

North Dakota Managed Care Program Features, as of 2015

Features	North Dakota Medicaid Expansion	Health Management Program	PACE
Program type	Comprehensive MCO	Other Prepaid Health Plan (PHP) (limited benefits)	Program of All-inclusive Care for the Elderly (PACE)
Statewide or region-specific?	Statewide	Statewide	Statewide
Federal operating authority	1115(a) (Medicaid demonstration waivers), 1915(b), 1937 Alt Benefit Plan	1932(a)	PACE
Program start date	01/01/2014	08/01/2007	08/01/2008
Waiver expiration date (if applicable)	12/31/2017		
If the program ended in 2015, 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	Voluntary	
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	
Populations enrolled: Individuals receiving Limited Benefits (excludes partial duals)		Voluntary	
Populations enrolled: Full Duals			Voluntary
Populations enrolled: Partial Duals			Voluntary
Populations enrolled: Children with Special Health Care Needs			
Populations enrolled: Native American/Alaskan Natives	Mandatory	Voluntary	Voluntary
Populations enrolled: Foster Care and Adoption Assistance Children	Mandatory	Voluntary	
Populations enrolled: Enrollment choice period	Pre-assigned	Other	N/A
Populations enrolled: Enrollment broker name (if applicable)			
Populations enrolled: Notes on enrollment choice period		Open enrollment at all times with no timeframe indicated	Enrollment begins on the first day of the month following the determination that they are eligible.
Benefits covered: Inpatient hospital physical health	X		X
Benefits covered: Inpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Outpatient hospital physical health	X		X
Benefits covered: Outpatient hospital behavioral health (MH and/or SUD)	X		X
Benefits covered: Partial hospitalization	X		
Benefits covered: Physician	X		X
Benefits covered: Nurse practitioner	X		X
Benefits covered: Rural health clinics and FQHCs	X		X

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Features	North Dakota Medicaid Expansion	Health Management Program	PACE
Benefits covered: Clinic services	X		X
Benefits covered: Lab and x-ray	X		X
Benefits covered: Prescription drugs and prosthetic devices	X		X
Benefits covered: EPSDT	X		
Benefits covered: Case management	X	X	X
Benefits covered: Health home (SSA 1945)			
Benefits covered: Family planning	X		
Benefits covered: Dental services (medical/surgical)	X		X
Benefits covered: Dental (preventative or corrective)	X		X
Benefits covered: Home health agency services	X		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	X		X
Benefits covered: Hospice care	X		X
Benefits covered: Non-Emergency Medical Transportation	X		X
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)			
Quality assurance and improvement: HEDIS data required?	Yes	No	No
Quality assurance and improvement: CAHPS data required?	Yes	No	No
Quality assurance and improvement: Accreditation required?	Yes	No, but accreditation considered in plan selection criteria	No
Quality assurance and improvement: Accrediting organization	NCQA	URAC	
Quality assurance and improvement: EQRO contractor name (if applicable)	Delmarva		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 MCO performance on key metrics			
Performance incentives? Withholds tied to performance metrics			
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods			

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Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods			
Participating plans and regions served: Plans in Program	ND Medicaid Expansion - Sanford Health Plan	Health Management	PACE
Notes: Program notes	In order for the State to provide Medicaid Expansion through private carriers, an initial and renewal 1915(b) waiver allowing managed care enrollment of the new adult group for Medicaid expansion was submitted to CMS with authority granted. Federal Medicaid Regulations require enrollees to have a choice of plans in the Metropolitan Statistical Areas (MSA's). The State was only able to award one statewide Managed Care Organization (MCO) contract, thus a 1115 waiver was submitted (and granted) which ensures compliance with regulations.		

North Dakota Managed Care Program Features, as of 2015

Features	PCCM
Program type	Primary Care Case Management (PCCM)
Statewide or region-specific?	Statewide
Federal operating authority	1932(a)
Program start date	11/01/1994
Waiver expiration date (if applicable)	
If the program ended in 2015, 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
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	
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	
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	Exempt
Populations enrolled: Enrollment choice period	N/A
Populations enrolled: Enrollment broker name (if applicable)	
Populations enrolled: Notes on enrollment choice period	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 annual open enrollment period.
Benefits covered: Inpatient hospital physical health	

North Dakota Managed Care Program Features, as of 2015

Features	PCCM
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)	
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 and prosthetic devices	
Benefits covered: EPSDT	
Benefits covered: Case management	X
Benefits covered: Health home (SSA 1945)	
Benefits covered: Family planning	
Benefits covered: Dental services (medical/surgical)	
Benefits covered: Dental (preventative or corrective)	
Benefits covered: Home health agency services	
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	
Benefits covered: Non-Emergency Medical Transportation	
Benefits covered: Other (e.g., nurse midwife services, freestanding birth centers, podiatry, etc.)	

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Features	PCCM
Quality assurance and improvement: HEDIS data required?	No
Quality assurance and improvement: CAHPS data required?	No
Quality assurance and improvement: Accreditation required?	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 MCO performance on key metrics	
Performance incentives? Withholds tied to performance metrics	
Performance incentives? MCOs/PHPs required/encouraged to pay providers for value/quality outcomes using shared-risk or shared-savings methods	
Provider Value-Based Purchasing: State pays provider-based entities (such as ACOs or PCMHs) directly for value/quality outcomes using shared-risk or shared-savings methods	
Participating plans and regions served: Plans in Program	Multiple Primary Care Providers
Notes: Program notes	