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**State/Territory Name: North Dakota** 

State Plan Amendments (SPA) #: ND-20-0101

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DEPARTMENT OF HEALTH & HUMAN SERVICES Centers for Medicare & Medicaid Services 7500 Security Boulevard, Mail Stop S2-01-16 Baltimore, MD 21244-1850



#### Children and Adults Health Programs Group

March 30, 2021

Jodi Hulm North Dakota CHIP Program Administrator ND Department of Human Services 600 East Boulevard Avenue Bismarck, ND 58505-0250

Dear Ms. Hulm:

Your title XXI Children's Health Insurance Program (CHIP) state plan amendment (SPA), ND-20-0101, submitted on June 10, 2020, with additional information submitted on March 12, 2021, has been approved. Through this SPA, the state updates the income standards for the state's Medicaid expansion CHIP. In addition, this SPA updates the proxy methodology that North Dakota uses to claim title XXI funds for children who are currently enrolled in Medicaid, but would have been ineligible for Medicaid, if not for removal of the asset test in 2014. This completes the state's transition from a separate CHIP to a Medicaid expansion CHIP effective as of January 1, 2020.

Your title XXI project officer is Ms. Joyce Jordan. She is available to answer questions concerning this amendment and other CHIP-related issues. Ms. Jordan's contact information is as follows:

Centers for Medicare & Medicaid Services Center for Medicaid and CHIP Services Mail Stop: S2-01-16 7500 Security Boulevard Baltimore, MD 21244-1850 Telephone: (410) 786-3413

E-mail: Joyce.Jordan@cms.hhs.gov

If you have additional questions, please contact Meg Barry, Director, Division of State Coverage Programs at (410) 786-1536.

We look forward to continuing to work with you and your staff.

Sincerely,

/signed Amy Lutzky/

Amy Lutzky Deputy Director



## **CHIP Eligibility**

State Name: North Dakota OMB Control Number: 09381148

Transmittal Number: ND - 20 - 0101

#### Eligibility for Medicaid Expansion Program

CS3

42 CFR 457.320(a)(2) and (3)

Income eligibility for children under the Medicaid Expansion is determined in accordance with the following income standards:

There should be no overlaps or gaps for the ages entered.

Age and Household Income Ranges

Add	From Age	To Age	Above (% FPL)	Up to & including (% FPL)	Remove
Add	0	6	147	170	Remove
Add	6	19	111	170	Remove

#### PRA Disclosure Statement

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 0938-1148. The time required to complete this information collection is estimated to average 50 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.

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SPA# ND-20-0101 Approval Date: March 30, 2021 Effective Date: January 1, 2020

# Eligibility for Medicaid Expansion CS3 - Attachment TRANSMITTAL NUMBER: TN ND-20-0101 STATE: North Dakota

Pursuant to North Dakota's approved title XXI Children's Health Insurance Program (CHIP) state plan, the state is authorized to receive title XXI funds for children who would have been ineligible for Medicaid, if not for removal of the asset test. These children have received Medicaid (Title XIX) state plan services, but the expenditures were claimed under title XXI.

After January 1, 2014, the state will no longer be able to ask questions related to the asset test; however, the state has calculated the percent of expenditures related to this group and will continue to claim the same percentage after January 1, 2014 using a methodology approved by CMS.

The method that establishes the percentage is:

Children on CHIP (including Medicaid-expansion CHIP) who were Medicaid income eligible but had assets that exceeded Medicaid limits (Group B)

Children on CHIP (including Medicaid-expansion CHIP) who were Medicaid income eligible but had assets that exceeded Medicaid limits (Group B) and All Medicaid Children (except for Group A children)

- Group A are 6 to 19 year-old children who were on CHIP but moved to Medicaid when the Medicaid income level increased in 2014
- Group B are children on CHIP (including Medicaid-expansion CHIP) who were Medicaid income eligible but had assets that exceeded Medicaid limits

The Group B proxy ratio to be utilized by the State, from the effective date of this amendment going forward, pursuant to the above formula and based upon FFY 2013 expenditures data for the Medicaid Expansion population provided by North Dakota, is 6.4%. This percentage ratio is agreed upon by CMS and the State of North Dakota which will utilize said percentage for calculation of the Group B expenditures to be reported on the appropriate CMS 64 reporting documents (Form 64.21U series of forms or otherwise). CMS or North Dakota reserve the right to modify the formula if needed at a future date, which would require a CHIP state plan amendment.

For quarters prior to July 1, 2021, each quarter the state will calculate total Medicaid spending for children (excluding Group A costs). The state will then multiply the total figure by the Group B ratio proxy (6.4%). The allocated total children's Medicaid expenditures will be reported on the CMS-64; 21U line 25, Other Care Services. The remainder of the total children's Medicaid expenditures will continue to be reported on the CMS 64 under the current lines and will be matched at the state's normal Title XIX FMAP. The 6.4% proxy ratio was established based on net (including prior period adjustment) claims payment expenditures; therefore, the state will not allocate prior period adjustments at the proxy ratio.

For quarters beginning July 1, 2021, each quarter the state will calculate total Medicaid expenditures reported (which includes adjustments for prior periods) for children (excluding Group A costs). The state will then multiply the total figure by the Group B ratio proxy (6.4%). The state will reduce all applicable Medicaid categories of services on the CMS-64.9 Base /Waiver series of forms (including any "P" forms related to prior period adjustments) and increase all applicable M-CHIP categories of services proportionately on the CMS-64.21U and/or CMS-64.21UP series of forms when allocating costs to M-CHIP based on the proxy percentage. The remainder of the total children's Medicaid expenditures will continue to be reported on the CMS 64 under the current lines and will be matched at the state's normal Title XIX FMAP. The 6.4% proxy ratio was established based on net (including prior period adjustment) claims payment expenditures; however, the state will allocate prior period adjustments at the proxy ratio.