

# Medicaid Managed Care in North Dakota

This profile reflects state managed care program information as of August 2014, and only includes information on active federal operating authorities, and as such, the program start date may not reflect the earliest date that a program enrolled beneficiaries and provided services. Some states report populations and services available to program participants under the federal authority (e.g. Section 1115 waiver), so these features cannot be easily distinguished for each program.

## Overview of Current Managed Care Programs

In July 2011, nearly two thirds of all Medicaid beneficiaries in North Dakota were enrolled in at least one of four managed care programs. Children, pregnant women, parents, and other low-income adults must choose or be assigned to a primary care provider to receive primary care, case management, and referrals to other services through the state's **Primary Care Case Management (PCCM) Program**, which began in 1994. These eligibility groups, as well as CHIP children, can also receive disease management through the voluntary **ExperienceHealthND** program, which operated statewide from 2007 until 2011 when this program transitioned into the "Health Management Program" outlined below. In addition, individuals age 55 and older who require a nursing home level of care may also enroll in the **Program for All-inclusive Care for the Elderly (PACE)**, which has provided all Medicaid and Medicare services for enrollees living in one of two regions of the state since 2008.

In 2011, North Dakota began transforming the ExperienceHealthND program into a "Health Management" program by allowing disease management organizations, as well as providers, practitioners, and clinics, to contract with the state to provide patient education, care planning and coordination, and additional services through nurse care managers or health care teams. Medicaid beneficiaries with certain chronic diseases may enroll in the program on a voluntary basis; dual eligibles, individuals residing in institutions, and those with third party coverage or liability are not eligible to enroll.

In 2013, the state decided to use a managed care delivery system to serve individuals who are newly eligible for Medicaid starting in 2014 under the expansion authorized by the Affordable Care Act (**Medicaid Expansion MCO**).

## Participating Plans, Plan Selection, and Rate Setting

North Dakota contracts directly with primary care physicians to manage care for Medicaid enrollees in the PCCM program. Primary care providers are paid a monthly per-member case management fee in addition to the regular Medicaid fee-for-service reimbursement. The state also contracts with Disease Management Organizations and provider groups to provide health management services under the ExperienceHealthND program, and it contracts with Northland PACE to operate the PACE program. The state contracted with one, non-profit managed care organization (Sanford Health Plan) to serve the Medicaid expansion population.

## Quality and Performance Incentives

The state's PCCM program uses consumer self-reported data as well as other focused studies to monitor and report on provider performance. Disease Management Organizations participating in ExperienceHealthND must develop and implement oversight of quality management procedures that incorporate methods for ongoing quality assurance, improvement, and performance assessment, and must report some of HEDIS measures to the state. The state does not currently tie quality or performance to payment in its managed care programs.

In the state's MCO program for the Medicaid expansion population, the state requires health plans to report a set of standardized and validated measures, including all of the Medicaid Adult Quality Indicators and a selected number from the Medicaid Children's Core Set Quality Indicators, as well as CAHPS® Health Plan Survey v 4.0. The State will contract with an EQRO (anticipated implementation date of January 2015) to audit and validate encounter data and to provide technical assistance to MCO in collecting and submitting quality data.

**Table: Managed Care Program Features, as of August 2014**

Program Name	Primary Care Case Management (Medicaid Managed Care Program)	ExperienceHealthND	Program for All-inclusive Care of the Elderly (PACE)	Medicaid Expansion MCO*
<b>Program Type</b>	PCCM	Disease Management PAHP	PACE	MCO
<b>Program Start Date</b>	January 1994	October 2007 (formerly under 1915(b) October 2011 (as a 1932(a))	August 2008	January 2014
<b>Statutory Authorities</b>	1932(a)	1932(a)	PACE	1915(b)
<b>Geographic Reach of Program</b>	Statewide	Statewide	Single Region	Statewide
<b>Populations Enrolled</b> ( <i>Exceptions may apply for certain individuals in each group</i> )				
<i>Aged</i>		X	X	
<i>Disabled Children &amp; Adults</i>		X	X (age 55+)	
<i>Children</i>	X	X		
<i>Low-Income Adults</i>	X	X		X (with income up to 138% federal poverty level)
<i>Medicare-Medicaid Eligibles ("duals")</i>			X (age 55+)	
<i>Foster Care Children</i>		X		
<i>American Indians/Alaska Natives</i>	X	X		X (those that are eligible as low-income adults with income up to 138% federal poverty level)
<b>Mandatory or Voluntary enrollment?</b>	Mandatory	Voluntary	Voluntary	Mandatory
<b>Medicaid Services Covered in Capitation</b> ( <i>Specialized services other than those listed may be covered. Services not marked with an X are excluded or "carved out" of the benefit package.</i> )				
<i>Inpatient hospital</i>			X	X
<i>Primary Care and Outpatient services</i>	X (case management only)	X (disease management only)	X	X
<i>Pharmacy</i>			X	X
<i>Institutional LTC</i>			X	
<i>Personal care/HCBS</i>			X	
<i>Inpatient Behavioral Health Services</i>			X	X
<i>Outpatient Behavioral Health Services</i>			X	X
<i>Dental</i>			X	X only for adults 19 and 20 through EPSDT

Program Name	Primary Care Case Management (Medicaid Managed Care Program)	ExperienceHealthND	Program for All-inclusive Care of the Elderly (PACE)	Medicaid Expansion MCO*
<i>Transportation</i>			X	X
<b>Participating Plans or Organizations</b>	1. Primary Care Case Management - participating providers	1. ExperienceHealth ND – participating providers	1. Northland PACE	1. Sanford Health Plan
<b>Uses HEDIS Measures or Similar</b>		X	NA	X
<b>Uses CAHPS Measures or Similar</b>			NA	X
<b>State requires MCOs to submit HEDIS or CAHPS data to NCQA</b>	NA	NA	NA	X
<b>State Requires MCO Accreditation</b>	NA	NA	NA	X**
<b>External Quality Review Organization</b>	NA			To be determined in 2014
<b>State Publicly Releases Quality Reports</b>	No			Planned, according to the State Quality Strategy

Sources: Centers for Medicare and Medicaid Services (CMS), National Summary of State Medicaid Managed Care Programs as of July 1, 2011.  
Kaiser Commission on Medicaid and the Uninsured. Profile of Medicaid Managed Care Programs in 2010. September 2011.  
National Committee on Quality Assurance. NCQA Medicaid Managed Care Toolkit 2012 Health Plan Accreditation Standards. State Use of Accreditation as of February 2012.  
North Dakota Medicaid Quality Strategy – Draft . September 2013. Accessed January 10, 2014 from <http://www.nd.gov/dhs/info/pubs/docs/medicaid/draft-quality-strategy-plan.pdf>

Notes: Managed Care Organization (MCO); Prepaid Inpatient Health Plans (PIHP); Prepaid Ambulatory Health Plan (PAHP); Mental Health/Substance Use Disorder (MH/SUD); Healthcare Effectiveness Data and Information Set (HEDIS); Consumer Assessment of Healthcare Providers and Systems (CAHPS).  
Primary Care and Outpatient Services include physician services, hospice, laboratory, imaging, FQHC, and other specialty services delivered in outpatient offices and clinics. Institutional Long Term Care (LTC) includes Skilled Nursing Facilities (SNF) and/or Intermediate Care Facilities for Individuals with Intellectual Disabilities (ICF/IDD).  
External Quality Review Organization activities are only required for MCOs, PIHPs, PAHPs, and other applicable entities with comprehensive risk contracts.  
\* Because North Dakota’s new managed care program was not operational until 2014, it was not included in the 2011 National Summary of State Medicaid Managed Care Programs. Information included in this table was derived from the State’s Medicaid website: <http://www.nd.gov/dhs/medicaidexpansion/index.html>, and <http://www.nd.gov/dhs/info/news/2013/12-20-expansion-update.pdf>  
\*\* North Dakota contracts with a single MCO (Sanford Health plan), which is NCQA accredited.