

Table of Contents

State/Territory Name: North Carolina

State Plan Amendment (SPA) #: 18-0011

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



Atlanta Regional Operations Group

June 4, 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

Dear Mr. Richard:

We have reviewed the proposed amendment to the North Carolina State Plan (SPA) NC 18-0011 that was submitted on March 13, 2019. This State Plan Amendment was submitted for the purpose of increasing the reimbursement rate for procedure code T2003, Non-Emergency Medical Transportation.

Based on the information provided, we are now ready to approve Medicaid State Plan Amendment NC 18-0011. This SPA was approved on June 3, 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.

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

Sincerely,

/s/

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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL	1. TRANSMITTAL NUMBER: 18-0011	2. STATE NC
	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
FOR: HEALTH CARE FINANCING ADMINISTRATION		
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE January 1, 2019

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: 2 CFR Part 225	7. FEDERAL BUDGET IMPACT: a. FFY 2019 \$2,181,863 b. FFY 2020 \$2,909,150
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Section 23, pages 1, 1a and 1g	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Section 23, pages 1, 1a and 1g

10. SUBJECT OF AMENDMENT:

Ambulance Non-Emergency Medical Transportation

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:	

FOR REGIONAL OFFICE USE ONLY

17. DATE RECEIVED: 03/13/19:	18. DATE APPROVED: 06/03/19
------------------------------	-----------------------------

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:

Approved with the following changes to blocks 8 and 9 as authorized by state agency on email date: 05/24/19.

Block # 8 changed to read: Section 23, pages 1, 1a and 1g; Attachment 4.19-B Supplement 2 page 1a.

Block # 9 changed to read: Section 23, pages 1, 1a and 1g; Attachment 4.19-B Supplement 2 page 1a.

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

23. Any other medical care and any other type of remedial care recognized under State law, specified by the Secretary.
- a. Transportation
1. AMBULANCE-
Ambulance Transportation services are medically necessary when provided by an ambulance provider under the Medicaid program in accordance with the following as described in Attachment 3.1-A.1, paragraph 23a.

Payment to private providers will be set as a percentage of the Medicare Fee Schedule in effect as of January 1, 2014. The percentages will be applied as indicated in paragraph 23 (A). Interim payment to governmental providers will be set at the same level as private providers and will be cost reconciled to equal the cost of services provided during the fiscal period beginning July 1, 2009 through June 30, 2010, and for subsequent 12 month fiscal periods. Cost will be determined by the Division of Medical Assistance using a CMS approved cost identification process in accordance with 45 CFR §75 *Uniform Administration Requirements, Cost Principles, and Audit Requirements for Health and Human Services (HHS) Awards* and 42 CFR §413 *Principles of Reasonable Cost Reimbursement* and the CMS Provider Reimbursement Manual. Cost for each governmental provider will be identified and compared to the interim payment, based on this comparison, additional payment or recovery of payment will be made to assure that the total of payment equals cost. Governmental and private ambulance transportation providers' interim rates are listed on Page 1a.

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%

Effective January 1, 2019 the Ambulance Non-Emergency Medical Transportation rate for Procedure Code T2003 will be \$474.00.

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 the following hyperlink: <https://medicaid.ncdhhs.gov/providers/fee-schedule/ambulance-services-fee-schedule>

TN No: 18-0011
Supersedes
TN No: 11-025

Approval Date: 06/03/19

Eff. Date: 01/01/19

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

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

F. Non-Emergency Medical Transportation:

Payments for Non-Emergency Medical Transportation services covered under Attachment 3.1-D provided by Commercial carriers shall be reimbursed at an individually negotiated rate or the prevailing commercial rate. The agency's rates were set as of October 1, 2012.

Mileage costs incurred by recipients and financially responsible persons using their private vehicles, the amount of reimbursement shall not exceed half the current IRS business rate at 27 cents per mile. Mileage cost for volunteers who are persons other than the recipients and financially responsible persons and are using their private vehicles shall be reimbursed at an amount not to exceed the current IRS business rate at \$0.58 cents per mile.

In subsequent years, these rates will be adjusted as the IRS business rates are adjusted.

Reimbursement for related ancillary travel expenses may not exceed the state mileage, subsistence and lodging reimbursement rates. The rates for food and lodging are set by the North Carolina Office of State Budget and Management. The rates may be found at the following hyperlink: <https://www.osbm.nc.gov/budman5-travel-policies>, [Section 5.1.2 Subsistence Rates](#).

Reimbursement for an attendant's transportation time, excluding wait time, shall not exceed the state hourly minimum wage rate of \$7.25 per hour. This rate is established by the North Carolina Office of State Personnel. Medical professionals who bill separately for medical services shall not be reimbursed for time.

Medicaid will make no payment for expenses of an attendant to sit and wait following recipient's admission to a medical facility.

There shall be no cost settlement for these services.

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

Payments for Medical and Remedial Care and Services

INTENTIONALLY LEFT BLANK

TN. No: 18-0011
Supersedes
TN. No: 13-031

Approval Date: 06/03/19

Effective Date: 01/01/19