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## Table of Contents

**State/Territory Name:** North Dakota

**State Plan Amendment (SPA) #:** ND-15-0008

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 AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



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**Financial Management Group**

**NOV 18 2015**

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

Re: North Dakota 15-0008

Dear Ms. Anderson:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 15-0008. Effective for services on or after July 1, 2015, this amendment extends the supplemental payment provision for critical access hospitals (CAHs) through December 31, 2016.

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 15-0008 is approved effective July 1, 2015. The HCFA-179 and the amended plan page are attached.

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

Sincerely,



Kristin Fan  
Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: HEALTH CARE FINANCING ADMINISTRATION</b>	1. TRANSMITTAL NUMBER: <b>15-0008</b>	2. STATE <b>North Dakota</b>
	3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES	4. PROPOSED EFFECTIVE DATE <b>July 1, 2015</b>	


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: <b>42 CFR 447 subpart C</b>	7. FEDERAL BUDGET IMPACT: a. FFY <u>2015</u> \$ <u>0</u> b. FFY <u>2016</u> \$ <u>492,189</u>
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8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Attachment 4.19-A, page 9</b>	9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>Attachment 4.19-A, page 9</b>
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10. SUBJECT OF AMENDMENT:  
**Amends the State Plan to update the supplement payment for Critical Access Hospitals.**

11. GOVERNOR'S REVIEW (Check One):  
 GOVERNOR'S OFFICE REPORTED NO COMMENT       OTHER, AS SPECIFIED:  
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED      Maggie D. Anderson, Executive Director,  
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL      Department of Human Services

12. SIGNATURE OF STATE AGENCY OFFICIAL: 	16. RETURN TO:  <b>Maggie D. Anderson, Executive Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>
13. TYPED NAME: <b>Maggie D. Anderson</b>	
14. TITLE: <b>Executive Director, ND Dept. of Human Services</b>	
15. DATE SUBMITTED: <b>August 25, 2015</b>	

17. DATE RECEIVED: <b>August 25, 2015</b>	18. DATE APPROVED: <b>November 18, 2015</b>
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19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>July 1, 2015</b>	20. SIGNATURE OF REGIONAL OFFICIAL:  <b>/s/</b>
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21. TYPED NAME: <b>Kristin Fan</b>	22. TITLE: <b>Deputy Director, FMG</b>
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23. REMARKS:

**Supplemental Payment for Inpatient Hospital Services provided by Critical Access Hospitals.**

Effective July 1, 2015, a North Dakota critical access hospital shall receive two supplemental payments payable annually with the first payment being made no sooner than the quarter ending December 31, 2015 but not later than the quarter ending June 30, 2016 and the second payment being made no sooner than the quarter ending December 31, 2016 but no later than the quarter ending June 30, 2017. The annual supplemental payment shall be made in combination with the cost settlement to reasonable costs.

The purpose of the supplemental payments is to provide additional payment to qualifying hospitals for inpatient services provided to Medicaid eligible individuals. The calculation of the annual supplemental payment shall be made based on the hospital's costs for inpatient and outpatient laboratory and certified registered nurse anesthetists services provided to Medicaid eligible individuals as reported on the hospital's most recent Medicare cost report that has been audited and finalized by the Medicare fiscal intermediary less the payment, from all funding sources, received during the same cost report period for covered laboratory and certified registered nurse anesthetist services provided to Medicaid eligible individuals.

The supplemental payment established in accordance with this provision may not exceed the difference between the inpatient Medicaid expenditures and the Medicare upper payment limit, in the aggregate, for inpatient hospital services.

Qualifying providers are exempt from the cost limitations on page 2 of this section.