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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 23-0017

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 St., Room 355
Kansas City, Missouri 64106



Medicaid and CHIP Operations Group

August 29, 2023

Sarah Aker
Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue Dept. 325
Bismarck, ND 58505-0250

Re: North Dakota State Plan Amendment (SPA) 23-0017

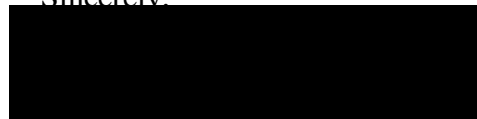
Dear Ms. Aker:

The Centers for Medicare & Medicaid Services (CMS) reviewed your Medicaid State Plan Amendment (SPA) submitted under transmittal number (TN) ND-23-0017. This amendment proposes to amend the State Plan to implement an increase of 3% for vaccine administration under the Pediatric Immunization program.

We conducted our review of your submittal according to statutory requirements in Title XIX of the Social Security Act and implementing regulations 42 CFR 447.204. This letter is to inform you that North Dakota Medicaid SPA 23-0017 was approved on August 29, 2023, with an effective date of July 1, 2023.

If you have any questions, please contact Tyson Christensen at (816) 426-6440 or via email at Tyson.Christensen@cms.hhs.gov.

Sincerely,



James G. Scott, Director
Division of Program Operations

Enclosures

cc: LeeAnn Thiel

**TRANSMITTAL AND NOTICE OF APPROVAL OF
STATE PLAN MATERIAL
FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES**

1. TRANSMITTAL NUMBER
2 3 — 0 0 1 7

2. STATE
ND

3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT
 XIX XXI

TO: CENTER DIRECTOR
CENTERS FOR MEDICAID & CHIP SERVICES
DEPARTMENT OF HEALTH AND HUMAN SERVICES

4. PROPOSED EFFECTIVE DATE
July 1, 2023

5. FEDERAL STATUTE/REGULATION CITATION
42 CFR 447.204

6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars)
a. FFY 2023 \$ 3,866
b. FFY 2024 \$ 12,110

7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT
Page 66(b) of Section 4 of the State Plan

8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable)
Page 66(b) of Section 4 of the State Plan (TN 22-0011)

9. SUBJECT OF AMENDMENT

Amends the State Plan to implement an increase of 3% for vaccine administration under the Pediatric Immunization program.

10. GOVERNOR'S REVIEW (Check One)

- GOVERNOR'S OFFICE REPORTED NO COMMENT
 COMMENTS OF GOVERNOR'S OFFICE ENCLOSED
 NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL

OTHER, AS SPECIFIED:
Krista Fremming, Interim Director
Medical Services Division

11. SIGNATURE OF STATE AGENCY OFFICIAL

12. TYPED NAME
Krista Fremming

13. TITLE
Interim Medical Services Director

14. DATE SUBMITTED
July 19, 2023

15. RETURN TO
Krista Fremming, Interim Director
Medical Services Division
ND Department of Health and Human Services
600 East Boulevard Avenue Dept 325
Bismarck ND 58505-0250


FOR CMS USE ONLY

16. DATE RECEIVED
July 19, 2023

17. DATE APPROVED
August 29, 2023

PLAN APPROVED - ONE COPY ATTACHED

18. EFFECTIVE DATE OF APPROVED MATERIAL
July 1, 2023

19. SIGN 

20. TYPED NAME OF APPROVING OFFICIAL
James G. Scott

21. TITLE OF APPROVING OFFICIAL
Director, Division of Program Operations

22. 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 \$17.06; for subsequent immunization vaccine administration \$17.06; and for subsequent intranasal/oral vaccine administration \$17.06.

- 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: 23-0017
Supersedes
TN No: 22-0011

Approval Date: 08-29-2023

Effective Date: 07-01-2023