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State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 18-0010

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
61 Forsyth Street S.W. Suite 4T20
Atlanta, Georgia 30303-8909



Atlanta Regional Operations Group

April 9, 2019

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: Betty Staton

RE: North Carolina Title XIX State Plan Amendment, Transmittal # NC 18-0010

Dear Mr. Richard:

We reviewed the proposed amendment to the North Carolina Medicaid State Plan Amendment (SPA) NC 18-0010 that was received in the Regional Office on March 13, 2019. The amendment allows Medicaid to increase the rates for Dental codes by 10%.

Based on the information provided, we are approving the State Plan Amendment NC 18-0010. This SPA was approved on April 9, 2019. The effective date of this amendment is January 1, 2019. 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 Charles Friedrich at (404) 562-7404, or Donald Graves at (919) 828-2999.

Sincerely,

//s//

Shantrina D. Roberts, MSN
Deputy Director
Division of Medicaid Field Operations-South

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0010	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION	4. PROPOSED EFFECTIVE DATE January 1, 2019	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		

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 410.38	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$21,535,302 b. FFY 2020 \$28,713,736
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 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (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 Rate Increase

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: Mandy Cohen, MD, MPH	
14. TITLE: Secretary	
15. DATE SUBMITTED: 03/13/19	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/13/19	18. DATE APPROVED: 04/09/19
PLAN APPROVED – ONE COPY ATTACHED	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 01/01/19	20. SIGNATURE OF REGIONAL OFFICIAL: /s/
21. TYPED NAME: Shantrina D. Roberts	22. TITLE: Deputy Director Division of Medicaid Field Operations-South

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, 2019, 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 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, 2019 and are effective for services provided on or after that date. All rates are published on the website at <https://medicaid.ncdhhs.gov/providers/fee-schedule/dental-fee-schedule>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

TN. No: 18-0010

Supersedes

TN. No: 15-005

Approval Date: 04/09/19 _____

Eff. Date: 01/01/2019