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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 14-0030

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form
- 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

January 13, 2017

Mr. Dave Richard
Deputy Secretary
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 Title XIX State Plan Amendment, Transmittal # NC 14-0030

Dear Mr. Richard:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 14-0030 (Independent Practitioner) that was submitted to CMS on September 30, 2014. This amendment originally proposed implementing a 1 percent rate reduction and rate freeze for subsequent years. After intensive collaboration with CMS, the State removed the 1 percent rate reduction and revised the SPA pages to clarify that this program will be reimbursed via the North Carolina Medicaid fee schedule in effect at a given point in time.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 14-0030. This SPA was approved on January 13, 2017. The effective date of this amendment is January 1, 2015. We are enclosing the signed paper-based HCFA-179 and the approved plan pages.

If you have any questions or need any further assistance, please contact Michelle White at (404) 562-7328, or Donald Graves at 919-828-2999.

Sincerely,

//s//

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

Enclosures

| | | |
|--|---|----------------|
| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION | 1. TRANSMITTAL NUMBER: 14-030 | 2. STATE NC |
| | 3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID) | |
| TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES | 4. PROPOSED EFFECTIVE DATE January 1, 2015 | |

5. TYPE OF PLAN MATERIAL (*Check One*):☐ NEW STATE PLAN ☐ AMENDMENT TO BE CONSIDERED AS NEW PLAN ☒ AMENDMENTCOMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (*Separate Transmittal for each amendment*)

| | |
|--|--|
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 447.201 | 7. FEDERAL BUDGET IMPACT: a. FFY 2015 (\$590,820) b. FFY 2016 (\$787,758) |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B Supplement 3, Page 1h and Attachment 4.19-B Supplement 3, Page 2h | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B Supplement 3, Page 1h |

10. SUBJECT OF AMENDMENT:

Independent Practitioners Services

11. GOVERNOR'S REVIEW (*Check One*):☐ GOVERNOR'S OFFICE REPORTED NO COMMENT ☒ OTHER, AS SPECIFIED: Secretary
☐ COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
☐ NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

| | |
|--|---|
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: //s// | 16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, NC 27699-20014 |
| 13. TYPED NAME: Aldona Z. Wos, M.D. | |
| 14. TITLE: Secretary | |
| 15. DATE SUBMITTED: | |

FOR REGIONAL OFFICE USE ONLY

| | |
|--|--|
| 17. DATE RECEIVED: 09/30/14 | 18. DATE APPROVED: 01/13/17 |
| PLAN APPROVED – ONE COPY ATTACHED | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/15 | 20. SIGNATURE OF REGIONAL OFFICIAL: //s// |
| 21. TYPED NAME: Jackie Glaze | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opns |

23. REMARKS: Approved with the following changes to blocks # 7, 8 and 9.

Block # 7 changed to read: 7a FFY 15 \$0 and 7b FFY 16 \$0.

Block # 8 changed to read: Attachment 4.19-B, Section 6, page 1d and Attachment 4.19-B, Supplement 3 page 1h.

Block # 9 changed to read: Attachment 4.19-B, Section 6, page 1d and Attachment 4.19-B, Supplement 3 page 1h.

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 fee schedule rates were set as of July 1, 2012 and are effective for services provided on or after that date. All rates are published on the website at:

<https://dma.ncdhhs.gov/providers/fee-schedules> . Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

Effective July 1, 2012, rates for new Independent Practitioner Services shall be set at 98% percent of North Carolinas' Medicaid Physician Services Fee Schedule-

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

Payments for Medical and Remedial Care and Services

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TN-No: 14-030
Supersedes
TN. No. 13-030

Approval Date: 01-13-17

Eff. Date: 01/01/2015