The Department of Health and Human Services, Division of Health Benefits hereby provides notice of its intent to revise the RHC reimbursement section Attachment 4.19B of the Medicaid State Plan. This amendment will revise the methodology to include (a) an update to 2018 as the cost report base year for determining provider specific Prospective Payment System (PPS) rates and (b) adding an Alternate Payment Methodology (APM) in compliance with CMS Companion Letter to North Carolina Disaster Relief State Plan Amendment (SPA) 20-0016.

This amendment will become effective July 1, 2021.

The annual estimated state fiscal impact of this change is

<table>
<thead>
<tr>
<th>Year</th>
<th>Fiscal Impact</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. SFY 2022</td>
<td>$1,220,226</td>
</tr>
<tr>
<td>b. SFY 2023</td>
<td>$2,277,756</td>
</tr>
</tbody>
</table>

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 Health Benefits at the address listed below.

Dave Richard
Deputy Secretary for NC Medicaid
Division of Health Benefits
2501 Mail Service Center
Raleigh, NC 27699-2501

Posted on the Division of Health Benefits Website: June 30, 2021
https://medicaid.ncdhhs.gov/get-involved/nc-health-choice-state-plan