North Dakota Managed Care Program Features, as of 2013

Features	Health Management	PACE	PCCM
Program type	BHO (PIHP and/or PAHP)	PACE	PCCM
Statewide or region-specific?	Statewide	58501, 58502, 58503, 58504, 58554, 58558, 58601, 58602, 58652, 58655, 58656	Statewide
Federal operating authority	1932(a)	PACE	1932(a)
Program start date	8/1/2007	8/1/2008	11/1/1994
Waiver expiration date (if applicable)			
If the program ended in 2013, indicate the end date			
Populations enrolled			
Low-income Adults	Voluntary		Mandatory
Aged, Blind or Disabled Children or Adults	Voluntary	Voluntary	
Non-Disabled Children (excluding children in foster care or receiving adoption assistance)	Voluntary		Mandatory
Individuals receiving Limited Benefits	Voluntary		Mandatory
Low-income adults not otherwise eligible and covered prior to 2014 under a waiver or other authority	Voluntary		Mandatory
Full Duals		Voluntary	
Partial Duals		Voluntary	
Children with Special Health Care Needs			
Native American/Alaskan Natives	Voluntary	Voluntary	Mandatory
Foster Care and Adoption Assistance Children	Voluntary		Exempt
Enrollment choice period	open enrollment at all times	N/A	N/A
Enrollment broker name (if applicable)			
Notes on enrollment choice period	Enrollment is voluntary and disenrollment can happen at any time the recipient chooses.	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 6 months during the open enrollment period.

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Benefits covered			
Inpatient hospital physical health		X	
Inpatient hospital behavioral health (MH and/or SUD)		X	
Outpatient hospital physical health		X	
Outpatient hospital behavioral health (MH and/or SUD)		X	
Partial hospitalization			
Physician		X	
Nurse practitioner		X	
Rural health clinics and FQHCs		X	
Clinic services		X	
Lab and x-ray		X	
Prescription drugs and prosthetic devices		X	
EPSDT			
Case management	X	X	
Health home		X	X
Family planning			X
Dental services (medical/surgical)		X	X
Dental (preventative or corrective)		X	X
Home health agency services		X	X
Personal care (state plan option)		X	X
HCBS waiver services			X
Private duty nursing			X
ICF-IDD			
Nursing facility services		X	
Hospice care		X	
Non-Emergency Medical Transportation		X	
Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			

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Quality assurance and improvement			
HEDIS data required?	Yes	No	No
CAHPS data required?	Yes	No	No
Accreditation required?	No, but accreditation considered in plan selection criteria	No	No
Accrediting organization	URAC		North Dakota State
EQRO contractor name (if applicable)	North Dakota State	CMS and North Dakota State	
Performance incentives?	No	No	No
Payment bonuses/differentials to reward MCOs			
Preferential auto-enrollment to reward MCOs			
Public reports comparing MCO performance on key metrics			
Withholds tied to performance metrics			
Participating plans and regions served			
Plans in Program	Health Management	Northland PACE	Multiple primary care providers

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Notes			
Program notes	No major changes 01-01-2013 through 12-31-2013. The following is further explanation of who can enroll: Certain Medicaid recipients may be eligible for Health Management services through their local Provider, Clinic or a Disease Management Organization. If you have been diagnosed with Asthma, Diabetes, Chronic Obstructive Pulmonary Disease, or Congestive Heart Failure, you may be able to received additional care coordination services through your local provider, clinic, or a health management nurse within the state. Excluded populations include: Medicare coverage (dual eligible) Additional Major Medical Coverage Recipient Liability Resides in a Nursing Facility or Intermediate Care Facility for the Intellectually Disabled (ICF/ID) Enrolled with another Health Management Provider - you may be enrolled with only one health management provider at a time This is a voluntary, free program. You may disenroll from the program at any time.	This program only serves a portion of the following zip codes: 58503, 58504, 58554, 58558, 58602, 58652, 58655, 58656.	The PCCM program requires that eligible recipients choose a Primary Care Provider(PCP) who will provide the majority of their health care and give referrals for the services that are needed when it is a service that the PCP cannot provide. The services are paid for on a fee-for-services basis. There is also a $2.00 PMPM rate paid but, RHC, FQHC and HIS are excluded from this due to the encounter fee paid to these facilities. The objective of this program is to assure Medicaid recipients receive: Adequate access; Coordination and continuity of Health care services; and Quality Care. Providers can be chosen as PCP if they are enrolled with Medicaid and enrolled as a PCP provider. Once a recipient is determined eligible for Medicaid and the PCCM program, they are mailed a letter of notification that they are eligible and have two weeks to choose a PCP. Assistance with selecting a PCP is provided by eligibility workers at the county as needed. If a recipient fails to choose a PCP during that two week time period, one will be selected for them and a notification of this selection and contact information for the selected PCP will be mailed to the recipient. Recipients can request a change in PCP in the first 90 days, every six months or for good cause. Medical services as needed will be provided by the PCP and the PCP will make referrals as needed for services that are medically necessary that they cannot provide. If the recipient sees a provider other than the PCP or the providers that the PCP has made a referral to, the recipient will be responsible to pay for those services. Out of state referrals to providers who practice further than 50 miles from the ND border, require approval from the ND state agency.