

Medical Services

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701-328-7068 | 800-755-2604 | 711 (TTY) | [HHS Website](#)

June 2, 2026

Dear Tribal Partners:

This letter is regarding the Tribal Consultation between the North Dakota Department of Health and Human Services and the North Dakota Indian Tribes. The consultation process was established to ensure Tribal governments are included in the decision-making processes when proposed changes in the Medicaid or Children's Health Insurance Program(s) will directly impact the North Dakota Tribes and/or their Tribal members.

North Dakota Medicaid is proposing the following changes.

- 1) **Medicaid Provider Rate Increases.** Most Medicaid-covered services will receive a two percent inflationary increase effective for dates of services on or after July 1, 2026 as authorized and appropriated by the 2025 Legislative Assembly. There will be no change to the Tribal 638 programs Indian Health Services all-inclusive rate as a result of these increases. Services reimbursed outside of the all-inclusive rate (e.g. non-emergency medical transportation) will receive the inflationary increase of two percent, as authorized by the 2025 Legislative Assembly.
 - a) **Impact to Tribes:** Tribal providers and Tribal members may benefit from increased reimbursement for Medicaid-covered services paid outside of the Indian Health Service all-inclusive rate, including non-emergency medical transportation services. The proposed changes are not expected to impact the Tribal 638 program or Indian Health Service all-inclusive encounter rate.
- 2) **Eligibility.** Effective July 1, 2026, North Dakota Medicaid will disregard social security survivor income and court-ordered child support for individuals under 18 years of age who are eligible for a Medicaid waiver. This will allow these individuals to retain more of these dollars.
 - a) **Impact to Tribes:** Tribal children and families may benefit from these eligibility changes by allowing children under age 18 who are eligible for a Medicaid waiver to retain more of their Social Security survivor benefits and court-ordered child support. This may help support financial stability for Tribal families caring for children with significant health care needs.
- 3) **Personal Needs Allowance.** Effective July 1, 2026, North Dakota Medicaid will be increasing the personal needs allowance by \$3 for individuals residing in a nursing facility, basic care facility, intermediate care facility or psychiatric residential treatment facility. This allows the individual to retain more of their dollars to spend on personal items.

- a) Impact to Tribes: Tribal members residing in nursing facilities, basic care facilities, intermediate care facilities, or psychiatric residential treatment facilities may benefit from a small increase in the amount of income they are allowed to retain for personal spending needs.
- 4) PACE Payment Methodology. North Dakota Medicaid is proposing a State Plan Amendment (SPA) with an effective date of April 1, 2026, to update the Medicaid State Plan language related to the Program of All-Inclusive Care for the Elderly (PACE). The amendment updates the PACE rate-setting methodology language to align with current Centers for Medicare & Medicaid Services (CMS) guidance and the PACE Medicaid Capitation Rate Setting Guide, effective January 1, 2025.

The amendment updates the description of how PACE capitation rates are developed and documented. No changes are proposed to PACE eligibility, covered services, participant rights, or provider requirements.

- a) Impact to Tribes: North Dakota currently has one PACE organization, Northland PACE, which serves participants in Bismarck, Dickinson, Minot, and Fargo. This amendment updates State Plan language to align with current CMS requirements and existing rate-setting processes. The amendment does not change Medicaid benefits, eligibility, access to services, or reimbursement for Tribal health programs, and it is not expected to have a direct impact on Tribal members or Tribal providers.
- 5) Other Proposed Changes. In accordance with state plan authority, effective for dates of service on or after July 1, 2026, 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. Additionally, in accordance with state plan authority, effective for dates of services on or after July 1, 2026, the rate paid for meals will be increased to an amount that will not exceed the limits established by the North Dakota Legislature.
- a) Impact to Tribes: Tribal members utilizing non-emergency medical transportation services may be impacted by changes to mileage and meal reimbursement limits.

North Dakota Medicaid follows the National Correct Coding Initiative (NCCI) Edits. These edits were developed by the Centers for Medicare and Medicaid Services (CMS) based on coding conventions defined in the American Medical Association's Correct Procedure Terminology Manual, national and local polices and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices and a review of current coding practices. CMS annually updates the Medicaid NCCI Policy Manual and the Medicaid NCCI Technical Guidance Manual. For more information on the Medicaid National Correct Coding Initiative, visit the [CMS website](#).

Please send comments, questions or concerns about the proposed State Plan Amendments or waivers to:

North Dakota Department of Health and Human Services
Attn: Monique Runnels
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600 East Boulevard Avenue, Department 325

Bismarck, ND 58505
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Input will be accepted through 12:00 p.m., Central Time, on July 2, 2026.

The Department appreciates the continued opportunity to work collaboratively with Tribal partners to support health and advance the foundations of well-being for North Dakota Medicaid members.

Sincerely,

A handwritten signature in black ink that reads "Krista Fremming". The signature is written in a cursive, flowing style.

Krista Fremming, Interim Director
Medical Services Division
North Dakota Department of Health and Human Services