time study will assure that there is no duplicate claiming relative to claiming for administrative costs.

- (4) Indirect costs are determined by applying the school district's specific unrestricted indirect cost rate to its net direct costs. North Carolina public school districts use predetermined fixed rates for indirect costs. The Department of Public Instructions (DPI) is the cognizant agency for the school districts, and approves unrestricted indirect cost rates for school districts for the US Department of Education (USDE). Only Medicaid-allowable costs are certified by providers. Providers are not permitted to certify indirect costs that are outside their unrestricted indirect cost rate.
- (5) Net direct costs and indirect costs are combined.

TN No: 07-008
Supersedes
TN No: NEW

Approval Date: 06/06/08

Effective Date: 07/18/07

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

- (6) Medicaid's portion of total net costs is calculated by multiplying the results from Item 5 by the ratio of the total number of students with Medicaid Individualized Education Program (IEP) or an Individual Family Service Plan (IFSP) receiving services to the total number of students with an IEP or an IFSP.

B. Certification of Funds Process

Cost reports must be prepared and completed by each LEA on a quarterly basis to reflect the time study results for the quarter in which costs were incurred. On an annual basis, each provider will certify through its cost report its total actual, incurred Medicaid allowable costs/expenditures, including the federal share and the nonfederal share. Providers are permitted only to certify Medicaid-allowable costs and are not permitted to certify any indirect costs that are outside their unrestricted indirect cost rate.

C. Annual Cost Report Process

For Medicaid services listed in Paragraph 7a-f provided in schools during the state fiscal year, each LEA provider must complete an annual cost report. The cost report is due on or before March 1 following the reporting period.

Providers that fail to fully and accurately complete Medicaid cost reports within the time period specified by the Division of Medical Assistance or that fail to furnish required documentation and disclosures for Medicaid cost reports required under this Plan within the time period specified by the Division, may be subject to penalties for non-compliance. A 20% withhold of Medicaid payments will be imposed upon the delinquent provider 30 days after the Medicaid cost report filing deadline unless the provider has made a written request for an extension of the Medicaid cost report filing due date to the Division of Medical Assistance and has received a written approval from the Division of Medical Assistance. The withholding of monies will continue until the Medicaid cost report filing requirements have been satisfied. Once, all requirements have been satisfied withheld monies will be released to the provider. Any monies withheld will not accrue interest to the benefit of the provider.

The primary purposes of the cost report are to:

- (1) Document the provider's total CMS-approved, Medicaid-allowable costs of delivering Medicaid coverable services using a CMS-approved cost allocation methodology

TN No: 07-008
Supersedes
TN No: NEW

Approval Date: 06/06/08

Effective Date: 07/18/07

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

- (2) Reconcile annual interim payments to its total CMS-approved, Medicaid-allowable costs using a CMS approved cost allocation methodology.

The annual School Based Services (SBS) Cost Report includes a certification of funds statement to be completed, certifying the provider's actual, incurred costs/expenditures. All filed annual SBS Cost Reports are subject to desk review by Division of Medical Assistance or its designee.

D. The Cost Reconciliation Process

The cost reconciliation process must be completed within twenty-four months of the end of the reporting period covered by the annual School Based Services (SBS) Cost Report. The total CMS-approved, Medicaid-allowable scope of costs based on CMS-approved cost allocation methodology procedures are compared to the LEA provider's Medicaid interim payments delivered during the reporting period as documented in the Medicaid Management Information System (MMIS), resulting in a cost reconciliation.

For the purposes of cost reconciliation, the state may not modify the CMS-approved scope of costs, the CMS-approved cost allocation methodology procedures, or its CMS-approved time study for cost-reporting purposes. Any modification to the scope of cost, cost allocation methodology procedures, or time study for cost-reporting purposes requires approval from CMS prior to implementation; however, such approval does not necessarily require the submission of a new state plan amendment.

E. The Cost Settlement Process

EXAMPLE: For services delivered for the period covering July 1, 2007, through June 30, 2008, the annual SBS Cost Report is due on or before March 1, 2009, with the cost reconciliation and settlement processes completed no later than June 30, 2010.

If a provider's interim payments exceed the actual, certified costs for Medicaid services provided in schools to Medicaid clients, the provider will remit the federal share of the overpayment at the time the cost report is submitted. The Division of Medical Assistance will submit the federal share of the overpayment to CMS within 60 days of identification.

If the actual, certified costs of a LEA provider exceed the interim payments, the Division of Medical Assistance will pay the federal share of the difference to the provider in accordance with the final actual certification agreement and submit claims to CMS for reimbursement of that payment in the federal fiscal quarter following payment to the provider.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

7. HOME HEALTH SERVICES

Services provided by Medicare certified home health agencies participating in the North Carolina Medicaid Program are to be reimbursed on a prospective payment basis as set forth in this plan. Qualified providers of Durable Medical Equipment (and DME associated supplies) and Home Infusion Therapies are paid on the basis of reasonable charges as defined in Section 7B and C, respectively. The intent of this plan is to develop reasonable rates that provide incentives for the cost effective and efficient delivery of home health services.

A. REIMBURSEMENT METHODS FOR CERTIFIED HOME HEALTH AGENCIES

- (a) A maximum rate per visit is established annually for each of the following services:
- (1) Registered or Licensed Practical Nursing Visit;
 - (2) Physical Therapy Visit;
 - (3) Speech Therapy Visit;
 - (4) Occupational Therapy visit;
 - (5) Home Health Aide Visit.
- (b) The maximum rate for the services identified in Section (a) above are computed and applied as follows:
- (1) Payment of claims for visits is based on the lower of the billed customary charges or the maximum rate of the particular service.
 - (2) Maximum per visit rates effective July 1, 1996 for Registered or Licensed Practical Nursing, Physical Therapy, Speech Therapy, and Occupational Therapy shall be equal to the rates in effect on July 1, 1995.
To compute the annual maximum rates effective each July 1 subsequent to July 1, 1996 through September 30, 2006, the maximum rates per visit are adjusted as described in Sections (4), (5), and (6).

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- (3) Maximum per visit rate effective July 1, 1996 for Home Health Aide shall be equal to the rate in effect on July 1, 1995.
To compute the annual maximum rates effective each July 1 subsequent to July 1, 1996 through September 30, 2006, the fiftieth percentile cost per visit calculated from the base year 1994 cost reports is adjusted as described in Sections (4), (5), and (6).
- (4) Each year maximum rates are adjusted by an annual cost index factor. The cost index has a labor component with a relative weight of 75 percent and a non-labor component with a relative weight of 25 percent. The relative weights are derived from the Medicare Home Health Agency Input Price Index published in the Federal Register dated May 30, 1986. Labor cost changes are measured by the annual percentage change in the average hourly earnings of North Carolina service wages per worker. Non-labor cost changes are measured by the annual percentage change in the GNP Implicit Price Deflator.
- (5) The annual cost index equals the sum of the products of multiplying the forecasted labor cost percentage change by 75 percent and multiplying the forecasted non-labor cost percentage change by 25 percent. For services included under Section 2 the July 1, 1996 effective rates are multiplied by the cost index factor for each subsequent year up to the year in which the rates apply. For services included under Section 3 (i) base year costs per visit are multiplied by the cost index factor for each subsequent year up to the year in which rates apply.
- (6) Other adjustments may be necessary for home health services to comply with federal or state laws or rules.
- (c) Medical supplies and equipment covered under Home Health (HH) services are reimbursed at the lower of billed customary charges or the comparable Durable Medical Equipment (DME) maximum allowable amount in effect as of August 1 of each year. If a new item is not covered by the DME program and a Medicare allowable is available, the rate will be set at the Medicare allowable amount available to the Division of Medical Assistance as of July 1 of that year. If a Medicare allowable amount cannot be obtained for a particular item, the rate will be established based on average estimate of reasonable cost. Rates will be updated each September 1 based on the forecast of the Gross National Product Implicit Price Deflator.

Rates for medical supplies deemed to be associated with adequacy of access to health care services are reviewed annually in relation to Medicare rates and according to the normal rate review procedure. This administrative review entails the performance of a cost review of providers' invoices, averaging the providers' costs and setting the rate at that average amount. The service must be essential to the health needs of the Medicaid recipients, no other comparable treatment available, and a rate adjustment must be necessary to maintain provider participation at a level adequate to meet the needs of Medicaid recipients.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- (d) After October 1, 2006, annual rate adjustments will be effective each year on September 1. Medical supplies and equipment covered under Home Health (HH) services are reimbursed at the lower of billed customary charges or the comparable Durable Medical Equipment (DME) maximum allowable amount in effect as of August 1 of each year. Notwithstanding any other provision, if specified these rates will be adjusted as shown on Supplement 1 to the Attachment 4.19-B section of the state plan.

Rates for supplies and equipment shall be consistent among the HIT, Home Health (HH), and DME programs. If a rate appeal results in a change in the rate for one of the three programs, it will also become effective for the other two programs.

If, as of October 1, 2006, a rate for an individual supply or equipment usage/purchase is different in either HH or HIT from the DME rate, the DME rate will be used unless the DME rate is the lower rate. In that case, no rate increases will be applied to the item in either HIT or HH until the DME rate is equal or greater than the rate of HH or HIT in effect on October 1, 2006. Once the DME rate for the item exceeds the existing rate for HIT or HH, those programs will adopt the DME rate.

There will be no retroactive payment adjustments for fee changes.

Public and private providers are reimbursed at the same rate, as published on the fee schedule located at <http://www.dhhs.state.nc.us/dma/fee/fee.htm#other>.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

APPEALS

Providers may appeal maximum rates by presenting written requests and supporting data. Rates will not be adjusted retroactively. Appeals will be processed in accordance with Division procedures for Provider Reimbursement Reviews.

COST REPORTING AND AUDITING

Annual cost reporting is required in accordance with the Medicare principles of reimbursement.

PAYMENT ASSURANCES

(a) The State will pay the amounts determined under this plan for each covered service furnished in accordance with the requirements of the State Medicaid Plan, provider participation agreement, and Medicaid policies and procedures. The payments made under this methodology will not exceed the upper limits as established by 42 C.F.R. 447.325.

TN. No. 90-04
Supersedes
TN. No. 88-12

Approval Date May 2 1990

Eff. Date 5/1/90

MEDICAL ASSISTANCE
STATE: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

=====

(b) Participation in the program is limited to providers who accept, as payment in full, the amounts paid in accordance with this plan.

(c) In all circumstances involving third party payment, Medicaid is the payor of last resort. Any amounts paid by non-Medicaid sources are deducted in determining Medicaid payment. For patients with both Medicare and Medicaid coverage, Medicaid payment is limited to the amount of Medicare-related deductibles and/or coinsurance for services, supplies and equipment covered under the Medicare program.

(d) Excess payments may be recouped from any provider found to be billing amounts in excess of its customary charges, or costs if charges are nominal.

B. DURABLE MEDICAL EQUIPMENT

Eff. 8/1/91

(a) Payment for each claim for durable medical equipment and associated supplies shall be equal to the lower of the supplier's usual and customary billed charges or the maximum fee established for each item of durable medical equipment or related supply. The maximum fees are set at the Medicaid fee schedule in effect on July 1, 1991. Fees for added equipment shall be at Medicare Part B Fees. If a Medicare fee can not be obtained for added equipment, then the fee shall be based on an estimate of reasonable cost. The maximum allowable fee shall be updated each August 1 based on the Gross National Product (GNP) implicit price deflator. Notwithstanding any other provision, if specified these rates will be adjusted as shown on Attachment 4.19-B, Supplement 2, Page 1 of the state plan. [The maximum allowable fee may be adjusted for any changes resulting from market and cost analysis conducted by the Division of Medical Assistance.] There shall be no retroactive payment adjustments for fee changes.

(b) Each equipment item shall be assigned to one of the following categories of payment methods:

(1) Purchase fee paid for inexpensive, routinely purchased, and customized equipment, and DME Supplies.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- (2) Monthly rental paid up to purchase price but for no more than 15 continuous months. Monthly rental is paid for other types of equipment when the initial expected medical needs is less than six (6) months, but not to exceed the purchase price if need extends beyond six months. Equipment with an initial expected medical need of six months or more may be paid as a purchase or a rental.
- (3) Monthly rental payment for oxygen and oxygen equipment without any limitations.
- (4) Servicing and repair fees shall be established for appropriate items. Through a prior approval process, recipient owned equipment is repaired on an "as needed basis if the repair estimate is less than the cost of replacement and if the equipment has not gone beyond its established life expectancy. Service contracts are not covered and manufacturer's warranties are expected to be honored when appropriate. Rental equipment repairs are not reimbursed separately but are considered to be covered in the monthly rental fee.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

=====

The percentage increase approved by the North Carolina Legislature is developed by the Division of Medical Assistance and presented to the Legislature. It is an estimate of reasonable increases in our area and is calculated using the Gross National Product Implicit Price Deflator and local forecasts of medical equipment costs from the State Budget Office.

Equipment with an initial expected medical need of six months or more may be paid as purchase or rental clarification: When the need is projected at six months or more, the equipment may be purchased initially, or it may be rented until the purchased price is met, at which time it is considered purchased.

Estimates of reasonable costs are determined thru the use of a current ratio of fees to charge data established from paid claims files. This ratio is applied to average current charges as received from local providers.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

C. HOME INFUSION THERAPY- (HIT)

In-home parental and enteral therapy supplies are reimbursed at the lower of billed customary charges or the comparable Durable Medical Equipment (DME) maximum allowable amount in effect as of August 1 of each year. Rates for added supplies shall be at Medicare Part B fees if no DME rate exists. If comparable Medicare fees are not available, fees will be based on average charges and updated each September 1 based on the forecast of the Gross National Product Implicit Price Deflator. Notwithstanding any other provision, if specified these rates will be adjusted as shown on Attachment 4.19-B, Supplement 1, Page 2 of the state plan.

TN. No.: 06-011
Supersedes
TN. No.: 02-18

Approval Date: 12/22/06

Effective Date: 09/01/06

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

I. Antibiotic, Chemotherapy and Pain Management

Four separate fee schedule amounts are calculated; one for pain management, one for chemotherapy, one for tocolytic therapy, and one for antibiotics and other drug therapies. The per diem for each type of drug therapy except tocolytic therapy is the sum of the per diem allowances for each of five service components. The per diem calculations for the components are computed as follows:

- 1) Pharmacy Services: the per diem allowance for pharmacy services for each type of drug therapy is calculated using national average hourly salaries and benefits for pharmacists multiplied by the estimated average hours per day spent in preparation and compounding of each drug, checking the drug interactions, and other pharmacy services (all averages are derived using actuarial calculations).
- 2) Pharmacy Supplies: the per diem allowance for pharmacy supplies for each type of drug therapy is calculated for each drug using national average prices for supplies associated with the preparation, compounding, and infusion delivery system of a single dose of each IV therapy multiplied by the average number of doses per day (all averages are derived using actuarial calculations).

TN. No.: 06-011
Supersedes
TN. No.: 91-53

Approval Date: 12/22/06

Effective Date: 09/01/06

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- 3) Pharmacy Delivery: a. If a drug requires hand delivery as determined by the pharmacy consultant, the per diem allowance for pharmacy delivery for each type of drug is calculated by adding a per trip non-labor and labor calculation. The sum of these two components is multiplied by 1.5 to account for overhead.
- i. The non-labor portion is calculated using an estimated average mileage per trip multiplied by the federal mileage allowance in effect at the time of the calculation.
- ii. The labor portion is calculated by multiplying an estimated travel time for each delivery by an estimated salary and benefits for a delivery person. The per trip delivery calculation is then multiplied by the estimated number of trips necessary for the therapy being evaluated.
- b. If a drug may be shipped as determined by the pharmacy consultant, the per diem allowance for pharmacy delivery for each type of drug is calculated by taking the national average of freight out shipping charges multiplied by 1.1 to include an administration factor.

Averages in items C. 3 a) & b) of this paragraph are derived using actuarial calculations.

TN. No.: 06-011
Supersedes
TN. No.: 91-53

Approval Date: 12/22/06

Effective Date: 09/01/06

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- 4) Nursing Supplies: the per diem for nursing supplies associated with nursing services is calculated using an estimate of national average units for supplies associated with nursing services, derived using actuarial calculations. The units are priced using the same method as the parental and enteral rate calculations for supplies associated with nursing services.
- 5) Equipment: the per diem rate for equipment necessary for the IV therapies is calculated using the same rate used in the parental and enteral rate calculations (all averages are derived using actuarial calculations).

TN. No.: 06-011
Supersedes
TN. No.: 91-53

Approval Date: 12/22/06

Effective Date: 09/01/06

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

=====

In those cases where a patient is receiving more than one type of IV drug therapy simultaneously, the primary therapy will be reimbursed using the rate established in subparagraphs C 1) through 5) of this Paragraph. Any additional therapy will be reimbursed at a lesser per diem allowance calculated at the percentage levels as listed in a through d.

- (a) 75% of the pharmacy services per diem,
- (b) 100% of pharmacy supplies per diem,
- (c) 50% of the nursing supplies per diem, and
- (d) 100% of the necessary additional equipment per diem. The provider will indicate (an) additional therapy/ies on the claim using the method indicated in the published clinical policy.

If a patient's drug regimen changes or the patient dies after a pharmacy delivery has been made but before usage of the entire drug issued, the following components of the appropriate per diems will be paid for the remaining days of the prescription up to seven (7) days: pharmacy services, pharmacy supplies and pharmacy delivery.

Once the per diem rate has been determined, it will be updated each September 1 based on the forecast of the Gross National Product: Implicit Price Deflator notwithstanding any other provision. The calculations described in subparagraphs C 1) through 5) of this paragraph may be calculated every five (5) years at the discretion of the DHHS NC Division of Medical Assistance. If specified, the therapy services rates will be adjusted as shown on Attachment 4.19-B, Supplement 1, Page 2, of the state plan.

Tocolytic therapy, when administered, is a separate administration of HIT. The rate is not affected by the administration of HIT therapies.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

II. HIT Nursing Services:

The per diem for nursing services for each type of drug therapy is calculated using the nursing visit payment for a skilled nurse from the Home Health Fee schedule described in Section 7 of Attachment 4.19-B, multiplied by an average number of monthly visits for each type of therapy then divided by thirty (30).

In the case of amphotericin therapy, an additional hourly payment will be made for all hours exceeding two hours per visit. This payment will be made at the home health hourly fee for a private duty nurse as described in Section 7 of Attachment 4.19-B. The additional payment will be provided for other drug therapies upon specific approval by the DHHS Division of Medical Assistance.

III. HIT Drugs:

Payment for home IV drug therapies is made at 100percent of the lesser of the actual charge or the applicable per diem fee schedule allowance. Drug prices will be established in accordance with the Pharmacy Plan in Section 12 of Attachment 4.19-B.

TN. No.: 06-011
Supersedes
TN. No.: NEW

Approval Date: 12/22/06

Effective Date: 09/01/06

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

IV. General

Rates for supplies and equipment shall be consistent among the HIT, Home Health (HH), and DME programs, as referenced in Attachment 4.19-B, Section 7.

If, as of September 1, 2006, a rate for an individual supply or equipment usage/purchase is different in either HH or HIT from the DME rate, the DME rate will be used unless the DME rate is the lower rate. In that case, no rate increases will be applied to the item in either HIT or HH until the DME rate is equal or greater than the rate of HH or HIT in effect on September 1, 2006. Once the DME rate for the item exceeds the existing rate for HIT or HH, those programs will adopt the DME rate.

All public and private providers are paid in accordance with the same published fee schedule as provided on the NC Division of Medical Assistance Web site @ <http://www.ncdhhs.gov/dma/fee/fee.htm>.

There will be no retroactive payment adjustments for fee changes.

TN. No.: 11-043
Supersedes
TN. No.: 06-011

Approval Date: 11-10-11

Effective Date: 08/31/2011

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

8. Private Duty Nursing Services. (PDN)
- A. Private duty nursing services are reimbursed at the lower of billed customary charges or an established hourly rate. Effective October 1, 2002, this rate, is adjusted annually by the percentage change in the rate for a skilled nursing visit by a home health agency. Effective November 1, 2010, the RN rate is paid at Fee Schedule and will be billed with a code and modifier as defined in Clinical Policy, Attachment 3.1-A-1. Notwithstanding any other provision, if specified these rates will be adjusted as shown on Supplement 1 to the 4.19-B section of the state plan. Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers. The agency's fee schedule rate is effective October 1, 2009 and is effective for services provided on or after this date. All rates are published on the agency's fee schedule, <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, this fee schedule rate shall be inflated forward annually by the Medicare Market Basket Index.
- B. Effective October 1, 1993, payment for Private Duty Nursing Medical Supplies, except those related to provision and use of DME shall be reimbursed at the lower of a provider's billed customary charges or the maximum fee established for certified home health agencies. If a new item is not covered by the DME program and Medicare allowable is available, the rate will be set at the Medicare allowable amount available to the Division of Medical Assistance. Fees will be established based on average, reasonable charges if a Medicare allowable amount cannot be obtained for a particular supply item. The Medicare allowable amounts will be those amounts based on the Market Basket Index available to the Division of Medical Assistance as of July 1 of each year.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

=====

9. Clinic Services provided by Health Departments

- a. Interim payments for Clinic Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Health Department Fee Schedule. The agency's interim rates were set as of March 1, 2011 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for all governmental and non-governmental providers. Payments will be based on settled cost, while interim rates will be based on the March 1, 2011 North Carolina fee schedule.

To assure payments do not exceed the upper payment limits set forth at 42 CFR 447.321, Health Department services reimbursed under a fee schedule and furnished to Medicaid recipients will be cost settled annually to Medicaid allowable costs. Effective for cost reporting periods beginning on or after July 1, 2011, Medicaid-allowable cost will be determined by the Division of Medical Assistance using a CMS approved cost reporting methodology.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Notwithstanding Attachment 4.19-B, Section 5, Page 3, services for ante partum codes, delivery codes and post partum codes which are billed by Health Departments for physicians, nurse midwives, and nurse practitioners who are salaried employees of a Health Department and whose compensation is included in the service cost of a Health Department when the Health Department is a Pregnancy Medical Home (PMH) as described in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F shall be settled to cost in accordance with the provisions of this Section.

Additionally this cost methodology does not apply to the reimbursement for services furnished to Medicaid recipients for Laboratory Services as described in Attachment 4.19-B, Section 3, Page 1. These services are reimbursed fee-for-service only and Health Department costs for these services shall be excluded from cost settlement.

A. Direct Medical Services Payment Methodology:

The annual cost settlement methodology will consist of a CMS approved cost report, actual time report and reconciliation. If Medicaid payments exceed Medicaid-allowable costs, the excess will be recouped and the Federal share will be returned on the CMS-64 report.

To determine the Medicaid-allowable direct and indirect costs of providing direct medical services to Medicaid recipients receiving Clinic, Family Planning and Family Planning Waiver services in the Health Department the following steps are performed:

- (1) Direct costs for medical service include payroll costs and other costs that can be directly charged to direct medical services. Direct payroll costs include total compensation of direct services of personnel providing direct medical services.

Other direct costs include non-personnel costs directly related to the delivery of medical services, such as purchased services, capital outlay, materials and supplies. These direct costs are accumulated on the annual cost report, resulting in total direct costs.

- (2) Total direct costs for direct medical services from Item A 1 above are reduced on the cost report by any restricted public health service grant payments as defined in CMS Publication 15-1 resulting in adjusted direct costs for direct medical services.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

- (3) Indirect costs include payroll costs and other costs related to the administration and operation of the Health Department. Indirect payroll costs include total compensation of Health Department administrative personnel providing administrative services.
- Other indirect costs include non-personnel costs related to the administration and operation of the health department such as purchased services, capital outlay, materials and supplies. Other indirect costs also include indirect costs allocated from the county to the Health Department via the county Cost Allocation Plan.
- (4) Total indirect costs from Item A 3 above are reduced on the cost report by any restricted public health service grant payments as defined in CMS Publication 15-1 resulting in adjusted indirect costs.
- (5) Clinical Administrative costs include payroll costs and other costs which directly support medical service personnel furnishing direct medical services. Clinical administrative payroll costs include total compensation of clinical administrative personnel furnishing direct support services.
- Other clinical administrative costs include non-personnel costs related to the support of direct medical services such as purchased services, capital outlay, materials and supplies.
- (6) Total clinical administrative costs from Item A 5 above are reduced on the cost report by any restricted public health service grant payments as defined in CMS Publication 15-1 resulting in adjusted clinical administrative costs.
- (7) Total adjusted indirect costs from Item A 4 above are allocated based on accumulated cost to Direct, Clinical Administrative, Laboratory, and Non-Reimbursable cost centers.
- (8) Total adjusted Clinical Administrative costs from Item A 7 above are allocated based on accumulated cost from Item A 7 to Direct and Laboratory cost centers.
- (9) An actual time report is used to determine the percentage of time spent by medical service personnel on Medicaid covered services, administrative duties, and non-reimbursable activities.
- (10) The total allowable cost for Direct Medicaid covered services is calculated by multiplying the percentage of actual time spent on Medicaid covered services from Item A 9 by the accumulated cost in Direct service cost centers from Item A 8 above.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

- (11) For cost reporting periods beginning on or after July 1, 2010 and ending on or before June 30, 2012, the Medicaid percentage of covered services is calculated by dividing the Total Medicaid Encounters by Total Encounters. For cost reporting periods beginning on or after July 1, 2012, the Medicaid percentage of covered services shall use usual and customary charges and is calculated by dividing Total Medicaid Charges by Total Charges.
- (12) Total Medicaid allowable cost is calculated by multiplying the Medicaid percentage of covered services from Item A 11 above by the total allowable cost for Direct Medicaid covered services from Item A 10 above.
- (13) Total Medicaid Clinic cost is calculated by multiplying Total Medicaid allowable cost from Item A 12 by the ratio of Medicaid clinic charges to Medicaid total charges from Exhibit 2 of the cost report.

Total Medicaid Family Planning cost is calculated by multiplying Total Medicaid allowable cost from Item A 12 by the ratio of Medicaid Family Planning charges to Medicaid total charges from Exhibit 2 of the cost report.

Total Medicaid Family Planning Waiver cost is calculated by multiplying Total Medicaid allowable cost from Item A 12 by the ratio of Medicaid Family Planning Waiver charges to Medicaid total charges from Exhibit 2 of the cost report.

B. Certification of Expenditures:

On an annual basis, each Health Department will certify through its cost report its total actual, incurred Medicaid allowable costs. Providers are only permitted to certify Medicaid allowable costs.

C. Annual Cost Report Process:

For Medicaid covered services each health department shall file an annual cost report as directed by the Division of Medical Assistance in accordance with 42 CFR 413 Subpart B and 42 CFR 447.202. The Medicaid cost report is due five (5) months after the provider's fiscal year end. Providers that fail to fully and accurately complete Medicaid cost reports within the time period specified by the Division of Medical Assistance or that fail to furnish required documentation and disclosures for Medicaid cost reports required under this Plan within the time period specified by the Division, may be subject to withhold penalties for non-compliance. A 20 percent withhold of Medicaid payments will be imposed upon the delinquent provider 30 days after the Medicaid cost report filing deadline unless the provider has made a written request for an extension of the Medicaid cost report filing due date to the Division of Medical Assistance and has received a written approval from the Division of Medical Assistance. The withholding of monies will continue until the Medicaid cost report filing requirements have been satisfied. Once, all requirements have been satisfied withheld monies will be released to the provider. Any monies withheld will not accrue interest to the benefit of the provider.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENT FOR MEDICAL AND REMEDIAL CARE AND SERVICES

The primary purposes of the governmental cost report are to:

- (1) Document the provider's total CMS-approved, Medicaid-allowable costs of delivering Medicaid covered services using a CMS-approved cost allocation methodology and cost report.
- (2) Reconcile annual interim payments to total CMS-approved, Medicaid - allowable costs using a CMS approved cost allocation methodology and cost report.

D. The Cost Reconciliation Process:

The cost reconciliation process must be completed within twelve months of the end of the reporting period covered by the annual Health Department Cost Report. The total Medicaid-allowable costs are determined based in accordance with 42 CFR 413 Subpart B and the CMS Provider Reimbursement Manual methodology and are compared to the Health Department Medicaid interim payments delivered during the reporting period as documented in the Medicaid Management Information System (MMIS), resulting in a cost reconciliation.

E. The Cost Settlement Process:

If a provider's interim payments exceed the provider's certified cost for Medicaid services furnished in health departments to Medicaid recipients, the provider will remit the excess federal share of the overpayment at the time the cost report is submitted. The federal share will be returned via CMS-64 Report.

If the certified cost of a health department provider exceeds the interim payments, the Division of Medical Assistance will pay the federal share of the difference to the provider in accordance with the final actual certification agreement and submit claims to the CMS for reimbursement of that payment in the federal fiscal quarter following payment to the provider.

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

Payments for Medical and Remedial Care and Services

b. End-Stage Renal Disease (ESRD) Services

The Division of Medical Assistance Freestanding Dialysis Facility rates were set equal to the 2005 Medicare composite rates as of January 1, 2005 and are effective for services on or after that date. The existing providers will continue to receive reimbursement at their specific rate established prior to July 1, 2008. Medicaid providers enrolled on or after July 1, 2008 will receive a rate equal to the simple average of the composite rate of existing providers and will receive written notification of their Medicaid composite rate and effective date. Rates are the same for both governmental and private providers of licensed freestanding kidney dialysis centers.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 2, Page 1c of the State Plan.

TN. No: 12-002
Supersedes
TN. No: 08-002

Approval Date: 08-30-12

Effective Date: 04/01/2012

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

Payments for Medical and Remedial Care and Services

- c. Services provided by licensed Ambulatory Surgical Centers are reimbursed at ninety-five percent of the Medicare Ambulatory Surgical Centers fee schedule in effect on January of each year.

Additional ancillary services, such as laboratory, x-ray and general anesthesia services, are reimbursed at the comparable fees paid to other providers. Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 2, Page 1d of the State Plan.

Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers of licensed Ambulatory Surgical Centers and the fee schedule and any annual/periodic adjustments to the fee schedules are published on the NC Division of Medical Assistance Web site <http://www.ncdhhs.gov/dma/fee/fee.htm>.

TN. No.: 09-016
Supersedes
TN. No.: 08-002

Approval Date: 12-18-09

Effective Date: 07/01/2009

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

d. Freestanding Birth Center Services:

Payments for Freestanding Birth Centers Services covered under Attachment 3.1-A are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Freestanding Birth Center Services Fee Schedule.

- (a) Effective October 6, 2011, the rate for Freestanding Birth Center Services is an all inclusive fee schedule facility rate. The rate is initially established at 80% of the hospital reimbursement for a vaginal delivery without complications using the DRG 775 weight and 45th percentile DRG Base rate in effect October 1, 2011. Freestanding Birth Center Services shall be inflated forward by the Medicare Market Basket Index in effect each January 1st.
- (b) Reimbursement for Freestanding Birth Center procedures discontinued subsequent to the patient's surgical preparation, but prior to the administration of anesthesia (local, regional block, or general) will be 50% of the allowable for the procedure.

The agency's rate was set as of October 6, 2011 and is effective on or after that date. The Fee Schedule rate is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

- (c) Notwithstanding any other provision, if specified, this rate will be adjusted as shown on Attachment 4.19B, Supplement 1, Page 4 of the State Plan.
- (d) Freestanding Birth Center Services reimbursed under a fee schedule are not subject to cost settlement.

..

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

Payments for Medical and Remedial Care and Services

10. Dental services.

Payments for dental services shall be equal to the lower of the submitted charge or the appropriate fee from the Dental fee schedule, in effect *on January 1, 1995*, except for payments to the University of North Carolina Dental School which will be reimbursed at the maximum amount from the fee schedule and cost settled at year end.

- A. Annual rate adjustments will occur January 1st. At no time shall the rate for any new dental code or any future rate increases exceed 75% of the National Dental Advisory Service (NDAS) 50% median effective July 1st, of the prior year.
- B. For calendar year 2002 only, the Division of Medical Assistance shall increase dental fees based on access to care in lieu of inflationary increases. Dental codes increased in the year 2002 based on access to care may be modified but will not exceed 75% of the National Dental Advisory Service 50% median or the percentage increase granted by the North Carolina State Legislature.
- C. Fees for new services are established based on the fees for similar existing services. If there are no similar services the fee is set at 75 percent of the estimated average charge until an NDAS median is established.
- D. Fees for services deemed to be associated with adequacy of access to health care services may be increased or decreased based on administrative review. The service must be essential to the health needs of the Medicaid recipients, no other comparable treatment available and a fee adjustment must be necessary to maintain dental participation at a level adequate to meet the needs of Medicaid recipients.
- E. Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1 of the State Plan.
- F. The agency's rates were set as of January 1st and are effective on or after that date. All rates are published on the website at www.dhhs.state.nc.us/dma/fee/dentalfee.pdf. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

TN. No: 07-003
Supersedes
TN. No: 02-03

Approval Date: 11/24/08

Eff. Date 01/01/2007

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- a. Prescribed Drugs

Reimbursement for multiple source and other drugs shall not exceed the lowest of:

The Estimated Acquisition Cost (EAC) as described below plus a reasonable dispensing fee;

1. The provider's usual and customary charge to the general public;
2. The amount established by the North Carolina State determined upper payment limit plus a reasonable dispensing fee (this provision does not apply when there is only one enrolled pharmacy provider in the county); or
3. The Federal upper limit plus a reasonable dispensing fee.

A dispensing fee will not be paid for prescriptions refilled in the same month, whether it is the same drug or generic equivalent drug.

Multiple Source Drugs – North Carolina has implemented the list of drugs and their prices as published by the CMS and a State determined list of multiple source drugs. All drugs on this list are reimbursed at limits set by CMS or the State unless the provider writes in their own handwriting, brand name drug is “medically necessary”.

TN No.: 11-054
Supersedes
TN No.: 06-007A

Approval Date: 08-02-12

Effective Date: 2/01/2012

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

b. North Carolina Estimated Acquisition Cost (NCEAC) For Prescribed Drugs

NCEAC is defined as the reasonable and best estimate of the price paid by providers for a drug as obtained from a manufacturer or other legal distributor. As determined by the North Carolina General Assembly, effective February 27, 2014, the reasonable and best estimate is based on the wholesale acquisition cost (WAC) plus 2.7 percent or if WAC cannot be determined, the average wholesale price (AWP) less 14.42 percent. For the AWP and WAC information, the Division uses the First Databank Price Update Service, manufacturer's price list, or other nationally published sources. Telephone contact with manufacturer or distributors may be utilized when a published source is not available.

c. Dispensing Fee

The dispensing fee for drugs is determined by the North Carolina General Assembly. The dispensing fee is paid to all providers for the initial dispensing and excludes refills within the same month for the same drug or generic equivalent. The dispensing fee is \$1.94 for brand name drugs.

The generic dispensing fee structure will be one of 4 rate tiers. An enrolled pharmacy's generic dispensing fee is based on the percentage of generic prescriptions dispensed in the previous quarter, as documented in the Medicaid Management Information System (MMIS). Based upon the previous quarterly volume of the enrolled pharmacy, as documented in MMIS, the total number of generics dispensed is divided by the total number of prescriptions billed. The dispensing fee will be as follows:

Effective October 1, 2012:

- Greater than 82% claims per quarter= \$7.75
- Between 77.1% and 82% claims per quarter = \$6.50
- Between 72.1% and 77% claims per quarter= \$4.00
- Less than or equal to 72% claims per quarter= \$3.00

Effective July 1, 2013:

- 80% or more claims per quarter= \$7.75
- Between 75% and 79.9% claims per quarter= \$6.50
- Between 70% and 74.9% claims per quarter= \$4.00
- Less than or equal to 69.9% claims per quarter= \$3.00

Effective January 1, 2014:

- Greater than or equal to 80%= \$7.52
- Greater than or equal to 75% and less than 80% =\$5.34
- Greater than or equal to 70% and less than 75% =\$1.94
- Less than 70% =\$0.97

TN No.: 14-008
Supersedes
TN No.: 12-018

Approval Date: 11/06/14

Effective Date: 01/01/14

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

Physician Drug Program:

The physician drug program is reimbursed at the Average Sales Price plus 6% to follow Medicare pricing. If there is no ASP value available from Medicare, fees shall be established based on the lower of vendor specific National Drug Code (NDC) Average Wholesale Price (AWP) less 10% pricing as determined using lowest generic product NDC, lowest brand product NDC or a reasonable value compared to other physician drugs currently on North Carolina's physician drug program list.

Physician administered contraceptive drugs are reimbursed at the Wholesale Acquisition Cost (WAC) plus 6%.

Effective October 1, 2014, the rate for Botox when prescribed for medical use is equal to the rate established for pharmacy, which is set in accordance with Section 12, Page 1a.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 2 of the State Plan.

Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers of the physician drug program and the fee schedule and any annual/periodic adjustments to the fee schedules are published on the NC Division of Medical Assistance Web site <http://www.ncdhhs.gov/dma/fee/fee.htm>.

TN No.: 14-021
Supersedes
TN No.: 11-047

Approval Date: 12/12/2014

Effective Date: 07/01/2014

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

THIS PAGE INTENTIONALLY LEFT BLANK

TN No.: 10-032
Supersedes
TN No.: 09-022

Approval Date: 05/24/11

Effective Date: 11/01/10

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

THIS PAGE INTENTIONALLY LEFT BLANK

TN No.: 11-020
Supersedes
TN No.: 88-12

Approval Date: 10-20-11

Effective Date: 11/1/2011

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

c. ORTHOTIC AND PROSTHETIC DEVICES

Payment for each claim for prosthetic/orthotic devices will be equal to the lower of the supplier's usual and customary billed charges or the maximum fee established for each item. The maximum fees are set at 100 percent of the Medicare Part B fees as of January 1 of each year. If a Medicare fee cannot be obtained for a particular item, the fee will be based on estimates of reasonable costs and updated each January 1 by the forecasted percentage increase in prices for the devices. Notwithstanding any other provision, if specified these rates will be adjusted as shown on Supplement 4 to the Attachment 4.19-B section of the state plan. There will be no retroactive payment adjustments for fee changes.

When devices are provided by state or local government agencies, reimbursement will not exceed the cost of the device.

All rates are published on the agency's website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Orthotic and Prosthetic Devices the fee schedule and any annual/periodic adjustments to the fee schedule are published in <http://www.ncdhhs.gov/dma/fee/fee/htm>. The agency's fee schedule rate was set as of the January 1 of each year and is effective for services provided on or after that date. All rates are published on the agency's website.

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

Payments for Medical and Remedial Care and Services

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.

- d. Eyeglasses.

Fees paid to dispensing providers are negotiated fees established by the State agency based on industry charges. Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1c of the State Plan.

All rates are published on the agency's website. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of Orthotic and Prosthetic Devices the fee schedule and any annual/periodic adjustments to the fee schedule are published in <http://www.ncdhhs.gov/dma/fee/fee/htm>. The agency's fee schedule rate was set as of the October 1, 2009 and is effective for services provided on or after that date. All rates are published on the agency's website.

Payment for materials is made to a contractor(s) in accordance with 42 CFR 431.54(d).

TN. No. 09-022
Supersedes
TN. No. 05-012

Approval Date: 09/23/10

Effective Date: 10/01/09

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

13. D. OTHER DIAGNOSTIC SCREENING PREVENTIVE AND REHABILITATIVE SERVICES

- 1). Medically Monitored or Alcohol Drug Addiction Treatment Center Detoxification/Crisis Stabilization (Adult – H2036) An individual facility rate will be determined as follows:

Reimbursement rates are determined on the basis of provider specific pro forma cost information. Providers submit cost templates and a reimbursement rate is established utilizing cost modeling. The cost model is based on agency estimates. The residential facility cost model recognizes direct care service costs for staff salaries and fringe benefits and includes qualified, associate and paraprofessionals. Other direct service costs recognized include accreditation, communications, training, and travel costs. Facility overhead costs are recognized at 11% of total direct care service costs. A calculated per diem is determined by dividing total estimated days of service provided to recipients. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.13, paragraph 13.D., subparagraph (xvii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 1 section of the State Plan.

This service is not cost settled for any provider.

TN No: 11-034
Supersedes
TN No: 07-003

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

2) Multi Systemic Therapy (H2033)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Multi Systemic Therapy. The agency's fee schedule rate of \$37.32 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per 15 minute rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.7, Paragraph 4.b.(8), subparagraph (h).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, this rate will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 2 section of the State Plan.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

3) Ambulatory Detoxification (H0014)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Ambulatory Detoxification. The agency's fee schedule rate of \$21.68 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per 15 minute rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.9, Paragraph 4.b.(8), subparagraph (j) and Attachment 3.1-A.1 Page 15a.12, Paragraph 13.D., subparagraph (xv).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, this rate will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 3 section of the State Plan.

TN No: 11-034

Supersedes

TN No: 07-003

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

4) Professional Treatment Services in Facility Based Crisis Programs (Adult – S9484)

Payment for Professional Treatment Services in Facility Based Crisis Programs is based on a per 1 hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.8, Paragraph 13.D., sub paragraph (ix). Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Professional Treatment Services in Facility Based Crisis Programs. The agency's fee schedule rate of \$16.26 was set as of October 01, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board.

Notwithstanding any other provision, if specified, this rate will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 4 section of the State Plan.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

5) Facility-Based Crisis Program – Children and Adolescents (S9484 HA)

Payment for Facility-Based Crisis – Children and Adolescents is based on a per 1 hour increment. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.9a, Paragraph 4.b.(8), subparagraph (k). Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Facility-Based Crisis Program – Children and Adolescents. The agency's fee schedule rate of \$16.26 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing Room and board for this service.

Notwithstanding any other provision, if specified, this rate will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 5 section of the State Plan.

TN No: 11-034
Supersedes
TN No: 07-003

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

6) Substance Abuse Comprehensive Outpatient Treatment program (H2035)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Comprehensive Outpatient Treatment program. The agency's fee schedule rate of \$46.28 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per 1 hour rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.10, Paragraph 13.D., subparagraph (xii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 6 section of the State Plan.

TN No: 11-034
Supersedes
TN No: 07-003

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

7) Intensive In-Home Services (H2022)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Intensive In-Home Services. The agency's fee schedule rate of \$258.20 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.6, Paragraph 4.b, subparagraph (g).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 7 section of the State Plan.

TN No: 11-034
Supersedes
TN No: 07-003

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE
State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

8) Substance Abuse Intensive Outpatient Program (H0015)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Intensive Outpatient Program. The agency's fee schedule rate of \$134.24 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.8, Paragraph 4.b.(8), subparagraph (i) and Attachment 3.1-A.1 Page 15a.9-A, Paragraph 13.D, subparagraph (xi).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 8 section of the State Plan.

TN No: 11-034
Supersedes
TN No: 07-003

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE
State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

9) Substance Abuse Non-medical Community Residential Treatment (H0012HB)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Non-medical Community Residential Treatment. The agency's fee schedule rate of \$158.99 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.11, Paragraph 13.D, subparagraph (xiii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 9 section of the State Plan.

TN No: 11-034
Supersedes
TN No: 08-011

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

10) Substance Abuse Medically Monitored Community Residential Treatment (H0013)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Substance Abuse Medically Monitored Community Residential Treatment. The agency's fee schedule rate of \$246.74 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.11-A, Paragraph 13.D, subparagraph (xiv).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 10 section of the State Plan.

TN No: 11-034
Supersedes
TN No: 07-003

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

11) Non Hospital Medical Detoxification (Adult – H0010)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Non Hospital Medical Detoxification. The agency's fee schedule rate of \$332.22 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.12-A, Paragraph 13.D, subparagraph (xvi).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 11 section of the State Plan.

TN No: 11-034
Supersedes
TN No: 10-002

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

12) Partial Hospital (H0035)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Partial Hospital. The agency's fee schedule rate of \$135.02 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c. 5, Paragraph 4.b.(8), subparagraph (e) and Attachment 3.1-A.1 Page 15a.4, Paragraph 13.D., subparagraph (v).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 12 section of the State Plan.

TN No: 11-034
Supersedes
TN No: 10-002

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

13) Assertive Community Treatment Team (ACTT) (Adult – H0040)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Assertive Community Treatment Team. The agency's fee schedule rate of \$301.35 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per event rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.7, Paragraph 13.D., subparagraph (viii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 13 section of the State Plan.

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

14) Diagnostic Assessment (T1023)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Diagnostic Assessment. The agency's fee schedule rate of \$236.02 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per event rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.2, Paragraph 4.b.(8), subparagraph (b) and Attachment 3.1-A.1 Page 15a.1, Paragraph 13.D., subparagraph (ii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 14 section of the State Plan.

TN No: 11-034

Supersedes

TN No: 10-002

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

15) Opioid Treatment (H0020)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Opioid Treatment. The agency's fee schedule rate of \$16.94 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per event rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.9, Paragraph 13.D., subparagraph (x).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 15 section of the State Plan.

TN No.: 11-034

Supersedes

TN No.: 10-004

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

16) Psychosocial Rehabilitation (H2017)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Psychosocial Rehabilitation. The agency's fee schedule rate of \$2.74 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per 15 minute rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.3, Paragraph 13.D., subparagraph (iv).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 16 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

17) Mobile Crisis Management (H2011)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Mobile Crisis Management. The agency's fee schedule rate of \$34.37 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per 15 minute rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.5a, Paragraph 4.b.(8), subparagraph (f) and Attachment 3.1-A.1 Page 15a.5, Paragraph 13.D., subparagraph (vi).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 17 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

18) Community Support Team (H2015HT)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Community Support Team. The agency's fee schedule rate of \$14.50 was set as of July 1, 2010 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per 15 minute rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.6, Paragraph 13.d., subparagraph (vii).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 18 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

19) Child and Adolescent Day Treatment (H2012 HA)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Child and Adolescent Day Treatment. The agency's fee schedule rate of \$31.41 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per 1 hour rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 7c.4, Paragraph 4.b, subparagraph (d).

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 19 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

20) High Risk Intervention – Level I (H0046)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level I. The agency's fee schedule rate of \$50.77 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.19 Paragraph C.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 20 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

21) High Risk Intervention – Level II Group Home (H2020)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level II Group Home. The agency's fee schedule rate of \$128.89 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.19 Paragraph C.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 21 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

22) High Risk Intervention – Level II Family Setting (S5145)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level II Family Setting. The agency's fee schedule rate of \$90.39 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.19 Paragraph C.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 22 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

23) High Risk Intervention – Level III – 4 Beds or Less (H0019)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level III – 4 Beds or Less. The agency's fee schedule rate of \$237.63 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.20.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 23 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

24) High Risk Intervention – Level III – 5 Beds or More (H0019)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level III – 5 Beds or More. The agency's fee schedule rate of \$193.62 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.20.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 24 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

25) High Risk Intervention – Level IV (H0019)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of High Risk Intervention – Level IV. The agency's fee schedule rate of \$322.15 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per diem rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.20.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 25 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

26) Alcohol and/or drug services; group counseling by a clinician (H0005)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Alcohol and/or drug services; group counseling by a clinician. The agency's fee schedule rate of \$7.45 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per 15 minute rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.16, Paragraph 13.D, subparagraph 3.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 26 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

27) Behavioral health counseling and therapy (H0004)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Behavioral health counseling and therapy. The agency's fee schedule rate of \$20.21 and \$7.45 for group was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this 15 minute rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.16, Paragraph 13.D, subparagraph 3.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 27 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

28) Mental Health Assessment (H0031)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Mental Health Assessment. The agency's fee schedule rate of \$20.21 was set as of October 1, 2009 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per 15 minute rate shall be adjusted annually using the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. This service is not cost settled for any provider. This service is provided in accordance with Attachment 3.1-A.1 Page 15a.16, Paragraph 13.D, subparagraph 3.

The facilities providing this service are not IMD facilities and NC Medicaid is not reimbursing room and board for this service.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 6 Page 28 section of the State Plan.

TN No: 11-034

Supersedes

TN No: NEW

Approval Date: 03/05/12

Effective Date: 11/01/2011

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

14. Services for individuals age 65 or older in institutions for mental diseases.

a. Inpatient Hospital Services.

Described in Attachment 4.19-A and Attachment 3.1-A.1, page 15b.

MEDICAL ASSISTANCE
State NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- 14. Services for individuals age 65 or older in institutions for mental diseases.
 - C. Intermediate care facility services.
Described in Attachment 4.19-D.

TN No. 88-12
SUPERSEDES
TN No. NEW

DATE RECEIPT 9/21/88
DATE APPROVED 6/9/89
DATE EFFECTIVE 7/1/89

MEDICAL ASSISTANCE
State NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

- 15.a. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.

Described in Attachment 4.19-D.

TN No. 88-12
SUPERSEDES
TN NO. NEW

DATE RECEIPT 9/21/88
DATE APPROVED 6/9/89
DATE/EFFECTIVE 7/1/88

MXDICAL ASSISTANCE
State NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

15. Intermediate care facility services (other than such services in an institution for mental diseases) for persons determined, in accordance with section 1902(a)(31)(A) of the Act, to be in need of such care.
- b. Including such services in a public institution (or distinct part thereof for the mentally retarded or persons with related conditions).

Described in Attachment 4.19-D Addendum ICF-MR.

TN No. 88-12
SUPERSEDES
TN No. NEW

DATE RECEIPT 9/21/88
DATE APPROVED 6/9/89
DATE EFFECTIVE 7/1/89

MEDICAL ASSISTANCE
State NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

16. Inpatient psychiatric facility services for individuals under 21 years of age.
Described in Attachment 4.19-A, Page 32 and Attachment 3.1-A.1, page 17.

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

=====

17. A. Nurse-Midwife Services.

Payments for Nurse-Midwife Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Nurse-Midwife Services Fee Schedule.

The agency's rates were set as of November 1, 2011 and are effective on or after that date. Rates for Nurse-Midwife Services are adjusted annually in accordance with the physician services fee schedule. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

(a) Effective November 1, 2011 Nurse-Midwife Services rates shall be set at 97.33% percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009. Effective July 1, 2012 Nurse-Midwife Services rates shall be set at 98% percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009.

(b) Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19B, Supplement 3, Page 1x of the State Plan.

(2) Enhanced Payments for Pregnancy Medical Home Services will be made to licensed nurse midwives for services provided by a Pregnancy Medical Home provider as specified in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F. Reimbursement will be as described in Attachment 4.19-B Section 5, Page 4 of the State Plan. There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates.

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

=====

B. Certified Registered Nurse Anesthetists Services (CRNA's).

Payments for Certified Registered Nurse Anesthetist Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid CRNA Fee Schedule. Rates are adjusted annually in accordance with the physician services fee schedule.

The agency's rates were set as of November 1, 2011 and are effective on or after that date. All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/index.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

(a) Effective November 1, 2011 CRNA's rates shall be set at 97.33% percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009. Effective July 1, 2012 CRNA's rates shall be set at 98% percent of North Carolinas' Medicaid Physician Services Fee Schedule in effect on October 1 of 2009.

(b) Notwithstanding any other provision if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 1, Page 1e of the State Plan.

C. Anesthesiologist Assistant Services.

Effective, October 1, 2008, fees for anesthesiologist assistants (AAs) are established at 50% of Anesthesiologist rates for DMA approved procedures (CPT and HCPCS). Anesthesiologists are reimbursed the same as physician services, which are based on the current Medicaid Physician Fee Schedule. Covered Medicaid services are described in Attachment 3.1-A.1.

The Division of Medical Assistance rates were set as of October 1, 2008 and are effective on or after that date. All rates are published on the agency's website, <http://www.ncdhhs.gov/dma/fee/fee.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

In subsequent years, these rates will be adjusted as the Anesthesiologists rates are adjusted. Notwithstanding any other provision if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1x of the State Plan.

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

Payments for Medical and Remedial Care and Services

18. Hospice Care (in accordance with section 1905(o) of the Act).

Hospice services are paid using the annual, federal Medicaid hospice payment rates. These federal rates are based on the methodology used in setting Medicare reimbursement rates adjusted to remove offsets for the Medicare co-insurance amounts, and with the following exceptions:

- There is no limit on overall aggregate payments made to a hospice agency by Medicaid.
- Payments to a hospice for inpatient care are limited in relation to all Medicaid payments to the agency for Hospice care. During the twelve month period beginning November 1 of each year and ending October 31, the aggregate number of inpatient days, inpatient respite and general inpatient, may not exceed 20 percent of the aggregate total number of days of Hospice care provided during the same time period for all the hospice's Medicaid patients. Hospice care provided for patients with acquired immune deficiency syndrome (AIDS) is excluded in calculating the inpatient care limit. The hospice refunds any overpayments to Medicaid.
- A hospice may be paid 95 percent of the long term care (SNF/ICF) room and board rate, in addition to the home care rate, for a nursing facility resident's Hospice care. The nursing facility may not bill Medicaid for the individual's care that duplicates Hospice Services.
- Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 2, Page 1e of the State Plan.

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

Payments for Medical and Remedial Care and Services

19. Case Management Services as defined in, and to the group specified in, Supplement 1 to ATTACHMENT 3.1-A (in accordance with section 1905(a)(19) or section 1915(g) of the Act).

PAGE INTENTIONALLY LEFT BLANK

TN No. 10-035A
Supersedes
TN No. 10-020

Approval Date: 03-21-11

Effective Date: 03/01/2011

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

Payments for Medical and Remedial Care and Services

B. Targeted Case Management for Adults and Children At-Risk For Abuse, Neglect, or Exploitation (ARCM):

The rate for Targeted Case Management for Adults and Children at Risk for Abuse, Neglect, or Exploitation was established based on data acquired during the Cost Reconciliation Process. The Division of Medical Assistance (DMA) uses the Cost per hour Calculation defined in section ii (d) to determine the interim rate. The Cost per hour rate for each local county DSS is averaged and multiplied by 90% to determine if the interim rate requires adjusting.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management for Adults and Children At-Risk For Abuse, Neglect, or Exploitation. The agency's fee schedule rate of \$13.22 was set as of October 1, 2009 and is effective for services provided on or after that date.

Except as otherwise noted in the plan, this per 15 minute rate shall be adjusted annually by the Medicare Market Basket Index. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>. Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 5, Page 1 of the State Plan.

This service will be provided by direct enrolled Medicaid providers who may be either private or governmental. Medicaid Governmental services are reimbursed at cost through cost settlement.

Private Providers:

Private providers are reimbursed the lesser of the billed amount or fee schedule amount. The rate for private providers' is not subject to final settlement reconciliation.

Governmental Providers:

Medicaid Governmental Providers are paid at cost.

The interim rate for governmental providers is subject to final settlement reconciliation to actual cost. Each local county DSS provider must prepare and submit a report of its costs and other financial information related to reimbursement annually. The year to date report must include costs from a fiscal period beginning on July 1 and ending on June 30.

Each local county DSS provider must certify the total computable cost of service payments and submit the Certified Public Expenditure (CPE) Attestation form to DMA.

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

Payments for Medical and Remedial Care and Services

The Cost Report Process

To determine the Medicaid-allowable direct and indirect costs of providing Medicaid-eligible at-risk case management (ARCM) services for local county Department of Social Services, the following process is performed:

- (1) Accumulate direct costs for ARCM services which include payroll costs that can be directly charged to direct services.

These direct costs are accumulated on the provider's cost distribution report (XS325) utilizing a direct services time equivalency system. (The equivalency system serves as the basis to allocate non-direct personnel costs and overhead to each program.) The provider's XS325 report contains the scope of cost and methods of cost allocation in accordance with the principles in 2 CFR Part 225 and the CMS Provider Reimbursement Manual.

TN No. 11-007
Supersedes
TN No. NEW

Approval Date: 09-12-14

Effective Date: 03/01/2011

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

Payments for Medical and Remedial Care and Services

The ARCM time equivalency (FTE) is a percentage of total minutes charged to ARCM (service code 395, program code 2) on day sheets completed by each direct service employee to total time spent in direct activities for the month utilizing the local county Division of Social Services' (DSS) time recording system. See Table 1 for an example:

Table 1

Program	Service Code/Program Code	Minutes	Time Equivalency (FTE)	County Use
SSBG	X	2,000	.25	01/09
Non-DSS Reimbursement	N	2,000	.25	32/18
Medicaid CMS (ARCM)	395/2	4,000	.50	09/18
Direct Time Total		8,000	1.00	
General Administration		1,600		
Worker Total		9,600		

The direct time FTEs from the day sheets are accumulated for each direct service employee at the end of each month on the Percentages of Time By Program and Service Worker Report and assigned a function code and column code (County Use column on Table 1). The purpose of assigning a function code/column code is to identify the specific service program to allocate the FTE and salary and benefits on the DSS-1571. The function code/column code for ARCM is 09/18. The information is then entered into the DSS-1571 system to generate the Detailed Average Percentage of Time By Employee report (TEC report) which details FTE and salary and benefits cost by employee by program. The ARCM FTE and salary and benefits costs coded to 09/18 are totaled and applied to Part 1A of the XS325, under application code 286 Non Reim Med CMS (the line item on the report specifically for ARCM FTE and costs). The resulting total FTE and salary and benefits cost are the ARCM program's direct costs.

- (2) Distribute direct service support costs and indirect costs to each program based on the program's direct service FTE and salary and benefits costs described in (1) above. The distribution is performed in five specific sequential stages on the XS325 as follows:
 - a) Support A Overhead (cost pool expenses charged to the service programs) and Support A Super 84 costs (salary costs for supervisory and clerical staff providing services to service programs) are allocated to the service programs in Part 1A (Services) of the XS325 based on accumulated direct service FTE. The ARCM program FTE and costs are included in Part 1A. (Likewise, Support B and Support C costs are distributed to Part 1B (Income Maintenance) and 1C (IV-D), respectively. These allocations have no impact on the ARCM costs.)

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

Payments for Medical and Remedial Care and Services

- b) Support J costs (joint worker costs) are allocated to all programs in Parts 1A, 1B and 1C based on the percentage of total direct staff FTE in each program (sum of time equivalency from (1) above and (2a) above) to total staff FTE in the agency. This is the second distribution.
 - c) Administrative costs (staff costs rendering agency level support such as the Administrative Assistant, Clerical, and Director not directly charged) and FTE are distributed to all agency programs based on each program's accumulated FTE (sum of the program's FTE from (1), (2a), and (2b) above) to total agency staff FTE. This is the third distribution.
 - d) 311 Indirect Administrative costs (capital outlay equipment, building depreciation from the county's indirect cost allocation plan) are distributed to each program in proportion to the program's accumulated FTE (sum of FTE from (1), (2a), (2b) and (2c) above) to total agency FTE. This is the fourth distribution.
 - e) Non-matchable costs (non-reimbursable costs such as sales tax, tips, and reimbursable items from other sources) are removed into its own category. This is the final distribution. (This distribution has no impact on the ARCM program costs.)
- (3) Determine the cost settlement based on the total accumulated time equivalency and salary and benefits charged to the ARCM program.

ii. **The Cost Reconciliation Process**

a. **Units and Dollars Paid**

A report of the interim payments and units for the cost settlement period is produced by the Medicaid Fiscal Agent for each local county DSS provider.

b. **Minutes Report**

DMA receives a time equivalency report separated by county from the Division of Planning & Evaluation NC DHHS Division of Social Services for the previous SFY. This report includes minutes coded to Program 2 (Medicaid Case Management) for service 395 (At Risk case Management Services).

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

Payments for Medical and Remedial Care and Services

c. **Cost Allocation Report**

The Division of Medical Assistance receives each month two county cost allocation reports WC370FY and WC370MON from the DHHS Controllers Office detailing each county costs for the ARCM program. These reports are based on dates of service June – May requiring the reports be converted to SFY dates of service.

d. **Cost per hour Calculation**

The cost per hour calculation is determined by using the minutes report and converting the minutes to hours by dividing the minutes by 60. The total SFY cost (from the Cost Allocation Report) is divided by the minutes (converted to hours) to calculate cost per hour.

e. **Cost Reconciliation Calculation for Each Local County DSS Agency**

The Cost Settlement is calculated by taking the units paid from the data drive run and converting them to hours by dividing them by 4. Using the cost per hour calculation derived in paragraph d. above, multiply the cost per hour by the units converted to hours to determine the total provider cost to run this service. Multiply the total provider cost by the FFP at the time of payment to determine the federal portion of the provider cost. The Settlement result is determined by subtracting the federal portion of the provider cost from the amount paid to the provider.

ii. The Cost Settlement Process

If local county DSS interim payments exceed their certified cost for providing Targeted Case Management for Children At-Risk For Abuse, Neglect, or Exploitation to Medicaid recipients, the local county DSS provider will remit the federal share of the overpayment. If a local county DSS provider's certified cost exceeds their interim payments for providing the service to Medicaid recipients, the local county DSS provider will be reimbursed the difference.

The payment methodology, cost report, cost reconciliation, and cost settlement processes for Targeted Case Management Services for Adults and Children At-risk of Abuse, Neglect or Exploitation as outlined in the above pages end on June 30, 2014.

TN No: 11-007
Supersedes
TN No: NEW

Approval Date: 09-12-14

Effective Date: 03/01/2011

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

Payments for Medical and Remedial Care and Services

C. Targeted Case Management Services: Adults and Children Over 5 Years of Age, or On the CAP-MR/DD Waiver, With Developmental Disabilities Or Traumatic Brain Injury:

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management Services for Children and Adults with Developmental Disabilities/Delay or Traumatic Brain Injury, Manifested Prior to Age 22. The agency's fee schedule rate of \$62.26 per week was set as of July 1, 2010 and is effective for services provided on or after July 1, 2010 and is inflated forward by the Medicare Market Basket Index annually on July 1st. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either private or public.

The case rate was developed using the MR/DD historical data containing fee for service claims data for T1017 HI from July 2006 through June 2009. An actuarially determined rate range was provided to the agency and a rate within this range was selected.

This service is not cost settled for any provider.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 5, Page 2 section of the State Plan.

TN No. 13-017
Supersedes
TN No. 11-022

Approval Date: 12-08-14

Effective Date: 08/01/2013

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

Payments for Medical and Remedial Care and Services

D. TARGETED CASE MANAGEMENT SERVICES

Children Less Than Three Years of Age Who Are At Risk For, or Have Been Diagnosed With, Developmental Delay/Disability or Social Emotional Disorder

Target Group (42 Code of Federal Regulations 441.18(8)(i) and 441.18(9)):

This target group includes the individuals who meet the requirements defined in the Children's Development Service Agencies' policy: Children less than three years of age who are at risk for, or have been diagnosed with, developmental delay/disability or social emotional disorder.

North Carolina reimburses governmental providers, Child Development Services Agencies, actual costs for the provision of this 15 minute unit of targeted case management.

Annually, governmental providers are paid actual costs and are reconciled through a cost report submitted by the governmental providers as detailed in Attachment 4.19-B, Section 9, page 1 of the state plan.

Payment methodology for this service will end date on October 31, 2011.

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

Payments for Medical and Remedial Care and Services

C. Targeted Case Management for Persons with HIV Disease.

Except as otherwise noted in the plan, state-developed fee schedule rate is the same for both governmental and private providers of Targeted Case Management Services for Persons with HIV Disease. The agency's fee schedule rate of \$13.22 was set as of July 1, 2010 and is effective for services provided on or after that date. Except as otherwise noted in the plan, this per unit rate (one unit equals fifteen minutes) shall be inflated forward by the Medicare Market Basket Index annually. Providers will be reimbursed the lower of the fee schedule rate or their usual and customary charge.

The Fee schedule is published on the agency's website at
<http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by direct enrolled Medicaid providers who may be either governmental or private providers. Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 5, Page 3 section of the State Plan.

This service is not cost settled for any provider.

TN No. 11-028
Supersedes
TN No. 10-021

Approval Date: 10-20-11

Effective Date: 11/01/2011

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

Payments for Medical and Remedial Care and Services

E. Targeted Case Management For Children And Adults With Serious Emotional Disturbance, Or Severe And Persistent Mental Illness Or Substance Abuse Disorder (MH/SA-TCM)

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Targeted Case Management For Children And Adults With Serious Emotional Disturbance, Or Severe And Persistent Mental Illness Or Substance Abuse Disorder (MH/SA-TCM) . The agency's fee schedule rate of \$81.25 per week was set as of July 1, 2010 and is effective for services provided on or after July 1, 2010 and is inflated forward by the Medicare Market Basket Index annually on July 1st. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

This service will be provided by Critical Access Behavioral Health Agencies (CABHA) (as specified in Attachment 3.1-A.1, Page 7c.1a and Attachment 3.1-A.1, Page 15a, 13.d) enrolled in Medicaid that may be either private or public.

The case rate was developed using the MR/DD historical data containing fee for service claims data for T1017 HI from July 2006 through June 2009. An actuarially determined rate range was provided to the agency and a rate within this range was selected.

This service is not cost settled for any provider.

Notwithstanding any other provision, if specified, this rate will be adjusted as shown on Attachment 4.19-B, Supplement 5 Page 3 section of the State Plan.

TN No: 13-016
Supersedes
TN No. 11-030

Approval Date: 12-11-14

Effective Date: 8/1/2013

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

20. Extended services to pregnant women.
- a.) Pregnancy related and postpartum services through the end of the month in which the 60-day period (beginning on the last day of her pregnancy) ends: and
 - b.) Services for any other medical conditions that may complicate pregnancy.

The fee paid to private providers for childbirth classes was established based on the current community practice. The fee paid to providers for child birth classes is \$9.55 per hour. The maximum reimbursement per series of 10 hours per client pregnancy is \$95.50 for all providers. This rate will be evaluated annually. Notwithstanding any other provision, if specified these rates will be adjusted as shown on Supplement 1, Page 3 to the Attachment 4.19-B section of the state plan

Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers of childbirth education and the fee schedule and any annual/periodic adjustments to the fee schedule are published on www.ncdhhs.gov/dma/fee.

Reimbursement to public agencies determined to be in excess of cost will be recouped by means of cost settlement. The agency's fee schedule rate was set as of October 1, 2002 and is effective for services provided on or after that date. All rates are published on the agency's website.

TN No.: 09-021
Supersedes
TN No.: 07-004

Approval Date: 01-14-10

Effective Date: 07/01/2009

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.

a. Transportation

1. AMBULANCE-

Ambulance Transportation services are medically necessary when provided by an ambulance provider under the Medicaid program in accordance with the following as described in Attachment 3.1-A.1, paragraph 23a.

Payment to private providers will be set as a percentage of the Medicare Fee Schedule in effect as of January 1 of each year. The percentages will be applied as indicated in paragraph 23 (A). Interim payment to governmental providers will be set at the same level as private providers and will be cost reconciled to equal the cost of services provided during the fiscal period beginning July 1, 2009 through June 30, 2010, and for subsequent 12 month fiscal periods. Cost will be determined by the Division of Medical Assistance using a CMS approved cost identification process in accordance with 2 CFR Part 225 and the CMS Provider Reimbursement Manual. Cost for each governmental provider will be identified and compared to the interim payment, based on this comparison, additional payment or recovery of payment will be made to assure that the total of payment equals cost. Governmental and private ambulance transportation providers' interim rates are listed on Page 1a.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

A. Direct Medical Services Payment Methodology

Effective July 1, 2009 Ambulance Services fees will be based on the following percentages of the Medicare Fee Schedule:

- a. Ground Mileage, Per Statue Mile will be 45%
- b. Advanced Life Support, Non-Emergency, Level 1 will be 30%
- c. Basic Life Support, Non-Emergency, Level 1 will be 33%
- d. Advanced Life Support, Emergency will be 35%
- e. Basic Life Support, Emergency will be 22%
- f. Conventional Air Services, One Way (Fixed Wing) will be 16%
- g. Conventional Air Services, One Way (Rotary Wing) will be 14%
- h. Advance Life Support, Level 2 will be 24%
- i. Fixed Wing Air Mileage per Statue Mile will be 45%
- j. Rotary Wing Air Mileage, Per Statue Mile will be 54%

Fee changes for codes not covered by Medicare that Medicaid currently covers, such as Non-Emergency Transportation will be based on the forecasted Gross National Product (GNP) Implicit Price Deflator.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 2, Page 1a of the State Plan. These rates will be adjusted July 1st of each year.

The Ambulance Transportation Fee Schedule is published on the North Carolina Department of Health and Human Services, Division of Medical Assistance (DMA) Website located at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

TN No: 11-025
Supersedes
TN No: 09-007

Approval Date: 10-20-11

Eff. Date: 11/01/2011

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

B. Direct and Indirect Allowable Cost Methodology

The Division of Medical Assistance (DMA) uses a cost based methodology for governmental Ambulance Transportation providers which consist of a cost report and reconciliation.

TN No: 09-007
Supersedes
TN No: 07-003

Approval Date: 01-21-10

Eff. Date 07/01/09

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

To determine the Medicaid-allowable direct and indirect costs of providing Medicaid-eligible emergency transportation for governmental providers, the following steps are performed:

- (1) Direct costs for direct medical services include payroll costs, EMS service contracted, communications, rental cost equipment/vehicles, EMS travel, vehicle maintenance/operations/repairs; materials and supplies that can be directly charged to direct medical services.

These direct costs are accumulated on the provider's annual cost report, resulting in total direct costs. The cost report contains the scope of cost and methods of cost allocation in accordance with the principles in 2 CFR Part 225 and the CMS Provider Reimbursement Manual.

- (2) Total direct costs for direct medical services from Item B 1 above are reduced on the cost report by any federal grant payments with a matching requirement resulting in adjusted direct costs for direct medical services.
- (3) Indirect costs are determined using the provider's annual central service cost allocation plan. A double step-down allocation requiring sequential ordering of benefiting departments is used to distribute indirect costs among central services and other departments that receive benefits. Only Medicaid-allowable costs are certified by providers. North Carolina adheres to the CMS approved cost identification process described on this page.
- (4) Net direct costs and indirect costs are combined.
- (5) An average cost per trip is calculated by dividing net direct and indirect costs by total transports. Transports are transportation of a patient for medically necessary treatment. Trips are empty ambulance en route to a call or returning from a transport. Mileage is only applied for medically necessary ground transportation outside the county's base area.
- (6) Medicaid's portion is calculated by multiplying the results from Item B 4 above by the total number of Medicaid transports.

TN No: 09-007
Supersedes
TN No: 07-003

Approval Date: 01-21-10

Eff. Date 07/01/09

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

C. Annual Cost Report Process

For Ambulance transportation listed in Paragraph 23a.1 during the state fiscal year, each governmental ambulance provider must complete an annual cost report. The cost report is due on or before November 30th following the reporting period.

Providers that fail to fully and accurately complete Medicaid cost reports within the time period specified by the Division of Medical Assistance or that fail to furnish required documentation and disclosures for Medicaid cost reports required under this Plan within the time period specified by the Division, may be subject to withhold penalties for non-compliance. A 20 percent withhold of Medicaid payments will be imposed upon the delinquent provider 30 days after the Medicaid cost report filing deadline unless the provider has made a written request for an extension of the Medicaid cost report filing due date to the Division of Medical Assistance and has received a written approval from the Division of Medical Assistance. The withholding of monies will continue until the Medicaid cost report filing requirements have been satisfied. Once, all requirements have been satisfied withheld monies will be released to the provider. Any monies withheld will not accrue interest to the benefit of the provider.

The primary purposes of the governmental cost report are to:

- (3) Document the provider's total CMS-approved, Medicaid-allowable costs of delivering Medicaid coverable services using a CMS-approved cost allocation methodology
- (4) Reconcile annual interim payments to total CMS-approved, Medicaid - allowable costs using a CMS approved cost allocation methodology.

TN No: 09-007
Supersedes
TN No: 07-003

Approval Date: 01-21-10

Eff. Date 07/01/09

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

D. The Cost Reconciliation Process

The cost reconciliation process must be completed within twelve months of the end of the reporting period covered by the annual Ambulance Transportation Cost Report. The total Medicaid-allowable scope of costs based in accordance with 2 CFR Part 225 and the CMS Provider Reimbursement Manual methodology are compared to the Ambulance Transportation Medicaid interim payments delivered during the reporting period as documented in the Medicaid Management Information System (MMIS), resulting in a cost reconciliation.

For the purposes of cost reconciliation, the state may not modify the 2 CFR Part 225 and the CMS Provider Reimbursement Manual approved scope of costs. Any modification to the scope of cost, cost allocation methodology procedures requires approval from CMS prior to implementation.

TN No: 09-007
Supersedes
TN No: 07-003

Approval Date: 01-21-10

Eff. Date 07/01/09

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

E. The Cost Settlement Process

If a provider's interim payments exceed the provider's certified cost for Ambulance Transportation provided to Medicaid clients, the provider will remit the excess federal share of the overpayment at the time the cost report is submitted. The federal share will be returned via CMS-64 Report.

If the certified cost of an ambulance transportation provider exceeds the interim payments, the Division of Medical Assistance will pay the federal share of the difference to the provider in accordance with the final actual certification agreement and submit claims to the CMS for reimbursement of that payment in the federal fiscal quarter following payment to the provider.

TN No: 09-007
Supersedes
TN No: 07-003

Approval Date: 01-21-10

Eff. Date 07/01/09

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

F. Non-Emergency Medical Transportation:

Payments for Non-Emergency Medical Transportation services covered under Attachment 3.1-D provided by Commercial carriers shall be reimbursed at an individually negotiated rate or the prevailing commercial rate. The agency's rates were set as of October 1, 2012.

Mileage costs incurred by recipients and financially responsible persons using their private vehicles, the amount of reimbursement shall not exceed half the current IRS business rate at 27 cents per mile. Mileage cost for volunteers who are persons other than the recipients and financially responsible persons and are using their private vehicles shall be reimbursed at an amount not to exceed the current IRS business rate at 55 cents per mile.

In subsequent years, these rates will be adjusted as the IRS business rates are adjusted.

Reimbursement for related ancillary travel expenses may not exceed the state mileage, subsistence and lodging reimbursement rates. The rates can be found at: <http://www.ncdhhs.gov/dma/fee/index.htm>. The rates for food and lodging are set by the North Carolina Office of State Budget and Management.

Reimbursement for an attendant's transportation time, excluding wait time, shall not exceed the state hourly minimum wage rate of \$7.25 per hour. This rate is established by the North Carolina Office of State Personnel. Medical professionals who bill separately for medical services shall not be reimbursed for time.

Medicaid will make no payment for expenses of an attendant to sit and wait following recipient's admission to a medical facility.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19B, Supplement 2, Page 1f of the State Plan.

There shall be no cost settlement for these services.

MEDICAL ASSISTANCE
State NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

23. Any other medical care and any other type of remedial care recognized under State law, specified by, the Secretary.
- d. Skilled nursing facility services for patients under 21 years age.
Described in Attachment 4.19-D.

MEDICAL ASSISTANCE
STATE NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

23. Any other Medical Care and any other type of remedial care recognized under State law, specified by the Secretary.

PERSONAL CARE SERVICES

Personal Care Services are reimbursed under the authority of 42 CFR 440.167 and when provided as defined in Attachment 3.1-A.1, Page 19, of this State Plan.

Effective October 1, 2013, payment for Personal Care Services (PCS) shall be reimbursed to providers, who are allowed to bill PCS in fifteen (15) minute increments of care at a rate of \$3.58 per unit. The agency's fee schedule rate is based upon historical cost data collected from the provider community. This rate will be a prospective rate and shall not be subject to any cost settlements.

Except as otherwise noted in the plan, the state-developed fee schedule rate is the same for both governmental and non-governmental providers of Personal Care Services. This rate is published at <http://www.ncdhhs.gov/dma/fee/index.htm>. Subsequent to the initial effective date of the Personal Care Services rate, this rate shall be adjusted annually using the Medicare Home Health Agency market basket index unless otherwise noted on Supplement 1, page 1b to the 4.19-B section.

MEDICAL ASSISTANCE
STATE NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Provided in an Adult Care Home

The Division of Medical Assistance shall enter into agreements with adult care home providers in accordance with 42 CFR 431.107 for the provision of personal care services for State/County Special Assistance clients and those clients described in 42 CFR §435.135 residing in public and private adult care homes.

Reimbursement is determined by the Division of Medical Assistance based on a review of industry costs and determination of reasonable costs with annual inflation adjustments. The initial basic fee was based on service per resident day. The initial basic fee was computed by determining the estimated salary, fringes, direct supervision and allowable overhead. Effective January 1, 2000 the cost of medication administration and personal care services direct supervision were added to the basic rate.

Additional payments are made utilizing the basic fee as a factor for a Medicaid eligible resident that has a demonstrated need for additional care. The enhanced rates include eating, toileting, ambulation/locomotion or special care units (Alzheimer's) which are added to the initial basic rate.

The agency's fee schedule rate was set as of October 1, 2004 and is effective for services provided on or after that date. All rates are published <http://www.ncdhhs.gov/dma/fee/index.htm>.

The rates were calculated from a cost reporting period selected by the state thereby developing the established fee schedule. The fees are reviewed annually and adjusted using the Medicare Home Health index, not to exceed that amount allowed by the North Carolina General Assembly. Notwithstanding any other provision, if specified these rates will be adjusted as shown on Supplement 2, page 1 to the 4.19-B section of the state plan.

Effective January 1, 2000, payments to providers were cost settled with any overpayment repaid to the Division of Medical Assistance. The first cost settlement period was for the nine months ended September 30, 2000. Subsequently, the annual cost settlement period shall be the twelve months ending September 30. No additional payment will be made due to cost settlement. Through review of annual provider cost reports, any provider receiving payments in excess of cost would have monies recouped and returned to the North Carolina Department of Health & Human Services (NCDHHS) Controller's Office with the federal share returned via the CMS 64 cost report. Methodology listed above will be end dated effective May 9, 2010, all payments for cost reporting periods ending on and after December 31, 2009 shall be prospective and not subject to cost settlement.

Effective May 10, 2010, except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of personal care services in Adult Care Homes. The agency's fee schedule rate was set as of October 1, 2009. All rates are published at <http://www.ncdhhs.gov/dma/fee/index.htm>.

MEDICAL ASSISTANCE
STATE NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

B. Provided in Adult Care Homes (continued)

The initial basic fee was based on 1.1 hours of service per resident day. The initial basic fee was computed by determining the estimated salary, fringes, direct supervision, cost of medication administration, and allowable overhead. Reimbursement does not include room and board in the rate. Additional payments are made utilizing the basic fee as a factor for a Medicaid eligible resident that has a demonstrated need for additional care. The enhanced rates include eating, toileting, ambulation/locomotion or special care units (Alzheimer's) billed in addition to the initial basic using the appropriate published HCPCS code for the enhanced service rendered. This methodology will end April 30, 2012.

Beginning May 1, 2012, Personal Care Services provided in Adult Care Homes will be reimbursed the same as Personal Care Services as described on page 4.19-B Section 23, Page 6.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Personal Care Services for Adults and Children. The agency's fee schedule rate was set as of November 1, 2011 and is effective for services provided on or after that date. All rates are published at <http://www.ncdhhs.gov/dma/fee/index.htm>.

This methodology ends December 31, 2012.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT
MEDICAL ASSISTANCE PROGRAM

STATE NORTH CAROLINA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

Item.. VII Payment of Title XVIII Part A and Part B
Deductible/Coinsurance

Except for a nominal recipient co-payment, if applicable, the Medicaid agency uses the following method:

	Medicare-Medicaid Individual	Medicare-Medicaid/QMB Individual	Medicare QMB Individual
Part A Deductible	<input checked="" type="checkbox"/> Limited to State Plan rates*	<input checked="" type="checkbox"/> Limited to State Plan rates*	<input checked="" type="checkbox"/> Limited to State Plan rates*
	Full amount	Full amount	Full amount
Part A Coinsurance	<input checked="" type="checkbox"/> Limited to State Plan rates*	<input checked="" type="checkbox"/> Limited to State Plan rates*	<input checked="" type="checkbox"/> Limited to State Plan rates*
	Full amount	Full amount	Full amount
Part B Deductible	<input checked="" type="checkbox"/> Limited to State Plan rates*	<input checked="" type="checkbox"/> Limited to State Plan rates*	<input checked="" type="checkbox"/> Limited to State Plan rates*
	Full amount	Full amount	Full amount
Part B Coinsurance	<input checked="" type="checkbox"/> Limited to State Plan rates*	<input checked="" type="checkbox"/> Limited to State Plan rates*	<input checked="" type="checkbox"/> Limited to State Plan rates*
	Full amount	Full amount	Full amount

*For these title XVIII services not otherwise covered by the title XIX State plan, the Medicaid agency has established reimbursement methodologies that are described in 4.19-B, Item(s) _____

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT MEDICAL ASSISTANCE
PROGRAM

STATE: NORTH CAROLINA

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF
CARE

Item.. VIII Payment of Title XVIII Part B Outpatient Psychiatric Reduction

Except for a nominal recipient co-payment, if applicable, the Medicaid agency uses the following method:

	Medicare-Medicaid Individual	Medicare-Medicaid/QMB Individual	Medicare QMB Individual
Part B Outpatient Psychiatric Reduction	<u>X</u> Limited to State Plan rates* Full amount	<u>X</u> Limited to State Plan rates* Full amount	<u>X</u> Limited to State Plan rates* Full amount

*For these title XVIII services not otherwise covered by the title XIX State plan, the Medicaid agency has established reimbursement methodologies that are described in 4.19-B, Item(s)____

TN No. 08-003
Supersedes
TN No. New

Approval Date: 08/15/08

Effective Date 04/01/2008

State: North Carolina



REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL 638 HEALTH FACILITIES

- a) Payment for services to Indian Health Service and Tribal 638 Health Facilities is based upon the amounts as determined and published in the Federal Register by the United States Government for these providers.
- b) In addition to the payments received in paragraph (a) of this section, Indian Health Services and Tribal 638 Health Facilities are eligible to receive two enhanced payments when they are enrolled in the Medicaid program as Pregnancy Medical Home provider (PMH). A PMH is defined in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F of this state plan.

Two enhanced payments may be made to the PMH providers. Upon completion of the high risk screening, an enhanced payment of \$50.00 will be made to the PMH. Upon completion of the recipient’s post partum visit, an enhanced payment of \$150.00 will be made to the PMH provider. The PMH providers will receive a maximum of \$200 enhanced payments per recipient per pregnancy even if there are multiple births.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private PMH providers. The above enhanced payments are PMH fee schedule rates were set as of March 1, 2011 and are effective for services provided on or after that date. The fee schedule is published on the agency’s website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1 of the State Plan.

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 Home Health Services:

FY 2003 – No adjustment for other services.

FY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for these programs (Home Health) for the state fiscal years 2005- 2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005.

FY 2007 - Effective 1/1/2007 inflationary increases were applied to the following programs:

Home Health received an increase of 2.98%.

FY 2009-2010 – No inflationary adjustment and 5.73% rate reduction (annualized over nine months) for Home Health.

FY 2010-2011- No inflationary or rate adjustments for Home Health.

FY 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.

FY 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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 7, Pages 1- 4

TN No: 13-039
Supersedes
TN No: 11-037

Approval Date : 12-12-13

Eff. Date: 8/1/2013

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 Rehabilitation Services:

FY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Rehabilitation Services for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005, except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2010 – The rates for SFY2010 are frozen as of the rates in effect at July 1, 2009 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall program reduction of 4.68% was applied. There will be no further annual adjustment.

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

Reference: Attachment 4.19-B, Section 13

TN No. 09-017
Supersedes
TN No. 07-003

Approval Date: 02-04-10

Eff. Date 07/01/2009

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 Personal Care Services for Adults and Children:

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.

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. This methodology ends December 31, 2012.

SFY 2013 – Effective January 1, 2013, a new rate is established as calculated in the methodology as described on Attachment 4.19-B, Section 23, Page 6.

All rates for this service are published at <http://www.ncdhhs.gov/dma/fee/index.htm>.

SFY 2014 – Effective October 1, 2013, a new rate is established as calculated in the methodology as described on Attachment 4.19-B, Section 23, Page 6.

Effective January 1, 2014 rates will be adjusted such that they will equal 97% of the rate in effect December 31, 2013.

Reference: Attachment 4.19-B, Section 23, Page 6

TN. No. 14-009
Supersedes
TN. No. 13-009

Approval Date: 06-27-14

Eff. Date: 01/01/2014

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 Private Duty Nursing Services:

FY 2003 – A 5% rate reduction is applied to Private Duty Nursing.

FY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Private Duty Nursing for the state fiscal years 2005- 2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005.

FY 2007 - Effective 1/1/2007 an inflationary increase of 4.25% is applied to Private Duty Nursing services.

FY 2009-2010 – No inflationary adjustment and 5.73% rate reduction (annualized over nine months) for Private Duty Nursing.

FY 2010-2011- No inflationary or rate adjustments are made for Private Duty Nursing.

FY 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.

FY 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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 8, Page 1

TN No: 13-039
Supersedes
TN No: 11-037

Approval Date: 12/12/13

Eff. Date: 8/1/2013

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 Local Education Agencies:

SFY 2010 – The rates for SFY 2010 are frozen at the rates in effect on July 1, 2009 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustment to the Medicare fee schedule. Effective October 1, 2009, a negative inflationary adjustment of 9.0% was applied to the existing rates. There will be no further annual adjustment.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

SFY 2012 - The rate for SFY2012 is frozen as of the rate in effect at July 1, 2011. Thereafter, the rate shall be reviewed annually, not later than March 1st of each succeeding calendar year.

SFY 2014 – Effective August 1, 2013, the rates are frozen as of the rate in effect at June 30, 2013. 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.

SFY 2015 – Effective July 1, 2014, the rates are frozen at the rate in effect as of June 30, 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 6, Page 3

TN. No: 13-028
Supersedes
TN. No: 11 041

Approval Date: 12-12-13

Eff. Date 08/01/2013

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 Nurse-Midwife, Certified Registered Nurse Anesthetist (CRNA) & Anesthesiologist Assistants:

SFY 2004 – No adjustment for Nurse-Midwives, CRNA and AA fees.

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Nurse-Midwife for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Effective January 1, 2007 an inflationary increase of 5.171% was applied.

SFY 2010 –The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.90% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

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.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

SFY 2014 – Effective August 1, 2013, the rates are frozen as of the rate in effect at June 30, 2013. Effective January 1, 2014, the rates for CRNA and Nurse-Midwives will be reimbursed at 98% of the current Medicaid physician fee schedule. Effective January 1, 2014, the rates for Anesthesiologist Assistants will be reimbursed at 50% of the current Anesthesiologist rates for DMA approved procedures (CPT and HCPCS). There will be no further annual adjustments this state fiscal year except that Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2015 – Effective July 1, 2014, the rates for CRNA and Nurse-Midwives will be reimbursed at 98% of the current Medicaid physician fee schedule. Effective July 1, 2014, the rates for Anesthesiologist Assistants will be reimbursed at 50% of the current Anesthesiologist rates for DMA approved procedures (CPT and HCPCS). There will be no further annual adjustments this state fiscal year except that Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

Reference: Attachment 4.19-B, Section 17, pages 1 and 2

TN-No: 14-012
Supersedes
TN- No. 13-027

Approval Date: 06-27-14

Eff. Date: 01/01/2014

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 Home Infusion Therapy:

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for these programs (Home Infusion Therapy) for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005, except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Effective 1/1/2007 inflationary increase of 2.39% was applied to Home Infusion Therapy.

SFY 2010 – The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009. Effective October 1, 2009, an overall rate reduction adjustment of 4.12 % was applied to Home Infusion Therapy 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.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

SFY 2014 – As of July 1, 2013 rates will be frozen as in effect June 30, 2013. 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 2015 - As of July 1, 2014 rates will be frozen as in effect June 30, 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.

Reference: Attachment 4.19-B, Section 7, Page 5

TN No. 13-025
Supersedes
TN No. 11-023

Approval Date: 12-11-13

Eff. Date: 08-01-2013

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

Payments for Medical and Remedial Care and Services

Extended services to pregnant women

SFY 2010 –The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 9.76 % was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 - For SFY 2011, the rate will be frozen at the rate in effect on June 30, 2010.

SFY 2012 – Frozen rates will be adjusted 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 for all Medicaid private and public providers with the following exception: Local Health Departments.

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 for all Medicaid private and public providers with the following exception: Local Health Departments. There will be no further annual adjustments this state fiscal year.

SFY 2014 – Effective August 1, 2013, the rates will be frozen at the rate in effect on June 30, 2013. There will be no further annual adjustments.

SFY 2015 - Effective July 1, 2014, the rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments.

Reference: Attachment 4.19-B, Section 20, Page 1

TN No. 13-019
Supersedes
TN No. 11-032

Approval Date: 12-11-13

Effective Date: 08-01-2013

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Freestanding Birth Center Services

SFY 2012 – There will be no Medicare Market Basket Index rate increase in SFY 2012.

SFY 2013 – Effective July 1, 2012, the rates will be frozen at the rate in effect October 6, 2011. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 9, Page 3

TN. No. 11-052
Supersedes
TN. No. NEW

Approval Date 1-20-12

Eff. Date: 10-06-2011

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 Personal Care (Adult Care Home):

FY 2003 – No adjustment.

FY 2004 – No adjustment for Personal Care (Adult Care Homes) effective October 1, 2003.

FY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the noninflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Personal Care (Adult Care Home) for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005.

FY 2007 – Effective July 1, 2007 an inflationary increase of 2.64% was applied.

FY 2009-2010 – No inflationary adjustment and 5.02% rate reduction (annualized over nine months) for Personal Care (Adult Care Home).

FY 2010 – 2011 – No inflationary or rate adjustment for Personal Care (Adult Care Home).

FY 2011-2012 - Effective July 1, 2011, rates will remain frozen at the rate in effect on June 30, 2011.

This methodology ends December 31, 2012.

Reference: Attachment 4.19-B, Section 23, Page 6b.

TN. No: 12-005

Supersedes

TN. No: 12-003

Approval Date: 04-04-12

Eff. Date: 05/01/2012

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 Transportation:

SFY 2003 – No adjustment.

SFY 2004 – No Adjustments for Transportation effective October 1, 2003.

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Transportation for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005.

SFY 2010 – No inflationary adjustment.

SFY 2011 - No inflationary adjustment.

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 2.66% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

SFY 2014 – Effective August 1, 2013, the rates are frozen as of the rate in effect at June 30, 2013. 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.

SFY 2015 – Effective July 1, 2014, the rates are frozen at the rate in effect as of June 30, 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 23, Page 1 through 1f

TN. No: 13-031
Supersedes
TN. No: 11-025

Approval Date: 12-12-13

Eff. Date: 08/01/2013

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:

SFY 2003 – No adjustment.

SFY 2004 – No adjustment for Durable Medical Equipment effective August 1, 2003.

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Medical Equipment for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2010 – The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall rate adjustment of -4.16% was applied to the existing rates. There will be no further annual adjustment.

SFY 2011 – For SFY 2011, the rate will be frozen at the rate in effect on June 30, 2010.

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 2.66% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

SFY 2014 – As of July 1, 2013 rates will be frozen as in effect June 30, 2013. 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.

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

TN. No: 13-013
Supersedes
TN. No: 11-019

Approval Date: 12-11-13

Eff. Date 08/01/13

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 - As of July 1, 2014 rates will be frozen as in effect June 30, 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.

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

TN. No: 13-013
Supersedes
TN. No: NEW

Approval Date: 12-11-13

Eff. Date 8/01/13

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 Dialysis Centers:

SFY 2003 – No adjustment.

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

SFY 2007 – Effective July 1, 2006 an inflationary increase of 6.883% was applied.

SFY 2010 – No inflationary adjustment allowed.

SFY 2011- No inflationary adjustment allowed.

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.

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.

SFY 2014 – Effective August 1, 2013, the rates will be frozen at the rate in effect on June 30, 2013. There will be no further annual adjustments except that Medicaid rates may be adjusted downward in accordance with the applicable years downward adjustments to the Medicare fee schedule.

SFY 2015 – Effective July 1, 2014, the rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments except that Medicaid rates may be adjusted downward in accordance with the applicable years downward adjustments to the Medicare fee schedule.

Reference: Attachment 4.19-B, Section 9, Page 1a.

TN. No: 13-020
Supersedes
TN. No: 11-016

Approval Date: 12-11-13

Eff. Date 8-01-2013

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 Ambulatory Surgical Centers:

SFY 2003 – No adjustment.

SFY 2004 – No Adjustments for Ambulatory Surgical Centers effective October 1, 2003.

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Ambulatory Surgical Centers for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005.

SFY 2007 – Effective July 1, 2006 an inflationary increase of 9.169% was applied.

SFY 2010 – The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.095% was applied. There will be no further annual adjustment.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

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.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

SFY 2014 – Effective August 1, 2013, the rates are frozen as of the rate in effect at June 30, 2013. 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.

SFY 2015 – Effective July 1, 2014, the rates are frozen at the rate in effect as of June 30, 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 9, Page 2.

TN. No: 13-037
Supersedes
TN. No: 11-024

Approval Date: 12-12-13

Eff. Date 08/01/13

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 Hospice:

Reference: Attachment 4.19-B, Section 18, Page 1

TN. No: 09-011
Supersedes
TN. No: NEW

Approval Date: 05-12-10

Eff. Date: 07/01/2009

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 Non-Emergency Transportation:

Reference: Attachment 4.19-B, Section 23, Page 1g

TN. No: 12-011
Supersedes
TN. No: NEW

Approval Date: 12-07-12

Eff. Date: October 1, 2012

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

Payments for Medical and Remedial Care and Services

LEAVE BLANK

TN No: 10-035B
Supersedes
TN No: NEW

Approval Date: 04-25-14

Eff. Date: 03/01/2011

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 Physician Services:

SFY 2004 – No adjustment. Physician Fees

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

North Carolina General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Physician Fees for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Effective January 1, 2007 an inflationary increase of 5.171% was applied.

SFY 2010 –The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.90% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

SFY 2012 - The rates for SFY2012 are frozen as of the rates in effect at July 1, 2011. Thereafter, the rates shall be reviewed annually, not later than March 1st of each succeeding calendar year.

SFY 2014 – Rates will be frozen at the rate in effect 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. Those physicians who have attested as being a primary care physician under Section 1202 of the Affordable Care Act shall be excluded from this reduction until January 1, 2015, at which time their reimbursement will be at 97% if the July 1, 2013 rates. 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 5

TN-No: 14-012
Supersedes
TN- No. 13-033

Approval Date 06-27-14

Eff. Date: 01/01/2014

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. There will be no further annual rate adjustment.

Reference: Attachment 4.19-B, Section 10

TN- No. 14-004
Supersedes
TN-No. 13-012

Approval Date: 08-22-14

Eff. Date: 01/01/2014

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 Independent Laboratory and X-Ray:

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

SFY 2007 - Effective January 1, 2007 inflationary of .595% was applied.

SFY 2010 –The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.90% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

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 2.66% for Independent Laboratories and 2.67% for X-Ray Services to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year for all Medicaid providers with the following exception: North Carolina State Laboratory rates will remain frozen at the rate in effect on June 30, 2011. Rates for new codes will not include inflation beyond 2009.

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 for all Medicaid providers with the following exception: North Carolina State Laboratory rates will remain frozen at the rate in effect on June 30, 2011. There will be no further annual adjustments this state fiscal year. Rates for new codes will not include inflation beyond 2009.

SFY 2014 – Effective August 1, 2013, the rates are frozen as of the rate in effect at June 30, 2013. 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.

SFY 2015 – Effective July 1, 2014, the rates are frozen at the rate in effect as of June 30, 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 3, page 1

TN No: 13-029

Approval Date: 10-20-14

Eff. Date: 08/01/13

Supersedes

TN No. 11-026

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 Eyeglasses:

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for eyeglasses for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Effective January 1, 2007 an inflationary increase of 9.00% was applied.

SFY 2010 –The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.90% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

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 2.66% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

SFY 2014 – Effective August 1, 2013, the rates will be frozen at the rate in effect on 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 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.

SFY 2015 – Effective July 1, 2014, the rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B Section 12, page 4

TN. No: 14-006
Supersedes
TN. No: 13-034

Approval Date: 06-27-14

Eff. Date: 1/1/2014

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 Chiropractic Services:

SFY 2004 – No adjustment. Chiropractor Fees

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Chiropractic Fees for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Effective January 1, 2007 an inflationary increase of 5.171% was applied.

SFY 2010 –The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.90% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

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.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Rates for new codes will not include inflation beyond 2009.

SFY 2014 – Effective August 1, 2013, rates will be frozen at the rate in effect 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 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. Rates for new codes will not include inflation beyond 2009.

SFY 2015- Effective July 1, 2014, the rates are frozen at the rate in effect as of June 30, 2014. There will be no further annual rate adjustment.

Reference: Attachment 4.19-B, Section 6, Page 1b

TN-No: 14-007
Supersedes
TN- No. 13-035

Approval Date:06-27-14

Eff. Date: 01/01/2014

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 Podiatry Services:

SFY 2004 – No adjustment. Podiatry Fees

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Podiatry Fees for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Effective January 1, 2007 an inflationary increase of 5.171% was applied.

SFY 2010 –The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.90% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

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.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Rates for new codes will not include inflation beyond 2009.

SFY 2014 – Effective August 1, 2013, rates will be frozen at the rate in effect on 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 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. Rates for new codes will not include inflation beyond 2009.

SFY 2015- Effective July 1, 2014, the rates are frozen at the rate in effect as of June 30, 2014. There will be no further annual rate adjustment.

Reference: Attachment 4.19-B, Section 6, Page 1

TN-No: 14-007
Supersedes
TN- No. 13-035

Approval Date: 06-27-14

Eff. Date: 01/01/2014

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 Optometry Services:

SFY 2004 – No adjustment. Optometrist Fees

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Optometry Fees for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Effective January 1, 2007 an inflationary increase of 5.171% was applied.

SFY 2010 –The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.90% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

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 2.64% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Rates for new codes will not include inflation beyond 2009.

SFY 2014 – Effective August 1, 2013, rates will be frozen at the rate in effect on 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 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. Rates for new codes will not include inflation beyond 2009.

SFY 2015- Effective July 1, 2014, the rates are frozen at the rate in effect as of June 30, 2014. There will be no further annual rate adjustment.

Reference: Attachment 4.19-B, Section 6, Page 1a

TN-No: 14-007
Supersedes
TN- No. 13-035

Approval Date: 06-27-14

Eff. Date: 01/01/2014

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 Nurse Practitioner Services:

SFY 2012 – Rates will be frozen at the rate in effect on June 30, 2011. 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. Rates for new codes will not include inflation beyond 2009.

SFY 2013 – Rates will be frozen at the rate in effect on June 30, 2012. 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. Rates for new codes will not include inflation beyond 2009. Thereafter, the rate shall be reviewed annually, not later than March 1st of each succeeding calendar year.

SFY 2014 – Effective August 1, 2013, the rates are frozen as of the rate in effect at June 30, 2013. Effective January 1, 2014, the rates will be reimbursed at 100% of the current Medicaid physician fee schedule. 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.

SFY 2015 – Effective July 1, 2014, the rates will be reimbursed at 100% of the current Medicaid physician fee schedule. 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 6, Page 1c

TN-No: 14-012
Supersedes
TN- No. 13-022

Approval Date: 06-27-14

Eff. Date: 01/01/2014

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 Independent Practitioner Services:

SFY 2004 – No adjustment. Other Independent Practitioner Fees

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Independent Practitioner Fees for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Effective January 1, 2007 an inflationary increase of 5.171% was applied.

SFY 2010 –The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.90% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

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 2.66% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Rates for new codes will not include inflation beyond 2009.

SFY 2014 – Effective August 1, 2013, the rates are frozen as of the rate in effect at June 30, 2013. 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.

SFY 2015 – Effective July 1, 2014, the rates are frozen at the rate in effect as of June 30, 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 6, Page 1d

TN-No: 13-030
Supersedes
TN- No. 11-014

Approval Date: 12-12-13

Eff. Date: 08-01-13

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 Other Licensed Practitioner Services::

SFY 2004 – No adjustment. Licensed Practitioner Services Fees

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Licensed Practitioner Services Fees for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Effective January 1, 2007 an inflationary increase of 5.171% was applied.

SFY 2010 – The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.90% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

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 2.66% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Rates for new codes will not include inflation beyond 2009.

Reference: Attachment 4.19-B, Section 6, Page 1e

TN-No: 11-014
Supersedes
TN- No. NEW

Approval Date: 10-31-11

Eff. Date: 11/1/2011

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 Hearing Aids:

SFY 2004 – No adjustment. Hearing Aid Fees

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for Hearing Aids for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005 except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Effective January 1, 2007 an inflationary increase of 5.171% was applied.

SFY 2010 –The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009, except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule. Effective October 1, 2009, an overall negative rate adjustment of 4.90% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 – The rates for SFY 2011 will be frozen at the rates in effect on June 30, 2010.

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.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

SFY 2014 – Effective August 1, 2013, rates will be frozen at the rate in effect on 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 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.

SFY 2015- Effective July 1, 2014, the rates are frozen at the rate in effect as of June 30, 2014. There will be no further annual rate adjustment.

Reference: Attachment 4.19-B, Section 4, Page 2a

TN-No: 14-005
Supersedes
TN-No: 13-036

Approval Date:06-27-14

Eff. Date: 01/01/2014

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 Physician Assistant Services:

SFY 2014 - Effective August 1, 2013, the rates will be frozen at the rates in effect on June 30, 2013. Effective January 1, 2014, the rates will be reimbursed at 100% of the current Medicaid physician fee schedule. There will be no further annual rate adjustment except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2015 - Effective July 1, 2014, the rates will be reimbursed at 100% of the current Medicaid physician fee schedule. There will be no further annual rate adjustment except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

Reference: Attachment 4.19-B, Section 5, Page 1f

TN-No: 14-012
Supersedes
TN- No. 13-023

Approval Date 06-27-14

Eff. Date: 01/01/2014

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

Payment for Physician Drug Program:

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 3.61% was applied to the existing rates. There will be no further annual adjustment.

SFY 2011 – As of July 1, 2010 rates will be frozen except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

SFY 2012 - The rates for SFY 2012 are frozen as of the rates in effect at July 1, 2011 except Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

SFY 2014 – Effective August 1, 2013, the rates will be frozen at the rate in effect on June 30, 2013. There will be no further annual adjustments except that Medicaid rates may be adjusted downward in accordance with the applicable years downward adjustments to the Medicare fee schedule.

SFY 2015 - Effective July 1, 2014, the rates will be frozen at the rate in effect on 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 except that Medicaid rates may be adjusted downward in accordance with the applicable years downward adjustments to the Medicare fee schedule.

Reference: Attachment 4.19-B, Section 12

TN No.: 14-021
Supersedes
TN No.: 13-026

Approval Date: 12-12-14

Effective Date: 07/01/14

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 Orthotics and Prosthetics:

SFY 2004 – No adjustment.

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for these programs (Orthotics and Prosthetics) for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005, except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Inflationary increase of 2.05% was applied to the Orthotics and Prosthetics program.

SFY 2009 - The rates for Orthotics and Prosthetics are frozen at the rates in effect on June 30, 2008.

SFY 2010 – Effective October 1, 2009, an overall negative rate adjustment of 4.15% was applied. There will be no further annual rate adjustment for SFY 2010.

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.

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 except that Medicaid rates may be adjusted downward in accordance with the current years downward adjustments to the Medicare fee schedule.

SFY 2014 – As of August 1, 2013 rates will be frozen as in effect June 30, 2013. 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 2015 - As of July 1, 2014 rates will be frozen as in effect June 30, 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.

Reference: Attachment 4.19-B Section 12, Page 3

TN. No: 13-021
Supersedes
TN. No: 11-018

Approval Date 12-11-13

Eff. Date 08/01/2013

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 Targeted Case Management for Adults and Children At-Risk For Abuse, Neglect, or Exploitation (ARCM):

SFY 2010 – The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009. Effective October 1, 2009, an overall negative rate adjustment of 9.807% was applied to Case Management rates. There will be no further annual adjustment.

SFY 2011 - As of July 1, 2010, rates will be frozen at the rates in effect on June 30, 2010.

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 2.62% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 19, Pages 2

TN No: 13-015
Supersedes
TN No: 11-017

Approval Date: 12-04-14

Eff. Date: 8/01/2013

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 Targeted Case Management for Children and Adults with Developmental Disabilities/
Delay or Traumatic Brain Injury, Manifested Prior to Age 22 or Children with Special Health Care
Needs

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.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 19, Pages 3

TN No: 13-017
Supersedes
TN No: 11-022

Approval Date: 12-08-14

Eff. Date: 8/1/2013

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 Targeted Case Management For Children And Adults With Serious Emotional Disturbance, Or Severe And Persistent Mental Illness Or Substance Abuse Disorder:

SFY 2012 – The rates for SFY2012 are frozen as of the rates in effect at July 1, 2011. There will be no further annual adjustment.

SFY 2013 – The rates for SFY2013 are frozen as of the rates in effect at July 1, 2011. There will be no further annual adjustment.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 19, Page 6

TN No: 13-016
Supersedes
TN No: 11-030

Approval Date: 12-11-14

Eff. Date: 8/1/2013

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 Case Management (Persons With HIV Disease):

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.

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.

SFY 2014 – Effective August 1, 2013, the rates will be frozen at the rate in effect on June 30, 2013. There will be no further annual adjustments except that Medicaid rates may be adjusted downward in accordance with the applicable years downward adjustments to the Medicare fee schedule.

SFY 2015- Effective August 1, 2013, the rates will be frozen at the rate in effect on June 30, 2013. There will be no further annual adjustments except that Medicaid rates may be adjusted downward in accordance with the applicable years downward adjustments to the Medicare fee schedule.

Reference: Attachment 4.19-B, Section 19, Page 5

TN No: 13-024
Supersedes
TN No: 12-008

Approval Date: 12-11-13

Eff. Date: 08-01-2013

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 Medically Monitored or Alcohol Drug Addiction Treatment Center
Detoxification/Crisis Stabilization (Adult – H2036):

Intentionally Left Blank

TN No: 11-034
Supersedes
TN No: NEW

Approval Date: 03-05-12

Effective Date: 11/01/2011

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 Multi Systemic Therapy:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 2

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Ambulatory Detoxification:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 3

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Professional Treatment Services in Facility Based Crisis Programs - Adult:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 4

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Facility-Based Crisis Program – Children and Adolescents:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 5

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Substance Abuse Comprehensive Outpatient Treatment program:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 6

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Intensive In-Home Services:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

SFY 2012 – The rates for SFY2012 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

SFY 2013 – The rates for SFY2013 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 7

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Substance Abuse Intensive Outpatient Program:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 8

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Substance Abuse Non-medical Community Residential Treatment:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 9

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Substance Abuse Medically Monitored Community Residential Treatment:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 10

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Non Hospital Medical Detoxification:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 11

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Partial Hospital:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 12

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Assertive Community Treatment Team (ACTT):

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 13

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Diagnostic Assessment:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 14

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Opioid Treatment:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 15

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Psychosocial Rehabilitation:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 16

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Mobile Crisis Management:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 17

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Community Support Team:

SFY 2012 – The rates for SFY2012 are frozen as of the rates in effect at July 1, 2011. There will be no further annual adjustment.

SFY 2013 – The rates for SFY2013 are frozen as of the rates in effect at July 1, 2011. There will be no further annual adjustment.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 18

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Child and Adolescent Day Treatment:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

SFY 2012 – The rates for SFY2012 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

SFY 2013 – The rates for SFY2013 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 19

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 High Risk Intervention – Level I:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 20

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 High Risk Intervention – Level II Group Home:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 21

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 High Risk Intervention – Level II Family Setting:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 22

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 High Risk Intervention – Level III – 4 Beds or Less:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 23

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 High Risk Intervention – Level III – 5 Beds or More:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 24

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 High Risk Intervention – Level IV:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 25

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Alcohol and/or drug services; group counseling by a clinician:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 26

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Behavioral health counseling and therapy:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 27

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013

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 Mental Health Assessment:

SFY 2011 – The rates for SFY2011 are frozen as of the rates in effect at July 1, 2010. There will be no further annual adjustment.

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 2.65% to yield a twelve (12) month two percent (2%) reduction in the nine (9) remaining months of this State Fiscal Year.

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.

SFY 2014 – The rates will be frozen at the rates in effect on June 30, 2013. There will be no further annual adjustment.

SFY 2015 - Rates will be frozen at the rate in effect on June 30, 2014. There will be no further annual adjustments this state fiscal year.

Reference: Attachment 4.19-B, Section 13, Page 28

TN No: 13-018
Supersedes
TN No: 11-034

Approval Date: 12-11-13

Effective Date: 8/1/2013