



Public Notice

ND Medicaid Program

Consistent with Medicaid State Plan Authority, for services paid from the North Dakota Professional Services Fee Schedule, Medicaid will pay the lower of billed charges or fee schedule established by the state agency. The posted fee schedule, effective for dates of service on or after July 1, 2017, accounts for annual cost neutral adjustments to the North Dakota Medicaid conversion factor made to reflect updates to the Medicare RVUs and utilization changes.

In accordance with state plan authority, effective for dates of service on or after July 1, 2017, the rate paid for non-commercial, passenger vehicle non-emergency medical transportation mileage will be adjusted to reflect limits established by the North Dakota Legislature. The adjustment is expected to have a minimal fiscal impact.

In accordance with state plan authority, payment for governmental clinic services and government-provided rehabilitative services is based on the cost of delivery of the service. Effective for dates of service on or after July 1, 2017 dates of service, it is estimated the cost of delivery of the services is expected to increase by no more than 2.5%, in the aggregate. This is estimated to cost approximately \$1.5million for the 12 month period.

Effective for dates of service on or after July 1, 2017, the state plan will be clarified that payments to non-tribal governmental providers for targeted case management for individuals with a serious mental illness or serious emotional disturbance will be based on the cost of delivery the service. The updated cost information will result in an increase of no more than 2.5% and is estimated to cost approximately \$100,000 for the 12-month period.

Effective for dates of service on or after July 1, 2017, the operating margin, which was removed from the basic care rates on January 1, 2017 as part of the budget allotment, will be restored and the basic care limits will be increased. The estimated impact for a 12-month period is \$200,000.

Effective on or after July 1, 2017 ND Medicaid will be implementing Invalid Place of Service Code Editing for Evaluation and Management Services – this editing process validates that the place of service billed with the procedure code is a valid combination.

An increase in the capitated monthly rate paid for the Medicaid Expansion program, effective July 1, 2017, is estimated to cost more than \$25 million for the 12-month period.

An increase in the capitated monthly rate paid for enrollees of the Children's Health Insurance Program (Healthy Steps) is estimated to cost more than \$1 million for the 12-month period.

On or after July 1, 2017, slots authorized by the 2017 Legislative Assembly will be added to increase the age limit and overall capacity of the Medicaid autism waiver.

Effective on or after July 1, 2017, in accordance with existing Medicaid state plan authority, annual cost information will be collected from dental clinic providers. This is estimated to have a minimal fiscal impact.

Fee schedules for services are on the Department of Human Services web site at:
<http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html>.

Comments can be sent to and viewed at: Medical Services Division Room 309, ND Department of Human Services, 600 E Boulevard Ave Dept 325, Bismarck, ND 58505-0250. Questions may be directed to the local county social service office, or individuals may contact the ND Medicaid Program at 1-800-755-2604.

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