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**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 18-0024**

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**

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March 26, 2019

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

Dear Ms. Anderson:

We have reviewed the proposed State Plan Amendment (SPA) submitted under transmittal number (TN) 18-0024. This amendment adds a reimbursement methodology for vaccines for adults, separate from the vaccines for children program.

Please be informed that this State Plan Amendment was approved today, with an effective date of November 1, 2018. We are enclosing the CMS-179 and the amended plan page(s).

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

Sincerely,



Mary Marchioni  
Acting Deputy Director

cc: Melissa Rosales

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>		1. TRANSMITTAL NUMBER:  <div style="text-align: center; font-size: 1.2em;"><b>18-0024</b></div>	2. STATE  <div style="text-align: center; font-size: 1.2em;"><b>North Dakota</b></div>
<b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		3. PROGRAM IDENTIFICATION: <b>TITLE XIX OF THE SOCIAL SECURITY ACT (MEDICAID)</b>	
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;"><b>November 1, 2018</b></div>	
5. TYPE OF PLAN MATERIAL <i>(Check One)</i> :  <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> NEW STATE PLAN</span> <span><input type="checkbox"/> AMENDMENT TO BE CONSIDERED AS NEW PLAN</span> <span><input checked="" type="checkbox"/> AMENDMENT</span> </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-weight: bold;">42 CFR 440.60, and 440.130</div>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2019</u> <u>\$NONE</u> b. FFY <u>2020</u> <u>\$NONE</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  Attachment 4.19-B, Page 7b		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> :  N/A	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan to clarify the reimbursement methodology for vaccines.</b>			
11. GOVERNOR'S REVIEW <i>(Check One)</i> : <div style="display: flex; justify-content: space-between;"> <div> <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> <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; height: 30px; width: 100%;"></div>		16. RETURN TO:  <b>Maggie D. Anderson, Director</b> <b>Medical Services Division</b> <b>ND Department of Human Services</b> <b>600 East Boulevard Avenue Dept 325</b> <b>Bismarck ND 58505-0250</b>	
13. TYPED NAME: <u>MA</u> <div style="text-align: center;"><b>Maggie D. Anderson</b></div>			
14. TITLE: <div style="text-align: center;"><b>Director, Medical Services Division</b></div>			
15. DATE SUBMITTED: <u>original 12/27/2018</u> <u>re submission 3/26/2019</u>			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: <div style="text-align: center;">December 27, 2018</div>		18. DATE APPROVED: <div style="text-align: center;">March 26, 2019</div>	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: <div style="text-align: center;">November 1, 2018</div>		20. SIGNATURE OF REGIONAL OFFICIAL: <div style="background-color: black; height: 30px; width: 100%;"></div>	
21. TYPED NAME: <div style="text-align: center;">Mary Marchioni</div>		22. TITLE: <div style="text-align: center;">Acting Deputy Director, DROG</div>	
23. REMARKS:          			

38. Payment for vaccines outside of the Vaccines for Children program will be based on the Average Sales Price (ASP) + 6% as of August 1 each year. If ASP + 6% is not available, then vaccines will be reimbursed at the Wholesale Acquisition Cost from the ND Medicaid vendor for HCPC to NDC crosswalk available as of August 1 of each year. Payment for vaccine administration is based on the rates approved on page 66(b) of the State Plan.