ND MEDICAID PAYMENT GROUP RATES

	Effective through 6-30-09	Effective 7-1-09	Effective 7-1-10	Effective 7-1-11	Effective 7-1-12	Effective 7-1-13	Effective 7-1-14
Group 1	**$323.00**	**$342.00**	**$363.00**	**$374.00**	**$ 385.00**	**$ 400.00**	**$ 416.00**
Group 2	**$433.00**	**$459.00**	**$487.00**	**$502.00**	**$ 517.00**	**$ 538.00**	**$ 560.00**
Group 3	**$495.00**	**$525.00**	**$557.00**	**$574.00**	**$ 591.00**	**$ 615.00**	**$ 640.00**
Group 4	**$612.00**	**$649.00**	**$688.00**	**$709.00**	**$ 730.00**	**$ 759.00**	**$ 789.00**
Group 5	**$696.00**	**$738.00**	**$782.00**	**$805.00**	**$ 829.00**	**$ 862.00**	**$ 896.00**
Group 6	**$806.00**	**$854.00**	**$905.00**	**$932.00**	**$ 960.00**	**$ 998.00**	**$ 1,038.00**
Group 7	**$966.00**	**$1,024.00**	**$1,085.00**	**$1,118.00**	**$ 1,152.00**	**$ 1,198.00**	**$ 1,246.00**
Group 8	**$949.00**	**$1,006.00**	**$1,066.00**	**$1,098.00**	**$ 1,131.00**	**$ 1,176.00**	**$ 1,223.00**
Group 9	**$1,303.00**	**$1,381.00**	**$1,464.00**	**$1,508.00**	**$ 1,553.00**	**$ 1,615.00**	**$ 1,680.00**