

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



March 23, 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

RE: North Carolina Title XIX State Plan Amendment, NC #10-035A

Dear Dr. Gray:

We have reviewed the proposed amendment to the North Carolina Medicaid State Plan NC 10-035A that was received in the Regional Office on December 23, 2010. The amendment establishes Pregnancy Medical Home (PHM) delivery system for all Medicaid pregnant women through managed obstetric medical care. The PMH providers include individual physicians or physician groups enrolled as general/family practice, obstetrics/gynecology, multi-specialty, nurse practitioners, nurse midwives, North Carolina Medicaid's Primary Care Case Management Program, Federally Qualified Health Centers, and Rural Health Centers. These PMH providers will receive additional enhanced payments.

Based on the information provided, we are now ready to approve the Medicaid State Plan Amendment NC 10-035A. This SPA was approved on March 1, 2011. The effective date of this amendment is March 1, 2010. We are enclosing the approved form HCFA-179 and plan pages.

If you have any questions or need any further assistance, please contact Elaine Elmore at (404) 562-7408.

Sincerely,

/s/

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

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION	1. TRANSMITTAL NUMBER: 10-035	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 March 1, 2011	

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: Section 1915(g)(1)	7. FEDERAL BUDGET IMPACT: a. FFY 2011 \$6,694,834 b. FFY 2012 (\$12,406,211)
---	--

8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Supplement 1 to Attachment 3.1-A, Pages 1-5; Supplement 1 to Attachment 3.1-A, Part A, Attachment 3.1-B, Page 7(a); Attachment 3.1-B, Page 7(a.1), Attachment 4.19-B, Section 2, Page 2, Page 2a, Page 2b, Page 2c, Page 2d, Page 2e and Page 2f; Attachment 4.19-B, Section 5, Page 3, Attachment 4.19-B, Section 6, Page 1; Attachment 4.19-B, Section 9, Page 1; Attachment 4.19-B, Section 17, Page 1 and Attachment 4.19-B, Section 25, Page 1.	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Supplement 1 to Attachment 3.1-A, Pages 1-5; Supplement 1 to Attachment 3.1-A, Part A, Attachment 3.1-B, Page 7(a); Attachment 3.1-B, Page 7(a.1), Attachment 4.19-B, Section 2, Page 2, Page 2a, Page 2b, Page 2c, Page 2d, Page 2e and Page 2f; Attachment 4.19-B, Section 5, Page 3, Attachment 4.19-B, Section 6, Page 1; Attachment 4.19-B, Section 9, Page 1; Attachment 4.19-B, Section 17, Page 1 and Attachment 4.19-B, Section 25, Page 1.
---	--

10. SUBJECT OF AMENDMENT:


Pregnancy Medical Home

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: 	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: 12/24/10	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 12/23/10	18. DATE APPROVED: 03/21/11
--------------------------------	--------------------------------

PLAN APPROVED -- ONE COPY ATTACHED

19. EFFECTIVE DATE OF APPROVED MATERIAL: 03/01/11	20. SIGNATURE OF REGIONAL OFFICIAL:  Associate Regional Administrator Division of Medicaid & Children's Health Opns
21. TYPED NAME: Jackie Glaze	

23. REMARKS:

Approved with the following changes to items 8 and 9 as authorized by State Agency on emails (see attached)

State: North Carolina

REIMBURSEMENT FOR INDIAN HEALTH SERVICE
AND TRIBAL 638 HEALTH FACILITIES

- a) Payment for services to Indian Health Service and Tribal 638 Health Facilities is based upon the amounts as determined and published in the Federal Register by the United States Government for these providers.
- b) In addition to the payments received in paragraph (a) of this section, Indian Health Services and Tribal 638 Health Facilities are eligible to receive two enhanced payments when they are enrolled in the Medicaid program as Pregnancy Medical Home provider (PMH). A PMH is defined in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F of this state plan.

Two enhanced payments may be made to the PMH providers. Upon completion of the high risk screening, an enhanced payment of \$50.00 will be made to the PMH. Upon completion of the recipient's post partum visit, an enhanced payment of \$150.00 will be made to the PMH provider. The PMH providers will receive a maximum of \$200 enhanced payments per recipient per pregnancy even if there are multiple births.

Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private PMH providers. The above enhanced payments are PMH fee schedule rates were set as of March 1, 2011 and are effective for services provided on or after that date. The fee schedule is published on the agency's website at <http://www.ncdhhs.gov/dma/fee/fee.htm>.

There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates.

Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1 of the State Plan.

State Plan Under Title XIX of the Social Security Act
Medical Assistance
State NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

17. A. Nurse-Midwife Services.

- (1) Reimbursement will be made to licensed nurse-midwives enrolled in the North Carolina Medicaid program. Rates for procedure performed by nurse-midwives will be the same as the physician fee schedule. Billing will be accomplished via the standard physician billing form (HCFA-1500) using HCPCS coding.
- (2) Enhanced Payments for Pregnancy Medical Home Services will be made to licensed nurse-midwives for services provided by a Pregnancy Medical Home provider as specified in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F. Reimbursement will be as described in Attachment 4.19-B Section 5, Page 4 of the State Plan. There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates.

B. Certified Registered Nurse Anesthetists Services (CRNA's).

Fees for certified registered nurse anesthetists (CRNA's) are established at 90% of Anesthesiology rates. For DMA approved procedures (CPT and HCPCS) CRNA's will be reimbursed the same as physician services, which are based on the current Physician Medicaid Fee Schedule.