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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-15-0016

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 & HUMAN SERVICES
Centers for Medicare & Medicaid Services
1961 Stout Street, Room 08-148
Denver, CO 80294



Region VIII

January 12, 2016

Maggie Anderson, Acting Medicaid Director
Division of Medical Services
North Dakota Department of Human Services
600 East Boulevard Avenue, Dept. 325
Bismarck, ND 58505-0250

RE: North Dakota #15-0016

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0016. This amendment would update the definition of a claim, in conjunction with the implementation of ND Health Enterprise MMIS.



Please be informed that this State Plan Amendment was approved today with an effective date of October 5, 2015. We are enclosing the CMS-179 and the amended plan page(s).

If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,

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

cc: Maggie Anderson, ND
Kathy Rodin, ND

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 15-0016	2. STATE North Dakota
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE October 5, 2015	
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 447.45		7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$ <u>0</u> b. FFY <u>2017</u> \$ <u>0</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 61 Attachment 4.19E		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Page 61 Attachment 4.19E	
10. SUBJECT OF AMENDMENT: Amends the ND State Plan to update the definition of a claim, in conjunction with the implementation of ND Health Enterprise MMIS.			
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, Executive Director,</u> <u>Department of Human Services</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: Maggie D. Anderson, Executive Director ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Maggie D. Anderson			
14. TITLE: Executive Director, Department of Human Services			
15. DATE SUBMITTED: December 1, 2015			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: December 1, 2015		18. DATE APPROVED: January 12, 2016	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: September 26, 2015		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

Revision: HCFA-AT-80-38 (BPP)
May 22, 1980

State: North Dakota

Citation
42 CFR 447.45(c)

4.19(e)

The Medicaid agency meets all requirements
of 42 CFR 447.45 for timely payment of claims.

ATTACHMENT 4.19-E defines a claim for purposes of
meeting these requirements.

STATE: North Dakota

Attachment 4.19E

DEFINITION OF CLAIMS

North Dakota Medicaid defines a claim as a request for payment one or more services furnished for a single beneficiary from a single billing provider contained on a paper claim or electronic claim transaction.

TN No. 15-0016
Supersedes
TN No. 80-2

Approval Date 1/12/2016

Effective Date 10-05-2015