

**TRANSMITTAL AND NOTICE OF APPROVAL OF  
STATE PLAN MATERIAL**

1 TRANSMITTAL NUMBER

**11-014**

2 STATE

**North Dakota**

FOR. HEALTH CARE FINANCING ADMINISTRATION

3 PROGRAM IDENTIFICATION

**TITLE XIX OF THE SOCIAL SECURITY ACT  
(MEDICAID)**

TO REGIONAL ADMINISTRATOR

4 PROPOSED EFFECTIVE DATE

HEALTH CARE FINANCING ADMINISTRATION  
DEPARTMENT OF HEALTH AND HUMAN SERVICES

**October 1, 2011**

5 TYPE OF PLAN MATERIAL (Check One)

NEW STATE PLAN

AMENDMENT TO BE CONSIDERED AS NEW PLAN

AMENDMENT

COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)

6 FEDERAL STATUTE/REGULATION CITATION

**42 CFR parts 431, 447 and 457**

7 FEDERAL BUDGET IMPACT

a FFY 2012 \$ -0-

b FFY 2013 \$ -0-

8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT

**Section 4, Item 4.4, Page 35**

9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION  
OR ATTACHMENT (If Applicable)

**Section 4, Item 4.4, Page 35**

10 SUBJECT OF AMENDMENT

**Amends the State Plan to substitute completion of PERM eligibility review to fulfill the requirements  
of traditional MEQC reviews.**

11 GOVERNOR'S REVIEW (Check One)

GOVERNOR'S OFFICE REPORTED NO COMMENT

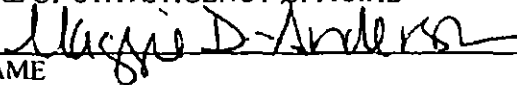
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED

NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED

Maggie D. Anderson, Director,  
Medical Services Division

12 SIGNATURE OF STATE AGENCY OFFICIAL



13 TYPED NAME

**Maggie D. Anderson**

14 TITLE

**Director, Division of Medical Services**

15 DATE SUBMITTED

**8/16/11**

16 RETURN TO

**Maggie D. Anderson, Director  
Division of Medical Services  
ND Department of Human Services  
600 East Boulevard Avenue Dept 325  
Bismarck ND 58505-0250**

**FOR REGIONAL OFFICE USE ONLY**

17 DATE RECEIVED

**8/16/11**

18 DATE APPROVED

**11/2/11**

**PLAN APPROVED - ONE COPY ATTACHED**

19 EFFECTIVE DATE OF APPROVED MATERIAL

**10/1/11**

20 SIGNATURE OF REGIONAL OFFICIAL



21 TYPED NAME

**Mary Marchioni**

22 TITLE

**Acting AEA, DMCHD**

23 REMARKS

Revision HCFA-PM-87-4 (BERC)  
OCTOBER 2011

OMB No 0938-0193

State/Territory North Dakota

Citation 4 4 Medicaid Quality Control

42 CFR 431 subpart P  
50 FR 21839  
75 FR 48847  
1903(u) of the Act.  
P L 99-509  
(Section 9407)  
P L 107-300  
P L 111-3

- (a) A system of quality control is implemented in accordance with 42 CFR Part 431, Subpart P
- Yes
- Not Applicable The State operates an approved MEQC Pilot
- (b) 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
- Not applicable The State has an approved Medicaid Management Information System (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

TN No 11-014  
Supersedes  
TN No 88-6

Approval Date 11/2/11

Effective Date 10-01-2011

HCFA ID 10100 0012P