Features	PACE	PCCM
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	PACE	1932(a)
Program start date	08/01/2008	11/01/1994
Waiver expiration date (if applicable)		
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not</u> <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Mandatory
Populations enrolled: Low-income adults covered under ACA Section VIII (excludes pregnant women and people with disabilities)		
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	
Populations enrolled: Children with Special Health Care Needs		
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory
Populations enrolled: Foster Care and Adoption Assistance Children		
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.

Features	PACE	PCCM
Benefits covered: Inpatient hospital physical health	Х	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	Х	
Benefits covered: Outpatient hospital physical health	X	X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization		
Benefits covered: Physician	Х	X
Benefits covered: Nurse practitioner	Х	X
Benefits covered: Rural health clinics and FQHCs	Х	Х
Benefits covered: Clinic services	Х	X
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	Х	
Benefits covered: EPSDT		
Benefits covered: Case management	Х	X
Benefits covered: SSA Section 1945- authorized health home		
Benefits covered: Health home care (services in home)	Х	
Benefits covered: Family planning		
Benefits covered: Dental services (medical/surgical)	Х	
Benefits covered: Dental (preventative or corrective)	Х	
Benefits covered: Personal care (state plan option)	Х	
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		

Features	PACE	PCCM
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
Quality assurance and improvement: CAHPS data required?	No	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		North Dakota
Quality assurance and improvement: EQRO contractor name (if applicable)	CMS and North Dakota	
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 and regions served: Plans in Program	PACE	Multiple Primary Care Providers

Features	PACE	PCCM	
Notes: Program notes			

Features	North Dakota Medicaid Expansion	Health Management Program
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	Statewide	Statewide
Federal operating authority	1915(b),1937 Alt Benefit Plan	1932(a)
Program start date	01/01/2014	08/01/2007
Waiver expiration date (if applicable)	12/31/2017	
If the program ended in 2016, indicate the end date		
Populations enrolled: Low-income adults <u>not</u> <u>covered</u> under ACA Section VIII (excludes pregnant women and people with disabilities)		Voluntary
Populations enrolled: Low-income adults covered 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)		Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary
Populations enrolled: Full Duals		
Populations enrolled: Partial Duals		
Populations enrolled: Children with Special Health Care Needs		
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary
Populations enrolled: Enrollment choice period	Pre-assigned	Other
Populations enrolled: Enrollment broker name (if applicable)		
Populations enrolled: Notes on enrollment choice period		Open enrollment at all times with no timeframe indicated

Features	North Dakota Medicaid Expansion	Health Management Program
Benefits covered: Inpatient hospital physical health	Х	
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)		
Benefits covered: Outpatient hospital physical health	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X	
Benefits covered: Partial hospitalization	X	
Benefits covered: Physician	X	
Benefits covered: Nurse practitioner	X	
Benefits covered: Rural health clinics and FQHCs	Х	
Benefits covered: Clinic services	X	
Benefits covered: Lab and x-ray	X	
Benefits covered: Prescription drugs and prosthetic devices	Х	
Benefits covered: EPSDT	Х	
Benefits covered: Case management	X	X
Benefits covered: SSA Section 1945- authorized health home		
Benefits covered: Health home care (services in home)	Х	
Benefits covered: Family planning	Х	
Benefits covered: Dental services (medical/surgical)	Х	
Benefits covered: Dental (preventative or corrective)	Х	
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	Х	
Benefits covered: Non-Emergency Medical Transportation	Х	

Features	North Dakota Medicaid Expansion	Health Management Program
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 of SNF coverage	
Quality assurance and improvement: HEDIS data required?	Yes	No
Quality assurance and improvement: CAHPS data required?	Yes	No
Quality assurance and improvement: Accreditation required?	No	No
Quality assurance and improvement: Accrediting organization		
Quality assurance and improvement: EQRO contractor name (if applicable)	Delmarva	
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 and regions served: Plans in Program	ND Medicaid Expansion - Sanford Health Plan	Health Management

Features	North Dakota Medicaid Expansion	Health Management Program
Notes: Program notes	In order for the State to provide the 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 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 recipeints 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. 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.	