Citation	Condition or Requirement
1924 of the Act 435.725 435.733 435.832	2. The following monthly amounts for personal needs are deducted from total monthly income in the application of an institutionalized individual's or couple's income to the cost of institutionalized care: Personal Needs Allowance (PNA) of not less than $30 for Individuals and $60 for Couples for all institutionalized persons: a. Aged, Blind, disabled Individuals $~~100~~115 Couples $~~200~~ 230 ($~~100~~ 115 each) For the following persons with greater need: (See Supplement 12) Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organizational unit which determines that a criterion is met. b. AFDC related: Children $~~100~~115 Adults $~~100~~115 For the following persons with greater need: (See Supplement 12) Supplement 12 to Attachment 2.6-A describes the greater need; describes the basis or formula for determining the deductible amount when a specific amount is not listed above; lists the criteria to be met; and, where appropriate, identifies the organization unit which determines that a criterion is met. c. Individual under age 21 covered in the plan as specified in Item B. 7. Of Attachment 2.2-A. $~~100~~115.

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

Citation
1902(a)(77)
1902(a)(39)
1902(kk);
P.L. 111-148 and
P.L. 111-152

4.45 Provider Screening and Enrollment

42 CFR 455
Subpart E

PROVIDER SCREENING

__X__ Assures that the State Medicaid agency complies with the process for screening providers under section 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

__X__ Assures enrolled providers will be screened in accordance with 42CFR 455.400 et seq.

__X__ Assures that the State Medicaid agency requires all ordering or referring physicians or other professionals to be enrolled under the State plan or under a waiver of the Plan as a participating provider. North Dakota may enroll providers up to 365 days from the date of service.

42 CFR 455.412

VERIFICATION OF PROVIDER LICENSES

__X__ Assures that the State Medicaid agency has a method for verifying providers licensed by a State and that such providers licenses have not expired or have no current limitations.

42 CFR 455.414

REVALIDATION OF ENROLLMENT

__X__ Assures that providers will be revalidated regardless of provider type at least every 5 years.

42 CFR 455.416

TERMINATION OR DENIAL OF ENROLLMENT

__X__ Assures that the State Medicaid agency will comply with section 1902(a)(39) of the Act and with the requirements outlined in 42 CFR 455.416 for all terminations or denials of provider enrollment.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

12) Unless otherwise noted, non-emergency medical transportation providers will be paid the lower of billed charges or the Medicaid fee schedule established by the state agency. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2024, as authorized and appropriated by the 2023 Legislative Assembly.
(a) Transportation by common carrier will be reimbursed at the going rate or fare established for the general public.
(b) Transportation providers as defined in Attachment 3.1-D, Transportation (transportation providers), when utilized by a third party to provide transportation to a Medicaid recipient, will be paid the lower of billed charges or the Medicaid fee schedule established by the state agency, not to exceed the mileage rate established by the state legislature.
(c) The payment for meals necessary for recipients and attendants, and individual transportation providers cannot exceed the amount allowed for state employees while traveling in the state of North Dakota.
(d) Reimbursement for necessary lodging is available to enrolled Medicaid providers who provide lodging services to recipients, attendants, and transportation providers will be limited to the maximum established for lodging as of January 1 of each calendar year by the General Services Administration for the primary destination. The reimbursement rate will be set for dates of service on or after November 1, 2018, based on the January 2018 rate and will subsequently be updated as of January of each calendar year.

Payment for meals and lodging will be made to providers specifically enrolled to provide meals and lodging.

13) Ambulance services will be paid at the lower of actual billed charges or the fee schedule established by the state agency. The agency's fee schedule was set as of July 1, 2024 and is effective for services provided on or after that date. North Dakota Medicaid providers will receive a three percent inflationary increase in reimbursement effective for dates of service on or after July 1, 2024, as authorized and appropriated by the 2023 Legislative Assembly.

14) Effective July 1, 2019, for family planning services, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b.

15) Home Health Agency services include the following services: nursing care, home health aide services, physical therapy, occupational therapy, speech pathology or audiology services, and supplies. Reimbursement will be on a per visit basis and will be at the lowest of the billed charge or maximum allowable charge established by the State. North Dakota Medicaid providers will receive a ~~three percent inflationary~~ increase in reimbursement based on their Medicare allowable costs effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.

16) North Dakota reimburses for all Hospice services specified by Medicare in regulation using the Medicaid rates and geographic formula published on an annual basis by CMS. Medicaid Hospice providers that fail to comply with quality data submission requirements during each fiscal year will not have their market basket update reduced by two percentage points.

17) Effective July 1, 2024, for Nurse-Midwife Services, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b for covered pre-natal, delivery and postpartum services provided by physicians.

METHOD FOR REIMBURSING INPATIENT HOSPITAL SERVICES

1. Hospitals paid using Prospective Payment System (PPS).

   a. In-state hospital service reimbursement paid to all hospitals and distinct part units, except those hospitals and distinct part units specifically identified in Section 2, will be made on the basis of a Prospective Payment System (PPS). The system generally follows the Medicare PPS in terms of the application of the system. PPS uses diagnostic related groups (DRG) to pay for services upon discharge. Medical education costs are excluded from the PPS.

   b. The base year used for the calculation of the base rate is the years ending December 31, 2019 and December 31, 2020. The base year used for the calculation of the capital rate is the year ending June 30, 2007. The base rate established for hospitals paid by PPS is effective July 1, 2022. The capital rate established for hospitals paid by PPS is effective July 1, 2009. The base rate and capital rate shall be increased by two percent effective July 1, ~~2024~~2025.

   c. Vacated.

   d. Effective July 1, 2022 the DRG classification and grouper system is the All Patient Refined Diagnosis Related Grouper version 39.

   e. Vacated

   f. Vacated.

   g. A capital payment will be included in the PPS payment for all discharges. Capital payments may not be paid to a transferring hospital.

   h. Outlier Payments.

      (1) A cost outlier payment is made when costs exceed a threshold of two times the DRG rate or $60,000, whichever is greater. Costs above the threshold will be paid at 60 percent of billed charges.

      (2) For DRG's 580-640 relating to neonates the cost outlier thresholds are the greater of 1.5 times the DRG rate or $57,000. Costs above the threshold will be paid at 80 percent of billed charges.

i. Transfers. Payment will be the full DRG payment, inclusive of outliers and capital, to the final hospital. Per diem payments will be made to the transferring hospitals. Total per diem payments to transferring hospitals may not exceed the full DRG payment, exclusive of outliers and capital. Per diem is the basic DRG payment divided by the arithmetic untrimmed average length of stay. A patient may be transferred to another hospital and then transferred back to the original hospital which becomes the final hospital, in such case, the original hospital will not receive per diem payments for the portion of the stay occurring prior to the transfer. The days of stay in the original hospital prior to the transfer out and back will be included as part of the calculation of the full DRG payment, inclusive of outliers and capital.

2. Payments for hospitals excluded from prospective payment system.

a. Excluded from hospitals paid using PPS are psychiatric, rehabilitation, cancer, long term care, and children's hospitals and psychiatric and rehabilitation distinct part units of hospitals, and hospitals designated as Critical Access Hospitals.

b. Payment for inpatient psychiatric and rehabilitation services are made using a prospective per diem rate. Effective July 1, 2009 the hospital or distinct part unit per diem rate is calculated based on the lesser of a maximum prospective per diem rate established for each type of service or the hospital's cost to provide the service based on the hospital cost report for the year ended June 30, 2007. The hospital's calculated per diem rate shall be inflated by ~~three~~ two percent effective July 1, ~~2024~~2025. The maximum prospective per diem rate effective July 1, 2009 is $1,020.48 per day for psychiatric services and $1,519.80 for rehabilitation services.

c. Effective July 1, 2009 inpatient services furnished by a hospital having an average inpatient length of stay greater than 25 days and designated a long-term care hospital by Medicare shall be paid on a prospective basis using a percentage of charges established using the hospital's most recent audited Medicare cost report available as of June 1 of each year. The percentage of charges as established shall be adjusted annually on July 1. The payment based on a percentage of charges is an all-inclusive rate and is not subject to cost settlement.

d. Payments to cancer and children’s hospitals are made based on a reasonable cost basis, using the Medicare methods and standards set forth in 42 CFR 413. An interim payment rate based on the hospital’s cost to charge ratio from the latest available cost report will be made until such time as a cost settlement is made. The interim cost to charge ratio for a hospital which has not filed a cost report shall be 70%.

e. Indian Health Hospitals are paid inpatient per diem rates in accordance with the most recently published Federal Register notice.

f. Effective July 1, 2007, payments to hospitals designated as Critical Access Hospitals shall be made based on reasonable costs using the Medicare methods and standards set forth in 42 CFR 413. An interim per diem payment rate shall be

The APM rate is a fixed rate and is not subject to adjustment or reconciliation except as provided for below. The APM rate shall equal or exceed the PPS rate that was established for the center.

The RHC's APM rate shall be established according to a two-step process, as follows:

1. Establishment of APM Rate:

   (a) The APM rate shall be equal to an amount (calculated on a per visit basis) that is:

      i. For provider-based RHCs, an APM rate shall be established based on 100% of the RHC's billed charges, exclusive of lab charges, for the RHC's fiscal year 2000 plus the fee schedule amount for laboratory services divided by the number of visits.

      ii. For freestanding RHCs the rate will be $61.85.

   (b) The calculation of the APM rate and any subsequent adjustments to that rate shall be on the basis of the reasonable costs of the RHC as provided for under 42 C.F.R. part 413 without the application of provider screens and caps or limitations on costs or cost categories.

   (c) The APM rate shall be increased by ~~three~~ two percent effective July 1, ~~2024~~2025.

2. One-Time Adjustment*:*

   Each RHC that is an enrolled provider on June 30, 2012 shall have one opportunity to rebase its APM rate. The APM rate shall be adjusted to the Medicare cost per visit, excluding provider screens and caps, from its fiscal year 2012 Medicare cost report. The cost per visit shall exclude laboratory costs and shall be increased by one percentage point for each three month period from the cost report end date to July 1, 2013.

3. Upon the RHC's application, the APM rate shall be adjusted to reflect any increase or decrease in the scope of services furnished by the RHC.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE

The following is a description of the policies that apply to rates and fees established for services other than inpatient hospital care, nursing facility care, and intermediate care facilities.

Out-of-state providers are paid the same rates and fees applicable to providers in North Dakota.

All rates are published on the agency's website at: https://www.hhs.nd.gov/healthcare/medicaid/provider/fee-schedules. Except as otherwise noted in the plan, state developed fee schedule rates are the same for both governmental and private providers.

1) Outpatient services.
   a. Outpatient hospital services are paid using a fixed percentage of charges established by the state agency, except for laboratory procedures paid according to item 3 below, dietitian services paid at the lower of the actual charge or maximum allowable charge established by the state agency, partial hospitalization paid a per diem fee schedule rate established by the state agency effective for dates of service on or after July 1, 2023, and in-state prospective payment system hospitals. The fixed percentage of charges for in-state hospitals designated as Critical Access Hospitals will be established using the hospital's most recent audited Medicare cost report. Cost settlement to reasonable cost for outpatient services at instate hospitals designated as Critical Access Hospitals for Title XIX services will be based on the Medicare cost report and will occur after the hospital's Medicare cost report has been audited and finalized by the Medicare fiscal intermediary. The fixed percentage of charges for all other instate hospitals will be established using the hospital's most recent Medicare cost report available as of June 1 of each year. The fixed percentage of charges for out-of-state hospitals shall be 57.4 percent except for laboratory procedures paid according to item 3 below. North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~ 2025 as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.
   b. Effective October 1, 2023, in-state prospective payment system hospitals will be reimbursed based on Enhanced Ambulatory Patient Group (EAPG) payment system version 3.17. The conversion factor shall be increased by two percent effective July 1, ~~2024~~2025.
   c. Partial hospitalization is paid a per diem fee schedule rate as outlined in item a above.

2) Clinic services payment is based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by the clinic. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. Clinic rates are set as of July 1, ~~2024~~ 2025 and are effective for services provided on or after that date. Providers will be notified of the rates, via letter and/or email correspondence.

   a. Payment to dental clinics, including mobile dental clinics, is based on the cost of delivery of the service as determined by the single state agency from cost data submitted annually by the clinic. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. Individual provider rates will be effective October 1, ~~2024~~2025. Providers will be notified of the rates, via letter and/or email correspondence. Except as otherwise noted in the Plan, State developed fee schedule rates are the same for both governmental and private providers.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES – OTHER TYPES OF CARE
- (continued)

4) Effective July 1, 2019, for x-ray services, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b.

5) For prosthetic devices, medical equipment, supplies and appliances, Medicaid will pay the lower of billed charges or fee schedule established by the state agency. North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.
   a. For DMEPOS items associated with Section 1903(i)(27) of the Social Security Act, amended by Section 5002 of the 21st Century Cures Act, and identified by the Centers for Medicare and Medicaid Services (CMS) as covered by Medicare, Medicaid will pay the lower of the following: (1)The Medicare DMEPOS fee schedule rate for North Dakota geographic, non-rural areas, set as of January 1 of each year which will be reviewed on a quarterly basis and updated as needed; or (2)The provider's billed charges.

6) For services, including optometric and chiropractic services, paid from the North Dakota Professional Services Fee Schedule, Medicaid will pay the lower of billed charges or fee schedule established by the state agency. North Dakota Medicaid providers paid from the North Dakota Professional Services Fee Schedule will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly. For rates developed using the resource-based relative value scale methodology, the posted fee schedule accounts for annual cost neutral adjustments to the North Dakota Medicaid conversion factor made to reflect updates to the Medicare RVUs and utilization changes.
   a. For services, other than those reimbursed using resource-based relative value scale methodology, North Dakota Medicaid providers paid from the North Dakota Professional Services Fee Schedule will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.
   b. For services rendered by licensed or registered pharmacists, the lower of billed charges or the fee schedule established by the state agency.

7) For dental services and dentures, Medicaid will pay the lower of billed charges or Medicaid fee established by the state agency. North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.
   a. Effective for dates of service on or after October 10, 2017, reimbursement for dental sealants and fluoride varnish provided in a school setting by dental hygienists employed by the North Dakota Department of Health (Department) are based on the cost of delivery of services on a prospective basis as determined by the single state Medicaid agency from cost data submitted annually by the Department. The rate components include dental hygienist and administrative salaries, supplies, and overhead. The Department will be notified of the rate via letter and/or email correspondence.

8) Effective July 1, 2019, for private duty nursing services, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b.

9) Effective July 1, 2019, for physical, occupational and speech therapy, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standard for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b.

10) Effective July 1, 2019, for services rendered by enrolled providers via telemedicine; payment for the telemedicine connectivity code will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standard for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b.

11) For eyeglasses, Medicaid will pay the lower of billed charges or the rate established by the state agency competitive bidding process. North Dakota meets the certification requirements of Section 1902(a)(23) of the Social Security Act to permit the selection of one or more providers, through a competitive bidding process, to deliver eyeglasses on a statewide basis under the authority of Section 1915(a)(1)(B) of the Social Security Act and 42 CFR 431.54(d).

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE

12) Unless otherwise noted, non-emergency medical transportation providers will be paid the lower of billed charges or the Medicaid fee schedule established by the state agency. North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.
(a) Transportation by common carrier will be reimbursed at the going rate or fare established for the general public.
(b) Transportation providers as defined in Attachment 3.1-D, Transportation (transportation providers), when utilized by a third party to provide transportation to a Medicaid recipient, will be paid the lower of billed charges or the Medicaid fee schedule established by the state agency, not to exceed the mileage rate established by the state legislature.
(c) The payment for meals necessary for recipients and attendants, and individual transportation providers cannot exceed the amount allowed for state employees while traveling in the state of North Dakota.
(d) Reimbursement for necessary lodging is available to enrolled Medicaid providers who provide lodging services to recipients, attendants, and transportation providers will be limited to the maximum established for lodging as of January 1 of each calendar year by the General Services Administration for the primary destination. The reimbursement rate will be set for dates of service on or after November 1, 2018, based on the January 2018 rate and will subsequently be updated as of January of each calendar year.

Payment for meals and lodging will be made to providers specifically enrolled to provide meals and lodging.

13) Ambulance services will be paid at the lower of actual billed charges or the fee schedule established by the state agency. The agency's fee schedule was set as of July 1, ~~2024~~ 2025 and is effective for services provided on or after that date. North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.

14) Effective July 1, 2019, for family planning services, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b.

15) Home Health Agency services include the following services: nursing care, home health aide services, physical therapy, occupational therapy, speech pathology or audiology services, and supplies. Reimbursement will be on a per visit basis and will be at the lowest of the billed charge or maximum allowable charge established by the State. North Dakota Medicaid providers will receive a increase in reimbursement based on their Medicare allowable costs effective for dates of service on or after July 1, 2025, as authorized and appropriated by the 2025 Legislative Assembly.

16) North Dakota reimburses for all Hospice services specified by Medicare in regulation using the Medicaid rates and geographic formula published on an annual basis by CMS. Medicaid Hospice providers that fail to comply with quality data submission requirements during each fiscal year will not have their market basket update reduced by two percentage points.

17) Effective July 1, 2024, for Nurse-Midwife Services, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b for covered pre-natal, delivery and postpartum services provided by physicians.

METHODS AND STANDARDS FOR ESTABLISHING PAYMENT RATES - OTHER TYPES OF CARE:

18. Covered outpatient drugs submitted on a professional claim form will be reimbursed at the lower of the fee schedule established by the state agency or the estimated acquisition cost for the national drug code as outlined on item 34 on pages 6 and 6a of Attachment 4.19-B.

19. Effective July 1, 2024, for Nurse Practitioner Services, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b.

20. Effective July 1, 2024, for Other Practitioner Services, unless otherwise specified, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a and 6b.

21. Effective July 1, 2019, Registered Nurses who are either employed by or under contract through a school for nursing services provided to Medicaid eligible children (under age 21) who have an approved Individualized Education Program that documents medical necessity for nursing services that support the child's need to access free appropriate public education, payment will be the lower of billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), item 6, 6a, and 6b.

22. Vacated

23. Personal Care Services

a. Authorized personal care services provided to an individual who receives personal care services from a provider on less than a 24-hour-a-day-seven-day-a-week basis shall be paid based on a maximum 15-minute unit rate established by the department. Rates will be established for individual and agency providers.

North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the 2023 Legislative Assembly. Providers who travel at least twenty-one miles round-trip to provide personal care services to individuals in rural areas, will receive a rate adjustment effective for dates of service January 1, 2015.

b. Authorized personal care service provided to an individual by a provider who provides personal care services on a 24-hour-a-day-seven-day-a-week basis shall be paid using a prospective per diem rate for each day personal care services are provided.

1) The maximum per diem rate for an individual or agency provider shall be established using the provider's allowable hourly rate established under paragraph a. multiplied times the number of hours per month authorized in the individual's care plan times twelve and divided by 365. The provider may bill only for days in which at least 15 minutes of personal care service are provided to the individual.

2) The per diem rate for a residential provider is established based on the residential provider's reported allowable costs for direct and indirect personal care services divided by the number of days personal care services were provided during the report period. The per diem rate is applicable to all eligible individuals authorized to receive personal care services from the residential provider and does not vary based on the amount of services authorized for each individual. The per diem rate is payable only for days in which at least 15 minutes of personal care services is provided to the individual in the residential facility. For an individual who does not receive at least 15 minutes of personal cares per day, the rate payable to a residential provider for personal care services shall not exceed the maximum allowable hourly rate for an agency as established in paragraph a.

The per diem rate shall be established annually for each residential provider based on a cost report that identifies actual costs incurred for the provision of personal care services during the provider's fiscal year. The established per diem rate may not exceed the maximum per diem rate. North Dakota Medicaid providers will receive a ~~three and one-half~~two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.

Allowable costs included in the personal care per diem rate are:

1. Salaries, fringe benefits and training expenses for direct supervisors and staff who provide assistance with:
    a. Activities of daily living including eating, bathing, dressing, mobility, toileting, transferring and maintaining continence; and
    b. Instrumental activities of daily living that include personal hygiene, light housework, laundry, meal preparation, transportation, grocery shopping, using the telephone, medication management and money management.
2. Administration and overhead expenses that include salaries and fringe benefits of an administrator, assistant administrator or top management personnel, liability insurance, central and home office costs excluding property costs, telephone, personnel recruitment costs, computer software costs, business office expenses, and working capital interest.

24. Vacated

25. Organ Transplants - Payments for physician services are based on Attachment 4.19-B No. 6 as described in this attachment. Payment for hospital services are based on Attachment 4.19-A.

26. For diagnostic, screening and preventive services, Medicaid will pay the lower of actual billed charges or the maximum allowable fee established by the state agency. North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.

27. Emergency hospital services provided by hospitals not otherwise participating in the Medicaid program are paid at the fixed percentage of charges for out-of-state hospitals as established in paragraph 1.

28. For ambulatory surgical center services, payment will be the lower of the provider's billed charges or the fee schedule established by the state agency. North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.

29. For rehabilitative services, each qualified Medicaid service practitioner will be reimbursed a rate from the Medicaid fee schedule for defined units of service.

    For services provided by non-governmental providers, payment will be the lower of the provider's actual billed charges or the fee schedule established by the state agency. North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement effective for dates of service on or after July 1, ~~2024~~2025, as authorized and appropriated by the ~~2023~~ 2025 Legislative Assembly.

    For the governmental providers, payment is established based on the cost of delivering the services on a prospective basis as determined by the single state agency from cost data submitted annually. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. Governmental provider rates are set as of July 1, ~~2024~~ 2025 and are effective for services provided on or after that date. Providers will be notified of the rates via letter or email correspondence.

30. For non-ASAM services rendered by licensed addiction counselors within their scope of practice, each qualified Medicaid service practitioner will be reimbursed a rate from the Medicaid fee schedule for defined units of service.

    Effective November 1, 2018, for services provided by non-governmental providers, payment will be the lower of the provider's actual billed charges or reimbursement under Attachment 4.19-B, Methods and Standards for Establishing Payment Rates – Other Types of Care (continued), Item 6, 6a and 6b.

    For the governmental providers, payment is established based on the cost of delivering the services on a prospective basis as determined by the single state agency from cost data submitted annually. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. Governmental provider rates are set as of July 1, ~~2024~~ 2025 and are effective for services provided on or after that date. Providers will be notified of the rates via letter or email correspondence.

36. For Targeted Case Management Services for individuals with a serious mental illness or serious emotional disturbance, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in 15-minute increments.
a. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual. State government provider rates are set as of July 1, ~~2024~~ 2025 and are effective for services provided on or after that date. Providers will be notified of the rates, via letter ~~and/~~or email correspondence.
b. As authorized by the ~~2023~~ 2025 Legislative Assembly, North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement as of July 1, ~~2024~~ 2025 and is effective for services provided on or after that date. The agency's fee schedule for non-state government providers and private providers will be set as of July 1, ~~2024~~ 2025 and is effective for services on or after that date.

37. For Targeted Case Management Services for individuals served in the child welfare system, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in 15-minute increments. As authorized by the ~~2023~~ 2025 Legislative Assembly, North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement as of July 1, ~~2024~~ 2025 and is effective for services provided on or after that date. The agency's fee schedule rate will be set as of July 1, ~~2024~~ 2025 and is effective for services on or after that date.

38. For Targeted Case Management Services for Individuals needing Long Term Care services, payment will be based on the lower of the provider's actual billed charge or the fee schedule established in monthly increments. As authorized by the ~~2023~~ 2025 Legislative Assembly, North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement as of July 1, ~~2024~~ 2025 and is effective for services provided on or after that date. The agency's fee schedule rate will be set as of July 1, ~~2024~~ 2025 and is effective for services provided on or after that date.

39. For Targeted Case Management Services for Pregnant women and infants, payment will be based on the lower of the provider's actual billed charge or the fee schedule established per the procedure code definition. As authorized by the ~~2023~~ 2025 Legislative Assembly, North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement as of July 1, ~~2024~~ 2025 and is effective for services provided on or after that date. The agency's fee schedule rate will be set as of July 1, ~~2024~~ 2025 and is effective for services provided on or after that date.

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 I 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; for subsequent immunization vaccine administration; and for subsequent intranasal/oral vaccine administration is $~~17.57~~18.02.

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

PROVIDER INFLATIONARY INCREASES

Payments to Intermediate Care Facility Providers will be inflated by two percent effective for dates of service on or after July 1, ~~2024~~2025.

Methods and Standards for Establishing Payment Rates

1. Services Provided Under Section 1915(i) of the Social Security Act. For each optional service, describe the methods and standards used to set the associated payment rate. *(Check each that applies, and describe methods and standards to set rates)*:

North Dakota Medicaid providers will receive a ~~three~~ two percent inflationary increase in reimbursement effective July 1, ~~2024~~ 2025 as authorized and appropriated by the 2023 Legislative Assembly. The agency's fee schedule rates for all the following services will be set as of July 1, ~~2024~~ 2025 and will be effective for services provided on or after that date. The rates will be published at the State's website, Medicaid Provider Fee Schedules | Health and Human Services North Dakota

●	HCBS 1915i Case Management
	Care Coordination is a 15-minute unit rate. The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
☐	HCBS Homemaker
☐	HCBS Home Health Aide
☐	HCBS Personal Care
☐	HCBS Adult Day Health
	HCBS Habilitation
●	HCBS Respite Care
	The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data

	submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Other Services (specify below)
	Peer Support - The rates were established by comparing the services to similar covered Medicaid services. The peer support rate will be the same as the rate for benefits planning, supported education, prevocational training, supported employment, and housing supports. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Housing Supports - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Supported Employment - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.

	Training and Supports for Unpaid Caregivers - The rates were established by comparing the services to similar covered Medicaid services and the State's parent aide service which are very similar. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. There are two parts to this service and a separate rate for each. Provision of this service is available as: 1) Rate #1: A service based on a unit rate for one-on-one or group training and support by an approved service provider, i.e. parent aide, mental health technician, etc., as identified in the Provider Qualifications below, and: and 2) Rate #2: A service that reimburses for the costs of registration/conference training fees, books and supplies associated with the training and support needs. Note: The daily maximum applicable to the unit service rate #1 above is not applicable to this non-hourly, reimbursement of cost of training service rate #2. For example, the unpaid caregiver may be approved to attend a conference to receive training on how to address her child's behaviors. It does not matter if the conference is 12 hours per day and exceeds the maximum hours limit of rate #1, as only the cost of the actual training is reimbursed to the care giver for their attendance at the training. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Non-Medical Transportation - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Rate: Unit Rate – Driver with Vehicle – This service is a per 15-minute unit rate. The unit rate is based on the average paid to a driver providing transportation using their person vehicle in ND, according to the US Bureau of Labor and Statistics. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.

	Community Transition Services - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Supported Education - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Pre-Vocational Training - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.
	Benefits Planning - The rates were established by comparing the services to similar covered Medicaid services. Medicaid will pay the lower of billed charges or fee schedule established by the state agency. Payment to private and non-state governmental providers will be based on the lower of billed charges or the fee schedule established by the state agency. Payment to state government providers will be based on the cost of delivery of the services on a prospective basis as determined by the single state agency from cost data submitted annually by state government providers. Allowable costs will be determined in accordance with the Medicare Provider Reimbursement Manual.

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

Effective July 1, ~~2023~~2025, 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~~ 2025 but not later than the quarter ending June 30, ~~2024~~ 2026 and the second payment being made no sooner than the quarter ending September 30, ~~2024~~ 2026 but no later than the quarter ending June 30, ~~2025~~2027. 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~~ 2027 are:

Ashley Medical Center	$~~24,000~~20,000
St. Andrew's Health Center	$~~41,700~~40,000
Southwest Healthcare Services	$~~30,000~~40,000
Towner County Medical Center	$~~40,000~~50,000
Carrington Health Center	$~~48,000~~30,000
Pembina County Memorial Hospital	$~~26,400~~40,000
Cooperstown Medical Center	$~~40,600~~60,000
St. Luke's Hospital	$~~44,000~~30,000
Mercy Hospital of Devils Lake	$~~750,000~~800,000
St. Joseph's Hospital & Health Center	$~~900,000~~500,000
Jacobson Memorial Hospital	$~~48,000~~40,000
Garrison Memorial Hospital	$~~28,000~~50,000
Unity Medical Center	$~~80,000~~80,000
St. Aloisius Medical Center	$~~28,500~~30,000
Sakakawea Medical Center	$~~50,000~~100,000
West River Regional Medical Center	$~~60,000~~70,000
Sanford Hillsboro	$40,000
Jamestown Regional Medical Center	$~~520,000~~500,000
Kenmare Community Hospital	$~~24,000~~40,000
Cavalier County Memorial Hospital	$~~30,000~~40,000
Linton Hospital	$40,000
Lisbon Area Health Services	$~~48,000~~40,000
Sanford Mayville	$~~28,000~~40,000
Nelson County Health System	$~~20,000~~30,000
Northwood Deaconess	$~~40,000~~50,000
Oakes Community Hospital	$~~48,000~~60,000
First Care Health Center	$~~30,000~~100,000
Presentation Medical Center	$~~420,000~~500,000
Heart of America Medical Center	$~~110,000~~80,000
Mountrail County Medical Center	$~~40,000~~50,000
Tioga Medical Center	$~~40,000~~50,000
Community Memorial Hospital	$30,000
Mercy Hospital of Valley City	$~~90,000~~150,000
McKenzie County Medical Center	$~~120,000~~260,000
Mercy Medical Center	$~~400,000~~450,000
Wishek Community Hospital	$40,000