Revision	HCFA-PM-87-4 OCTOBER 2011 State/Territory		(BERC)		OMB No	0938-0193
			North Dakota			
<u>Citation</u>	4 4	Medicai	d Qualit	y Control		
42 CFR 431 s 50 FR 21839	-	(a)	A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P			
75 FR 48847 1903(u) of the	e Act. 7)		\boxtimes	Yes		
P L 99-509 (Section 9407 P L 107-300 P L 111-3				Not Applicable The State op approved MEQC Pilot	erates an	
		(<u>b</u>)	In accordance with 431 806(c), the State operates a Medicaid quality control claims processing assessment system that meets the requirements of 431 830 – 431 836			
				Yes		
			Ì	Not applicable The State ha Medicaid Management Inform (MMIS)	••	
		(c)	 In accordance with 431 806(b), Payment Error Rate Measurement (PERM) is implemented in accordance with 42 CFR Part 431, Subpart Q, in substitution to meet the statutory and regulatory ("tradition") Medicaid Eligibility Quality Review (MEQC) during the State's PERM cycle year 			
				Yes Effective for FFY 2012 Effective for FFY 2015 Effective for FFY 2018 Not Applicable		

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TN No <u>11-014</u> Supersedes TN No <u>88-6</u>

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Approval Date <u>///2//1</u>

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