

**PUBLIC NOTICE**  
**(SPA16-002-Local Health Department-(LHD))**

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the Medicaid State Plan under Title XIX, Attachment 4.19-B, Section 9, Pages 1.2, 1.4, and 1.5, for the purpose of including a reimbursement methodology to cost settle covered laboratory services rendered by Local Health Departments to Medicaid recipients, not to exceed the Medicare Laboratory Fee Schedule. Effective July 1, 2016, Local Health Departments will be reimbursed their allowable cost for rendering covered laboratory services to Medicaid recipients, not to exceed the Medicare Laboratory Fee Schedule. Medicaid allowable cost will be determined using the CMS approved cost report methodology, 42 CFR § 413, and the CMS Provider Reimbursement Manual.

The filing of this SPA is pursuant to Session Law 2015-264, Section 89.

This amendment will become effective July 1, 2016.

The annual estimated state fiscal impact of this change is:

- a. SFY 2017 \$ 0.00
- b. SFY 2018 \$ 0.00

A copy of the proposed public notice may be viewed at the county department of social services. Questions, comments and requests for copies of the proposed State Plan amendment should be directed to the Division of Medical Assistance at the address listed below:

Dave Richard  
Deputy Secretary for  
Division of Medical Assistance  
2501 Mail Service Center  
Raleigh, NC 27699-2501

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