DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-26-12 Baltimore, Maryland 21244-1850



SEP 25 2013

Ms. Julie Schwab, Director Division of Medical Services Department of Human Services 600 East Boulevard Avenue Department 325 Bismarck, ND 58505-0250

Re: North Dakota 13-004

Dear Ms. Schwab:

We have reviewed the proposed amendment to Attachment 4.19-D of your Medicaid State plan submitted under transmittal number (TN) 13-004. Effective for services on or after January 1, 2013, this amendment updates the reimbursement methodology for inpatient and outpatient services. Specifically, this amendment modifies the diagnostic related group (DRG) version for inpatient hospital services; and, provides clarification for reimbursement to revenue code 278.

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 13-004 is approved effective January 1, 2013. The HCFA-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044.

Sincerely,

Director, CMCS

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