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State/Territory Name: North Dakota

State Plan Amendment (SPA) #: 19-0001

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 & HUMAN SERVICES

Centers for Medicare & Medicaid Services
Center for Medicaid & CHIP Services
233 North Michigan Ave., Suite 600
Chicago, Illinois 60601



Financial Management Group/ Division of Reimbursement Review

March 4, 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: TN 19-0001

Dear Ms. Knapp:

We have reviewed the proposed North Dakota State Plan Amendment (SPA) to Attachment 4.19-B, ND-19-0001, which was submitted to the Centers for Medicare & Medicaid Services (CMS) on March 28, 2019. This plan amendment provides an alternative payment methodology for Tribal 638 Federally Qualified Health Centers, effective January 1, 2019.

Based upon the information provided by the State, we have approved the amendment with an effective date of January 1, 2019. We are enclosing the approved CMS-179 and a copy of the new state plan pages.

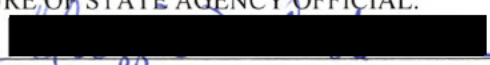
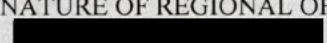
If you have any additional questions or need further assistance, please contact Mark Wong at (415) 744-3561 or mark.wong@cms.hhs.gov.

Sincerely,



Todd McMillion
Acting Director

Enclosures

TRANSMITTAL AND NOTICE OF APPROVAL OF STATE PLAN MATERIAL		1. TRANSMITTAL NUMBER: 19-0001	2. STATE North Dakota
FOR: CENTERS FOR MEDICARE AND MEDICAID SERVICES		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 January 1, 2019	
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 186-- 42 CFR 440.90-- 1902(bb) of the Act, P.L. 93-638		7. FEDERAL BUDGET IMPACT: a. FFY 2020 2019 \$NONE b. FFY 2021 2020 \$NONE	
8. PAGE NUMBER OF THE PLAN SECTION OR ATTACHMENT: Attachment 4.19-B, Page 3c and 3d----- Attachment 4.19-B, Pages 5b and 5c-----		9. PAGE NUMBER OF THE SUPERSEDED PLAN SECTION OR ATTACHMENT (<i>If Applicable</i>): Attachment 4.19-B, Page 3c Attachment 4.19-B, Pages 5b-----	
10. SUBJECT OF AMENDMENT: Amends the State Plan regarding the payment methodology for Tribal 638 facilities that elect to enroll as a Federally Qualified Health Center.			
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>Maggie D. Anderson, 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: Maggie D. Anderson, Director Division of Medical Services ND Department of Human Services 600 East Boulevard Avenue Dept 325 Bismarck ND 58505-0250	
13. TYPED NAME: Maggie D. Anderson			
14. TITLE: Director, Division of Medical Services			
15. DATE SUBMITTED: 3/28/2019			
FOR REGIONAL OFFICE USE ONLY			
17. DATE RECEIVED:		18. DATE APPROVED: 03/04/2020	
PLAN APPROVED – ONE COPY ATTACHED			
19. EFFECTIVE DATE OF APPROVED MATERIAL: 1/1/2019		20. SIGNATURE OF REGIONAL OFFICIAL: 	
21. TYPED NAME: Todd McMillion		22. TITLE: Acting Director, Division of Reimbursement Review	
23. REMARKS: Pen-and-ink changes made by CMS to Boxes 6, 7, 8 and 9, with state concurrence and based on state's January 30, 2020 official response to Request for Additional Information.			

29. Payments to Indian Health Services and Tribal 638 Programs

All-inclusive rates (AIR): The Medicaid all-inclusive rates (AIR) are published each year in the Federal Register by the Department of Health and Human Services, for general covered services provided by Indian Health Services (IHS) facilities and facilities operated by federally recognized tribes under P.L. 93-638.

The general covered service categories are: Inpatient; Outpatient, Pharmacy, Vision, Dental, Mental Health, Substance Use Disorder, Clinic and EPSDT.

Tribal 638 Federally Qualified Health Center (FQHC) Alternate Payment Methodology

A tribal health program selecting to enroll as a FQHC and agreeing to an alternate payment methodology (APM) will be paid using the APM, which is the AIR. Tribal 638 FQHCs are not required to comply with the HRSA rules for a FQHC.

North Dakota Medicaid will establish a Prospective Payment System (PPS) methodology for Tribal 638 FQHCs. The PPS rate shall be the average rate of other FQHCs in the state. Annually, North Dakota Medicaid will compare the APM rate to the PPS rates to ensure the APM is equal to or greater than the PPS rate. The Tribal 638 FQHCs are not required to report its costs for the purposes of establishing a PPS rate.

Multiple visits for different services on the same day with different diagnosis:

IHS facilities, Tribal 638 facilities, and Tribal 638 FQHCs are eligible for multiple encounter payments for general covered service categories on the same day for the same recipient with a different diagnosis. A pharmacy service is one encounter payment regardless of how many prescriptions are filled on that day.

Multiple visits for different services on the same day with the same diagnosis:

IHS facilities, Tribal 638 facilities, and Tribal FQHCs are eligible for multiple encounter payments for general covered service categories on the same day for the same recipient with the same diagnosis provided they are for distinctly different services. The diagnosis code may be the same for each of the encounters, but the services provided must be distinctly different and occur within different units of the facility.

Multiple visits for the same type of service on the same day with different diagnoses:

IHS facilities, Tribal 638 facilities, and Tribal 638 FQHCs are eligible for multiple encounter payments for multiple same day visits for the same type of general covered service category if the diagnoses are different.