
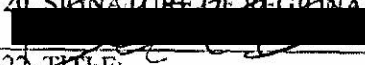


TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1 TRANSMITTAL NUMBER: 12-013	2. STATE North Dakota
FOR: HEALTH CARE FINANCING ADMINISTRATION		3 PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4 PROPOSED EFFECTIVE DATE April 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: 42 CFR 447		7 FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ <u>230,824</u> b. FFY <u>2013</u> \$ <u>522,679</u>	
8 PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-B, Page 5, & Page 6		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable). Attachment 4.19-B, Page 5 & Page 6	
10. SUBJECT OF AMENDMENT. Amends the North Dakota State Plan to update the payment methodology language for Federally Qualified Health Centers (FQHC) to allow the FQHC a one-time rate adjustment to their medical and dental rates.			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <u>Maggie D. Anderson, Director,</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Medical Services Division</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		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: June 26, 2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED. 6/26/12		18. DATE APPROVED. 9/20/12	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 4/1/12		20. SIGNATURE OF REGIONAL OFFICIAL. 	
21. TYPED NAME: RICHARD C. ALLEN		22. TITLE: ARA, DRUCHO	
23. REMARKS:			