## 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)/1915(i) |
| 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 not covered under ACA Section VIII (excludes pregnant women and people with disabilities) | Voluntary | | 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 | 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 | 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 | X |
| Benefits covered: Rural health clinics and FQHCs | | X | X |
| Benefits covered: Clinic services | | X | 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 not covered under ACA Section VIII (excludes pregnant women and people with disabilities) | |
| 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 | |
| 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 | 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 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 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. |