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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 23-0023

This file contains the following documents in the order listed:

- 1) Approval Letter
- 2) CMS 179 Form/Summary Form (with 179-like data)
- 3) Approved SPA Pages

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Medicare & Medicaid Services
7500 Security Boulevard, Mail Stop S2-26-12
Baltimore, MD 21244-1850



Financial Management Group

October 6, 2023

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

Re: North Dakota 23-0023

Dear Sarah Aker:

We have reviewed the proposed amendment to Attachment 4.19-A of your Medicaid State plan submitted under transmittal number (TN) 23-0023. Effective for dates of services on or after July 1, 2023, this amendment updates the supplemental payment amount for Critical Access Hospitals (CAHs).

We conducted our review of your submittal according to the statutory requirements at sections 1902(a)(2), 1902(a)(13), 1902(a)(30), 1903(a) and 1923 of the Social Security Act and the implementing Federal regulations at 42 CFR 447 Subpart C. We are pleased to inform you that Medicaid State plan amendment TN 23-0023 is approved effective July 1, 2023. The CMS-179 and the amended plan pages are attached.

If you have any questions, please contact Christine Storey at Christine.storey@cms.hhs.gov.

Sincerely,



Rory Howe
Director

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL FOR: CENTERS FOR MEDICARE & MEDICAID SERVICES		1. TRANSMITTAL NUMBER <u>2 3</u> — <u>0 0 2 3</u>	2. STATE <u>ND</u>		
		3. PROGRAM IDENTIFICATION: TITLE OF THE SOCIAL SECURITY ACT <input checked="" type="radio"/> XIX <input type="radio"/> XXI			
TO: CENTER DIRECTOR CENTERS FOR MEDICAID & CHIP SERVICES DEPARTMENT OF HEALTH AND HUMAN SERVICES		4. PROPOSED EFFECTIVE DATE <p style="text-align: center;">July 1, 2023</p>			
5. FEDERAL STATUTE/REGULATION CITATION <p style="text-align: center;">42 CFR 447 Part C</p>		6. FEDERAL BUDGET IMPACT (Amounts in WHOLE dollars) a. FFY <u>2023</u> \$ <u>257,750</u> b. FFY <u>2024</u> \$ <u>807,300</u>			
7. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT Attachment 4.19-A, pages 9 and 9a		8. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (If Applicable) Attachment 4.19-A, pages 9 and 9a (TN 21-0019)			
9. SUBJECT OF AMENDMENT Amends the State Plan to update the supplement payment for Critical Access Hospitals.					
10. GOVERNOR'S REVIEW (Check One) <table style="width: 100%; margin-top: 10px;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="radio"/> OTHER, AS SPECIFIED: Sarah Aker, Director Medical Services Division </td> </tr> </table>				<input type="radio"/> GOVERNOR'S OFFICE REPORTED NO COMMENT <input type="radio"/> COMMENTS OF GOVERNOR'S OFFICE ENCLOSED <input type="radio"/> NO REPLY RECEIVED WITHIN 45 DAYS OF SUBMITTAL	<input checked="" type="radio"/> OTHER, AS SPECIFIED: Sarah Aker, Director Medical Services Division
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11. SIGNATURE OF STATE AGENCY OFFICIAL 		15. RETURN TO Sarah Aker, Director Medical Services Division ND Department of Health and Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250			
12. TYPED NAME Sarah Aker					
13. TITLE Medical Services Director					
14. DATE SUBMITTED August 31, 2023					
FOR CMS USE ONLY					
16. DATE RECEIVED: August 31, 2023		17. DATE APPROVED October 6, 2023			
PLAN APPROVED - ONE COPY ATTACHED					
18. EFFECTIVE DATE OF APPROVED MATERIAL: July 1, 2023		19. SIGNATURE OF APPROVING OFFICIAL 			
20. TYPED NAME OF APPROVING OFFICIAL: Rory Howe		21. TITLE OF APPROVING OFFICIAL: Director, Financial Management Group			
22. REMARKS					

Supplemental Payment for Inpatient Hospital Services provided by Critical Access Hospitals.

Effective July 1, 2023, a North Dakota critical access hospital shall receive up to two supplemental payments payable with the first payment being made no sooner than the quarter ending September 30, 2023 but not later than the quarter ending June 30, 2024 and the second payment being made no sooner than the quarter ending September 30, 2024 but no later than the quarter ending June 30, 2025. The supplemental payment shall be made in combination with the cost settlement to reasonable costs.

The supplemental payment established in accordance with this provision may not exceed the difference between the inpatient Medicaid expenditures and the Medicare upper payment limit, in the aggregate, for inpatient hospital services, as defined in 42 CFR 447.272. If a payment is made during the first, second or third quarter of the state fiscal year (SFY), it will not exceed 25, 50 or 75 percent of the available UPL, respectively. If the payment amount is not paid in its entirety due to its exceeding the UPL availability for any given quarter, then the remainder not paid during that quarter will be paid in the following quarter, up to the available UPL room left for the SFY.

Qualifying providers are exempt from the cost limitations on page 2 of this section.

This supplemental payment is for nonstate governmental and private ownership categories.

The provider allotments for the period ending June 30, 2025 are:

Ashley Medical Center	\$24,000
St. Andrew's Health Center	\$41,700
Southwest Healthcare Services	\$30,000
Towner County Medical Center	\$40,000
Carrington Health Center	\$48,000
Pembina County Memorial Hospital	\$26,400
Cooperstown Medical Center	\$40,600
St. Luke's Hospital	\$44,000
Mercy Hospital of Devils Lake	\$750,000
St. Joseph's Hospital & Health Center	\$900,000
Jacobson Memorial Hospital	\$48,000
Garrison Memorial Hospital	\$28,000
Unity Medical Center	\$80,000
St. Aloisius Medical Center	\$28,500
Sakakawea Medical Center	\$50,000
West River Regional Medical Center	\$60,000
Sanford Hillsboro	\$40,000
Jamestown Regional Medical Center	\$520,000
Kenmare Community Hospital	\$24,000
Cavalier County Memorial Hospital	\$30,000
Linton Hospital	\$40,000
Lisbon Area Health Services	\$48,000
Sanford Mayville	\$28,000
Nelson County Health System	\$20,000
Northwood Deaconess	\$40,000
Oakes Community Hospital	\$48,000
First Care Health Center	\$30,000
Presentation Medical Center	\$420,000
Heart of America Medical Center	\$110,000
Mountrail County Medical Center	\$40,000
Tioga Medical Center	\$40,000
Community Memorial Hospital	\$30,000
Mercy Hospital of Valley City	\$90,000
McKenzie County Medical Center	\$120,000
Mercy Medical Center	\$400,000
Wishek Community Hospital	\$40,000

TN No. 23-0023

Supersedes

TN No. 21-0019

Approval Date October 6, 2023 Effective Date 07-01-2023