



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

Pat McCrory
Governor

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

Robin Gary Cummings, M.D.
Deputy Secretary for Health Services
Director, Division of Medical Assistance

September 23, 2014

Dear County DSS Director:

Attached is a Public Notice representing a proposed change to the North Carolina Medicaid Program. The Amendment will become effective October 1, 2014.

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 (SPA 14-021)

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 14-021)**

The Department of Health and Human Services, Division of Medical Assistance hereby provides notice of its intent to amend the Medicaid State Plan pages Attachment 4.19-B, Section 12, Page 1b. Effective October 1, 2014, the provider reimbursement rate for Botox, when provided in accordance with medical coverage policy, shall be the same as the pharmacy reimbursement rate. This change in methodology is required by Sections 12H.4 and 12H.33A of Session Law 2014 – 100.

This amendment will become effective October 1, 2014.

The annual estimated state fiscal impact of this change is: a. SFY 2015 \$ 46,527
b. SFY 2016 \$ 62,000

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:

Robin G. Cummings, MD
Director
Division of Medical Assistance
2501 Mail Service Center
Raleigh, NC 27699-2501