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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 20-0017

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS Form 179
- 3) Approved SPA Page

DEPARTMENT OF HEALTH & HUMAN SERVICES
Centers for Medicare & Medicaid Services
601 E. 12th Street, Suite 355
Kansas City, MO 64106



Medicaid & CHIP Operations Group

October 22, 2020

Caprice Knapp, 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 State Plan Amendment (SPA) 20-0017

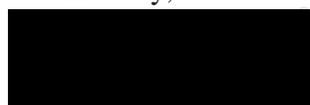
Dear Ms. Knapp:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 20-0017. This SPA amends the State Plan to implement an increase to the professional fee schedule for vaccine administration under the Pediatric Immunization program.

Please be informed that this SPA was approved on October 19, 2020, with an effective date of July 1, 2020. Enclosed is the CMS-179 and SPA page.

Should you have any questions about this amendment, please contact Curtis Volesky at (303) 844-7033.

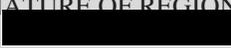
Sincerely,

 Digitally signed by James
G. Scott -S
Date: 2020.10.22 10:06:23
-05'00'

James G. Scott, Director
Division of Program Operations

Enclosures

cc: Krista Fremming, krfremming@nd.gov
Stacey Koehly, skoehly@nd.gov
LeeAnn Thiel, lthiel@nd.gov

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		1. TRANSMITTAL NUMBER: 20-0017	2. STATE North Dakota
		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 July 1, 2020	
5. TYPE OF PLAN MATERIAL (<i>Check One</i>): <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 (<i>Separate Transmittal for each amendment</i>)			
6. FEDERAL STATUTE/REGULATION CITATION: 42 CFR 441.615 and 447.204		7. FEDERAL BUDGET IMPACT: a. FFY <u>2020</u> \$4,505 b. FFY <u>2021</u> \$14,148	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Page 66(b) of Section 4 of the State Plan		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Page 66(b) of Section 4 of the State Plan (TN 19-0010)	
10. SUBJECT OF AMENDMENT: Amends the State Plan to implement an increase to the professional fee schedule for vaccine administration under the Pediatric Immunization program.			
11. GOVERNOR'S REVIEW (<i>Check One</i>): <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>Caprice Knapp, 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: Caprice Knapp, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Caprice Knapp			
14. TITLE: Director, Medical Services Division			
15. DATE SUBMITTED: Original Date: July 23, 2020 Resubmission Date: September 1, 2020			
17. DATE RECEIVED: July 23, 2020			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED: July 23, 2020		18. DATE APPROVED: October 19, 2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2020		20. SIGNATURE OF REGIONAL OFFICIAL:  <small>Digitally signed by James G. Scott -S Date: 2020.10.22 10:07:08 -05'00'</small>	
21. TYPED NAME: James G. Scott		22. TITLE: Director, Division of Program Operations	

23. REMARKS:

A large, empty gray rectangular box with a thin black border, intended for handwritten or typed remarks. It occupies the upper portion of the page below the 'REMARKS' label.

Revision: HCFA-PM-94-9 (MB)
JUNE 2009

State/Territory: North Dakota

Citation

4.19 (m) Medicaid Reimbursement for Administration of Vaccines Under the Pediatric Immunization Program

1928 (c) (2)
(C) (ii) of the Act

(i) A provider may impose a charge for the administration of a qualified pediatric vaccine as stated in 1928(c) (ii) of the Act. Within this overall provision, Medicaid reimbursement to providers will be administered as follows:

(ii) The State:

- sets a payment rate at the level of the regional maximum established by the DHHS Secretary.
- is a Universal Purchase State and sets a payment rate at the level of the regional maximum established in accordance with State law.
- sets a payment rate below the level of the regional maximum established by the DHHS Secretary.

The reimbursement rates are the same for both public and private providers. Administration fees will be updated by annual or periodic adjustments to the professional services fee schedule.

The reimbursement rate for initial immunization administrations is \$16.20; for subsequent immunization vaccine administration \$16.20; and for subsequent intranasal/oral vaccine administration \$16.20.

- is a Universal Purchase State and sets a payment rate below the level of the regional maximum established by the Universal purchase State.

TN No: 20-0017
Supersedes
TN No: 19-0010

Approval Date: 10/19/2020

Effective Date: 07-01-2020