



North Carolina Department of Health and Human Services
Division of Medical Assistance

Pat McCrory
Governor

Aldona Z. Wos, M.D.
Ambassador (Ret.)
Secretary DHHS

Dave Richard
Deputy Secretary for Medical Assistance

June 24, 2015

Dear County DSS Director:

Attached is a Public Notice representing a proposed change to the North Carolina Medicaid Program. The Amendment will become effective July 1, 2015.

Please post this notice in your facility so that interested parties may be made aware of this proposed change and may comment as necessary. The posting can be removed after ninety days from the date of this letter.

Sincerely,

Teresa Smith

Teresa Smith
Administrative Service Manager

Attachment: Public Notice Dispensing Fees (SPA 14-047)

www.ncdhhs.gov

Tel 919-855-4100 • Fax 919-733-6608

Location: 1985 Umstead Drive • Kirby Building • Raleigh, NC 27603

Mailing Address: 2501 Mail Service Center • Raleigh, NC 27699-2501

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PUBLIC NOTICE
(SPA 14-047)
Dispensing Fees

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the Medicaid State Plan page Attachment 4.19-B, Section 12, Page 1a for dispensing fees. The new methodology requires DMA to raise dispensing fees to \$14 for preferred brands and generics and \$13 for non-preferred brands and generics. This notice is subject to change pending the outcome of the current legislation session.

This amendment will become effective July 1, 2015. The annual estimated state fiscal impact of this change is:

- a. SFY 2015 (\$126,283,000)
- b. SFY 2016 (\$126,283,000)

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