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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-12-022

This file contains the following documents in the order listed:

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

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



REGION VIII - DENVER

July 9, 2013

Maggie Anderson
Medicaid Director
North Dakota Department of Human Services
Medical Services Division
State Capitol Judicial Wing
600 East Boulevard Avenue
Bismarck, ND 58505-0250

RE: North Dakota #12-022

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 12-022. This amendment provides a 3% inflationary rate increase for North Dakota Medicaid providers.

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

In addition, we are enclosing a request for a companion SPA to ND 12-022 that will address compliance with Section 2302 of the Affordable Care Act regarding hospice services.

If you have any questions about this letter, please contact Ann Clemens of my staff at either 303-844-2125 or by email at Ann.Clemens@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covering the signature of Richard C. Allen.

Richard C. Allen
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

CC: Kathy Rodin

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
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July 9, 2013

Maggie Anderson
Medicaid Director
North Dakota Department of Human Services
Medical Services Division
State Capitol Judicial Wing
600 East Boulevard Avenue
Bismarck, ND 5505-0250

Dear Ms. Anderson:

This letter is being sent as a companion to our approval letter for ND SPA 12-022 which provides a 3% inflationary rate increase for North Dakota Medicaid providers. Our review of this amendment included assessment of the corresponding coverage pages for the amended service in section 4.19B of the North Dakota State Plan. Based on this review, CMS determined that North Dakota needs to address the following additional elements in order to bring the State Plan into compliance with federal law.

Section 1902 of the Social Security Act (the Act) requires that states have a state plan for medical assistance that meets certain federal requirements that set out a framework for the state program. Regulations at 42 CFR 430.10 require that the state plan be a comprehensive written statement containing all information necessary for CMS to determine whether the plan can be approved as a basis for federal financial participation in the state program. Furthermore, 42 CFR 440.230 requires services must be sufficient in amount, duration, and scope to reasonably achieve their purpose.

In order to comply with the above mentioned statutory and regulatory provisions, the state must amend its approved state plan to include information to comprehensively describe the services. To this end, CMS welcomes the opportunity to work with you and your staff to discuss options for resolving the concerns outlined below.

Please note that the following questions apply to the services included in page 2 of Attachment 4.19-B regarding hospice services.

Hospice:

Attachment 3.1-A, page 7 and Attachment 3.1-B, page 6, item #18:1. The state indicates it furnishes the hospice benefit "without limitations" under Item 18. In accordance with Section 2302 of the Affordable Care Act which was effective March 23, 2010, states must furnish curative care concurrently with hospice services for Medicaid and CHIP-eligible children under age 21 who elect the hospice benefit. We previously provided you with a draft template and the State Medicaid Director Letter, #10-018, dated September 9, 2010 and the Informational Bulletin, dated May 27, 2011. Please complete the

draft template to reflect that the state provides concurrent care under the hospice benefit in accordance with section 2302 of the Affordable Care Act.

Please respond to this letter within 90 days of receipt with a corrective action plan describing how the State will resolve the issues identified above. During this 90-day period we are happy to provide any technical assistance that you and your staff may need. State Plans that are not in compliance with requirements at 42 CFR 430.10 are grounds for initiating a formal compliance process.

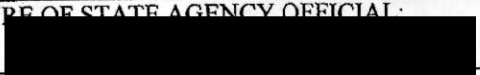
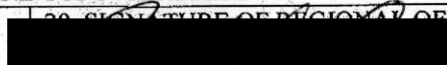
If you have any questions about this letter, please contact Ann Clemens of my staff at either 303-844-2125 or by email at Ann.Clemens@cms.hhs.gov.

Sincerely,

A black rectangular redaction box covering the signature of Richard C. Allen.

Richard C. Allen
Associate Regional Administrator
Division of Medicaid & Children's Health Operations

CC: Kathy Rodin

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 12-022	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, 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 447.204		7. FEDERAL BUDGET IMPACT: a. FFY <u>2012</u> \$ <u>306,142</u> b. FFY <u>2013</u> \$ <u>866,537</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Pages 1, 1a, 2, 2a, 3, 3a, 3b, 3b-1, & 7		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.19-B, Pages 1, 1a, 2, 2a, 3, 3a, 3b, 3b-1, & 7	
10. SUBJECT OF AMENDMENT: Amends the State Plan to provide an inflationary increase for services in 2012 rendered by Medicaid providers.			
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 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: 9-25-2012			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: 9/25/12		18. DATE APPROVED: 7/9/13	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 7/1/12		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: RICHARD C. ALLEN		22. TITLE: ARA, DMCIHO	
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 in-state hospitals designated as Critical Access Hospitals will be established using the hospital's most recent audited Medicare cost report. Cost settlement to reasonable cost for outpatient services at in-state hospitals designated as Critical Access Hospitals for Title XIX services will be based on the Medicare cost report and will occur after the hospital's Medicare cost report has been audited and finalized by the Medicare fiscal intermediary. The fixed percentage of charges for all other in-state hospitals will be established using the hospital's most recent Medicare cost report available as of June 1 of each year. 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. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
- 2) Clinic services payment is based on the cost of delivery of the services on a prospective basis 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. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for days of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
 - a) Payment to dental clinics, including mobile dental clinics, is based on the cost of delivery of the service 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, 2012. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for days of service October 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly. 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.: 12-022

Supersedes

TN No.: 11-021Approval Date: 7/9/13Effective Date: 7-1-2012

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE - (continued)

- 4) For x-ray services, Medicaid will pay the lower of billed charges or fee schedule established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
- 5) For prosthetic devices, medical equipment, supplies and appliances, Medicaid will pay the lower of billed charges or fee schedule established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
- 6) For physicians, podiatrists, chiropractors, and psychologists, the lower of billed charges or fee schedule established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, for services reimbursed from the Professional Services Fee Schedule, as authorized and appropriated by the 2011 Legislative Assembly. For services reimbursed with fees based on Relative Value Units providers did not receive the three percent inflationary increase.
 - a. For services rendered by licensed or registered pharmacists, the lower of billed charges or the fee schedule established by the state agency.
- 7) For optometrists, dentists and dentures, Medicaid will pay the lower of billed charges or Medicaid fee established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
- 8) For private duty nursing, Medicaid will pay the lower of billed charges or the established fee as determined by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
- 9) For physical, occupational and speech therapy, payment will be the lower of billed charges or the fee established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
- 10) For services rendered by enrolled providers via telemedicine; payment for the telemedicine connectivity code will be the lower of billed charges or the fee established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
- 11) For eyeglasses, Medicaid will pay the lower of billed charges or the fee schedule established by the state agency.

The agency's rates were set as of July 1, 2012 and are effective for services received on or after that date. All rates are published on the agency's web site at: <http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html>. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

TN No.: 12-022
Supersedes
TN No.: 11-021

Approval Date: 7/9/12

Effective Date: 07-01-2012

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

- 10) Transportation by common carrier will be reimbursed at the going rate or fare established for the general public. Ambulance services will be paid at the lower of actual billed charges or the maximum allowable charge established by the state. Private vehicles when utilized by a third party to provide transportation to a Medicaid recipient will be paid at the lower of billed charges or the mileage rate up to an upper limit periodically established by the state agency, not to exceed the mileage established by the state legislature. The payment for all meals necessary for recipients and attendants cannot exceed the amount allowed for state employees while they are traveling in the state of North Dakota. The payment for necessary lodging for recipients and attendants traveling within North Dakota cannot exceed the amount allowed for state employees. The payment for necessary lodging for recipients and attendants traveling outside of North Dakota will be limited by a maximum established by the single state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
- 11) Family planning services provided by local health departments under the auspices of the Maternal and Child Health (MCH) Division of the State Department of Health will be paid the lower of billed charge of maximum established by the MCH Division. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
- 12) Home Health Agency services including nursing care, home health aide services, physical therapy, occupational therapy, speech pathology or audiology services, reimbursement will be at the lowest of the billed charge or maximum allowable charge established by the State. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.
- 13) For hospice services Medicaid will pay the amounts established by HCFA at Sections 4306, 4307, and 4308 Part 4 of the State Medicaid Manual.
- 14) Nurse-Midwife services will be paid at the 85% level of the payment made for covered pre-natal, delivery and postpartum services provided by physicians, i.e., the lower of actual charge or 85% of the allowable amount established by the state agency for payment of physician services. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, as authorized and appropriated by the 2011 Legislative Assembly.

TN No. 12-022

Supersedes

TN No. 12-001Approval Date 7/9/13Effective Date 07-01-2012

- 15) For prescribed drugs, including non-legend drugs that are prescribed by an authorized prescriber and legend drugs, Medicaid will reimburse at the lower of 1) the Estimated Acquisition Cost (EAC) for that drug plus a dispensing fee, 2) the Federal Upper Limit (FUL) for that drug plus a dispensing fee, 3) North Dakota Medicaid's established Maximum Allowable Cost (MAC) for that drug plus a dispensing fee, or 4) the provider's usual and customary charges to the general public. The dispensing fee for legend drugs is \$4.60 for brand name drugs and \$5.60 for generic drugs. The dispensing fee for non-legend drugs that are prescribed by a physician is calculated at 1.5 times the allowed amount (EAC, FUL, or MAC) up to a maximum of \$4.60. The dispensing fee for compounds is \$10.

The ingredient cost for multiple source drugs identified and listed by CMS as having Federal Upper Limit (FUL) will not exceed, in the aggregate, the level of payment for those drugs as calculated by the current FUL methodology used by CMS.

Estimated acquisition cost (EAC) will be this agency's best estimate of the price generally and currently paid by providers for a drug marketed or sold by a particular manufacturer or labeler. EAC is defined as Wholesale Acquisition Cost (WAC) plus 8%; if WAC does not exist for a given product, then EAC will be set at Direct Price (DP) plus 8%. WAC and DP are determined by First Data Bank on a weekly basis.

For 340b providers using 340b inventory for Medicaid recipients, the providers are limited to billing Medicaid at their actual cost for the product plus their reasonable dispensing fee as determined by their cost analysis on file in their contract with the 340b qualifying entity.

A fee of fifteen cents per pill will be added to the dispensing fee for the service of pill splitting. Pill splitting is entirely voluntary for the patient and the pharmacist. Pill splitting will only be permitted under the following circumstances: when Medical Services determines it is cost effective, the pill is scored for ease of splitting, and the pharmacy staff splits the pill. This fee will only be allowed for medications that have been evaluated by the state for cost-effectiveness and entered into the Point-of-Sale system.

TN No. 12-022
Supersedes
TN No. 12-001

Approval Date 7/9/13

Effective Date 07-01-2012

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE:

16. Vacated
17. Vacated
18. Vacated
19. Nurse Practitioners are paid at the lower of billed charges or 75% of our physician fee schedule. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, for services reimbursed from the Professional Services Fee Schedule, as authorized and appropriated by the 2011 Legislative Assembly. For services reimbursed with fees based on Relative Value Units providers did not receive the three percent inflationary increase.
20. Other Practitioner Services - Are paid at the lower of billed charges or 75% of the physician fee schedule. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, for services reimbursed from the Professional Services Fee Schedule, as authorized and appropriated by the 2011 Legislative Assembly. For services reimbursed with fees based on Relative Value Units providers did not receive the three percent inflationary increase.
21. Vacated
22. Vacated
23. Personal Care Services
 - a. Authorized personal care services provided to an individual who receives personal care services from a provider on less than a 24-hour-a-day-seven-day-a-week basis shall be paid based on a maximum 15-minute unit rate established by the department.

North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2011, as authorized and appropriated by the 2011 Legislative Assembly.
 - b. Authorized personal care service provided to an individual by a provider who provides personal care services on a 24-hour-a-day-seven-day-a-week basis shall be paid using a prospective per diem rate for each day personal care services are provided.
 - 1) The maximum per diem rate for an individual or agency provider shall be established using the provider's allowable hourly rate established under paragraph a. multiplied times the number of hours per month authorized in the individual's care plan times twelve and divided by 365. The provider may bill only for days in which at least 15 minutes of personal care service are provided to the individual. The maximum per diem rate for an individual or agency may not exceed the maximum per diem rate for a residential provider as established in subparagraph 2.

- 2) The per diem rate for a residential provider is established based on the residential provider's reported allowable costs for direct and indirect personal care services divided by the number of days personal care services were provided during the report period. The per diem rate is applicable to all eligible individuals authorized to receive personal care services from the residential provider and does not vary based on the amount of services authorized for each individual. The per diem rate is payable only for days in which at least 15 minutes of personal care services is provided to the individual in the residential facility. For an individual who does not receive at least 15 minutes of personal cares per day, the rate payable to a residential provider for personal care services shall not exceed the maximum allowable hourly rate for an agency as established in paragraph a.

The per diem rate shall be established annually for each residential provider based on a cost report that identifies actual costs incurred for the provision of personal care services during the provider's fiscal year. The established per diem rate may not exceed the maximum per diem rate. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2011, as authorized and appropriated by the 2011 Legislative Assembly.

Allowable costs included in the personal care per diem rate are:

1. Salaries, fringe benefits and training expenses for direct supervisors and staff who provide assistance with:
 - a. Activities of daily living including eating, bathing, dressing, mobility, toileting, transferring and maintaining continence; and
 - b. Instrumental activities of daily living that include personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management and money management.
 2. Administration and overhead expenses that include salaries and fringe benefits of an administrator, assistant administrator or top management personnel, liability insurance, central and home office costs excluding property costs, telephone, personnel recruitment costs, computer software costs, business office expenses, and working capital interest.
24. Vacated
25. Organ Transplants - Payments for physician services are based on Attachment 4.19-B No. 5 as described in this attachment. Payment for hospital services are based on Attachment 4.19-A.
26. For diagnostic, screening, preventive and rehabilitative services, Medicaid will pay the lower of actual billed charges or the maximum allowable fee established by the state agency.

See page 3b-1 for description of rehabilitative services reimbursement methodology effective January 1, 2010.

TN No. 12-022
Supersedes
TN No. 11-021

Approval Date: 7/9/13

Effective Date: 07-01-2012

North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2011, as authorized and appropriated by the 2011 Legislative Assembly.

27. Emergency hospital services provided by hospitals not otherwise participating in the Medicaid program are paid at the fixed percentage of charges for out-of-state hospitals as established in paragraph 1.
28. For Targeted Case Management Services for Pregnant Women and Infants, traumatic brain injury individuals, children in alternative care, children receiving child protective services, and pre and post adoption children, and individuals in need of long term care services, payment will be based on the lower of the providers actual billed charge or the fee schedule established in 15 minute units of service by the state. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2011, as authorized and appropriated by the 2011 Legislative Assembly.

26. For diagnostic, screening, preventive and rehabilitative services... (continued)

a. Effective for services provided on or after January 1, 2010:

The current fee schedule(s) for rehabilitative services are published on the North Dakota Department of Human Services web site. The fee schedules were set on July 1, 2012, and are effective for services provided on and after that date.

For rehabilitative services, each qualified Medicaid service practitioner will be reimbursed a rate from the Medicaid fee schedule for defined units of service. For the private providers, the fee schedule was historically established by a comparison of codes to other, relative codes, and to what other regional (private, Medicare and Medicaid) payers allowed. For the governmental providers, the fee schedule is established based on the cost of delivering the services, which is used to set a fee for each service provided.

For private providers enrolling the following provider-types, reimbursement is the lower of billed charges or a maximum of 75% of the professional fee schedule for the following provider types: Licensed Social Worker (LSW), Licensed Independent Clinical Social Worker (LICSW), Licensed Certified Social Worker (LCSW), Licensed Addiction Counselor (LAC), Licensed Associate Professional Counselor (LAPC), Licensed Professional Counselor (LPC), and Licensed Professional Clinical Counselor (LPCC).

For Crisis Stabilization, Transitional Living, and Day Treatment reimbursement will be at a daily rate; not to exceed cost.

The State Medicaid agency will have a contract with each entity receiving payment under provisions of services (Crisis Stabilization, Transitional Living, and Day Treatment) as defined in Attachment 3.1-A and Attachment 3.1-B that will require that the entity furnish to the State Medicaid agency on an annual basis the following:

- a. Data, by practitioner, on the utilization by Medicaid beneficiaries of the services included in the unit rate and;
- b. Cost information by practitioner type and by type of service actually delivered within the service unit.

Future rate updates will be based on information obtained from the providers.

32. Payment for Certified Registered Nurse Anesthetists will be limited to the lower of actual charges or 75% of the allowable amount established by the state agency for payment of physician services. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, for services reimbursed from the Professional Services Fee Schedule, as authorized and appropriated by the 2011 Legislative Assembly. For services reimbursed with fees based on Relative Value Units providers did not receive the three percent inflationary increase.

33. For Licensed Independent Certified Social Workers Medicaid will pay the lower of the actual amount billed or 75% of the physician fee schedule. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service July 1, 2012, for services reimbursed from the Professional Services Fee Schedule, as authorized and appropriated by the 2011 Legislative Assembly. For services reimbursed with fees based on Relative Value Units providers did not receive the three percent inflationary increase.