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## Table of Contents

**State/Territory Name:** North Dakota

**State Plan Amendment (SPA) #:** ND-15-0020

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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March 15, 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 #15-0020

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 15-0020. This amendment allows the state to add the Medicaid Expansion enrollees, who have been determined Medically Frail, and who have chosen the Traditional Medicaid coverage, to the list of groups who are exempt from mandatory enrollment in the PCCM program. This amendment also exempts inmates receiving inpatient services from mandatory enrollment in the PCCM program, and adds Pregnant Women who are eligible for the Medicaid Expansion and have chosen Traditional Medicaid coverage to the list of groups that will be enrolled in the PCCM program on a mandatory basis.

Please be informed that this State Plan Amendment was approved March 15, 2016 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>15-0020</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 438</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 3.1-F, Pages 1-11</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):  <b>ATTACHMENT 2.1-A, Pages 1-11</b>	
10. SUBJECT OF AMENDMENT:  Amends the North Dakota State Plan to add the Medicaid Expansion enrollees, who have been determined Medically Frail, and who have chosen the Traditional Medicaid coverage, to the list of groups who are exempt from mandatory enrollment in the PCCM program. This amendment also exempts inmates receiving inpatient services from mandatory enrollment in the PCCM program, and adds Pregnant Women who are eligible for the Medicaid Expansion and have chosen Traditional Medicaid coverage to the list of groups that will be enrolled in the PCCM program on a mandatory basis.			
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:  <b>Maggie D. Anderson, Executive Director</b> <b>ND Department of Human Services</b> <b>600 East Boulevard Avenue Dept 325</b> <b>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 22, 2015 Revised 3-10-2016</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: <b>December 22, 2015 Revised 3/10/2016</b>		18. DATE APPROVED: <b>March 15, 2016</b>	
<b>PLAN APPROVED - ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <b>October 5, 2015</b>		OFFICIAL: 	
21. TYPED NAME: <b>Richard C. Allen</b>		22. TITLE: <b>ARA, DMCHO</b>	
23. REMARKS:			

State: North Dakota

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Citation	Condition or Requirement
1932(a)(1)(A)	<p data-bbox="477 464 1057 493">A. <u>Section 1932(a)(1)(A) of the Social Security Act.</u></p> <p data-bbox="532 527 1438 800">The State of North Dakota enrolls Medicaid beneficiaries on a mandatory basis into managed care entities (managed care organization (MCOs) and/or primary care case managers (PCCMs)) in the absence of section 1115 or section 1915(b) waiver authority. This authority is granted under section 1932(a)(1)(A) of the Social Security Act (the Act). Under this authority, a state can amend its Medicaid state plan to require certain categories of Medicaid beneficiaries to enroll in managed care entities without being out of compliance with provisions of section 1902 of the Act on state wideness (42 CFR 431.50), freedom of choice (42 CFR 431.51) or comparability (42 CFR 440.230).</p> <p data-bbox="532 833 1438 919">This authority may <i>not</i> be used to mandate enrollment in Prepaid Inpatient Health Plans (PIHPs), Prepaid Ambulatory Health Plans (PAHPs), nor can it be used to mandate the enrollment of Medicaid beneficiaries described in 42 CFR 438.50(d).</p> <p data-bbox="532 953 1438 1041">Where the state's assurance is requested in this document for compliance with a particular requirement of 42 CFR 438 et seq., the state shall place check mark to affirm such compliance.</p>
1932(a)(1)(B)(i) 1932(a)(1)(B)(ii) 42 CFR 438.50(b)(1)-(2)	<p data-bbox="477 1075 878 1104">B. <u>Managed Care Delivery System.</u></p> <p data-bbox="532 1138 1438 1194">The State will contract with the entity(ies) below and reimburse them as noted under each entity type.</p> <ol data-bbox="532 1228 1013 1629" style="list-style-type: none"><li data-bbox="532 1228 805 1293">1. <input type="checkbox"/> MCO<ol data-bbox="618 1266 805 1293" style="list-style-type: none"><li data-bbox="618 1266 805 1293">a. <input type="checkbox"/> Capitation</li></ol></li><li data-bbox="532 1327 1013 1461">2. <input checked="" type="checkbox"/> PCCM (individual practitioners)<ol data-bbox="618 1365 1013 1461" style="list-style-type: none"><li data-bbox="618 1365 938 1394">a. <input checked="" type="checkbox"/> Case management fee</li><li data-bbox="618 1398 987 1428">b. <input type="checkbox"/> Bonus/incentive payments</li><li data-bbox="618 1432 1013 1461">c. <input type="checkbox"/> Other (please explain below)</li></ol></li><li data-bbox="532 1495 1013 1629">3. <input checked="" type="checkbox"/> PCCM (entity based)<ol data-bbox="618 1533 1013 1629" style="list-style-type: none"><li data-bbox="618 1533 938 1562">a. <input checked="" type="checkbox"/> Case management fee</li><li data-bbox="618 1566 987 1596">b. <input type="checkbox"/> Bonus/incentive payments</li><li data-bbox="618 1600 1013 1629">c. <input type="checkbox"/> Other (please explain below)</li></ol></li></ol> <p data-bbox="591 1692 1438 1751">For states that elect to pay a PCCM a bonus/incentive payment as indicated in B.2.b. or B.3.b, place a check mark to affirm the state has met <i>all</i> of the</p>

State: North Dakota

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Citation	Condition or Requirement
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following conditions (which are representative of the risk incentive rules for managed care contracts published in 42 CFR 438.6(c)(5)(iv)).

- a. Incentive payments to the PCCM will not exceed 5% of the total FFS payments for those services provided or authorized by the PCCM for the period covered.
- b. Incentives will be based upon a fixed period of time.
- c. Incentives will not be renewed automatically.
- d. Incentives will be made available to both public and private PCCMs.
- e. Incentives will not be conditioned on intergovernmental transfer agreements.
- f. Incentives will be based upon specific activities and targets.

CFR 438.50(b)(4)

C. Public Process.

Describe the public process including tribal consultation, if applicable, utilized for both the design of the program and its initial implementation. In addition, describe what methods the state will use to ensure ongoing public involvement once the state plan program has been implemented. (*Example: public meeting, advisory groups.*)

The design of the program is to allow Medicaid enrollees to select a Primary Care Provider (PCP) to provide, through an ongoing patient/provider relationship, primary care services and referral for all necessary services.

The State will consult with the Medicaid Medical Advisory Committee and the Department of Human Services/Tribal Health/Indian Health Services Committee to ensure on-going public involvement. The North Dakota Medicaid Medical Advisory Committee and the Department of Human Services/Tribal Health/Indian Health Services committee meet three to four times per year. The State reports to both committees on program changes. In addition, the state seeks the input of the committee on program changes and implementation options.

State: North Dakota

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Citation	Condition or Requirement
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D. State Assurances and Compliance with the Statute and Regulations.

If applicable to the state plan, place a check mark to affirm that compliance with the following statutes and regulations will be met.

- |   |   |
|---|---|
| 1932(a)(1)(A)(i)(I)<br>1903(m)<br>42 CFR 438.50(c)(1)                   | 1. <input type="checkbox"/> The state assures that all of the applicable requirements of section 1903(m) of the Act, for MCOs and MCO contracts will be met.  |
| 1932(a)(1)(A)(i)(I)<br>1905(t)<br>42 CFR 438.50(c)(2)<br>1902(a)(23)(A) | 2. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of section 1905(t) of the Act for PCCMs and PCCM contracts will be met.   |
| 1932(a)(1)(A)<br>42 CFR 438.50(c)(3)                                    | 3. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of section 1932 (including subpart (a)(1)(A)) of the Act, for the state's option to limit freedom of choice by requiring Beneficiaries to receive their benefits through managed care entities will be met. |
| 1932(a)(1)(A)<br>42 CFR 431.51<br>1905(a)(4)(C)                         | 4. <input checked="" type="checkbox"/> The state assures that all the applicable requirements of 42 CFR 431.51 regarding freedom of choice for family planning services and supplies as defined in section 1905(a)(4)(C) will be met.   |
| 1932(a)(1)(A)   | 5. <input checked="" type="checkbox"/> The state assures that it appropriately identifies individuals in the mandatory exempt groups identified in 1932(a)(1)(A)(i).  |
| 1932(a)(1)(A)<br>42 CFR 438<br>1903(m)                                  | 6. <input checked="" type="checkbox"/> The state assures that all applicable managed care requirements of 42 CFR Part 438 for MCOs and PCCMs will be met.   |
| 1932(a)(1)(A)<br>42 CFR 438.6(c)<br>42 CFR 438.50(c)(6)                 | 7. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 438.6(c) for payments under any risk contracts will be met.  |
| 1932(a)(1)(A)<br>CFR 447.362<br>42 CFR 438.50(c)(6)                     | 8. <input type="checkbox"/> The state assures that all applicable requirements of 42 CFR 447.362 for 42 payments under any non-risk contracts will be met.  |
| 45 CFR 92.36  | 9. <input checked="" type="checkbox"/> The state assures that all applicable requirements of 45 CFR 92.36 for procurement of contracts will be met.   |

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TN No. 15-0020  
Supersedes  
TN No. 09-025

Approval Date March 15, 2016 Effective Date October 5, 2015

State: North Dakota

Citation Condition or Requirement

1932(a)(1)(A)  
1932(a)(2)

E. Populations and Geographic Area

1. **Included Populations.** Please check which eligibility populations are included, if they are enrolled on a mandatory (M) or voluntary (V) basis, and the geographic scope of enrollment. Under the geography column, please indicate whether the nature of the population's enrollment is on a statewide basis, or if on less than a statewide basis, please list the applicable counties/regions.

Population	M	Geographic Area	V	Geographic Area	Excluded
Section 1931 Children & Related Populations – 1905(a)(i)	M	Statewide			
Section 1931 Adults & Related Populations 1905(a)(ii)	M	Statewide			
Low-Income Adult Group					E
Former Foster Care Children under age 21	M	Statewide			
Former Foster Care Children age 21-25	M	Statewide			
Section 1925 Transitional Medicaid age 21 and older	M	Statewide			
SSI and SSI related Blind Adults, age 18 or older* - 1905(a)(iv)					E
Poverty Level Pregnant Women – 1905(a)(viii)	M	Statewide			
SSI and SSI related Blind Children, generally under age 18 – 1905(a)(iv)					E
SSI and SSI related Disabled children under age 18					E
SSI and SSI related Disabled adults age 18 and older – 1905(a)(v)					E
SSI and SSI Related Aged Populations age 65 or older- 1905(a)(iii)					E
SSI Related Groups Exempt from Mandatory Managed Care under 1932(a)(2)(B)					E

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Citation Condition or Requirement

Population	M	Geographic Area	V	Geographic Area	Excluded
Recipients Eligible for Medicare					E
American Indian/Alaskan Natives	M	Statewide-IHS service facilities serve as Primary Care Providers within the PCCM Program.			
Children under 19 who are eligible for SSI					E
Children under 19 who are eligible under Section 1902(e)(3)					E
Children under 19 in foster care or other in-home placement		This includes adoption assistance.			E
Children under 19 receiving services funded under section 501(a)(1)(D) of title V and in accordance with 42 CFR 438.50(d)(v)					E
Other:					
Women's Way Program Enrollees					E
Enrollees receiving refugee assistance					E
Individuals residing in: a Nursing Home/Long Term Care Facility; Swing Bed; Psychiatric Residential Treatment Facility; the State Hospital (Individuals under 21 or over 65); Intermediate Care Facility/.					E
Pregnant Women eligible under Medicaid Expansion, as authorized by the Affordable Care Act, and have selected Traditional Medicaid coverage.	M	Statewide			
Inmates receiving inpatient					E

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State: North Dakota

Citation Condition or Requirement

Population	M	Geographic Area	V	Geographic Area	Excluded
services					
Individuals eligible under Medicaid Expansion, as authorized by the Affordable Care Act, who are inmates receiving inpatient services or who have been determined Medically Frail and have selected Traditional Medicaid coverage.					E

2. **Excluded Groups.** Within the populations identified above as Mandatory or Voluntary, there may be certain groups of individuals who are excluded from the managed care program. Please indicate if any of the following groups are excluded from participating in the program:

Other Insurance--Medicaid beneficiaries who have other health insurance.

Reside in Nursing Facility or ICF--Medicaid beneficiaries who reside in Nursing Facilities (NF) or Intermediate Care Facilities (ICF).

Enrolled in Another Managed Care Program--Medicaid beneficiaries who are enrolled in another Medicaid managed care program

Eligibility Less Than 3 Months--Medicaid beneficiaries who would have less than three months of Medicaid eligibility remaining upon enrollment into the program.

Participate in HCBS Waiver--Medicaid beneficiaries who participate in a Home and Community Based Waiver (HCBS, also referred to as a 1915(c) waiver).

Retroactive Eligibility--Medicaid beneficiaries for the period of retroactive eligibility.

Other (Please define):

1932(a)(4)

F. Enrollment Process.

1. Definitions.

State: North Dakota

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Citation	Condition or Requirement
	<p>a. Auto Assignment- assignment of a beneficiary to a health plan when the beneficiary <u>has not had</u> an opportunity to select their health plan.</p> <p>b. Default Assignment- assignment of a beneficiary to a health plan when the beneficiary <u>has had</u> an opportunity to select their health plan.</p> <p>2. Please describe how the state effectuates the enrollment process. Select an enrollment methodology from the following options and describe the elements listed beneath it:</p> <p>a. <input type="checkbox"/> The applicant is permitted to select a health plan at the time of application.</p> <p>i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).</p> <p>ii. What action the state takes if the applicant does not indicate a plan selection on the application.</p> <p>iii. If action includes making a default assignment, describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).</p> <p>iv. The state's process for notifying the beneficiary of the default assignment. (Example: <i>state generated correspondence.</i>)</p> <p>b. <input checked="" type="checkbox"/> The beneficiary has an active choice period following the eligibility determination.</p> <p>i. How the beneficiary is notified of their initial choice period, including its duration.</p> <p>A State generated letter is sent to the recipient notifying them of the need to choose a PCP and the time frame which is required to contact the State or designated agent. The letter also contains information regarding the auto-assignment process should a provider not be chosen within the allotted timeframe. If a PCP is auto-assigned, another State generated letter is sent to the recipient notifying them of the assignment.</p> <p>ii. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).</p>

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State: North Dakota

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Citation	Condition or Requirement
	<p>This information is provided to members in the Application for Assistance Guidebook. A hardcopy of this Guidebook is given to all members who complete a paper application. The Application for Assistance Guidebook is available on line and the link to the guidebook is in the online application.</p>
iii.	<p>Describe the algorithm used for default assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).</p> <p>For those recipients who have not had a PCP previously assigned or claims history within the past 12 months, the system will take the bottom 50% of PCPs that are available for selection, determine the county each PCP is located in, take the recipients that have not had a PCP assigned and determine which county they are in, create subsets for the recipients for each county along with the PCPs located in that county, randomly auto-assign a PCP to the recipient in that county. The bottom 50% of PCPs subset is recalculated upon generation of the auto-assignment report.</p>
iv.	<p>The state's process for notifying the beneficiary of the default assignment.</p> <p>A State generated letter is sent to the recipient upon auto-assignment of a provider and describes the right to disenroll without cause during the first 90 days of their enrollment with the Provider.</p>
c.	<p><input type="checkbox"/> The beneficiary is auto-assigned to a health plan immediately upon being determined eligible.</p> <p>i. How the state fulfills its obligations to provide information as specified in 42 CFR 438.10(e).</p> <p>ii. The state's process for notifying the beneficiary of the auto-assignment. (<i>Example: state generated correspondence.</i>)</p> <p>iii. Describe the algorithm used for auto-assignment and describe the algorithm used and how it meets all of the requirements of 42 CFR 438.50(f).</p>

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State: North Dakota

Citation	Condition or Requirement
1932(a)(4) 42 CFR 438.50	<p>3. State assurances on the enrollment process.</p> <p>Place a check mark to affirm the state has met all of the applicable requirements of choice, enrollment, and re-enrollment.</p> <p>a. <input checked="" type="checkbox"/> The state assures it has an enrollment system that allows Beneficiaries who are already enrolled to be given priority to continue that enrollment if the MCO or PCCM does not have capacity to accept all who are seeking enrollment under the program.</p> <p>b. <input checked="" type="checkbox"/> The state assures that, per the choice requirements in 42 CFR 438.52, Medicaid Beneficiaries enrolled in either an MCO or PCCM model will have a choice of at least two entities unless the area is considered rural as defined in 42 CFR 438.52(b)(3).</p> <p>c. <input type="checkbox"/> The state plan program applies the rural exception to choice requirements of 42 CFR 438.52(a) for MCOs and PCCMs in accordance with 42 CFR 438.52(b). Please list the impacted rural counties:</p> <p style="padding-left: 40px;"><input checked="" type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p> <p>d. <input checked="" type="checkbox"/> The state applies the automatic reenrollment provision in accordance with 42 CFR 438.56(g) if the recipient is disenrolled solely because he or she loses Medicaid eligibility for a period of 2 months or less.</p> <p style="padding-left: 40px;"><input type="checkbox"/> This provision is not applicable to this 1932 State Plan Amendment.</p>
1932(a)(4) 42 CFR 438.56	<p>G. <u>Disenrollment.</u></p> <p>1. The state will <input checked="" type="checkbox"/>/will not <input type="checkbox"/> limit disenrollment for managed care.</p> <p>2. The disenrollment limitation will apply for six months (up to 12 months).</p> <p>3. <input checked="" type="checkbox"/> The state assures that beneficiary requests for disenrollment (with and without cause) will be permitted in accordance with 42 CFR 438.56(c).</p> <p>4. Describe the state's process for notifying the Medicaid Beneficiaries of their right to disenroll without cause during the first 90 days of their enrollment. (<i>Examples: state generated correspondence, HMO enrollment packets etc.</i>)</p>

State: North Dakota

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Citation	Condition or Requirement
	<p>A State generated letter is sent to the recipient upon auto-assignment of a provider and describes the right to disenroll without cause during the first 90 days of their enrollment with the Provider.</p> <p>5. Describe any additional circumstances of "cause" for disenrollment (if any).</p> <p>PCP relocates, PCP disenrolls as a Medicaid provider, PCP disenrolls as a PCP provider, and recipient's lack of access to a PCP.</p> <p>The State will review disenrollments for medical reasons on an individual basis.</p>
	<p>H. <u>Information Requirements for Beneficiaries</u></p>
1932(a)(5)(c) 42 CFR 438.50 42 CFR 438.10	<p><input checked="" type="checkbox"/>The state assures that its state plan program is in compliance with 42 CFR 438.10(e) for information requirements specific to MCOs and PCCM programs operated under section 1932(a)(1)(A)(i) state plan amendments.</p>
1932(a)(5)(D)(b) 1903(m) 1905(t)(3)	<p>I. <u>List all benefits for which the MCO is responsible.</u></p> <p>Medicaid recipients enrolled in PCCM's have access to all Medicaid services with appropriate referrals.</p>
1932(a)(5)(D)(b)(4) 42 CFR 438.228	<p>J. <input type="checkbox"/>The state assures that each managed care organization has established an internal grievance procedure for enrollees</p>
1932(a)(5)(D)(b)(5) 42 CFR 438.206 42 CFR 438.207	<p>K. Describe how the state has assured adequate capacity and services.</p>
1932(a)(5)(D)(c)(1)(A) 42 CFR 438.240	<p>L. <input type="checkbox"/>The state assures that a quality assessment and improvement strategy has been developed and implemented.</p>
1932(a)(5)(D)(c)(2)(A) 42 CFR 438.350	<p>M. <input type="checkbox"/>The state assures that an external independent review conducted by a qualified independent entity will be performed yearly.</p>
1932 (a)(1)(A)(ii)	<p>N. <u>Selective Contracting Under a 1932 State Plan Option</u></p>

State: North Dakota

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Citation	Condition or Requirement
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To respond to items #1 and #2, place a check mark. The third item requires a brief narrative.

1. The state will /will not  intentionally limit the number of entities it contracts under a 1932 state plan option.
2. The state assures that if it limits the number of contracting entities, this limitation will not substantially impair beneficiary access to services.
3. Describe the criteria the state uses to limit the number of entities it contracts under a 1932 state plan option. (*Example: a limited number of providers and/or enrollees.*)
4. The selective contracting provision in not applicable to this state plan.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-0933. The time required to complete this information collection is estimated to average 10 hours per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850

CMS-10120 (exp. 3/31/2014)

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