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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 15-0005

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

November 21, 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

Dear Mr. Richard:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan (SPA) NC 15-0005 (Dental Reimbursement) that was initially submitted on December 29, 2015. This state plan amendment was submitted in order to make reimbursement for all State operated dental schools consistent. It provides for the East Carolina Dental School to receive the same reimbursement for dental services as the University of North Carolina Dental School.

Based on the information provided, we are now ready to approve Medicaid State Plan Amendment NC 15-0005. This SPA was approved on November 21, 2017. The effective date of this amendment is November 1, 2015. We are enclosing the signed paper-based HCFA 179 and the approved plan pages.

Should you have questions or need further assistance, please contact Donald Graves at 919-828-2999.

Sincerely,

//s//

Shantrina Roberts
Acting Associate Regional Administrator
Division of Medicaid and Children's Health Operations

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 15-005	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 November 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 447.100 and 42 CFR 433.51	7. FEDERAL BUDGET IMPACT: a. FFY 2015 \$1,513,247 b. FFY 2016 \$1,673,464
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Section 10, page 1	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Section 10, page 1

10. SUBJECT OF AMENDMENT:

Dental-ECU State Operated Facility

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: Richard O. Brajer	
14. TITLE: Secretary	
15. DATE SUBMITTED: 12/29/15	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/29/15	18. DATE APPROVED: 11/21/17
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/15	20. SIGNATURE OF REGIONAL OFFICIAL: //s//
21. TYPED NAME: Shantrina Roberts	22. TITLE: Acting Associate Regional Administrator Division of Medicaid and Children's Health Operations

23. REMARKS:

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

Payments for Medical and Remedial Care and Services

10. Dental Services:

Payments for dental services shall be equal to the lower of the submitted charge or the appropriate fee from the Dental fee schedule, in effect on or after January 1, 2014, except for payments made to the state-operated Dental Schools at the University of North Carolina and East Carolina University. Payments for dental services to the state-operated Dental Schools will be reimbursed at the ~~maximum~~ amount from the fee schedule and cost settled at year end. Cost settlement for Medicaid covered services using the methodology outlined in this section shall be effective for the University of North Carolina Dental School beginning July 1, 2014 and for the East Carolina University Dental School beginning November 1, 2015.

- A. At no time shall the rate for any new dental code or any future rate increases exceed 75% of the National Dental Advisory Service (NDAS) 50% median effective July 1st, of the prior year.
- B. Fees for new services are established based on the fees for similar existing services. If there are no similar services the fee is set at 75 percent of the estimated average charge until an NDAS median is established.
- C. Fees for services deemed to be associated with adequacy of access to health care services may be increased or decreased based on administrative review. The service must be essential to the health needs of the Medicaid recipients, no other comparable treatment available and a fee adjustment must be necessary to maintain dental participation at a level adequate to meet the needs of Medicaid recipients.
- D. The agency's fee schedule rates were set as of January 1, 2014 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.