



North Carolina Department of Health and Human Services  
Division of Medical Assistance

Pat McCrory  
Governor

Richard O. Brajer  
Secretary

Dave Richard  
Deputy Secretary for Medical Assistance

February 8, 2016

Dear County DSS Director:

Attached is a public notice representing a proposed change for the purpose of including a reimbursement methodology to cost settle covered laboratory services rendered by Local Health Departments. This amendment will become effective July 1, 2016.

Please post this notice in your facility so that interested parties may be made aware of this proposed change and may comment as necessary. The posting can be removed after ninety days from the date of this letter.

Sincerely,

*Teresa J. Smith*

Teresa J. Smith  
Administrative Service Manager

Attachment: Public Notice SPA 16-002 (Local Health Department)

[www.ncdhhs.gov](http://www.ncdhhs.gov)

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

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**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