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| TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL | | 1. TRANSMITTAL NUMBER: 11-025 | 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 October 1, 2011 | |
| 5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <input type="checkbox"/> NEW STATE PLAN <input checked="" type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (<i>Separate Transmittal for each amendment</i>) | | | |
| 6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 414.615 | | 7. FEDERAL BUDGET IMPACT: a. FFY 2012 (\$ 326,902) b. FFY 2013 (\$ 0) | |
| 8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Section 23, Page 1a and Attachment 4.19-B, Supplement 2, Page 1a | | 9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Section 23, Page 1a and Attachment 4.19-B, Supplement 2, Page 1a | |
| 10. SUBJECT OF AMENDMENT: Ambulance | | | |
| 11. GOVERNOR'S REVIEW (<i>Check One</i>): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: SECRETARY <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL | | | |
| 12. SIGNATURE OF STATE AGENCY OFFICIAL: <i>[Signature]</i> | | 16. RETURN TO: Office of the Secretary Department of Health and Human Services 2001 Mail Service Center Raleigh, North Carolina 27699-2001 | |
| 13. TYPED NAME: Lanier M. Cansler | | 14. TITLE: Secretary | |
| 15. DATE SUBMITTED: 7/25/11 | | | |
| FOR REGIONAL OFFICE USE ONLY | | | |
| 17. DATE RECEIVED: 07/26/11 | | 18. DATE APPROVED: 10/20/11 | |
| PLAN APPROVED - ONE COPY ATTACHED | | | |
| 19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/11 | | 20. SIGNATURE OF REGIONAL OFFICIAL: <i>[Signature]</i> | |
| 21. TYPED NAME: Jackie Glaze | | 22. TITLE: Associate Regional Administrator Division of Medicaid & Children Health Opus | |
| 23. REMARKS: Approved with the following changes to item 4 as authorized by State Agency on email dated 10/11/11. Blocked #4 changed to read: November 1, 2011. | | | |

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

A. Direct Medical Services Payment Methodology

Effective July 1, 2009 Ambulance Services fees will be based on the following percentages of the Medicare Fee Schedule:

- a. Ground Mileage, Per Statue Mile will be 45%
- b. Advanced Life Support, Non-Emergency, Level 1 will be 30%
- c. Basic Life Support, Non-Emergency, Level 1 will be 33%
- d. Advanced Life Support, Emergency will be 35%
- e. Basic Life Support, Emergency will be 22%
- f. Conventional Air Services, One Way (Fixed Wing) will be 16%
- g. Conventional Air Services, One Way (Rotary Wing) will be 14%
- h. Advance Life Support, Level 2 will be 24%
- i. Fixed Wing Air Mileage per Statue Mile will be 45%
- j. Rotary Wing Air Mileage, Per Statue Mile will be 54%

Fee changes for codes not covered by Medicare that Medicaid currently covers, such as Non-Emergency Transportation will be based on the forecasted Gross National Product (GNP) Implicit Price Deflator.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 2, Page 1a of the State Plan. These rates will be adjusted July 1st of each year.

The Ambulance Transportation Fee Schedule is published on the North Carolina Department of Health and Human Services, Division of Medical Assistance (DMA) Website located at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

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 Transportation:

SFY 2003 – No adjustment.

SFY 2004 – No Adjustments for Transportation effective October 1, 2003.

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 Transportation for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005.

SFY 2010 – No inflationary adjustment.

SFY 2011 - No inflationary adjustment.

SFY 2012 – Rates will be frozen at the rate in effect on June 30, 2011. Effective October 1, 2011, existing rates are adjusted by a negative 2.66% 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.

Reference: Attachment 4.19-B, Section 23, Page 1 through 1f

TN. No: 11-025
Supersedes
TN. No: 09-016

Approval Date: 10-20-11

Eff. Date 11/01/2011