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State/Territory Name: ND

State Plan Amendment (SPA) #: 23-0016

This file contains the following documents in the order listed:

Approval Letter
CMS 179 Form/Summary Form (with 179-like data)
Approved SPA Pages



Financial Management Group/ Division of Reimbursement Review

August 7, 2023

Krista Fremming, Interim Director Medical Services Division North Dakota Department of Human Services 600 E. Boulevard Avenue, Dept. 325 Bismarck, ND 58505-0250

RE: North Dakota State Plan Amendment TN: 23-0016

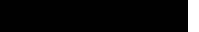
Dear Director Fremming:

We have reviewed the proposed North Dakota State Plan Amendment (SPA) 23-0016, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on July 19, 2023. This state plan amendment implements a 3% inflationary increase for Rural Health Clinic Services.

Based upon the information provided by the State, we have approved the amendment with an effective date of July 1,2023. We are enclosing the approved CMS-179 and a copy of the plan pages.

If you have any additional questions or need further assistance, please contact Matthew Klein at 214-767-4625 or matthew.klein@cms.hhs.gov

Sincerely,



Todd McMillion Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES	1. TRANSMITTAL NUMBER 2 3 0 0 1 6 3. PROGRAM IDENTIFICATION: TITLE OF SECURITY ACT XIX 4. PROPOSED EFFECTIVE DATE July 1, 2023	2. STATE <u>ND</u> THE SOCIAL XXI	
DEPARTMENT OF HEALTH AND HUMAN SERVICES	• •		
5. FEDERAL STATUTE/REGULATION CITATION	6. FEDERAL BUDGET IMPACT (Amoun a FFY 2023 \$ 9,02		
42 CFR 447.204			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT	8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)		
Attachment 4.19-B page 4a	Attachment 4.19-B page 4a (TN 22-	-0010)	
9. SUBJECT OF AMENDMENT Amends the State Plan to implement an inflationary increase of three percent for Rural Health Clinic Services.			
10. GOVERNOR'S REVIEW (Check One)			
GOVERNOR'S OFFICE REPORTED NO COMMENT COMMENTS OF GOVERNOR'S OFFICE ENCLOSED NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	OTHER, AS SPECIFIED:		
	5. RETURN TO		
	Krista Fremming, Interim Director		
12. TYPED NAME	/ledical Services Division ID Department of Health and Human S	Department of Health and Human Services	
Kiista Fremming	0 East Boulevard Avenue Dept 325 marck ND 58505-0250		
Interim Medical Services Director			
14. DATE SUBMITTED			
July 19, 2023 FOR CMS USE ONLY			
	7. DATE APPROVED		
	August 7, 2023		
PLAN APPROVED - ONE COPY ATTACHED			
18. EFFECTIVE DATE OF APPROVED MATERIAL	SIGNATURE OF APPROVING OFFICIAL		
	TITLE OF APPROVING OFFICIAL		
	ector, Division of Reimbursement and Review		
22. REMARKS			

The APM rate is a fixed rate and is not subject to adjustment or reconciliation except as provided for below. The APM rate shall equal or exceed the PPS rate that was established for the center.

The RHC's APM rate shall be established according to a two-step process, as follows:

- 1. Establishment of APM Rate:
 - (a) The APM rate shall be equal to an amount (calculated on a per visit basis) that is:
 - i. For provider-based RHCs, an APM rate shall be established based on 100% of the RHC's billed charges, exclusive of lab charges, for the RHC's fiscal year 2000 plus the fee schedule amount for laboratory services divided by the number of visits.
 - ii. For freestanding RHCs the rate will be \$61.85.
 - (b) The calculation of the APM rate and any subsequent adjustments to that rate shall be on the basis of the reasonable costs of the RHC as provided for under 42 C.F.R. part 413 without the application of provider screens and caps or limitations on costs or cost categories.
 - (c) The APM rate shall be increased by three percent effective July 1, 2023.
- 2. One-Time Adjustment:

Each RHC that is an enrolled provider on June 30, 2012 shall have one opportunity to rebase its APM rate. The APM rate shall be adjusted to the Medicare cost per visit, excluding provider screens and caps, from its fiscal year 2012 Medicare cost report. The cost per visit shall exclude laboratory costs and shall be increased by one percentage point for each three month period from the cost report end date to July 1, 2013.

3. Upon the RHC's application, the APM rate shall be adjusted to reflect any increase or decrease in the scope of services furnished by the RHC.