North Dakota Managed Care Program Features, as of 2017 (1 of 2)

Features	PACE	PCCM	Health Management Program
Program type	Program of All-inclusive Care for the Elderly (PACE)	Primary Care Case Management (PCCM)	Other Prepaid Health Plan (PHP) (limited benefits)
Statewide or region-specific?	58501, 58502, 58503 (Bismarck), 58504 (Lincoln), 58554 (Mandan), 58558 (Menoken), 58601, 58602 (Dickinson), 58652 (Richardton), 58655 (South Heart), 58656 (Taylor), 58701, 58702, 58703, 58722, 58785 (Minot)	Statewide	Statewide
Federal operating authority	PACE	1932(a)	1932(a)
Program start date	08/01/2008	11/01/1994	08/01/2007
Waiver expiration date (if applicable)			
If the program ended in 2017, 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	Voluntary
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)		Mandatory	Voluntary
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Mandatory	Voluntary
Populations enrolled: Full Duals	Voluntary		
Populations enrolled: Partial Duals	Voluntary		
Populations enrolled: Children with Special Health Care Needs			

Features	PACE	PCCM	Health Management Program
Populations enrolled: Native American/Alaskan Natives	Voluntary	Mandatory	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children			Voluntary
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	X	
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		
Benefits covered: Partial hospitalization			
Benefits covered: Physician	X	X	
Benefits covered: Nurse practitioner	X	Х	
Benefits covered: Rural health clinics and FQHCs	X	X	
Benefits covered: Clinic services	Х	Х	
Benefits covered: Lab and x-ray	X		
Benefits covered: Prescription drugs and prosthetic devices	X		
Benefits covered: EPSDT			
Benefits covered: Case management	X	Х	Х

Features	PACE	РССМ	Health Management Program
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)	Х		
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
Quality assurance and improvement: CAHPS data required?	No	No	No
Quality assurance and improvement: Accreditation required?	No	No	No

Features	PACE	PCCM	Health Management Program
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	PACE	Multiple Primary Care Providers	Health Management
Notes: Program notes			

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 2017, 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
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory
Populations enrolled: Enrollment choice period	Pre-assigned

North Dakota Managed Care Program Features, as of 2017 (2 of 2)

Features	North Dakota Medicaid Expansion
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	
Benefits covered: Inpatient hospital physical health	Х
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	Х
Benefits covered: Outpatient hospital physical health	Х
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	Х
Benefits covered: Partial hospitalization	Х
Benefits covered: Physician	Х
Benefits covered: Nurse practitioner	Х
Benefits covered: Rural health clinics and FQHCs	Х
Benefits covered: Clinic services	Х
Benefits covered: Lab and x-ray	Х
Benefits covered: Prescription drugs and prosthetic devices	Х
Benefits covered: EPSDT	Х
Benefits covered: Case management	Х
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

Features	North Dakota Medicaid Expansion
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
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	
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	

Features	North Dakota Medicaid Expansion
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
Notes: Program notes	In addition to the 1915(b) waiver, 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 expirePer 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.