



Medical Services
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Jack Dalrymple, Governor
Carol K. Olson, Executive Director

April 26, 2012

Ms. Cindy K. Smith, CMS/WC
1600 Broadway Ste 700
Denver CO 80202

Dear Ms. Cindy K. Smith:

This letter is regarding the Tribal Consultation Policy established between the North Dakota Department of Human Services and the North Dakota Indian Tribes. This consultation process was established to ensure Tribal governments are included in the decision making processes when changes in the Medicaid or Children's Health Insurance Program (s) will affect items such as cost or reductions and additions to the program. The North Dakota Department of Human Services engages Tribal consultation when a State Plan Amendment, waiver proposal or amendment, or demonstration project proposal directly impacts the North Dakota Tribes and/or their Tribal members.

This letter is regarding two new State Plan Amendments: (1) provider screening and enrollment requirements for Medicaid providers established by the Centers for Medicare and Medicaid Services (CMS). The Medical Services Division expects that this State Plan Amendment may impact the North Dakota Tribes or Tribal Programs by requiring a more detailed Medicaid provider enrollment process. The intent of this federal mandate is to implement a heightened level of scrutiny of Medicaid providers to ensure program integrity. A copy of the proposed State Plan is enclosed. (2) Tobacco Cessation services for Medicaid eligible individuals who are pregnant. A copy of the draft template from CMS is enclosed.

Although the Division is required to implement these screening and enrollment requirements, it is important that you are aware of these changes. The effective date of the proposed State Plan Amendment is expected to be June 1, 2012. For more information on the updated provider enrollment processes, please visit the Department's website at:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-enroll-info.html>.

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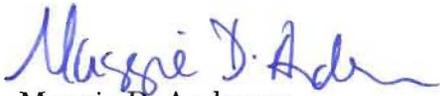
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If you have any comments, questions or concerns, please contact Cindy Sheldon, Deputy Director of Medical Services at cmsheeldon@nd.gov, or 600 East Boulevard Avenue, Department 325, Bismarck, ND 58505 or by calling 701-328-4626. Please provide all input by May 30, 2012.

The Department appreciates the continuing opportunity to work collaboratively with you to achieve the Department's mission, which is: "To provide quality, efficient, and effective human services, which improve the lives of people."

Sincerely,



Maggie D. Anderson
Director, Medical Services

MDA/mlt

Enclosure

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

State: _____

Tobacco Cessation Counseling Services for Pregnant Women

4. D 1) Face-to-Face Counseling Services provided:

(i) By or under supervision of a physician;

(ii) By any other health care professional who is legally authorized to furnish such services under State law and who is authorized to provide Medicaid coverable services other than tobacco cessation services; * or

(iii) Any other health care professional legally authorized to provide tobacco cessation services under State law *and* who is specifically *designated* by the Secretary in regulations. (none are designated at this time)

*describe any limits on who can provide these counseling services.

2) Face-to-Face Tobacco Cessation Counseling Services for Pregnant Women

Provided: No limitations With limitations*

*Any benefit package that consists of less than four (4) counseling sessions per quit attempt, with a minimum of two (2) quit attempts per 12 month period should be explained below.

Please describe any limitations

T.N. # _____

Approval Date _____

Supersedes T.N. # _____

Effective Date _____

State/Territory: North Dakota

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

4.46 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.

The Department currently screens all providers when they enroll and re-enroll. The Department is in the process of issuing a Request for Proposal (RFP) in order to secure a vendor(s) who will assist the State Medicaid Agency in complying with the process of screening providers under 1902(a)(39), 1902(a)(77) and 1902(kk) of the Act. The RFP is expected to be issued in April and the Department is anticipating a contract start date of July 1, 2012.

42 CFR 455.410

ENROLLMENT AND SCREENING OF PROVIDERS

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

The Department currently checks the List of Excluded Individuals/Entities (LEIE), the Excluded Parties List System (EPLS) and state licensing for all providers when they enroll or re-enroll. The Department is in the process of issuing a Request for Proposal (RFP) in order to secure a vendor(s) who will screen providers in accordance with 42CFR 455.400 et seq. The RFP is expected to be issued in April and the Department is anticipating a contract start date of July 1, 2012.

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.

The Department currently has a vendor to validate prescribers but not ordering and referring providers. The Department is in the process of issuing a Request for Proposal (RFP) in order to secure a vendor(s) to assist with meeting the above "streamlined enrollment" requirements. The RFP is expected to be issued in April and the Department is anticipating a contract start date of July 1, 2012.

TN: 12-011
Supersedes
TN: NEW

Approval Date: _____ Effective Date: _____

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date of July 1, 2012. A second RFP will be issued once the first one has been satisfactorily awarded and that will address the site visit component of this requirement. An anticipated start date for the contract for the second RFP is October 1, 2012.

42 CFR 455.434

CRIMINAL BACKGROUND CHECKS

X Assures that providers, as a condition of enrollment, will be required to consent to criminal background checks including fingerprints, if required to do so under State law, or by the level of screening based on risk of fraud, waste or abuse for that category of provider.

The Department has established categorical risk levels for providers and provider categories who pose an increased financial risk of fraud, waste or abuse to the Medicaid program. The Department understands that the Centers for Medicare and Medicaid Services (CMS) will be issuing final guidance regarding criminal background checks. Background checks will be an optional service to bid in the second RFP and will be implemented once the final guidance is available.

State/Territory: North Dakota

STATE PLAN UNDER TITLE XIX OF THE SOCIAL SECURITY ACT

CFR 455.460.

The Department has chosen not to require application fees.

42 CFR 455.470

TEMPORARY MORATORIUM ON ENROLLMENT OF NEW PROVIDERS OR SUPPLIERS

X Assures that the State Medicaid agency complies with any temporary moratorium on the enrollment of new providers or provider types imposed by the Secretary under section 1866(j)(7) and 1902(kk)(4) of the Act, subject to any determination by the State and written notice to the Secretary that such a temporary moratorium would not adversely impact beneficiaries' access to medical assistance.

According to the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0938-1151. The time required to complete this information collection is estimated to average 15 minutes per response, including the time to review instructions, search existing data resources, gather the data needed, and complete and review the information collection. If you have comments concerning the accuracy of the time estimate(s) or suggestions for improving this form, please write to: CMS, 7500 Security Boulevard, Attn: PRA Reports Clearance Officer, Mail Stop C4-26-05, Baltimore, Maryland 21244-1850.

TN: 12-011
Supersedes
TN: NEW

Approval Date: _____ Effective Date: _____