Health Care Reform Review Committee
September 14, 2017

north dakota department of human services

North Dakota Medicaid

Current ND Managed Care

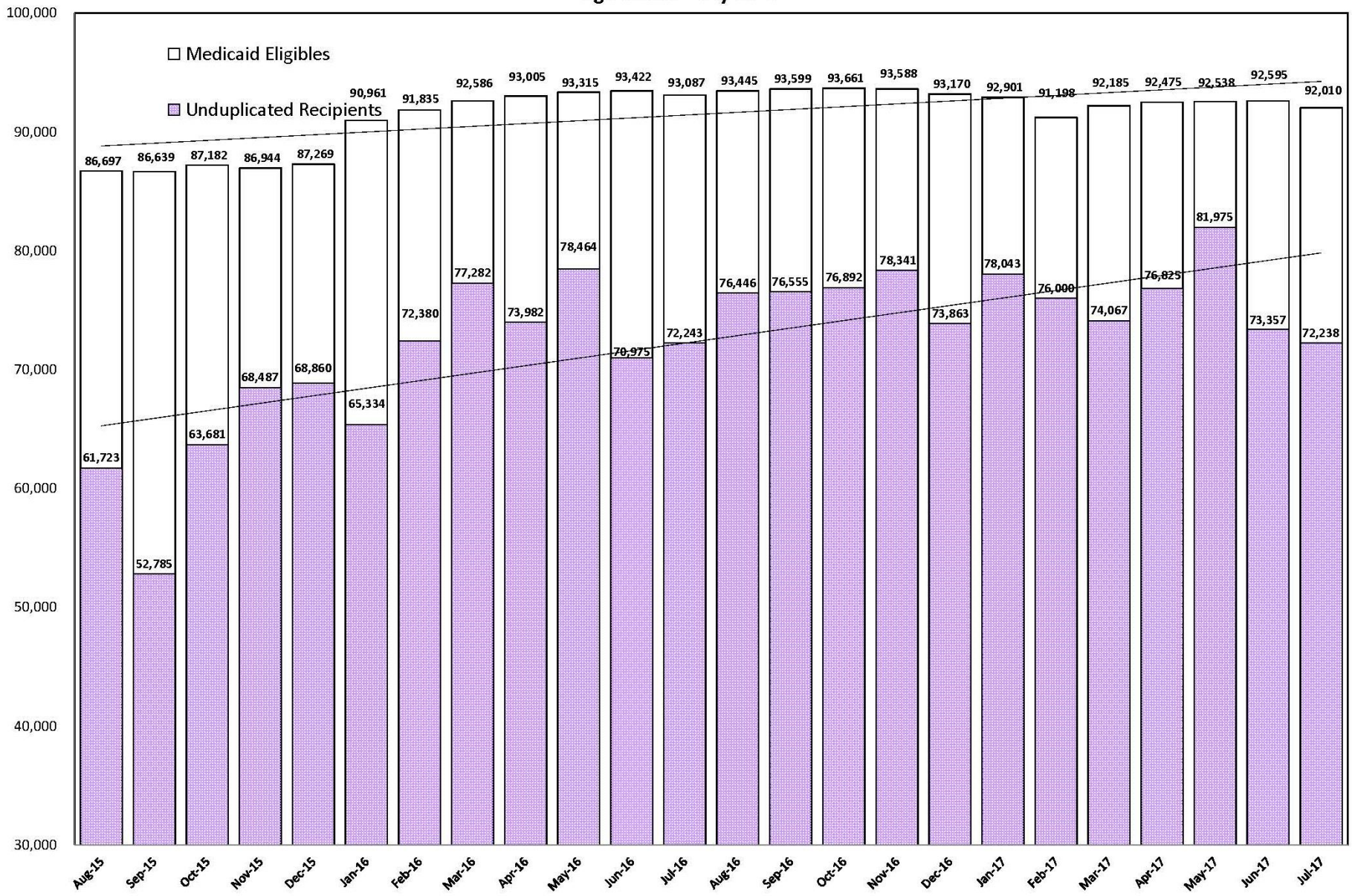
- Primary Care Case Management (PCCM)
- Program of All-Inclusive Care for the Elderly (PACE)
- Managed Care Organizations (MCO):
  - Children's Health Insurance Program (CHIP) – *Dental, Optical and Medical*
  - Medicaid Expansion

Considerations

- Determine populations, benefit plan (e.g.: LTC, DD, CHIP – Medicaid look alike with EPSDT)
- Look at current expenditures:

  www.nd.gov/dhs/info/pubs/docs/qtrly-budget-insight-july15-june17.pdf

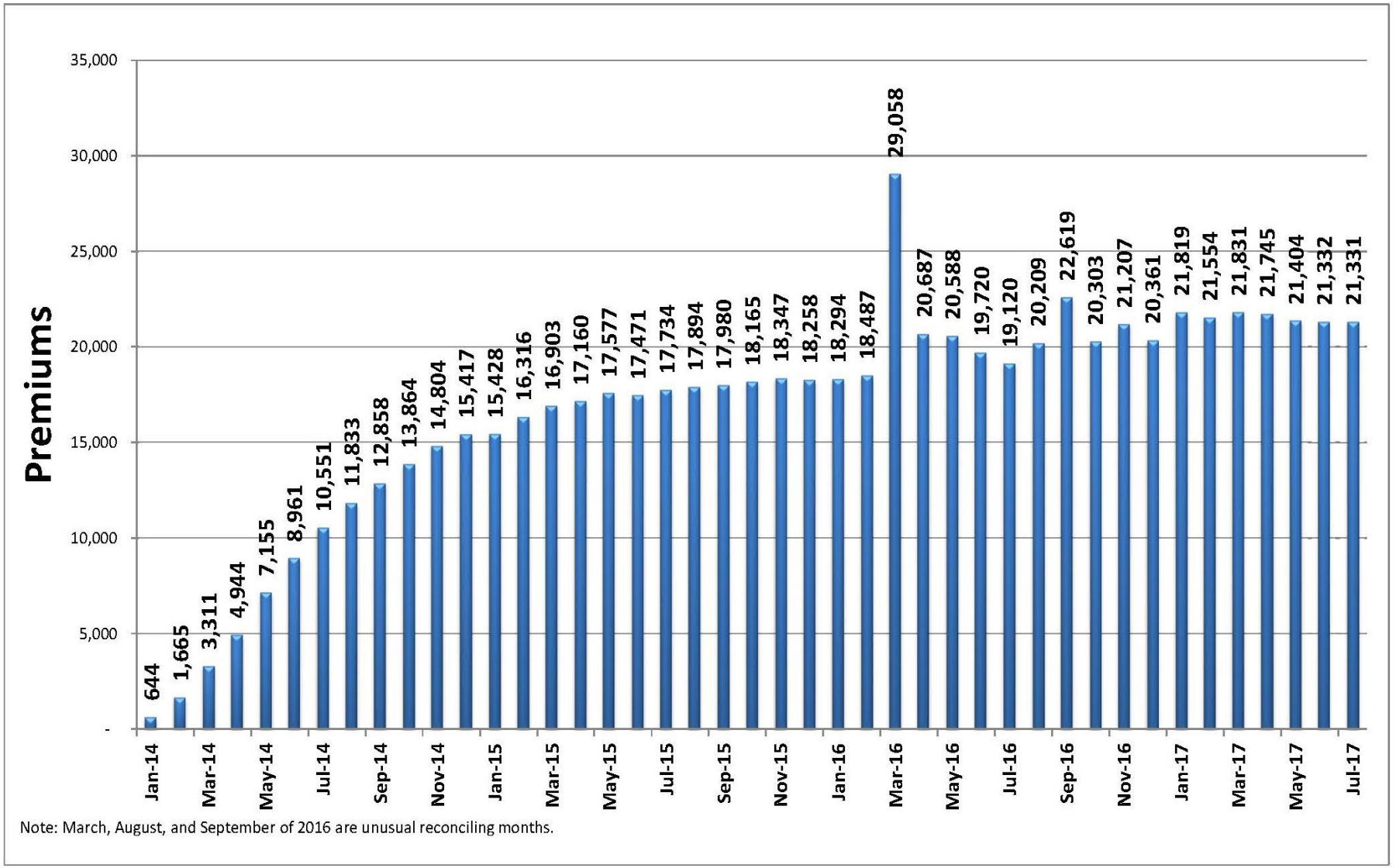
North Dakota Department of Human Services
Comparison of Medicaid Eligibles (Including QMB's Only, SLMB's Only, & QI's) and Unduplicated Recipients
This Graph Includes Medicaid Expansion
August 2015- July 2017



Due to implementation of the ND Health Enterprise MMIS on October 5, 2015 there were limited provider payments from August until October 2015.

North Dakota Department of Human Services

Medicaid Expansion Premiums Paid



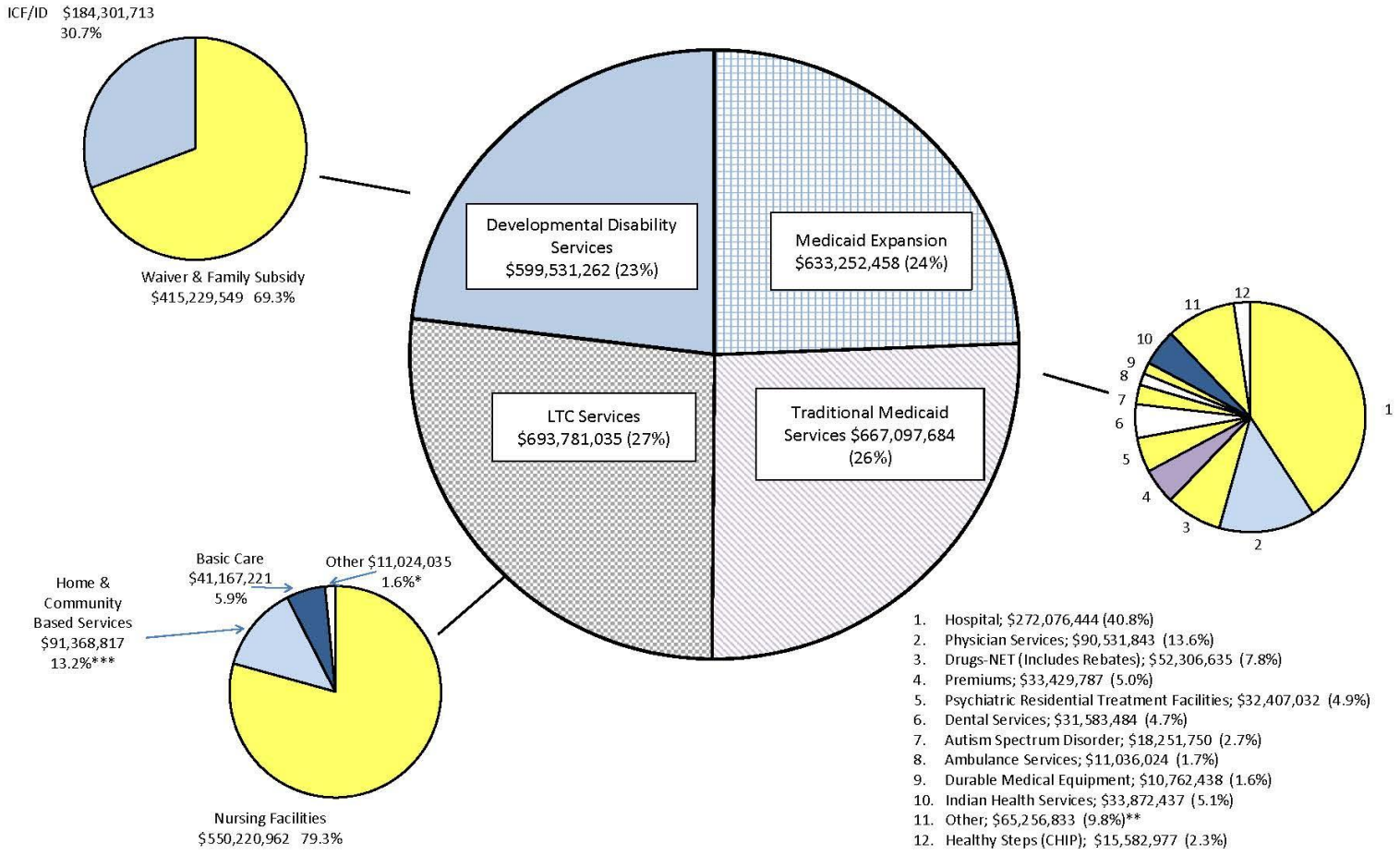
Note: March, August, and September of 2016 are unusual reconciling months.

North Dakota Department of Human Services

2017 - 2019 Legislatively Approved Budget

(Includes HB 1012 and other 2017 bills with DHS Appropriation)

Medical Assistance Grants $2,593,662,439



1. Hospital; $272,076,444 (40.8%)
2. Physician Services; $90,531,843 (13.6%)
3. Drugs-NET (Includes Rebates); $52,306,635 (7.8%)
4. Premiums; $33,429,787 (5.0%)
5. Psychiatric Residential Treatment Facilities; $32,407,032 (4.9%)
6. Dental Services; $31,583,484 (4.7%)
7. Autism Spectrum Disorder; $18,251,750 (2.7%)
8. Ambulance Services; $11,036,024 (1.7%)
9. Durable Medical Equipment; $10,762,438 (1.6%)
10. Indian Health Services; $33,872,437 (5.1%)
11. Other; $65,256,833 (9.8%)**
12. Healthy Steps (CHIP); $15,582,977 (2.3%)

*Includes Personal Needs Allowance, Community of Care, and unmatched federal authority received during the 2017 Legislative Session.

**Includes County Jail Claims and Remedial Eye Care.

***Includes SPED, Expanded-SPED, Personal Care, Targeted Case Management, Home & Community Based Services Waiver, Children's Medically Fragile Waiver, Technology Dependent Waiver, PACE, Children's Hospice Waiver, Money Follows the Person Sustainability, Autism Waiver, and Autism Voucher.

Coverage Comparison

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North Dakota Department of Human Services
Coverage Comparison ~~ Traditional Medicaid, Expansion, and CHIP

BENEFITS	**ND Traditional Medicaid** ALL Out-of-State Services Require Prior Approval (Except Emergent Services)	**ND Medicaid Expansion** ALL Out-of-Network Services Require Prior Approval (Except Emergent or Family Planning Services)	**Children's Health Insurance Program (CHIP)** ALL Out-of-State Services Require Prior Approval (Except Emergent Services)
Medical Office Visit	• Covered • Prior-Approval NOT Required	• Covered • Prior-Approval NOT Required	• Covered • Prior-Approval NOT Required
Rural Health Clinic, Federally Qualified Health Center, and/or Indian Health Service/Tribal 638	• Covered • Prior-Approval NOT Required	• Covered • Prior-Approval NOT Required	• Covered • Prior-Approval NOT Required
Diagnostic Tests (Lab and X-rays)	• Covered • Prior-Approval NOT Required	• Covered • Prior-Approval NOT Required	• Covered • Prior-Approval NOT Required
Podiatry	• Covered • Prior-Approval NOT Required	• Covered • Prior-Approval NOT Required	• Covered • Prior-Approval NOT Required
Chiropractic Care	• Covered for Spinal Manipulations • Prior-Approval NOT Required • 12 Visit Limit per Calendar Year	• Covered for Spinal Manipulations • Prior-Approval NOT Required • 20 Visit Limit per Calendar Year	• Covered • Prior-Approval NOT Required
Preventative Services	• All Medically Necessary services covered under EPSDT for Individuals under age 21 (includes Applied Behavior Analysis)	• EPSDT only applicable for 19 and 20 year olds.	• EPSDT is not applicable.
Outpatient Surgery	• Covered • **Certain Services Require Prior-Approval**	• Covered • **Certain Services Require Prior-Approval**	• Covered • **Certain Services Require Prior-Approval**
Emergency Room	• Covered • Prior-Approval NOT Required	• Covered • Prior-Approval NOT Required	• Covered • Prior-Approval NOT Required
Hospice Care	• Covered • **Services Require Prior-Approval**	• Covered • **Services Require Prior-Approval**	• Covered • **Services Require Prior-Approval**

BENEFITS	ND Traditional Medicaid	ND Medicaid Expansion	Children's Health Insurance Program (CHIP)
Inpatient Hospital (Hospitalization for Short-Term Acute Care, Long-Term Acute Care, and Acute Rehabilitation)	• Covered • **Certain Services Require Prior-Approval** • 30 Day Limit for Acute Inpatient Rehab Stay • 21 Day Limit for Psychiatric Inpatient Stay (45 Days per Calendar Year) for those 21 or above	• Covered • **Certain Services Require Prior-Approval**	• Covered • **Certain Services Require Prior-Approval**
Dental	• Covered • **Certain Services Require Prior-Approval** • Certain Services are Age Restricted • Limit on number of visits and services	• **Covered - ONLY for 19 or 20 year olds** • **Certain Services Require Prior-Approval** • Limit on number of visits and services **NOTE:** NO COVERAGE for ages 21 or above	• Covered • **Certain Services Require Prior-Approval** • Certain Services are Age Restricted • Limit on number of visits and services
Behavioral Health Services: (Inpatient Hospital, Psychiatric Residential Treatment Facilities (PRTF), Chemical Dependency (CD) Treatment Programs, and Partial Hospitalization) Includes Psychiatrist and Psychologist Services	• Covered • **Certain Services Require Prior-Approval** • Certain Services are Age Restricted • Limits on number of visits and services	• Covered • **Certain Services Require Prior-Approval** **NOTE**: Coverage for ages 21 or above at a Residential Treatment Facility excludes Room & Board	• Covered • **Certain Services Require Prior-Approval**
Optical Care Includes Optometrists & Ophthalmologists	• Covered • **Certain Services Require Prior-Approval** • Limit on number of visits and services	• **Covered - ONLY 19 or 20 year olds** • **Certain Services Require Prior-Approval** • Limit on number of visits and services **NOTE:** Coverage for ages 21 or above only includes non-routine vision exams relating to eye disease or injury	• Covered • **Certain Services Require Prior-Approval** • Limit on number of visits and services

BENEFITS	ND Traditional Medicaid	ND Medicaid Expansion	Children's Health Insurance Program (CHIP)
Home Health Care	• Covered • Limit on number of visits and services	• Covered • **Services Require Prior-Approval**	• Covered • **Services Require Prior-Approval**
Personal Care Services Provided In Home or Residential Setting	• Covered • Must Meet Functional Assessment Criteria • **Services Require Prior-Approval**	• Not Covered	• Not Covered
Nursing Facility Services or **Swing Bed Services**	• Covered • MUST Meet Level of Care Criteria	• Covered – Skilled Level of Care ONLY • **Services Require Prior-Approval** • 30 Day Limit (Consecutive 12 month period)	• Covered – Skilled Level of Care ONLY • **Services Require Prior-Approval**
Habilitation & Rehabilitation Services Physical Therapy (PT) Occupational Therapy (OT) Speech Therapy (ST) Habilitative Therapy	• Covered – except Habilitative Therapy • Limit on number of visits and services	• Covered • Limit on number of visits and services	• Covered • Limit on number of visits and services
Durable Medical Equipment and Prosthetic Devices	• Covered • **Certain Services Require Prior-Approval** • Limits on certain services	• Covered • **Services Require Prior-Approval**	• Covered • **Services Require Prior-Approval** • Limits on certain services
Prescription Drugs	• Covered – All drugs included in the CMS Medicaid Drug Rebate Program • **Certain Drugs Require Prior-Approval**	• Covered – All drugs included in the CMS Medicaid Drug Rebate Program and any additional drugs on the Sanford Health Plan's Formulary • **Certain Drugs Require Prior-Approval**	• Covered • **Certain Drugs Require Prior-Approval**
Emergency Transportation Ground & Air Ambulance	• Covered	• Covered	• Covered
Non-Emergency Medical Transportation	• Covered • **Services Require Prior-Approval**	• Covered • **Services Require Prior-Approval**	• Not Covered

Considerations

- Would we use existing ND Medicaid payment methodology and require MCOs to adopt? Examples:
  - Nursing home, including equalized rates
  - Hospital – in and outpatient
  - Psychiatric Residential Treatment Facilities
  - Critical Access Hospital Cost Settlement
- Determine existing contracts no longer needed, those that would need to expand and new contracts that would be needed.

Considerations (Timeline/Tasks)

- Prepare Request For Proposal
- N.D.C.C. Changes
- Waivers and state plan changes (CHIP and Medicaid)
- MMIS functionality (enrollment file, encounter claims, premium payment). If any population or service carve outs, there may be MMIS impacts.
- Allow time for any procurement protests.

Considerations

- If more than one managed care plan, the Department would need to procure an enrollment broker. This is not a service/contract in place today.
- Staffing changes – would not expect fewer Medicaid Program/Policy staff – just different job tasks, functions, and responsibilities.
- MMIS – still needed for federal reports, enrollment files, premium files, encounter claims, drug rebate system, etc.

Current Contracts

- CHIP – Contracts have renewal options through June 2022
- Medicaid Expansion – Contract renewal/extension options through December 2021

2017 Legislation Recap

- House Bill 1032
- House Bill 1033
- House Bill 1034
- House Bill 1012

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Federal Funding for Services “Received Through” an IHS/Tribal 638 Facility and furnished to Medicaid eligible American Indians.

2017 House Bill 1012
DHS Appropriation

Section 18: Legislative intent that…the department of human services establish requisite agreements with tribal health care organizations that will result in 100% federal funding (derived from care coordination agreements) for eligible medical assistance provided to American Indians

Section 19: The department of human services shall deposit any federal funding received in excess of the state's regular federal medical assistance percentage…in a separate account of the health care trust fund for the biennium beginning July 1, 2017, and ending June 30, 2019

Background

- February 2016 the Centers for Medicare and Medicaid Services (CMS) announced a re-interpretation of the statute.
- Intended to help states increase access to care, strengthen continuity of care and improve population health.
- Federal Medicaid statute provides 100% federal financing for services “received through” IHS/Tribal 638 facilities.
- Previous interpretation did not generally extend to services provided outside of IHS/Tribal 638 facilities.

Overview

- Request for services must be in accordance with a written care coordination agreement.
- Medicaid billing and payments to non-IHS/Tribal 638 providers.
- Medicaid beneficiary and IHS/Tribal 638 participation is voluntary.

Care Coordination (CC)

- There must be an established relationship between the American Indian Medicaid beneficiary and the IHS/Tribal 638 facility practitioner.
- The IHS/Tribal 638 facility and the non-IHS/Tribal 638 provider must be enrolled in the state's Medicaid program as rendering providers.
- There must be a written care coordination agreement between the IHS/Tribal 638 facility and the non-IHS/Tribal provider.

CC – (Continued)

- IHS/Tribal 638 facility practitioner provides a request for specific services and relevant information about the beneficiary to the non-IHS/Tribal provider.
- The non-IHS/Tribal provider sends information about the care provided back to the IHS/Tribal facility practitioner.

CC – (Continued)

- The IHS/Tribal 638 facility practitioner continues to assume responsibility for the beneficiary's care by assessing the information received from the non-IHS/Tribal provider and taking appropriate action.
- The IHS/Tribal 638 facility incorporates the beneficiary information in his/her medical record.

Medicaid Billing and Payment

- Medicaid rates paid to non-IHS/Tribal providers must be the same for all beneficiaries and consistent with state plan methodology.
- Non-IHS/Tribal providers will bill the State Medicaid Agency at the applicable rate for the service provided.
- The claim submitted by the non-IHS/Tribal provider must include a field (code/check box) that documents the service was “received through” an IHS/Tribal 638 facility under a written care coordination agreement.

Medicaid Beneficiary

- Medicaid beneficiaries must have freedom of choice or qualified providers.
- Cannot require, directly or indirectly, beneficiaries to receive covered services from IHS/Tribal 638 facilities.
- Cannot require beneficiaries to receive services from only those providers referred from IHS/Tribal 638 facilities.
- State may not require IHS/Tribal 638 facilities or non-IHS/Tribal providers to enter into written care coordination agreements.

Compliance/Documentation

- State Medicaid Agency must establish a process for documenting claims for expenditures for services "received through" an IHS/Tribal 638 facility.
- Documentation must be sufficient to establish that:
  - The service was furnished to an IHS/Tribal 638 facility beneficiary pursuant to a request for services from the IHS/Tribal 638 practitioner;
  - The requested service is within the scope of the written care coordination agreement;
  - The rate of payment is authorized under the state plan; and
  - There is no duplicate billing for the same service and beneficiary.

Status - Update

- Reviewed coordination agreements from SD & WY and drafted ND Version(s)
- Focusing efforts on Standing Rock IHS/Standing Rock Tribe and Provider Groups/Stakeholders
- July DHS/IHS/Tribal consultation meeting;
- DHS IT system requirements for provider enrollment, claims processing and federal reporting
- Will determine a priority for “wave” implementation (e.g. hospital, physician (professional) services, ESRD, ambulance, nursing homes, ICFs, pharmacy, behavioral health)

Status - Update

- Tribal 638/FQHC State Plan
- DHS will develop audit process for reviewing care coordination documents and records.
- DHS will conduct audits of any “received through” services for 2nd Quarter FFY 2018 before federal report certification.

Questions?

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North Dakota Medicaid