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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



Financial Management Group

NOV 1 8 2015

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

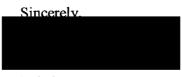
Re: North Dakota 15-0008

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.



Kristin Fan Director

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| STATE PLAN MATERIAL 15-0008 | North Dakota |
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| ENT OF HEALTH AND HUMAN SERVICES July 1, 2015 | |
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| OR ATTACHMENT (I) | (Applicable): |
| .19-A, page 9 Attachment 4.19-A, p | page 9 |
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| Director, ND Dept. of Human Services Bismarck ND 5850 | - |
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| ED: August 25, 2015 18. DATE APPROVED | : November 18, 2015 |
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| DATE OF APPROVED MATERIAL: 20. SIGNATURE OF F | EGIONAL OFFICIAL: |
| /s/ | |
| : Kristin Fan 22. TITLE: Deputy | Director, FMG |
| : Kristin Fan 22. TITLE: Deputy | Dir |

STATE: North Dakota___

Attachment 4.19-A Page 9

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, 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.