

**North Dakota Department of Human Services  
Medicaid Expansion  
Health Care Reform Review Committee  
March 19, 2014**

Service	Traditional Medicaid	Medicaid Expansion
Inpatient Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Outpatient Hospital	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Lab X-Ray	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Nursing Facility Services for those age 21 and older	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Limited-up to 30 days
EPSDT for under age 21	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Family Planning Services and Supplies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Physician Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Nurse Mid-Wife Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pregnancy-Related Services and services for other conditions that might complicate pregnancy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
60 Days Post-Partum Pregnancy Related Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Home Health Services(Nursing), including Durable Medical Equipment and Supplies	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Medical and Surgical Services of a Dentist	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Limited
Emergency Medical Transportation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Federally Qualified Health Center (FQHC)/Rural Health Center (RHC)	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Dental	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Limited – for those 19 & 20 years old
Optical	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Limited – for those 19 & 20 years old
Non-Emergency Medical Transportation	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Pharmacy	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Indian Health Services	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No