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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 14-0043

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 19, 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 14-0043

Dear Mr. Richard:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 14-0043 (Dialysis Centers) 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 14-0043. This SPA was approved on January 19, 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**

1. TRANSMITTAL NUMBER:
14-043

2. STATE
NC

FOR: HEALTH CARE FINANCING ADMINISTRATION

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 ☒ AMENDMENT

COMPLETE 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 (\$105,444)
b. FFY 2016 (\$140,593)

8. PAGE NUMBER OF THE PLAN SECTION OR
ATTACHMENT(S):

Attachment 4.19-B, Supplement 2, Page 1c

9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION
OR ATTACHMENT (If Applicable):

Attachment 4.19-B, Supplement 2, Page 1c

10. SUBJECT OF AMENDMENT:

Dialysis Centers Program

12. SIGNATURE OF STATE AGENCY OFFICIAL:
//s//

13. TYPED NAME: Aldona Z. Wos, M.D.

14. TITLE: Secretary

15. DATE SUBMITTED: 09/22/14

16. RETURN TO:

Office of the Secretary
Department of Health and Human Services
20011 Mail Service Center
Raleigh, NC 27699-2001

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED:
09/30/14

18. DATE APPROVED: 01/19/17

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 block # 7, 8 and 9.

Block # 7 changed to read: 7a FFY 2015 (\$0) and 7b FFY 2016 (\$0).

Block # 8 changed to read: Attachment 4.19-B Section 9, page 1a and 4.19-B Supplement 2, page 1c.

Block # 8 changed to read: Attachment 4.19-B Section 9, page 1a and 4.19-B Supplement 2, page 1c.

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 as of July 1, 2012 and is effective for services provided on or after that date. All rates are published on the website at <https://dma.ncdhhs.gov/providers/fee-schedules>.

Medicaid providers enrolled on or after July 1, 2012 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.

TN. No: 14-043
Supersedes
TN. No: 12-002

Approval Date: 01/19/17

Effective Date: 01/01/2015

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:

INTENTIONALLY LEFT BLANK

TN. No: 14-043
Supersedes
TN. No: 13-020

Approval Date: 01/19/17

Eff. Date: 01/01/2015