

## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 21-0019**

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 AND HUMAN SERVICES  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard, Mail Stop S2-26-12  
Baltimore, MD 21244-1850



---

**Financial Management Group**

June 28, 2022

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

Re: North Dakota 21-0019

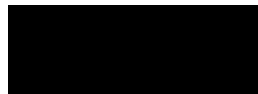
Dear Ms. Knapp:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 21-0019. Effective for dates of services on or after October 1, 2021, this amendment updates the supplemental payment methodology for Critical Access Hospitals (CAHs). In addition, it extends these payments through June 30, 2023.



We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 21-0019 is approved effective October 1, 2021. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at (303) 844-7044 or [Christine.storey@cms.hhs.gov](mailto:Christine.storey@cms.hhs.gov).

Sincerely,



Rory Howe  
Director

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER: <b>21-0019</b>	2. STATE <b>North Dakota</b>
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 <b>October 1, 2021</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 447 subpart C</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2022</u> <u>\$643,080</u> b. FFY <u>2023</u> <u>\$618,600</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: <b>Attachment 4.19-A, page 9, 9a (New)</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): <b>Attachment 4.19-A, page 9 (TN 19-0006)</b>	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan to update the supplement payment for Critical Access Hospitals effective October 1, 2021.</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>Caprice Knapp, Director</u> <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL <u>Medical Services Division</u>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: 		16. RETURN TO: <b>Caprice Knapp, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
13. TYPED NAME: <b>Caprice Knapp</b>			
14. TITLE: <b>Director, Medical Services Division</b>			
15. DATE SUBMITTED: <b>November 4, 2021 Resubmission May 10, 2022</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED: November 4, 2021		18. DATE APPROVED: June 28, 2022	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL: October 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Rory Howe		22. TITLE: Director, FMG	

23. REMARKS: State authorized pen and ink change to block 8 to add new page 9a.

**Supplemental Payment for Inpatient Hospital Services provided by Critical Access Hospitals.**

Effective October 1, 2021, a North Dakota critical access hospital shall receive up to two supplemental payments payable with the first payment being made no sooner than the quarter ending December 31, 2021 but not later than the quarter ending June 30, 2022 and the second payment being made no sooner than the quarter ending September 30, 2022 but no later than the quarter ending June 30, 2023. The supplemental payment shall be made in combination with the cost settlement to reasonable costs.

The supplemental payment established in accordance with this provision may not exceed the difference between the inpatient Medicaid expenditures and the Medicare upper payment limit, in the aggregate, for inpatient hospital services, as defined in 42 CFR 447.272. If a payment is made during the first, second or third quarter of the state fiscal year (SFY), it will not exceed 25, 50 or 75 percent of the available UPL, respectively. If the payment amount is not paid in its entirety due to its exceeding the UPL availability for any given quarter, then the remainder not paid during that quarter will be paid in the following quarter, up to the available UPL room left for the SFY.

Qualifying providers are exempt from the cost limitations on page 2 of this section.

This supplemental payment is for nonstate governmental and private ownership categories.

The provider allotments for the period ending June 30, 2023 are:

Ashley Medical Center	\$24,000
St. Andrew's Health Center	\$41,700
Southwest Healthcare Services	\$29,600
Towner County Medical Center	\$30,000
Carrington Health Center	\$40,000
Pembina County Memorial Hospital	\$26,400
Cooperstown Medical Center	\$40,600
St. Luke's Hospital	\$28,000
Mercy Hospital of Devils Lake	\$507,500
St. Joseph's Hospital & Health Center	\$406,000
Jacobson Memorial Hospital	\$36,500
Garrison Memorial Hospital	\$22,000
Unity Medical Center	\$72,000
St. Aloisius Medical Center	\$28,500
Sakakawea Medical Center	\$47,700
West River Regional Medical Center	\$55,300
Sanford Hillsboro	\$22,000
Jamestown Regional Medical Center	\$502,000
Kenmare Community Hospital	\$17,000
Cavalier County Memorial Hospital	\$28,500
Linton Hospital	\$19,000
Lisbon Area Health Services	\$37,500
Sanford Mayville	\$20,000
Nelson County Health System	\$15,000
Northwood Deaconess	\$22,000
Oakes Community Hospital	\$36,000
First Care Health Center	\$20,000
Presentation Medical Center	\$372,000
Heart of America Medical Center	\$82,000
Mountrail County Medical Center	\$29,500
Tioga Medical Center	\$22,000
Community Memorial Hospital	\$24,000
Mercy Hospital of Valley City	\$80,000
McKenzie County Medical Center	\$69,500
Mercy Medical Center	\$255,000
Wishek Community Hospital	\$16,000

---

 TN No. 21-0019

Supersedes

Approval Date June 28, 2022Effective Date 10-01-2021TN No. New