

## **Table of Contents**

**State/Territory Name: North Dakota**

**State Plan Amendment (SPA) #: 21-0008**

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**

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August 4, 2021

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) 21-0008

Dear Ms. Knapp:

We have reviewed the State Plan Amendment (SPA) submitted under transmittal number 21-0008. 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 August 3, 2021, with an effective date of July 1, 2021. 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,

A black rectangular box redacting the signature of James G. Scott.

Digitally signed by James G.  
Scott -S  
Date: 2021.08.04 10:05:38  
5'00'

James G. Scott, Director  
Division of Program Operations

cc: Krista Fremming, [krfremming@nd.gov](mailto:krfremming@nd.gov)  
Stacey Koehly, [skoehly@nd.gov](mailto:skoehly@nd.gov)  
LeeAnn Thiel, [lthiel@nd.gov](mailto:lthiel@nd.gov)  
Stephanie Waloch, [swaloch@nd.gov](mailto:swaloch@nd.gov)

<b>TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL</b>  <b>FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES</b>		1. TRANSMITTAL NUMBER:  <b>21-0008</b>	2. STATE  <b>North Dakota</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  <b>July 1, 2021</b>	
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:  <b>42 CFR 441.615 and 447.204</b>		7. FEDERAL BUDGET IMPACT: a. FFY <u>2021</u> <u>\$4,716</u> b. FFY <u>2022</u> <u>\$14,445</u>	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT:  <b>Page 66(b) of Section 4 of the State Plan</b>		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT <i>(If Applicable)</i> :  <b>Page 66(b) of Section 4 of the State Plan (TN 20-0017)</b>	
10. SUBJECT OF AMENDMENT: <b>Amends the State Plan to implement an increase to the professional fee schedule for vaccine administration under the Pediatric Immunization program.</b>			
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:  <b>Caprice Knapp, Director Medical Services Division ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250</b>	
13. TYPED NAME:  <b>Caprice Knapp</b>			
14. TITLE:  <b>Director, Medical Services Division</b>			
15. DATE SUBMITTED:  <b>July 23, 2021</b>			
<b>FOR REGIONAL OFFICE USE ONLY</b>			
17. DATE RECEIVED:  July 23, 2021		18. DATE APPROVED:  August 3, 2021	
<b>PLAN APPROVED – ONE COPY ATTACHED</b>			
19. EFFECTIVE DATE OF APPROVED MATERIAL:  July 1, 2021		20. SIGNATURE OF REGIONAL OFFICIAL:  Digitally signed by James G. Scott -S Date: 2021.08.04 10:06:29 -05'00'	
21. TYPED NAME:  James G. Scott		22. TITLE:  Director, Division of Program Operations	
23. REMARKS:			

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 \$16.52; for subsequent immunization vaccine administration \$16.52; and for subsequent intranasal/oral vaccine administration \$16.52.

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

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TN No: 21-0008  
Supersedes  
TN No: 20-0017

Approval Date: 8-03-2021

Effective Date: 07-01-2021