

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

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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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.

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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

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.

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

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