



Public Notice

ND Medicaid Program

For daily rates, effective on or after January 1, 2018, the operating margin allowed within the Nursing Home rate setting will be increased from 3% to 3.74%. This increase is expected to cost approximately \$1.3 million for a 12-month period.

Effective for dates of service on or after January 1, 2018, consistent with the final rule (medicare program: medicare clinical diagnostic laboratory tests payment system) published June 23, 2016 in the federal register, ND Medicaid expects to amend its state plan to align its payment methodology to comply with CMS requirements. The fiscal impact is unknown.

Effective for dates of service on or after January 1, 2018 North Dakota Medicaid will be adjusting reimbursement for Durable Medical Equipment (DME) to match Medicare's lowest rates to be in compliance with Sec. 5002 of the 21st Century Cures Act, which amended Sec. 1903(i)(27) of the Social Security Act. DME items affected are those that are covered by both Medicare and Medicaid and items for which Medicare has established a payment rate. The net impact will be a decrease in reimbursement for DME providers; however, the exact impact is unknown.

For ND Medicaid Expansion Alternative Benefit Plan (ABP) the selected base benchmark Plan will remain as the Sanford Health Plan HMO. Effective on or after January 1, 2018, the following benefits as outlined in the APB will be updated to reflect:

- Organ and Transplant Services – list of covered transplant procedures and/or diagnoses will be removed and language will be added to indicate coverage based on medical necessity meeting United Network for Organ Sharing (UNOS) criteria and/or the Plan requirements.
- Reconstructive Surgery – surgical placement of non-covered prosthetics will be added as not covered.
- Delivery and Maternity Services – although preferred, notifying the Plan of expected due date when a pregnancy has been confirmed will no longer be required.
- Infertility Services – will remove authorization requirement; however, services are limited to the Plan Guidelines which are available upon request.
- Prosthetics and Orthotics Services – will remove the one per lifetime limit, and add coverage for services pertaining to adjustments, modifications, and/or repairs of prosthesis. In addition, clarification will be provided that genital prosthetics and related services will not be covered.
- Diabetic Equipment, Supplies, and Education Services – will add continuous glucose monitoring systems as a covered service with authorization required and will remove limits pertaining to education with consideration given to medical necessity including changes in plan of care.

- Dialysis Services – will remove authorization requirement; however, services from out-of-network providers while traveling outside of the service area are not covered unless prior authorized.
- Mental Health and Substance Use Disorder Services – will be clarifying language to be consistent with the Plan's Certificate of Coverage (COC), removing autism spectrum disorder as a non-covered service and adding Applied Behavioral Analysis (ABA) services for members age 19 and 20 with authorization required.

ND Medicaid and Sanford Health Plan will continue to evaluate all services to ensure compliance with the Mental Health Parity and Addiction Equity Act (MHPAEA) and this would include updating the Plan and the ABP as applicable in a timely manner.

The capitated monthly rate for Medicaid Expansion, effective January 1, 2018, is estimated to decrease, based on actuarial certification of the rates and Sanford Health Plan acceptance of those rates.

Effective for dates of service on or after January 1, 2018, ND Medicaid will be adding coverage of the following dental codes: D1354, D5511, D5512, D5611, D5612, D5621, D5622, D6096, D7296, D7297, D7979, D8695, D9222, and D9239. There is no fiscal impact expected for a 12-month period as most of the codes replace other codes expiring December 31, 2017.

Effective for dates of service on or after March 1, 2018, North Dakota Medicaid will be amending the Medicaid State Plan and enrolling community paramedics. Community paramedic services will be limited to vaccinations and immunizations that are part of the community paramedic scope of practice. There are no expected cost increases for a 12-month period as community paramedics will be reimbursed the same rate as current providers and this change will only expand the available providers to provide this service.

Effective on or after March 1, 2018, ND Medicaid will be implementing a Medication Therapy Management (MTM) program. Eligible patients will be identified by ND Medicaid and they will be able to work with their pharmacy to receive MTM services. The patients can choose to not participate. Pharmacies will be required to track their MTM services and outcomes, and they will be reimbursed for their MTM services. The estimated cost of this change is expected to be \$50,000 for a 12-month period.

The ND Medicaid Health Management Program, called Experience HealthND, is a voluntary disease management program for Medicaid beneficiaries with asthma, chronic obstructive pulmonary disease, congestive heart failure and diabetes. Services provided through the program include case management, care planning, health education, monitoring, care coordination and operation of a telephone health information line for consultation related to the enrollee's chronic condition. Medical Services Division plans to submit an amendment to the Medicaid State Plan to remove the Health Management Program from the State Plan, effective for services on or after March 1, 2018. During the transition period, Medicaid Beneficiaries and their designated primary care provider will receive advanced notice along with alternative options.

Date posted: Dec. 20, 2017