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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 23-0029

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

January 29, 2024

Sarah Aker
Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue Dept. 325
Bismarck, ND 58505-0250

Re: North Dakota State Plan Amendment (SPA) 23-0029

Dear Director Aker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-23-0029. This amendment proposes to amend the State Plan to add coverage of adult vaccines and to update vaccines rates quarterly.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 C.F.R. Section 440.390. This letter is to inform you that North Dakota Medicaid SPA 23-0029 was approved on January 29, 2024, with an effective date of October 1, 2023.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at Tyson.Christensen@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: LeeAnn Thiel

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER <u>2 3 — 0 0 2 9</u>	2. STATE <u>ND</u>
3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI	

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
October 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447 Part C

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2024 \$ 0
b. FFY 2025 \$ 0

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

Attachment to Page 6 of Attachment 3.1-A, page 1
Attachment to Page 5 of Attachment 3.1-B, page 1
Attachment 4.19-b, page7b

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Attachment to Page 6 of Attachment 3.1-A, page 1 (TN 20-0008)
Attachment to Page 5 of Attachment 3.1-B, page 1 (TN 20-0008)
Attachment 4.19-b, page7b (TN 22-0003)

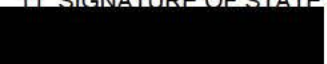
9. SUBJECT OF AMENDMENT

Amends the State Plan to add coverage of adult vaccines and to update vaccines rates quarterly.

10. GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Sarah Aker, Director
Medical Services Division

11. SIGNATURE OF STATE AGENCY OFFICIAL


12. TYPED NAME
Sarah Aker

13. TITLE
Medical Services Director

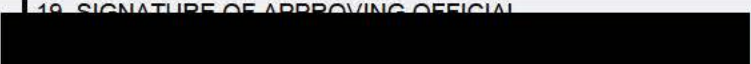
14. DATE SUBMITTED
November 6, 2023

15. RETURN TO
Sarah Aker, Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue Dept 325
Bismarck ND 58505-0250

FOR CMS USE ONLY

16. DATE RECEIVED <u>November 6, 2023</u>	17. DATE APPROVED <u>January 29, 2024</u>
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PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL <u>October 1, 2023</u>	19. SIGNATURE OF APPROVING OFFICIAL 
20. TYPED NAME OF APPROVING OFFICIAL <u>James G. Scott</u>	21. TITLE OF APPROVING OFFICIAL <u>Director, Division of Program Operations</u>

22. REMARKS

State: North Dakota

Attachment to Page 6 of
Attachment 3.1-A
Page 1

13.c Preventive Services

North Dakota Medicaid assures coverage for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and the vaccine administration. North Dakota Medicaid also assures that changes to ACIP recommendations will be incorporated into coverage and billing codes as necessary.

TN: ND-23-0029

Supersedes

TN: 20-0008

Approval Date: 1-29-2024

Effective Date: 10-01-2023

State: North Dakota

Attachment to Page 5 of
Attachment 3.1-B
Page 1

13.c Preventive Services

North Dakota Medicaid assures coverage for approved adult vaccines recommended by the Advisory Committee on Immunization Practices (ACIP) and the vaccine administration. North Dakota Medicaid also assures that changes to ACIP recommendations will be incorporated into coverage and billing codes as necessary.

TN: ND-23-0029

Supersedes

TN: 20-0008

Approval Date: 1-29-2024

Effective Date: 10-01-2023

40. Payment for vaccines outside of the Vaccines for Children program will be based on the quarterly Average Sales Price (ASP) + 6%. If ASP + 6% is not available, then vaccines will be reimbursed at the Wholesale Acquisition Cost from the ND Medicaid vendor for HCPC to NDC crosswalk available quarterly. Payment for vaccine administration is based on the rates approved on page 66(b) of the State Plan.
41. Payment for routine patient cost for items and services that are furnished in connection with participation in a qualified clinical trial will be the lower of billed charges or fee schedule established by the state agency.