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**State/Territory Name:** North Dakota

**State Plan Amendment (SPA) #:** ND-15-0019

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**

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January 29, 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 #15-0019

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0019. This amendment would allow the state to make updates to the Third Party Liability (TPL) activities, in conjunction with the implementation of the Medicaid Management Information System (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).


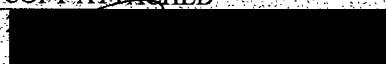
If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,



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

cc: Maggie Anderson, ND  
Kathy Rodin, ND

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER: <b>15-0019</b>	2. STATE <b>North Dakota</b>
		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
TO: REGIONAL ADMINISTRATOR CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <b>October 5, 2015</b>	
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: <b>42 CFR 433.138(f)</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2016</u> \$ <u>no fiscal impact expected</u> b. FFY <u>2017</u> \$ <u>no fiscal impact expected</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.22-A Pages 1-2</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.22-A, Pages 1-3</b>	
10. SUBJECT OF AMENDMENT: <b>Amends the North Dakota State Plan to make updates to the Third Party Liability(TPL) activities, in conjunction with the implementation of the Medicaid Management Information System (MMIS)..</b>			
11. GOVERNOR'S REVIEW (Check One): <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <u>Maggie D. Anderson, Executive Director,</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Department of Human Services</u>			
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, Department of Human Services</b>			
15. DATE SUBMITTED: <b>December 31, 2015</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>December 31, 2015</b>		18. DATE APPROVED: <b>January 29, 2016</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>October 5, 2015</b>		20. APPROVED BY OFFICIAL: 	
21. TYPED NAME: <b>Richard C. Allen</b>		22. TITLE: <b>ACA, DMCHO</b>	
23. REMARKS:			

1. Frequency of data exchanges with SWICA, SSA/ SOLQ, IV-A, Workforce Safety & Insurance and Department of Motor Vehicle through computer matches. Third Party Liability (TPL) is entered by both county and state staff when information is received. TPL information in the system is then a part of the eligibility file.
  - a. SWICA (Job Service Wage Map) exchanges will occur no less frequently than quarterly. Individuals newly eligible for Medical Assistance will be matched on the Friday nearest the 15<sup>th</sup> of the month and the last working day of the same month.
  - b. SSA/SOLQ (wage/earnings) identifies Medicare coverage. The file is prepared annually and the information can also be accessed in real time. Individuals applying for coverage will be matched to the Social Security files upon eligibility determination and during eligibility reviews.
  - c. State IV-A activities (eligibility reviews) will be conducted on an ongoing basis. The frequency of eligibility determinations and reviews is based on Federal Requirements. TPL resources will be entered into the MMIS as indicated in Attachment 4.22-A,2,d.
  - d. Department of Motor Vehicles accident files exchange will occur on a quarterly basis.
  - e. Workforce Safety & Insurance Medical Benefits file exchanges will occur at least once every 60 days.
  - f. Trauma/diagnosis indicators are reviewed by the TPL Unit on a monthly basis. This is a post-payment review of paid claims.
2.
  - a. SWICA exchanges occur no less frequently than quarterly. Data received is treated as accurate information and is recorded in the case files within thirty (30) days of receipt. Insurance benefits identified due to employment are entered into the MMIS within 30 days of identification.
  - b. SSA/SOLQ (wage/earnings) information is verified and processed in eighty (80) percent of the cases within thirty (30) days after receipt. Staff will record information in the case file and enter any Medicare benefit information into MMIS.

Any recoupments identified will be referred to the TPL Unit for processing. The TPL Unit will attempt to recoup within the same time frame.

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 Supersedes  
 TN No.: 88-2

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- c. Workforce Safety & Insurance Medical Benefit information received will be entered into MMIS. Once TPL is entered into MMIS, the system will automatically adjust previously paid claims and apply TPL toward any future claims.
  - d. IV-A activities (eligibility reviews) occur on a daily basis. Information received on insurance coverage is entered within sixty (60) days of receipt. The TPL Unit will verify information and/or seek recoupment within the time frame indicated. (See Attachment 4.22-B for threshold amounts on different coverage types).
3. The state will exchange data with the North Dakota Department of Transportation on a quarterly basis. Accident records that match Medicaid eligible individuals will be entered into the MMIS. Information is processed within sixty (60) days of receipt.
  4. Trauma/Diagnosis indicators are reviewed for potential third party liability within thirty (30) days of receipt. A report is produced monthly from paid claims and accumulated over a twelve-month period. The listing identifies diagnosis or trauma indicators related to accidents and other injuries that may indicate third party liability. Claims are reviewed and recoupment will occur per cost effective threshold. (See Attachment 4.22-B for threshold amounts on different coverage types).

Claims submitted with International Classification of Disease edition 9 (ICD-9) are valid for services prior to October 1, 2015 if the claims are submitted within one year of service, as well as for historic claims records.

Information is updated by county or State staff and entered into the MMIS where applicable.

5. Trauma codes on paid claims with the highest dollar amounts will carry the highest priority in each of the following place of service settings.
  1. Inpatient Hospital
  2. Outpatient Hospital
  3. Physician and other Practitioner Office
  4. Nursing Homes

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