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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: ND-17-0005

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) Additional Companion Letter
- 3) CMS 179 Form/Summary Form (with 179-like data)
- 4) Approved SPA Pages

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



Region VIII

April 6, 2017

Maggie Anderson, 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 #17-0005

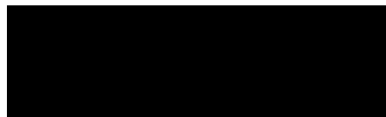
Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0005. This amendment implements the enhanced provider screening and enrollment requirements.

Please be informed that this State Plan Amendment was approved April 6, 2017 with an effective date of July 1, 2017. 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

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII – DENVER

April 6, 2017

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

Re: SPA ND-17-0005 Companion Letter

Dear Ms. Anderson:

This letter is being sent as a companion to our approval of ND-17-0005, which amends the state plan to implement the regulations at 42 CFR 455, commonly known as the provider screening and enrollment requirements. Our review of this amendment included an assessment of the submitted pages, Section 4.45, submitted by the state of North Dakota.

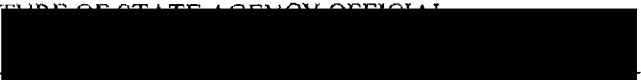
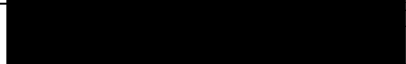
As part of the submission, North Dakota included a written request for a waiver of 42 CFR 455.410 as it pertains to ordering (prescribing) providers on pharmacy claims, largely focusing on out-of-state pharmacy claims. While CMS understands the challenges with respect to this rule, there is no regulatory authority to grant such a waiver. Therefore, CMS has determined that North Dakota must address how it will comply with the requirements of 42 CFR 455.410 as it pertains to these providers.

Please respond within 90 days of receipt with a corrective action plan describing how the State will resolve the issues identified above. During this 90-day period, CMS welcomes the opportunity to work with you and your staff to resolve the issues described in this letter. Should you or your staff have questions regarding this request, please contact Kirstin Michel at (303) 844-7036.

Sincerely,



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

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: HEALTH CARE FINANCING ADMINISTRATION		1. TRANSMITTAL NUMBER: 17-0005	2. STATE North Dakota
		3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)	
TO: REGIONAL ADMINISTRATOR HEALTH CARE FINANCING ADMINISTRATION DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE July 1, 2017	
5. TYPE OF PLAN MATERIAL (Check One): <input checked="" type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input type="checkbox"/> AMENDMENT COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT (Separate Transmittal for each amendment)			
6. FEDERAL STATUTE/REGULATION CITATION: 1902(a)39, 1902(a)(77), 1902(kk) and 1866(j)(2)(C) of the Act; 42CFR 455.400 et seq, 42 CFR 455.416, 42 CFR 455.460 and 42 CFR 455.450		7. FEDERAL BUDGET IMPACT: a. FFY <u>2017</u> \$ <u>Unknown</u> b. FFY <u>2018</u> \$ <u>Unknown</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Section 4.45, Pages 81-83 (NEW)		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable):	
10. SUBJECT OF AMENDMENT: Amends the North Dakota State Plan to implement enhanced screening requirements for provider enrollment processes.			
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, Director,</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Medical Services Division, DHS</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL 		16. RETURN TO: Maggie D. Anderson, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Maggie D. Anderson			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: January 16, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: January 16, 2017		18. DATE APPROVED: April 6, 2017	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2017		20. OFFICIAL: 	
21. TYPED NAME: Richard C. Allen		22. TITLE: ARA, DMCHO	
23. REMARKS:			

State/Territory: North Dakota

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

<p><u>Citation</u> 1902(a)(77) 1902(a)(39) 1902(kk); P.L. 111-148 and P.L. 111-152</p>	<p>4.45 Provider Screening and Enrollment</p>
<p>42 CFR 455 Subpart E</p>	<p>PROVIDER SCREENING</p> <p><u> X </u> Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.</p>
<p>42 CFR 455.410</p>	<p>ENROLLMENT AND SCREENING OF PROVIDERS</p> <p><u> X </u> Assures enrolled providers will be screened in accordance with 42CFR 455.400 et seq.</p> <p><u> X </u> Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider.</p>
<p>42 CFR 455.412</p>	<p>VERIFICATION OF PROVIDER LICENSES</p> <p><u> X </u> Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.</p>
<p>42 CFR 455.414</p>	<p>REVALIDATION OF ENROLLMENT</p> <p><u> X </u> Assures that providers will be revalidated regardless of provider type at least every 5 years.</p>
<p>42 CFR 455.416</p>	<p>TERMINATION OR DENIAL OF ENROLLMENT</p> <p><u> X </u> Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.</p>

TN: 17-0005
Supersedes
TN: NEW

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

- 42 CFR 455.420 REACTIVATION OF PROVIDER ENROLLMENT
- X Assures that any reactivation of a provider will include re-screening and payment of application fees as required by 42 CFR 455.460.
- 42 CFR 455.422 APPEAL RIGHTS
- X Assures that all terminated providers and providers denied enrollment as a result of the requirements of 42 CFR 455.416 will have appeal rights available under procedures established by State law or regulation.
- 42 CFR 455.432 SITE VISITS
- X Assures that pre-enrollment and post-enrollment site visits of providers who are in “moderate” or “high” risk categories will occur.
- 42 CFR 455.434 CRIMINAL BACKGROUND CHECKS
- X Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.
- 42 CFR 455.436 FEDERAL DATABASE CHECKS
- X Assures that the State Medicaid agency will perform Federal database checks on all providers or any person with an ownership or controlling interest or who is an agent or managing employee of the provider.
- 42 CFR 455.440 NATIONAL PROVIDER IDENTIFIER
- X Assures that the State Medicaid agency requires the National Provider Identifier of any ordering or referring physician or other professional to be specified on any claim for payment that is based on an order or referral of the physician or other professional.
- 42 CFR 455.450 SCREENING LEVELS FOR MEDICAID PROVIDERS

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STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

X Assures that the State Medicaid agency complies with 1902(a)(77) and 1902(kk) of the Act and with the requirements outlined in 42 CFR 455.450 for screening levels based upon the categorical risk level determined for a provider.

42 CFR 455.460 APPLICATION FEE

X Assures that the State Medicaid agency complies with the requirements for collection of the application fee set forth in section 1866(j)(2)(C) of the Act and 42 CFR 455.460.

42 CFR 455.470 TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

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 0938-1151. The time required to complete this information collection is estimated to average 15 minutes 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.

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