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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 17-0023

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
Denver Regional Office
1961 Stout Street, Room 08-148
Denver, CO 80294



REGION VIII - DENVER

December 18, 2017

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

RE: North Dakota #17-0023

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 17-0023. This SPA will allow certain dental hygienists to provide and bill for specific dental services, including sealants and fluoride varnish in schools.

Please be informed that this State Plan Amendment was approved today with an effective date of October 10, 2017. We are enclosing the CMS-179 and the amended plan page(s).

In order to track expenditures associated with this amendment, North Dakota should follow the CMS-64 reporting instructions outlined in Section 2500 of the State Medicaid Manual.

This amendment will affect expenditures reported on the Form CMS 64.9 Base:

- Line 8, Dental Services

If you have any questions concerning this amendment, please contact Kirstin Michel at (303) 844-7036.

Sincerely,

A solid black rectangular box used to redact the signature of Mary Marchioni.

Mary Marchioni
Acting Associate Regional Administrator
Division for Medicaid & Children's Health Operations

cc: Melissa Rosales

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: <div style="text-align: center; font-size: 1.2em;">17-0023</div>	2. STATE <div style="text-align: center; font-size: 1.2em;">North Dakota</div>
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 <div style="text-align: center; font-size: 1.2em;">October 10, 2017</div>	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <input type="checkbox"/> NEW STATE PLAN <input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN <input checked="" type="checkbox"/> AMENDMENT </div> <div style="text-align: center; font-size: 0.8em;"> COMPLETE BLOCKS 6 THRU 10 IF THIS IS AN AMENDMENT <i>(Separate Transmittal for each amendment)</i> </div>			
6. FEDERAL STATUTE/REGULATION CITATION: <div style="text-align: center; font-size: 1.1em;">42 CFR 440.100</div>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2018</u> <u>\$30,000</u> b. FFY <u>2019</u> <u>\$30,000</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, page 1a		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> : Attachment 4.19-B, page 1a	
10. SUBJECT OF AMENDMENT: Amends the State Plan regarding payment for services provided by dental hygienists employed by the Department of Health.			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <input type="checkbox"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="checkbox"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="checkbox"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </div> <div style="width: 35%;"> <input checked="" type="checkbox"/> OTHER, AS SPECIFIED: <u>Maggie D. Anderson, Director</u> <u>Medical Services Division</u> </div> </div>			
12. SIGNATURE OF STATE AGENCY OFFICIAL: <div style="background-color: black; width: 300px; height: 30px; margin-top: 5px;"></div>		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: <div style="text-align: center; font-size: 1.1em;">Maggie D. Anderson</div>			
14. TITLE: <div style="text-align: center; font-size: 1.1em;">Director, Medical Services Division</div>			
15. DATE SUBMITTED: <div style="text-align: center; font-size: 1.1em;">December 14, 2017</div>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center; font-size: 1.1em;">December 14, 2017</div>		18. DATE APPROVED: <div style="text-align: center; font-size: 1.1em;">December 18, 2017</div>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center; font-size: 1.1em;">October 10, 2017</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; width: 150px; height: 20px; margin-top: 5px;"></div>	
21. TYPED NAME: <div style="text-align: center; font-size: 1.1em;">Mary Marchioni</div>		22. TITLE: <div style="text-align: center; font-size: 1.1em;">Acting ARA, DMCHO</div>	
23. REMARKS:			

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

- 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.
- 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) For physical, occupational and speech therapy, payment will be the lower of billed charges or the fee established by the state agency. The agency's fee schedule was set as of July 1, 2017 and is effective for services provided on or after that date.
- 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).