



NC DEPARTMENT OF
**HEALTH AND
HUMAN SERVICES**
Division of Health Benefits

ROY COOPER • Governor
KODY KINSLEY • Secretary
DAVE RICHARD • Deputy Secretary, NC Medicaid

February 16, 2023

James Scott, Director
Division of Program Operations
Department of Health & Human Services
Centers for Medicare & Medicaid Services
601 East 12th Street Room 355
Kansas City, Missouri 64106

SUBJECT: State Plan Amendment
Title XIX, Social Security Act
Transmittal #2023-0003

Dear Mr. Scott:

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 7, Pages 1 and 3. This State Plan change is to increase the Home Health Services Medicaid rates by ten percent (10%) above the rate in effect. Additionally, this increase is mandated by Section 12006 1903(l) of the 21st Century CURES Act.

The proposed effective date is February 01, 2023.

Your approval of this State Plan Amendment is requested. If you have any questions or concerns, please contact me or Cecilia Williams at (919) 270-2530.

Sincerely,

Jay Ludlam
Assistant Secretary for Medicaid

DocuSigned by:
Jay Ludlam
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Enclosures

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

7. HOME HEALTH SERVICES

The rates for home health services were set as of July 1, 2012. Effective February 1, 2023 home health reimbursement shall be increased by ten percent (10%) above the rate in effect per visit and will be effective for services provided by Medicare certified home health agencies participating in the North Carolina Medicaid Program on or after that date. All rates are published on the website at <https://medicaid.ncdhhs.gov/providers/fee-schedules>.

Effective April 1, 2023, providers subject to Electronic Visit Verification (EVV) as required by Section 12006 1903(l) of the 21st Century CURES Act, must be registered with the State's EVV solution or procure an alternative compliant EVV solution to receive reimbursement, as per Home Health Clinical Coverage Policy No: 3A.

A. REIMBURSEMENT METHODS FOR CERTIFIED HOME HEALTH AGENCIES

- (a) A maximum rate per visit is established annually for each of the following services:
- (1) Registered or Licensed Practical Nursing Visit;
 - (2) Physical Therapy Visit;
 - (3) Speech Therapy Visit;
 - (4) Occupational Therapy visit;
 - (5) Home Health Aide Visit.
- (b) The maximum rate for new services identified in Section (a) above are computed and applied as follows:

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APPEALS

Providers may appeal maximum rates by presenting written requests and supporting data. Rates will not be adjusted retroactively. Appeals will be processed in accordance with Division procedures for Provider Reimbursement Reviews.

PAYMENT ASSURANCES

(a) The State will pay the amounts determined under this plan for each covered service furnished in accordance with the requirements of the State Medicaid Plan, provider participation agreement, and Medicaid policies and procedures. The payments made under this methodology will not exceed the upper limits as established by 42 C.F.R. 447.325.