

ROY COOPER • Governor

MANDY COHEN, MD, MPH • Secretary

DAVE RICHARD • Deputy Secretary, NC Medicaid

MEMORANDUM

TO:

Mandy Cohen, MD, MPH

Secretary

FROM:

Dave Richard

Deputy Secretary for NC Medicaid

SUBJECT:

State Plan Amendment

Title XIX, Social Security Act

Transmittal #2018-0012

DATE:

February 26, 2019

Please find attached an amendment for North Carolina's State Plan under Title XIX of the Social Security Act for the Medical Assistance Program. The affected pages are Attachment 4.19-B, Section 5, pages 1, 1a-1f; Attachment 4.19-B, Section 6, page 1c and Attachment 4.19-B, Supplement 3, page 1k.

This state plan change will allow Medicaid to increase the rate for Evaluation and management codes, as defined in Section 1202 of the Affordable Care Act (ACA) and paid to primary care Physicians, Nurse Practitioners and Physician Assistants, as defined in the ACA. In addition to the ACA primary care practitioners, Obstetrician and Gynecologist shall also be included as a primary care physician.

This amendment is effective January 1, 2019.

Your approval of this state plan amendment is requested. If you have any questions or concerns, please contact me or Betty J. Staton at 919-527-7093.

DR:bjs

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PHYSICIAN'S FEE SCHEDULE

- (a) Except as otherwise noted in the plan, state-developed fee schedule rates are the same for both governmental and private providers of Physician Services. The agency's fee schedule rates were set as of January 1, 2014 and are effective for services provided on or after that date. All rates are published on the agency's website at https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-services-fee-schedule.
- (b) Physicians' services whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, shall be reimbursed based on the North Carolina Medicaid Physician Services Fee Schedule which is based on 86 percent of the Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) in effect January 1 of the year in which the service was initially established, but with the following clarifications and modifications:
 - (1) A maximum fee is established for each service and is applicable to all specialties and settings in which the service is rendered. Payment is equal to the lower of the maximum fee or the provider's customary charge to the general public for the particular service rendered.
 - (2) Rates for services deemed to be associated with adequacy of access to health care services may be adjusted based on administrative review. The service must be essential to the health needs of the Medicaid recipients, no other comparable treatment available and a rate adjustment must be necessary to maintain physician participation within the geographic area at a level adequate to meet the needs of Medicaid recipients and for which no other provider is available.
 - (3) Fees for new services are established based on this Rule, utilizing the most current Medicare RBRVS physician fee schedule, if applicable. If there is no relative value unit (RVU) available from Medicare, fees shall be established based on the fees for similar services. If there is no RVU or similar service, the fee shall be set at the average rate obtained from surrounding states.
 - (4) All Evaluation and Management codes ranging from 99201 to 99499 and new codes established within that range as defined in Section 1202 of the Affordable Care Act (ACA) and paid to primary care Physicians shall be reimbursed based on the Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) in effect as of January 01, 2018. In addition to the ACA primary care practitioners, Obstetricians and Gynecologists shall also be included as primary care Physicians. Reimbursement shall be based on the following methodologies:

The Medicaid Physician Non-Facility rate shall be set at 100 percent of the Medicare Physician Non-Facility rate.

The Medicaid Physician Facility rate shall be set at 100 percent of the Medicare Physician Facility rate when the Medicare Physician Facility rate and the Medicare Physician Non-Facility rate are different.

The Medicaid Physician Facility rate will be based on 90 percent of the Medicare Physician Non-Facility rate when both rates are the same.

TN. No. <u>18-0012</u> Supersedes TN. No. 14-044

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

State: North Carolina

(c) Administration of Vaccinations whether furnished in the office, the patient's home, a hospital, a nursing facility or elsewhere, shall be reimbursed based on the North Carolina Medicaid Fee Schedule. The fee for the Administration of Vaccinations is based on the CMS regional maximum, not to exceed the Medicare established cap.
Administration of Vaccinations is not subject to cost settlement when reimbursement on the North Carolina Medicaid Fee Schedule is equal to the CMS regional maximum cap.

Increased Primary Care Service Payment 42 CFR 447.405, 447.410, 447.415

Enhanced Affordable Care Act (ACA) Payments for Primary Care Services as defined in section 1202 with dates of service effective January 1, 2013 – December 31, 2014 will be reimbursed at no less than the Medicare Cost Share rates in effect January 1, 2013 – December 31, 2014 or, if greater, the Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) in effect as of July 1, 2009.

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Attachment 4.19-B. Section 5, Page 1e

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

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

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Physician Assistant Services:

Payments for Physician Assistant Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Physician Assistant Services Fee Schedule. The agency's rates were set as of January 01, 2014 and are effective on or after that date. All rates are published on the website at https://medicaid.ncdhhs.gov/providers/fee-schedule/physician-assistant-fee-schedule. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

- (a) Effective January 1, 2014, new Physician Assistant Services shall be reimbursed at 100 percent of the North Carolina Medicaid Physician Services Fee Schedule in effect at the time the service is established.
- (b) All Evaluation and Management codes ranging from 99201 to 99499 and any new codes established within that range as defined in Section 1202 of the Affordable Care Act (ACA) and paid to Physician Assistants shall be reimbursed based on the Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) in effect as of January 01, 2018. In addition to the ACA primary care practitioners, Obstetricians and Gynecologists shall also be included as primary care Physicians. Reimbursement shall be based the following methodology:

The Physician Assistants Medicaid Facility rate is set at 85 percent of the Medicare Physician Facility rate.

The Physician Assistants Medicaid Non-Facility rate is set at 85 percent of the Medicare Physician Non-Facility rate.

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

State: North Carolina

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICES

Medical care and any other type of remedial care recognized under State law, furnished by licensed practitioners within the scope of their practice as defined by State law:

Chiropractic Services, Podiatry Services, Optometry Services, Nurse Practitioner Services, Independent Practitioner Services and Other Licensed Practitioner Services.

d. Nurse Practitioner Services:

Payments for Nurse Practitioner Services covered under Attachment 3.1-A.1 are equal to the lower of the submitted charge or the appropriate fee from the North Carolina Medicaid Nurse Practitioner Services Fee Schedule. The agency's rates were set as of January 1, 2014 and are effective on or after that date. All rates are published on the website at https://medicaid.ncdhhs.gov/providers/fee-schedule/nurse-practitioner-fee-schedule. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

- (1) Effective January 1, 2014, rates for new Nurse Practitioner Services shall be reimbursed at 100 percent of the North Carolinas' Medicaid Physician Services Fee Schedule in effect at the time the service is established.
- (2) Enhanced Payments for Pregnancy Medical Home Services will be made to licensed nurse practitioners for services provided by a Pregnancy Medical Home provider as specified in Attachment 3.1-B, Page 7(a) and Attachment 3.1-F. Reimbursement will be as described in Attachment 4.19-B Section 5, Page 4 of the State Plan. There shall be no cost settlement for any provider in any setting for these services reimbursed at the enhanced rates
- (3) All Evaluation and Management codes ranging from 99201 to 99499 and any new codes established within that range as defined in Section 1202 of the Affordable Care Act (ACA) and paid to Nurse Practitioners shall be reimbursed based on the Medicare Resource-Based Relative Value Scale (RBRVS) physician fee schedule (PFS) in effect as of January 01, 2018. In addition to the ACA primary care practitioners, Obstetricians and Gynecologists shall also be included as primary care Physicians. Reimbursement shall be based the following methodology:

The Nurse practitioner Medicaid Facility rate is set at 85 percent of the Medicare Physician Facility rate.

The Nurse practitioner Medicaid Non-Facility rate is set at 85 percent of the Medicare Physician Non-Facility rate.

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Attachment 4.19-B Supplement 3, Page 1k

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

Payments for Medical and Remedial Care and Services

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