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State/Territory Name: North Carolina

State Plan Amendment (SPA) #:13-027

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Summary Form 179
- 3) Approved SPA Pages

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

December 12, 2013

Ms. Sandra Terrell, MS, R.N., Acting Director Division of Medical Assistance Department of Health and Human Services 2501 Mail Service Center Raleigh, NC 27699-2501

Re: North Carolina Title XIX State Plan Amendment, Transmittal 13-027

We have reviewed the proposed State Plan Amendment TN 13-027, which was submitted on September 24, 2013. This amendment implements a rate freeze for Nurse Midwife Services in North Carolina for fiscal years 2014 and 2015.

Based on the information provided, the Medicaid State Plan Amendment NC 13-027 was approved on December 12, 2013. The effective date of this amendment is August 1, 2013. We are enclosing the HCFA Form 179 and the approved plan pages.

If you have any additional questions or need further assistance, please contact Clarence Lewis at 803-898-7647, or Donald Graves at 919-828-2999.

Sincerely,

//s//

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

TRANSMITTAL AND NOTICE OF APPROVAL OF	F 1. TRANSMITTAL NUMBER:	FORM APPROVED OMB NO. 0938-019
STATE PLAN MATERIAL	13-027	2. STATE NC
FOR: HEALTH CARE FINANCING ADMINISTRATION	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE	
HEALTH CARE FINANCING ADMINISTRATION	August 1, 2013	
DEPARTMENT OF HEALTH AND HUMAN SERVICES		
TYPE OF PLAN MATERIAL (Check One):		
NEW STATE PLAN AMENDMENT TO B	E CONSIDERED AS NEW PLAN	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AM FEDERAL STATUTE/REGULATION CITATION:	MENDMENT (Separate Transmittal for each	ch amendment)
TEDERAL STATUTEREGULATION CITATION;	7. FEDERAL BUDGET IMPACT:	
2 CFR 447.201	a. FFY 2014 \$0.00	
PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	b. FFY 2015 \$0.00	
THE TENENT OF THE TENENT OF ATTACHMENT	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Supplement 1, Page 1e	
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State Plan Under Title XIX of the Social Security Act Medical Assistance Program

State: North Carolina

Payments for Medical and Remedial Care and Services

Payment for 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. 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 17, pages 1 and 2

TN-No: <u>13-027</u> Supersedes TN- No. <u>11 039</u>

Approval Date: <u>12-12-13</u>

Eff. Date: <u>08/01/13</u>