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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 17-0008

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) 179
- 3) Approved SPA Pages

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



Denver Regional Operations Group

December 2, 2019

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

Dear Ms. Knapp:

The Centers for Medicare and Medicaid Services (CMS) has completed its review of North Dakota State Plan Amendment (SPA) TN #17-0008, which was submitted on March 29, 2017 to eliminate a non-emergency visit to the emergency department copay and to update an office visit copay in the state plan.

During the review of this SPA, CMS concluded that the state was not in compliance with the requirements of sections 1916A(a)(2)(B), (b)(1)(B)(ii) and (b)(2)(A) of the Social Security Act (the Act), as implemented at 42 CFR §447.56(f). These statutory and regulatory requirements limit the total amount of premiums and cost sharing to a five percent aggregate cap. The aggregate cap is based on the beneficiary's family income used to determine eligibility (or, in the case of a family with multiple beneficiaries, all beneficiaries in the household).

During the review of the SPA, the state was unable to describe and implement a tracking mechanism that met the regulatory requirements. Therefore, the state elected to submit SPA TN #19-0016 to eliminate all cost sharing effective October 1, 2019. This SPA will be approved concurrently with SPA TN #17-0008.



Based upon the information received, we approved SPA #17-0008 on November 27, 2019, with an effective date of January 1, 2017. Enclosed is a copy of the CMS-179 form, as well as the approved pages for incorporation into the North Dakota State Plan.

If you have any questions regarding this SPA, please contact Kirstin Michel, by email at [Kirstin Michel@cms.hhs.gov](mailto:Kirstin.Michel@cms.hhs.gov) or telephone at 303-844-7036.

Sincerely,



Mary Marchioni
Acting Deputy Division Director
Western Regional Operations Group
Denver Regional Office
Centers for Medicaid and CHIP Services

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 17-0008	2. STATE North Dakota
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 January 1, 2017	
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: 42 CFR 447.54 & 42 CFR 447.56		7. FEDERAL BUDGET IMPACT: a. FFY <u>2017</u> \$ <u>1,780</u> b. FFY <u>2018</u> \$ <u>3,560</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.18-A Page 1 Attachment 4.18-A Page 1g - VACATED Attachment 4.18-C Page 1 Attachment 4.18-C Page 1g- VACATED		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable): Attachment 4.18-A Page 1 Attachment 4.18-A Page 1 g Attachment 4.18-C Page 1 Attachment 4.18-C Page 1g	
10. SUBJECT OF AMENDMENT: Amends the State Plan to update the cost sharing for Medicaid enrollees.			
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</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: <i>DD</i> Maggie D. Anderson			
14. TITLE: Director, Medical Services Division			
15. DATE SUBMITTED: March 29, 2017			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: March 29, 2017		18. DATE APPROVED: November 27, 2019	
PLAN APPROVED - ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: January 1, 2017		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Mary Marchioni		22. TITLE: <i>/</i> Acting Deputy Division Director, WROG	
23. REMARKS:			

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

A. The following charges are imposed on the categorically needy for services other than those provided under section 1905 (a) (1) through (5) and (7) of the Act:

Service	Type of Charge			Amount and Basis for Determination
	Deduct.	Coins.	Copay.	
Office/Consultation Visit			X	\$2.00 per visit * Copayments may be imposed except for as exempted under 42 CFR 447.56.

*The standard copayment is based on the average payment per physician office visit for the calendar year 1992. The average payment per office visit is \$31.72. This average rate allows North Dakota to impose a \$2 copayment on all visits in accordance with 42 CFR 447.54 and 55.

TN No. 17-0008
 Supersedes
 TN No. 93-14

Approval Date 11/27/2019

Effective Date 01/01/2017

CMS ID: 0053C/0061E

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: North Dakota

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Vacated				

TN No. 17-0008
 Supersedes
 TN No. 00-013

Approval Date 11/27/2019

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