

MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

North Carolina Estimated Acquisition Cost (NCEAC) For Prescribed Drugs

NCEAC is defined as the reasonable and best estimate of the price paid by providers for a drug as obtained from a manufacturer or other legal distributor. As determined by the Division, the reasonable and best estimate is based on the wholesale acquisition cost (WAC) plus 7% or if WAC cannot be determined, then average wholesale price (AWP) less 14.5 percent. For the WAC information the Division uses the First Databank Price Update Service, manufacturer's price list, or other nationally published sources. Telephone contact with manufacturer or distributors may be utilized when a published source is not available.

Dispensing Fee

The dispensing fee for drugs is determined by the North Carolina General Assembly. The dispensing fee is paid to all providers for the initial dispensing and excludes refills within the same month for the same drug or generic equivalent. The dispensing fee is \$5.60 for generic drugs and \$4.00 for brand name drugs.

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Physician Drug Program

Effective January 1, 2006, the physician drug program will be reimbursed at the Average Selling Price plus 6% (ASP+6%) to follow Medicare pricing. If there is no ASP+6% value available from Medicare, fees shall be established based on the lower of vendor specific National Drug Code (NDC) ASP+6% pricing, Average Wholesale Price (AWP) - 10% pricing as determined using lowest generic product NDC, lowest brand product NDC or a reasonable value compared to other physician drugs currently on North Carolina's physician drug program list.

Notwithstanding any other provision, if specified these rates will be adjusted as shown on Supplement 3, Page 2 to Attachment 4.19-B section of the state plan. There will be no retroactive payment adjustments for fee changes.

All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/fee.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

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Professional Services Fee for Focused Risk Management (FORM) Program

A fee for service payment will be made to qualified pharmacists upon completion of the comprehensive review plan required under the FORM program for each identified Medicaid recipient.

Except as otherwise noted in the state plan, the fee schedule rates are the same for both governmental and private providers of Focused Risk Management (FORM). The fee and any adjustments are published in the Medicaid Bulletin located at <http://www.ncdhhs.gov/dma/bulletin.htm>.

The fee may be increased annually based on the lower of the inflationary medical Consumer Price Index (CPI) or the inflationary amount established by the North Carolina General Assembly.

Pharmacy providers will be subject to recoupment of the quarterly comprehensive review plan professional services fee if documentation does not show that reviews actually occurred.

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MEDICAL ASSISTANCE
State NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

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MEDICAL ASSISTANCE
State: NORTH CAROLINA

PAYMENTS FOR MEDICAL AND REMEDIAL CARE AND SERVICE

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in disease of the eye or by an optometrist.

c ORTHOTIC AND PROSTHETIC DEVICES

Payment for each claim for prosthetic/orthotic devices will be equal to the lower of the supplier's usual and customary billed charges or the maximum fee established for each item. The maximum fees are set at 100 percent of the Medicare Part B fees as of January 1 of each year. If a Medicare fee cannot be obtained for a particular item, the fee will be based on estimates of reasonable costs and updated each January 1 by the forecasted percentage increase in prices for the devices. Notwithstanding any other provision, if specified these rates will be adjusted as shown on Supplement 4 to the Attachment 4.19-B section of the state plan. There will be no retroactive payment adjustments for fee changes.

When devices are provided by state or local government agencies, reimbursement will not exceed the cost of the device.

All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/fee.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

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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

12. Prescribed drugs, dentures, and prosthetic devices; and eyeglasses prescribed by a physician skilled in diseases of the eye or by an optometrist.
- d. Eyeglasses.

Fees paid to dispensing providers are negotiated fees established by the State agency based on industry charges. Notwithstanding any other provision, if specified, these rates will be adjusted as shown on Attachment 4.19-B, Supplement 3, Page 1c of the State Plan.

All rates are published on the website at <http://www.ncdhhs.gov/dma/fee/fee.htm>. Except as otherwise noted in the plan, State developed fee schedule rates are the same for both governmental and private providers.

Payment for materials is made to a contractor(s) in accordance with 42 CFR 431.54(d).

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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

Payment for Physician Drug Program:

SFY 2010 – The rates for SFY 2010 are frozen as of the rates in effect at July 1, 2009. Effective October 1, 2009, a negative inflationary adjustment of 3.61% was applied to the existing rates. There will be no further annual adjustment.

SFY 2011 – As of July 1, 2010 rates will be frozen.

Reference: Attachment 4.19-B, Section 12

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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

Payment for Orthotics and Prosthetics:

SFY 2004 – No adjustment.

SFY 2005 and 2006 – No rate increase from the June 30, 2005 rate for all Medicaid private and public providers with the following exceptions: federally qualified health clinics, rural health centers, state institutions, outpatient hospital, pharmacy and the non-inflationary components of the case-mix reimbursement system for nursing facilities.

NC General Assembly legislation mandates that effective July 1, 2005, reimbursement rates for these programs (Orthotics and Prosthetics) for the state fiscal years 2005-2006 and 2006-2007 will remain at the rate in effect as of June 30, 2005, except Medicaid rates may be adjusted downward in accordance with the current year's downward adjustments to the Medicare fee schedule.

SFY 2007 - Inflationary increase of 2.05% was applied to the Orthotics and Prosthetics program.

SFY 2009 - The rates for Orthotics and Prosthetics are frozen at the rates in effect on June 30, 2008.

SFY 2010 – Effective October 1, 2009, an overall negative rate adjustment of 4.15% was applied. There will be no further annual rate adjustment for SFY 2010.

SFY 2011 - As of July 1, 2010 rates will be frozen.

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