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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 19-0005

This file contains the following documents in the order listed:

1) Approval Letter

- 2) 179
- 3) Approved SPA Pages

TN: ND-19-0005 Approval Date: 09/19/2019 Effective Date: 07/01/2019

DEPARTMENT OF HEALTH & HUMAN SERVICES

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



Denver Regional Operations Group

September 19, 2019

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

Dear Ms. Knapp:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 19-0005. This amendment provides a rate increase for physical, occupational, and speech therapy services that allows these services to be paid based on the professional fee schedule.

Please be informed that this State Plan Amendment was approved today with an effective date of July 1, 2019. 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 Director, Western Regional Operations Group Denver Regional Office Centers for Medicaid and CHIP Services

cc: Krista Fremming, North Dakota Stacey Koehly, North Dakota

TRANSMITTAL AND NOTICE OF APPROVAL OF	1. TRANSMITTAL NUMBER:	2. STATE	
STATE PLAN MATERIAL	19-0005	North Dakota	
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES	3. PROGRAM IDENTIFICATION: TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)		
TO: REGIONAL ADMINISTRATOR	4. PROPOSED EFFECTIVE DATE		
CENTERS FOR MEDICARE AND MEDICAID SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES	July 1, 2019		
5. TYPE OF PLAN MATERIAL (Check One):			
		M A BEDDY DA STONY	
	CONSIDERED AS NEW PLAN	■ AMENDMENT	
COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMED 6. FEDERAL STATUTE/REGULATION CITATION:	NDMENT (Separate Transmittal for each 7. FEDERAL BUDGET IMPACT:	amendment)	
42 CFR 447.201	a. FFY <u>2019</u> \$ 137,000		
42 CFR 447.201	b. FFY 2020 \$820,500		
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:	9. PAGE NUMBER OF THE SUPERS.	EDED PLAN SECTION	
	OR ATTACHMENT (If Applicable):		
Attachment 4.19-B, Page 1a	Attachment 4.19-B, Page 1a		
10. SUBJECT OF AMENDMENT:			
Amends the North Dakota State Plan to implement a rate increase to the	fee schedule for physical, occupation	nal and speech therapy.	
11. GOVERNOR'S REVIEW (Check One):			
GOVERNOR'S OFFICE REPORTED NO COMMENT	⊠ OTHER, AS SPEC	IFIED.	
COMMENTS OF GOVERNOR'S OFFICE ENCLOSED	Erik Elkins, Assistant Director		
NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL			
12. SIGNATURE OF STATE AGENCY OFFICIAL.	16. RETURN TO:		
13. TYPED NAME:	Erik Elkins, Assistant Director		
Erik Elkins	Medical Services Division		
I4. TITLE:	ND Department of Human Services		
Assistant Director, Medical Services Division	600 East Boulevard Avenue Dept 325		
15. DATE SUBMITTED: /	Bismarck ND 58505-0250		
8/23/19			
FOR REGIONAL OF	FICE USE ONLY		
17. DATE RECEIVED:	18. DATE APPROVED:		
August 23, 2019	September	19, 2019	
PLAN APPROVED - ON	E COPY ATTACHED		
19. EFFECTIVE DATE OF APPROVED MATERIAL:	20 SIGNATURE OF REGIONAL OFF	FICIAL:	
July 1, 2019			
21. TYPED NAME:	22. TITLE:		
Richard C. Allen 23. REMARKS:	Director, WROG	,, <u>, , , , , , , , , , , , , , , , , ,</u>	
23. REMARKS:			

STATE: North Dakota Attachment 4.19-B Page 1a

<u>METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE - (continued)</u>

- 4) For x-ray services, Medicaid will pay the lower of billed charges or fee schedule established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly.
- 5) For prosthetic devices, medical equipment, supplies and appliances, Medicaid will pay the lower of billed charges or fee schedule established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly.
 - a. For DMEPOS items associated with Section 1903(i)(27) of the Social Security Act, amended by Section 5002 of the 21st Century Cures Act, and identified by the Centers for Medicare and Medicaid Services (CMS) as covered by Medicare, Medicaid will pay the lower of the following: (1)The Medicare DMEPOS fee schedule rate for North Dakota geographic, non-rural areas, set as of January 1 of each year which will be reviewed on a quarterly basis and updated as needed; or (2)The provider's billed charges.
- 6) For services paid from the North Dakota Professional Services Fee Schedule, Medicaid will pay the lower of billed charges or fee schedule established by the state agency. North Dakota Medicaid providers paid from the North Dakota Professional Services Fee Schedule received a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly. The agency's posted fee schedule is effective for dates of service on or after July 1, 2016. The posted fee schedule accounts for annual cost neutral adjustments to the North Dakota Medicaid conversion factor made to reflect updates to the Medicare RVUs and utilization changes.
 - a. For services rendered by licensed or registered pharmacists, the lower of billed charges or the fee schedule established by the state agency.
- 7) For optometrists, chiropractors, dentists and dentures, Medicaid will pay the lower of billed charges or Medicaid fee established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after_July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly.
 - a. Effective for dates of service on or after October 10, 2017, reimbursement for dental sealants and fluoride varnish provided in a school setting by dental hygienists employed by the North Dakota Department of Health (Department) are based on the cost of delivery of services on a prospective basis as determined by the single state Medicaid agency from cost data submitted annually by the Department. The rate components include dental hygienist and administrative salaries, supplies, and overhead. The Department will be notified of the rate via letter and/or email correspondence.
- 8) For private duty nursing, Medicaid will pay the lower of billed charges or the established fee as determined by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly.
- 9) Effective July 1, 2019, for physical, occupational and speech therapy, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standard for Establishing Payment Rates Other Types of Care (continued), item 6.
- 10) For services rendered by enrolled providers via telemedicine; payment for the telemedicine connectivity code will be the lower of billed charges or the fee established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2015, as authorized and appropriated by the 2015 Legislative Assembly.
- 11) For eyeglasses, Medicaid will pay the lower of billed charges or the rate established by the state agency competitive bidding process. North Dakota meets the certification requirements of Section 1902(a)(23) of the Social Security Act to permit the selection of one or more providers, through a competitive bidding process, to deliver eyeglasses on a statewide basis under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431.54(d).

TN No.: <u>19-0005</u>				
Supersedes	Approval Date:	09-19-2019	Effective Date:	07-01-2019

TN No.: <u>18-0009</u>