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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-11-010

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1600 Broadway, Suite 700
Denver, CO 80202-4967



Region VIII

February 21, 2012

Maggie Anderson, Medicaid Director
Medical Services Division
North Dakota Department of Human Services
600 East Boulevard Avenue, Dept 325
Bismarck, ND 58505-0250

RE: North Dakota #11-010

Dear Ms Anderson

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 11-010. This amendment adds services rendered by dental clinics including mobile dental clinics to provide services to Medicaid eligible individuals.

Please be informed that this State Plan Amendment was approved on February 17, 2012 with an effective date of July 1, 2011. We are enclosing the CMS-179 and the amended plan page(s).



If you have any questions concerning this amendment, please contact Mary Marchioni at (303) 844-7094.

Sincerely,

/s/

Richard C. Allen
Associate Regional Administrator
Division for Medicaid and Children's Health Operations

CC Mary Lou Thompson

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1 TRANSMITTAL NUMBER 11-010	2 STATE North Dakota
FOR: HEALTH CARE FINANCING ADMINISTRATION		3 PROGRAM IDENTIFICATION TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4 PROPOSED EFFECTIVE DATE July 1, 2011	
5 TYPE OF PLAN MATERIAL (Check One)			
<input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT			
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6 FEDERAL STATUTE/REGULATION CITATION: 42 CFR 440.90		7 FEDERAL BUDGET IMPACT a. FFY <u>2011</u> \$ <u>42,000.00</u> b. FFY <u>2012</u> \$ <u>268,000.00</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 1		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-B, Page 1	
10 SUBJECT OF AMENDMENT Amends the State Plan to allow dental clinics including mobile dental clinics to provide services to Medicaid eligible individuals.			
11 GOVERNOR'S REVIEW (Check One)			
<input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL		<input checked="" type="checkbox"/> OTHER, AS SPECIFIED Maggie D. Anderson, Director, Medical Services Division	
12 SIGNATURE OF STATE AGENCY OFFICIAL 		16 RETURN TO	
13 TYPED NAME Maggie D. Anderson		Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
14 TITLE Director, Division of Medical Services			
15 DATE SUBMITTED 6/22/2011			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED 6/22/11		18 DATE APPROVED 2/17/12	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL 7/1/11		20 REGIONAL OFFICIAL: 	
21 TYPED NAME RICHARD C. ALLEN		22 TITLE ARA, DIRECTOR	
23 REMARKS			

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

The following is a description of the policies that apply to rates and fees established for services other than inpatient hospital care, nursing facility care, and intermediate care for the mentally retarded

Out-of-state providers are paid the same rates and fees applicable to providers in North Dakota Medicare crossover claims will be paid based on the lesser of the Medicare coinsurance and deductible or the maximum amount payable for the service per the rates and fees established less the Medicare payment

- 1) *Outpatient services*, are paid using a fixed percentage of charges established by the state agency, except for laboratory procedures paid according to item 3 below, dietitian services paid at the lower of the actual charge or maximum allowable charge established by the state agency, and ambulatory behavioral healthcare (partial hospitalization) paid a per diem rate established by the state agency. The fixed percentage of charges for out-of-state hospitals shall be the average of the fixed percentage paid to all hospitals categorized as Group 1 Hospitals
- 2) *Clinic services payment* is based on the cost of delivery the services as determined by the single state agency from cost data submitted periodically by the clinic. In those years when no cost information is requested by the single state agency, each clinic will receive an inflation increase as determined by the state agency. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. Payments to participating providers will be made in accordance with 42 CFR 447.206. In those years where no cost information is requested by the single state agency, each clinic will receive an information increase as determined by the single state agency and identified on Page A of Attachment 4 19-B. Individual provider rates will be effective July 1. Providers will be notified of the rate schedules, which are maintained at the single state agency.
 - a) Payment to dental clinics, including mobile dental clinics, is based on the cost of delivery of the services as determined by the single state agency from cost data submitted annually by the clinic. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. Individual provider rates will be effective October 1, 2011. Providers will receive an inflation increase as determined by the single state agency and identified on Page A of Attachment 4 19-B. Providers will be notified of the rates, via letter and/or email correspondence. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private providers
- 3) For laboratory services, Medicaid will pay the lower of billed charges, Medicare maximum allowable charge, or fee schedule established by the state agency. Medicaid payment for lab services may not exceed the Medicare rate on a per test basis

TN No 11-010
Supersedes
TN No 09-014

Approval Date 2/17/12

Effective Date 7-1-2011