

## **Attention: Durable Medical Equipment (DME) Providers**

### **Metabolic Formula (DME) rate changes pending approval from the Center for Medicare & Medicaid Services (CMS)**

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the Medicaid State Plan to increase the rates for metabolic formula (DME).

This amendment will become effective April 3, 2018

|  |             |           |
|--|-------------|-----------|
| The annual estimated state fiscal impact of this change is | a. SFY 2019 | \$604,764 |
|  | b. SFY 2020 | \$604,764 |

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  
Division of Medical Assistance  
2501 Mail Service Center  
Raleigh, NC 27699-2501

**Provider Reimbursement**  
**DMA, 919-814-0060**