

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Atlanta Regional Office
61 Forsyth Street, Suite 4T20
Atlanta, Georgia 30303



DIVISION OF MEDICAID & CHILDREN'S HEALTH OPERATIONS

August 31, 2012

Mr. Michael Watson
Director
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

RE: North Carolina (NC) Title XIX State Plan Amendment (SPA), Transmittal # NC 12-002

Dear Mr. Watson:

We reviewed the proposed amendment NC 12-002 that was received in the regional office on June 8, 2012. The amendment is in response to companion letter NC 11-016 and comprehensively describes the payment rates for dialysis services and appropriately references the supplemental payment methodology page.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 12-002. This SPA was approved on August 30, 2012. The effective date of this amendment is April 1, 2012. We are enclosing the approved form HCFA-179 and plan page.

If you have any questions or need any further assistance, please contact Yvette Moore at (404) 562-7327.

Sincerely,

/s/

Jackie Glaze
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

Enclosures