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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-12-003

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

January 24, 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 #12-003

Dear Ms Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-003. This amendment clarifies the specifics of how the State is paying encounters to IHS and Tribal 638 facilities for their services.

Please be informed that this State Plan Amendment was approved on January 20, 2011 with an effective date of January 1, 2012. We are enclosing the CMS-179 and the amended plan page(s)



If you have any questions concerning this amendment, please contact Cindy Smith at (303) 844-7041

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 FOR: HEALTH CARE FINANCING ADMINISTRATION		1 TRANSMITTAL NUMBER 12-003	2 STATE North Dakota
		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 January 1, 2012	
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 Indian Health Care Improvement Act of 1976		7 FEDERAL BUDGET IMPACT a FFY <u>2011</u> \$ <u>-0-</u> b FFY <u>2012</u> \$ <u>-0-</u>	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 3c (new)		9 PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)	
10 SUBJECT OF AMENDMENT Amends the State Plan to provide detail regarding Medicaid reimbursement to IHS facilities and 638 facilities.			
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 <u>Maggie D. Anderson, Director</u> <u>Medical Services Division</u>			
12 SIGNATURE 		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	
13 TYPED NAME Maggie D. Anderson			
14 TITLE Director, Division of Medical Services			
15 DATE SUBMITTED December 9, 2011			
FOR REGIONAL OFFICE USE ONLY			
17 DATE RECEIVED 12/9/11		18 DATE APPROVED 1/20/12	
PLAN APPROVED - ONE COPY ATTACHED			
19 EFFECTIVE DATE OF APPROVED MATERIAL 1/1/12		OFFICIAL 	
21. TYPED NAME RICHARD C. ALLEN		22 TITLE ARA, DRICHO	
23 REMARKS			

- 29 Health Services Payments to Indian Health Service (IHS) will be per encounter per day and based on the approved all-inclusive rates published each year in the Federal Register by the Department of Health and Human Services

An encounter for a 638 or IHS facility means an encounter between a recipient eligible for Medicaid and a health professional at or through an IHS or 638 service location

Multiple visits for different services on the same day with different diagnosis

IHS facilities are eligible for multiple encounter rates for multiple **general covered service categories** on the same day for the same recipient with a different diagnosis. For example, IHS may bill a mental health service, an outpatient service and a pharmacy service for a single recipient on the same day

Multiple visits for different services on the same day with the same diagnosis

IHS facilities are eligible for multiple encounter rates for multiple **general covered service categories** on the same day for the same recipient with the same diagnosis provided they are for different **general covered service categories**. The diagnosis code may be the same for each of the claims, but the services provided must be distinctly different and occur within different units of the facility. For example, IHS may bill a mental health service, an outpatient service, and a pharmacy service for a single recipient on the same day

Multiple visits for the same type of service on the same day with different diagnoses

IHS facilities are eligible for multiple encounter rates for multiple same day visits for the same type of **general covered service category** if the **diagnoses are different**. For example, consider a recipient who goes to an outpatient emergency room for the flu in the morning and returns later in the day as a result of an automobile accident. While these visits are both outpatient emergency room visits they are meeting distinctly different health needs and have different diagnosis codes

The general covered service categories are Inpatient, Outpatient, Pharmacy, Vision, Dental, Mental Health, and EPSDT