

Department of Health & Human Services
Centers for Medicare & Medicaid Services
61 Forsyth St., Suite 4T20
Atlanta, Georgia 30303-8909



June 3, 2011

Craigan Gray, MD, MBA, JD
Director
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Re: North Carolina Title XIX State Plan Amendment, Transmittal # 10-032.

Dear Dr. Gray:

This is to affirm approval of the above referenced State Plan Amendment which was submitted to the Regional Office on July 2, 2010. The requested date of approval as of May 24, 2011 has been accepted.

Enclosed for your records is a copy of the letter submitted to the State by Larry Reed, Director, Division of Pharmacy informing North Carolina of the approval, the original signed 179 and a copy of the approved plan pages.

If you have any additional questions regarding this amendment, please contact Elaine Elmore, your State Coordinator at 404-562-7408.

Sincerely,

//s//

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

Enclosure(s)

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-14-26
Baltimore, Maryland 21244-1850



Center for Medicaid, CHIP and Survey & Certification

Disabled and Elderly Health Programs Group

May 24, 2011

Craigian Gray, M.D., M.B.A., J.D.
Director
Division of Medical Assistance
North Carolina Department of Health and Human Services
2501 Mail Service Center
Raleigh, North Carolina 27699-2501

Attention: Teresa Smith

Dear Dr. Gray:

We have reviewed North Carolina State Plan Amendment (SPA) 10-032 received in the Atlanta Regional Office on November 4, 2010. This amendment eliminates the Focused Risk Management Program (FORM), a collaboration between North Carolina Board Licensed Pharmacists and primary care practitioners to optimize therapeutic outcomes to identify, prevent, and resolve medication related problems for Medicaid recipients. The State is also eliminating the monthly reimbursement to pharmacists for completing these FORM reviews for beneficiaries receiving more than eleven prescriptions each month. The State is maintaining the recipient OPT-In Program that allows beneficiaries receiving greater than eleven prescriptions each month to select a pharmacy provider of choice for continuity of care and covering it under the pharmacy benefit. We are pleased to inform you that the amendment is approved, effective November 1, 2010.

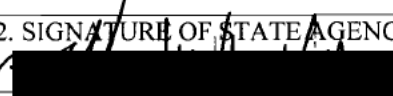

A copy of the pages approved for incorporation into the North Carolina's State Plan will be forwarded by the Atlanta Regional Office. If you have any questions regarding this request, please contact Angel Davis at (410) 786-4693.

Sincerely,

/s/

Larry Reed
Director
Division of Pharmacy

cc: Jackie Glaze, Acting ARA, Atlanta Regional Office
Elaine Elmore, Atlanta Regional Office

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 10-032	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 November 1, 2010	
5. TYPE OF PLAN MATERIAL (Check One): <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 (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: Section 1927(a)(2) of the SSA 42 CFR 431.54		7. FEDERAL BUDGET IMPACT: a. FFY 2011 (\$207,714) b. FFY 2012 (\$231,002)	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 3.1-A.1, Page 12c, Attachment 3.1-A.1, Page 12d, Attachment 3.1-A.1, Page 12e, Attachment 3.1-A.1, Page 12f and Attachment 4.19-B, Section 12, Page 1c		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 3.1-A.1, Page 12c, Attachment 3.1-A.1, Page 12d, Attachment 3.1-A.1, Page 12e, Attachment 3.1-A.1, Page 12f and Attachment 4.19-B, Section 12, Page 1c	
10. SUBJECT OF AMENDMENT: Eliminate the Focused Risk Management Program (FORM)			
11. GOVERNOR'S REVIEW (Check One): <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: 		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		17. DATE RECEIVED: 11/04/10	
14. TITLE: Secretary		18. DATE APPROVED: 05/24/11	
15. DATE SUBMITTED: 11-2-10		FOR REGIONAL OFFICE USE ONLY	
19. EFFECTIVE DATE OF APPROVED MATERIAL: 11/01/10		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Jackie Gilaze		22. TITLE: Associate Regional Administrator Division of Medicaid and Children's Health Opns	
23. REMARKS: Approved with the following changes that were authorized by the State on letter dated March 17, 2011: Item 8-add "Attachment 3.1-A.1, Page 14e"; Item 9-add "NA".			

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TN No.: 10-032
Supersedes
TN No.: 06-007B

Approval Date: 05/24/11

Effective Date: 11/01/10

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12.a. Prescribed Drugs (continued)

(8) Recipient OPT-In Program:

Recipients receiving greater than eleven prescriptions each month will select a pharmacy provider of choice for continuity of care. The Division of Medical Assistance (DMA) may adjust this number under guidance from the Director of the State Medicaid Agency. The recipient may elect to change the opt-in pharmacy provider by request made to the Division, by the pharmacist or the primary care physician.

Every six (6) months recipients will be systematically removed from the OPT-In Program when fewer than twelve (12) prescriptions were dispensed.

Emergency fills will be allowed for recipients who are in the Recipient OPT-In Program. The emergency supply is limited to a four (4) day supply.

TN No.: 10-032
Supersedes
TN No.: NEW

Approval Date: 05/24/11

Effective Date: 11/01/10

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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TN No.: 10-032
Supersedes
TN No.: 09-022

Approval Date: 05/24/11

Effective Date: 11/01/10