

North Dakota Managed Care Program Features, as of 2019

Features	PACE	PCCM	North Dakota Medicaid Expansion
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Comprehensive MCO
Statewide or region-specific?	Ward: 58701, 58702, 58703, 58722, 58785; Burleigh: 58501, 58502, 58503, 58504, 58558; Morton: 58554; Stark: 58601, 58602, 58630, 58652, 58655, 58656	Statewide	Statewide
Federal operating authority	PACE	1932(a)	1915(b),1937 Alt Benefit Plan
Program start date	08/01/2008	01/10/1994	01/01/2014
Waiver expiration date (if applicable)			12/31/2021
If the program ended in 2019, indicate the end date			
Populations enrolled: Low-income adults <u>not covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory	
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	Voluntary		
Populations enrolled: Non-Disabled Children (excludes children in foster care or receiving adoption assistance)		Mandatory	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals	Voluntary		

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Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children	Exempt		Mandatory
Populations enrolled: Enrollment choice period	N/A	N/A	Pre-assigned
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		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		

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Benefits covered: Prescription drugs	X		X
Benefits covered: Prosthetic devices	X		X
Benefits covered: EPSDT			X
Benefits covered: Case management	X	X	X
Benefits covered: SSA Section 1945-authorized health home			
Benefits covered: Health home care (services in home)	X		X
Benefits covered: Family planning			X
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		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			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			

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Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			Up to 30 days SNF (within a 12 month period) and Vision Services
Quality assurance and improvement: HEDIS data required?	No	No	Yes
Quality assurance and improvement: CAHPS data required?	No	No	Yes
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)			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	Northland PACE Senior Care Services	Multiple Primary Care Providers	ND Medicaid Expansion MCO

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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, 2018-2019, and 2020-2021 with authority granted. In addition, CMS granted initial authority through an 1115 waiver to ensure compliance as 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>