

North Dakota Managed Care Program Features, as of 2018 (1 of 2)

Features	Health Management Program	PACE	PCCM
Program type	Other Prepaid Health Plan (PHP) (limited benefits)	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Ward: 58701, 58702, 58703, 58722, 58785. Burleigh: 58501, 58502, 58503, 58504. Morton: 58554. Stark: 58601, 58602, 58630, 58652, 58655, 58656.	Statewide
Federal operating authority	1932(a)	PACE	1932(a)
Program start date	08/01/2007	08/01/2008	01/10/1994
Waiver expiration date (if applicable)			
If the program ended in 2018, indicate the end date	06/30/2018		
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Voluntary		Mandatory
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)			
Populations enrolled: Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	Voluntary		Mandatory
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	Voluntary		Mandatory
Populations enrolled: Full Duals		Voluntary	
Populations enrolled: Partial Duals		Voluntary	
Populations enrolled: Children with Special Health Care Needs			

Features	Health Management Program	PACE	PCCM
Populations enrolled: Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Voluntary	Exempt	
Populations enrolled: Enrollment choice period		N/A	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period		Enrollment begins on the first day of the month following the determination that they are eligible.	Once enrolled the recipient has 14 days to choose a PCP or one will be assigned. They can change PCP without good cause for the first 90 days and every 12 months during the 60 day annual open enrollment period.
Benefits covered: Inpatient hospital physical health		X	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Outpatient hospital physical health		X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)		X	
Benefits covered: Partial hospitalization			
Benefits covered: Physician		X	
Benefits covered: Nurse practitioner		X	
Benefits covered: Rural health clinics and FQHCs		X	
Benefits covered: Clinic services		X	
Benefits covered: Lab and x-ray		X	
Benefits covered: Prescription drugs		X	
Benefits covered: Prosthetic devices		X	

Features	Health Management Program	PACE	PCCM
Benefits covered: EPSDT			
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)		X	
Benefits covered: Family planning			
Benefits covered: Dental services (medical/surgical)		X	
Benefits covered: Dental (preventative or corrective)		X	
Benefits covered: Personal care (state plan option)		X	
Benefits covered: HCBS waiver services			
Benefits covered: Private duty nursing			
Benefits covered: ICF-IDD			
Benefits covered: Nursing facility services			
Benefits covered: Hospice care			
Benefits covered: Non-Emergency Medical Transportation			
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit			
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	No	No	No

Features	Health Management Program	PACE	PCCM
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No
Quality assurance and improvement: Accrediting organization			North Dakota
Quality assurance and improvement: EQRO contractor name (if applicable)			
Performance incentives: Payment bonuses/differentials to reward plans			
Performance incentives: Preferential auto-enrollment to reward plans			
Performance incentives: Public reports comparing plan performance on key metrics			
Performance incentives: Withholds tied to performance metrics			
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes			
Participating plans: Plans in Program	Health Management	PACE	Multiple Primary Care Providers
Notes: Program notes	Effective July 1, 2018 the Health Management Program was no longer an authorized service with it being removed from North Dakota's Medicaid State Plan with authority granted by the Center for Medicare and Medicaid Services as of August 9, 2019. Thus, no enrollment as of July 1, 2018.		

North Dakota Managed Care Program Features, as of 2018 (2 of 2)

Features	North Dakota Medicaid Expansion
Program type	Comprehensive MCO
Statewide or region-specific?	Statewide
Federal operating authority	1915(b), 1937 Alt Benefit Plan
Program start date	01/01/2014
Waiver expiration date (if applicable)	12/31/2019
If the program ended in 2018, indicate the end date	
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	
Populations enrolled: Low-income adults <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)	Mandatory
Populations enrolled: Aged, Blind or Disabled Children or Adults	
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)	
Populations enrolled: Full Duals	
Populations enrolled: Partial Duals	
Populations enrolled: Children with Special Health Care Needs	
Populations enrolled: Native American/Alaskan Natives	Mandatory

Features	North Dakota Medicaid Expansion
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Outpatient hospital physical health	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X
Benefits covered: Partial hospitalization	
Benefits covered: Physician	X
Benefits covered: Nurse practitioner	X
Benefits covered: Rural health clinics and FQHCs	X
Benefits covered: Clinic services	X
Benefits covered: Lab and x-ray	
Benefits covered: Prescription drugs	X
Benefits covered: Prosthetic devices	X
Benefits covered: EPSDT	X
Benefits covered: Case management	X
Benefits covered: SSA Section 1945-authorized health home	

Features	North Dakota Medicaid Expansion
Benefits covered: Health home care (services in home)	X
Benefits covered: Family planning	X
Benefits covered: Dental services (medical/surgical)	X
Benefits covered: Dental (preventative or corrective)	X
Benefits covered: Personal care (state plan option)	
Benefits covered: HCBS waiver services	
Benefits covered: Private duty nursing	
Benefits covered: ICF-IDD	
Benefits covered: Nursing facility services	
Benefits covered: Hospice care	X
Benefits covered: Non-Emergency Medical Transportation	X
Benefits covered: Institution for Mental Disease inpatient treatment for people ages 21-64 defined by 42 CFR §438.6(e) as an 'in lieu of' benefit	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	Up to 30 days SNF within a 12 month period
Quality assurance and improvement: HEDIS data required?	Yes
Quality assurance and improvement: CAHPS data required?	Yes
Quality assurance and improvement: Accreditation required?	No
Quality assurance and improvement: Accrediting organization	

Features	North Dakota Medicaid Expansion
Quality assurance and improvement: EQRO contractor name (if applicable)	Qlarant Quality Solutions
Performance incentives: Payment bonuses/differentials to reward plans	
Performance incentives: Preferential auto-enrollment to reward plans	
Performance incentives: Public reports comparing plan performance on key metrics	
Performance incentives: Withholds tied to performance metrics	
Performance incentives: MCOs/PHPs required or encouraged to pay providers for value/quality outcomes	
Participating plans: Plans in Program	ND Medicaid Expansion MCO

Features	North Dakota Medicaid Expansion
Notes: Program notes	<p>In order for the State to provide Medicaid Expansion MCO through private carriers including mandatory enrollment, an initial 1915(b) waiver allowing managed care enrollment of the new adult group for Medicaid expansion was submitted to CMS with authority granted. The 1915(b) waiver renewal was submitted to CMS for 2016-2017 and 2018-2019 with authority granted. In addition, CMS granted initial authority through an 1115 waiver to ensure compliance related to having one health plan choice for those Medicaid Expansion recipients in urban areas of the state. CMS extended this 1115 waiver authority until such time that the Final Medicaid Managed Care CFR were published (May 6, 2016) - with the changes noted at 42 CFR § 438.52(b)(1) and (b)(3) the 1115 waiver was no longer needed thus it was allowed to expire. Per the Medicare Advantage Health Service Delivery (HSD) Reference file for the applicable calendar year, ND no longer has any counties designated as being urban thus the state may limit rural area residents to a single MCO.</p>