



Medicaid Medical Advisory Committee

August 20, 2024, Meeting Slides

This document is archived and is maintained for historical, research or recordkeeping purposes only.



Health & Human Services

Agenda at a Glance

Follow-up
MMAC Charter
review and
changes

Conflict of
Interest
Presentation

Did you
Know?
Non-Emergency
Transportation

Medical Services Division Updates

- Eligibility Call Center and Provider Enrollment Call Center Updates
- Eligibility Changes on the Horizon
- Dual Special Needs Plans (D-SNPs) Overview
- SFN 905 Requests Update
- State Plan Amendments (SPAs)
- Home and Community-Based Services (HCBS) Waiver Updates

Education Topic
Presentation on
Annual Technical
Report findings -
IPRO

Follow up

MMAC Charter review and changes
Conflict of Interest presentation – Ethics
Commission



CMS Ensuring Access to Medicaid Services Rule **FINALIZED**

- Full rule [here](#).
- Changes are needed to the MMAC Charter because of the new requirements.
- We also must meet additional requirements such as publishing MMAC member names, and our selection process for MMAC members.

Conflicts of Interest



ND | ETHICS
COMMISSION

A Constitutional Amendment

2018 General Election

Established state ethics commission
in Article XIV of the North Dakota
Constitution

Commission has authority over
transparency, corruption, elections,
and lobbying



ND
ETHICS
COMMISSION

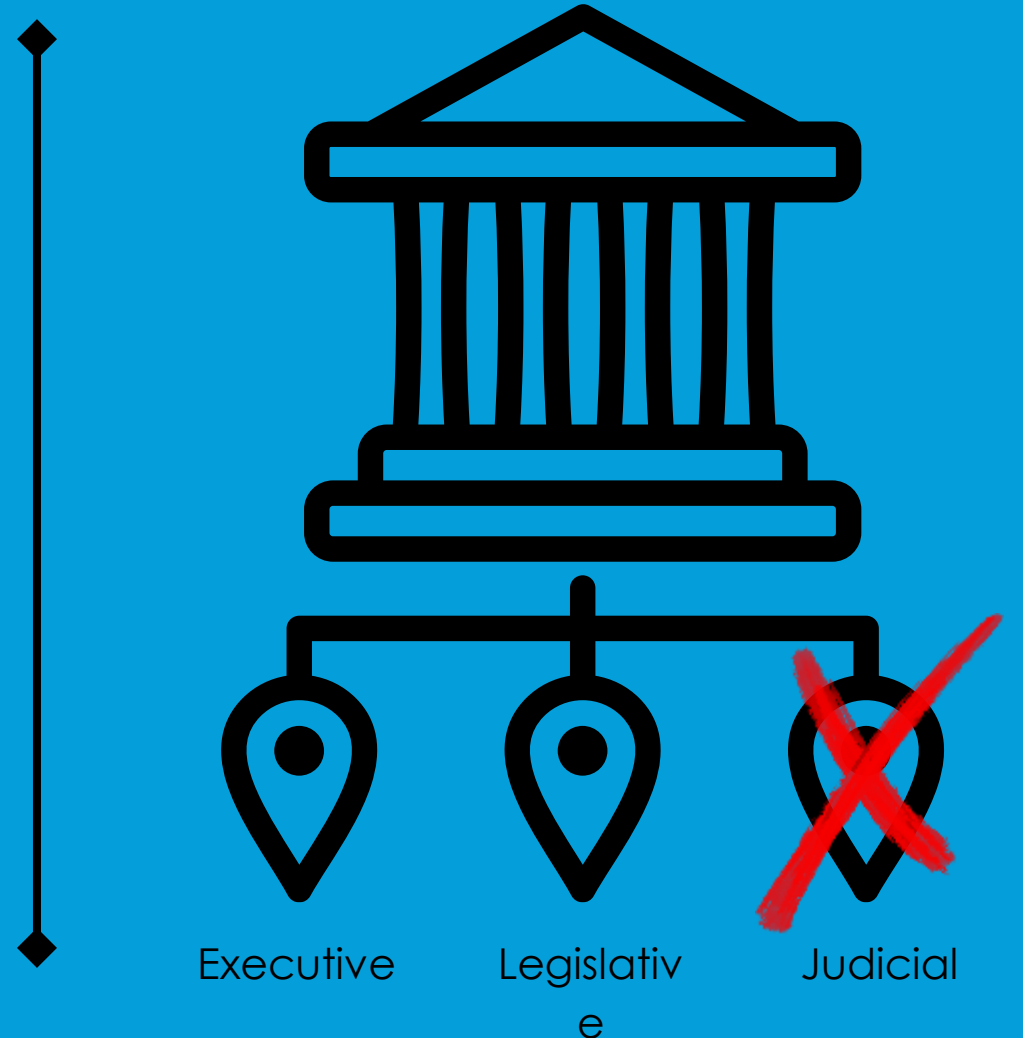
Personal Jurisdiction

Lobbyists

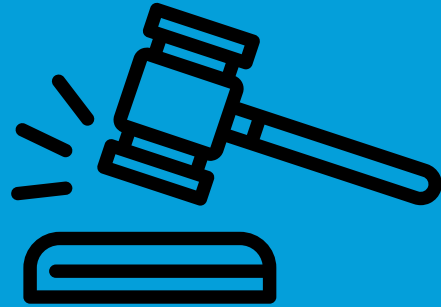
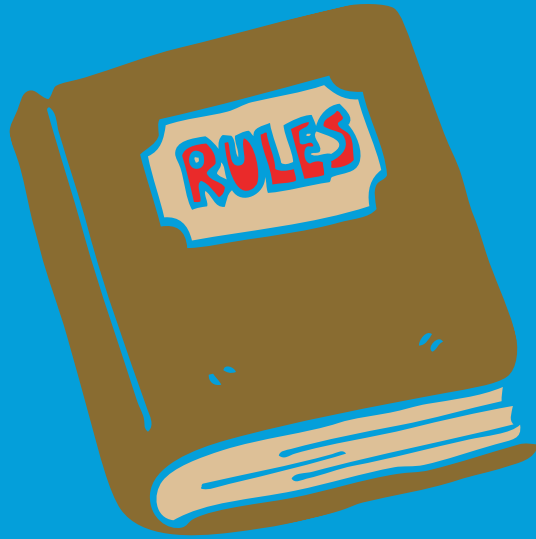
Public Officials

- elected or appointed individuals of the executive and legislative branches
- members of the Ethics Commission
- legislative employees

Candidates for Public Office



Ethics Rules



The Complaint Process

Lobbyist Gifts

Appearance of Bias

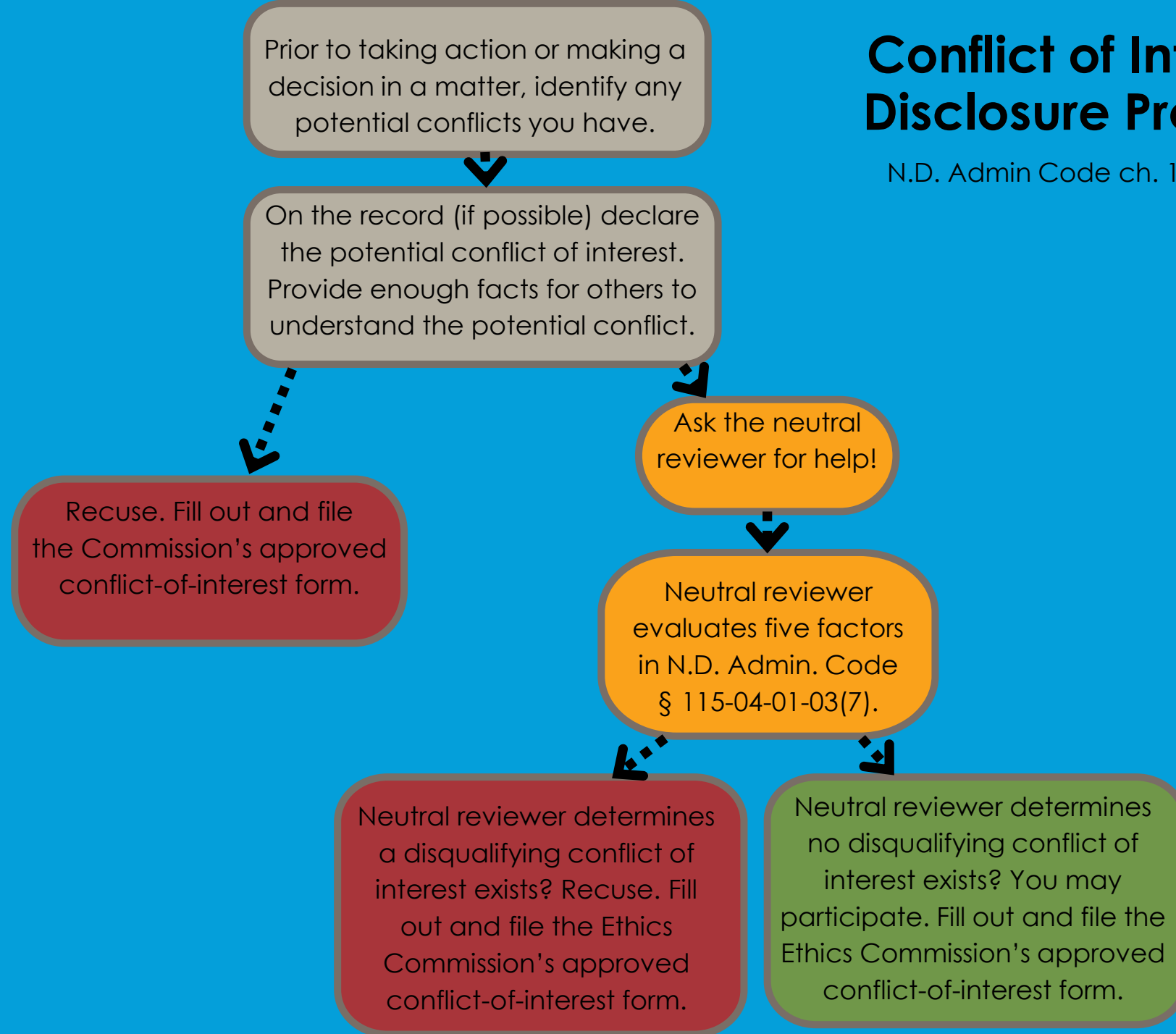
Conflicts of Interest

Financial and Travel

Disclosure??

Conflict of Interest Disclosure Process

N.D. Admin Code ch. 115-04-01



Neutral Reviewer Policy

"Neutral reviewer" means the individual or committee designated by an agency, legislative body, board, commission, or committee to receive disclosures of potential conflicts of interest and determine whether the potential conflict of interest is a disqualifying conflict of interest.

N.D. Admin. Code § 115-04-01-01 (5).





2024 WEBINAR RECORDINGS

DAKOTA DILEMMAS SERIES:

A Historical Exploration of Ethical Conflicts

A Practical Application of Conflict Rules

Navigating the Complaint Process

[Click here to view these recordings!](#)

ethicscommmission.nd.gov



Thank
you!

ethicscommission@nd.
gov

701.328.5325

locarpenter@nd.gov

ND | ETHICS
COMMISSION

High Level Access Rule Highlights

MMAC & MMEC

- Certain % of MMAC members must be MMEC members
- Conflict of Interest Agenda item – members & public
- No consecutive terms
- Varied meeting options
- 30-day pre-meeting public notice, 30-day post-meeting minutes
- Member lists published
- Rotating meeting options

MMAC only

- Annual report

MMEC only

- Closed meetings optional
- Meets prior to MMAC meetings

Questions to Decide

What is/are the appropriate MMAC member term lengths?

- (including for MMEC members, Legislators, and Tribal representative) State Health Officer – no consecutive terms

Can members serve repeat non-consecutive terms? If so, how many?

How will MMAC members choose a chairperson and how long will the chair serve?

Next Steps

Review proposed Charter changes & MMAC member selection process today and

- Incorporate changes and present for discussion and consideration of vote to approve at November 2024 meeting, or
- Incorporate changes for further review at November 2024 meeting and consideration of vote at first meeting of 2025.

Seven (7) seats will open in February 2025.

Did you Know?

Non-Emergency Transportation – Kimberly Gabriel,
Utilization Review Specialist



Travel, Meals & Lodging

Non-Emergency Medical Transportation

NORTH
Dakota | Human Services
Be Legendary.™

Access to Care



- North Dakota Medicaid's Non-Emergency Medical Transportation (NEMT) program helps our eligible members who need assistance getting to appointments pay for rides to dental and doctor offices, hospitals, and other locations.
- The appointment a member is attending must be for a service covered by Medicaid.

What can NEMT eligibility look like?

Eligible when there is no other reasonable way to get to their appointment

This can be due to

Not having a valid driver's license

Not having a working vehicle available to a household

Being unable to travel or wait for an appointment alone; or

Having a disability or limitation that requires transportation assistance.

The NEMT program is administered by the Human Service Zone offices.

It covers

- in and out of state travel,
- meals and lodging (only when required due to travel arrangements or medical appointments/services).

Note: Indian Health Care Provider offices can only administer in-state travel, meals and lodging.

How can a member use NEMT?

Medicaid members must notify the Human Service Zone via the Customer Support Center (CSC) or Indian Health Care Provider office when they need assistance traveling to a medical appointment before transportation happens.

Members must call the CSC at 1-866-614-6005 to arrange for travel, meals and lodging. Members must provide the

- date,
- time and
- location of the appointment they need assistance traveling to.

Members must be transported by a ND Medicaid-enrolled provider.

How Transportation is Arranged

The Human Service Zone or Indian Health Care Provider determines the least expensive, most economical and medically appropriate mode of transportation to meet the member's medical needs.

Then prior approval is granted by the authorizing staff using the SFN 294 Non-Emergency Transportation Authorization or SFN 170 Taxi Voucher.

An authorization is required for every NEMT transport that is provided to a North Dakota Medicaid recipient.



Getting to their appointment

A Travel Specialist with the Customer Support Center will make the arrangements and issue authorizations for travel, meals and/or lodging with providers enrolled with North Dakota Medicaid. Then the Travel Specialist will contact the member with the details of the arrangements providing the member with the information on the providers who will be providing the service to the member.

Who can enroll as a provider?

Transportation
providers

Friends

Family

Neighbors

Individuals who provide
foster care, kinship, or
guardianship.

A court-ordered guardian of a vulnerable adult may enroll as a transportation provider and is eligible for reimbursement to transport a ND Medicaid eligible adult to and from covered medical and dental appointments.

How does someone enroll as a NEMT provider?

To apply for enrollment as a Non-Emergency Medical Transport provider, complete the appropriate checklist from [this packet](#)

- Individuals enrolling to use their private vehicles should submit the Individual Application Checklist.
- Enrolling commercial providers should submit the Commercial Non-Emergent Medical Transportation Group Application Checklist.
- The Checklist and all required state forms and documents must be submitted to our enrollment vendor Noridian.

Enrollment Assistance

Noridian Healthcare Solutions

Attn: ND Medicaid Provider Enrollment

PO Box 6055

Fargo, ND 58108-6055

Email: NDMedicaidEnrollment@noridian.com

Phone: (877)328-7098 (toll-free) or (701)328-7098 option 1

Live support 8 a.m. - 5 p.m. CT, Monday - Friday.

After-hours voicemail available.



Reimbursement

Mileage at the current fee schedule reimbursement rate of \$.67 a mile effective 07/01/2024.

[2024-7-1 NEMT Fee Schedule.xlsx \(nd.gov\)](#)

NEMT Provider Requirements

- Enroll as a NEMT provider with ND Medicaid
- Maintain current vehicle registration and proper insurance coverage for vehicles used to transport members
- Have a valid government-issued driver's license



NEMT Provider Requirements, cont'd

Providers must also:

- Receive an authorization from the state before providing services.
- Keep a documented record of all trips.
- Bill their usual and customary fee.
- Submit a paper SFN 1731 Travel, Meals and Lodging claim to ND Medicaid or a Travel, Meals and Lodging claim in MMIS for reimbursement.

Documentation Requirements

All transportation providers must retain documentation using the SFN 296 or provider's approved equivalent to support services billed.

Documentation should include

- miles traveled,
- date of service,
- member pick up address and drop off address with facility name.
 - ND Medicaid does not require the name of the provider being seen, just the facility name.

Providers are required to maintain documentation for five (5) years from the date of service.

Noncovered Services

Transportation to a noncovered medical or dental service;

Transportation of a member to a hospital or other site of health services that is ordered by a court or law enforcement agency;

Charges for luggage, stair carry of the member or other airport, bus, or railroad terminal services;

No show/missed rides,

Transportation of a member to a noncovered provider or location (e.g. grocery store, health club, school, etc.); or

Parking fees.

NEMT Resources and Policy

NEMT Provider Policy - [non-emergency-medical-transportation.pdf \(nd.gov\)](#)

The SFN 296 Trip Documentation and SFN 1731 Travel, Meals and Lodging Claim can be found in the Online Forms section of the North Dakota Medicaid website - [Online Forms | Health and Human Services North Dakota](#)

NEMT Documentation Requirement - [EXPLANATION OF BILLING CODES \(nd.gov\)](#)

Resources such as the Member Handbook, Member News and Provider Search can be found on the HHS Member Engagement Webpage - [Medicaid Member Engagement | Health and Human Services North Dakota](#)

Contact Information

Kimberly Gabriel

Non-Emergency Medical Transportation Administrator

Coordinated Services Program Administrator

Phone: 701-328-4312

Email: kggabriel@nd.gov

Medical Services Division Updates

Eligibility Call Center and Provider Enrollment Call Center Updates

Eligibility Changes on the Horizon

Dual Special Needs Plans (D-SNPs) Overview

SFN 905 Requests Update

State Plan Amendments (SPAs)

Home and Community-Based Services (HCBS) Waiver Updates

Provider Enrollment Call Center Extended Hours and New Phone Number

Provider enrollment specialists will now be available to answer questions between the hours of 8am – 5pm CT Monday through Friday.

Call (877) 328-7098 (toll-free) or (701) 328-7098.





Medicaid Eligibility Call Center Update

Effective August 1st the Medicaid Eligibility Call Center has merged with the Customer Support Center.

The **Customer Support Center** can help you:

- **report changes** to your case
- **answer questions** about your case or programs
- **check the status** of your application and/or review

Email: applyforhelp@nd.gov

Phone: 1.866.614.6005 or 701-328-1000; 711 (TTY)

Fax: 701.328.1006

Mail: Customer Support Center P.O. Box 5562

Bismarck ND 58506

Eligibility Changes on the Horizon

January 1, 2025

Remove requirement to apply for and provide proof of application for Other Benefits at Medicaid application time

Other benefits include unemployment, Veteran's compensation and pensions, old age, survivors and disability benefits and railroad retirement

Administrative rule changes are drafted and expected to take effect January 1st

By December 2025

Proactive steps to update Beneficiary Addresses

Use postal updates on returned mail
Also able to use MCO and PACE info to update beneficiary addresses.

Currently working on updating policy



Dual Special Needs Plans

Adrienne Biles- D-SNP Administrator



Health & Human Services

Dual Special Needs Plans are Medicare Advantage Plans



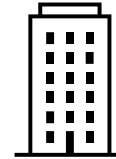
Part A

- Hospital Stays
- Hospice
- Limited Skilled Nursing Facility & Home Health



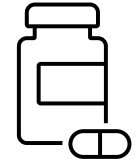
Part B

- Outpatient Medical
- Doctor Visits
- DME
- ER Visits



Part C

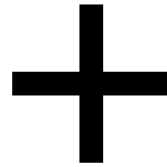
- Medicare Advantage
- Original Medicare
- Supplemental Benefits
- Prescription Drugs



Part D

- Prescription Drug

What Does Dual Eligible Mean?



Medicare Eligible

- Federal Health Insurance
- Older than 65
- Individuals with Disabilities
- End Stage Renal Disease
- ALS (Lou Gehrig's disease)

Medicaid Eligible

- State Health Insurance
- Resident of North Dakota
- Qualifying Income Level
- All ages

D-SNP Enrollees Must be "Full-Benefit" Dually Eligible:

Category	Medicare Part A Premiums	Medicare Part B Premiums	Medicare Cost Sharing (Except Part D)		Other Medicaid Benefits
			Part A	Part B	
QMB Only	X	X	X	X	
QMB +	X	X	X	X	X
FBDE	X	X	X	X	X
SLMB+		X	X	X	X
SLMB		X			
QI		X			
QDWI	X				



Insurance Companies with D-SNPs Available

Starting January 1, 2025:

- **Humana**
- **Medica**
- **Sanford Health**
- **Sierra Health (United Healthcare)**



CY2025 North Dakota Plans & Service Areas

- **Sierra Health (UHC) D-SNP service area:** Barnes, Benson, Burleigh, Cass, Grand Forks, Kidder, McHenry, McLean, Mercer, Morton, Mountrail, Oliver, Pembina, Ramsey, Ransom, Richland, Stutsman, Traill, Walsh
- **Sanford Health D-SNP service area:** Burleigh, Cass, Morton
- **Medica D-SNP service area:** Burleigh, Cass, Grand Forks, Morton, Stutsman
- **Humana D-SNP service area:** Adams, Barnes, Bowman, Burleigh, Cass, Cavalier, Dickey, Emmons, Foster, Grand Forks, Grant, Griggs, Hettinger, Kidder, LaMoure, Logan, McIntosh, McLean, Mercer, Morton, Nelson, Oliver, Pembina, Ransom, Richland, Sargent, Sheridan, Slope, Steele, Stutsman, Traill, Walsh, Wells
- **No D-SNP Coverage:** Billings, Bottineau, Burke, Divide, Dunn, Eddy, Golden Valley, McKenzie, Pierce, Renville, Rolette, Sioux, Stark, Towner, Ward, Williams.

Dual Special Needs Plan Enrollees

- D-SNP Enrollees
 - Must live in the D-SNP Service Area
 - Enrolled as "Full Benefit" Dual Eligible
 - Medicaid Enrollment Verification
- Supplemental benefits
- Zero Cost Sharing for D-SNP enrollees



D-SNPs Requirements

- Annual State Medicaid Agency Contract that outlines requirements like service area, care coordination, and data sharing
- Medicare Enrollment Periods
- Health Risk Assessment within 90 days of enrollment and annually
- D-SNP Care Coordinators help enrollees navigate Medicare and Medicaid



D-SNPs Enrollment Periods

- **Dual Special Needs Plan Enrollment Periods**
 - Open Enrollment Period: October 15-December 7, 2024 for start date January 1, 2025
 - Initial Enrollment Period: newly eligible for Medicare
 - Special Enrollment Period: certain life events
- **State Health Insurance Assistance Program (SHIP)**
 - North Dakota Insurance Department offers the State Health Insurance Assistance Program (SHIP) program to assist residents with finding the right coverage and answering questions.
 - Trained counselors can assist with all Medicare issues, including Original Medicare, Medicare Part D, Medicare Advantage plans, and long-term care insurance.
 - SHIP is available to North Dakota residents at no cost. Since our counselors are not affiliated with companies, our assistance is unbiased and puts your interests first.

Summary

- Dual Special Needs Plans are Medicare Advantage
- Humana, Medica, Sanford Health, Sierra Health are D-SNP insurance providers
- D-SNPs availability is county-specific
- D-SNP enrollment is limited to "Full-Benefit" Dually Eligibles
- Medicare Open Enrollment starts Oct 15 for 2025
- D-SNP Care Coordinators help with benefit navigation

Thank You

Adrienne Biles, MBA, RN

Dual Special Needs Plan (DSNP)

Phone: 701.328.2062

Email: hhsdsn@nd.gov



SFN 905 Requests - Update

Approved

- Coverage for at home self-monitored blood pressure readings and monitor calibration/education

Under Review

- Member education and self-management training by certified asthma education specialists

Denied

- Assistive technology under the state plan, may be appropriate under HCBS 1915(c) waivers
- Pharmacogenetic testing for treatment of some behavioral health conditions

Policy Updates

- Many coverage policies were updated in July and August.
- Please see our Provider Guidelines, Manuals, and Policies [webpage](#) to see a list of all policies. Recently updated policies have the month of update noted.

• Preventive Services and Chronic Disease Management - Updated July 2024 

Recent State Plan Amendments (SPAs)

June 1 effective date

1915(i) SPA approved

- removed diagnosis list from state plan so it's easier to modify
- Modified conflict of interest (COI) language allowing providers to do both care coordination and other services with COI protections so long as they are the only willing and qualified provider in a member's county of residence.

July 1 effective date

Some changes to note:

- Other licensed practitioners (OLPs) now receive 100% of the Medicaid fee schedule reimbursement
- We cover school psychologists as OLPs and Behavior Analysts as Behavioral Health Rehabilitative Service providers

See link for more changes

[Public Notice - Medicaid State Plan Changes for July 1, 2024 | Health and Human Services North Dakota](#)

Upcoming State Plan Amendments (SPAs)

Long-acting Reversible Contraceptive (LARC) Devices

Beginning with discharges on October 1, 2024, instate PPS hospitals will be reimbursed for LARCs separately from the inpatient stay when the device is inserted prior to the discharge from the delivery stay.

This change allows the following hospitals to receive reimbursement for the device without having a separate visit from the inpatient stay with the Medicaid member.

The instate PPS hospitals are: CHI St. Alexius Health, Bismarck, Sanford Medical Center Bismarck, Sanford Medical Center Fargo, Essentia Health Fargo, Altru Hospital Grand Forks, and Trinity Hospitals Minot.

Home and Community-Based Services



- Waivers are a method for a state to test new or different ways to deliver and pay for health care services
 - Cannot waive the basic tenants of Medicaid
 - Cannot cap overall Medicaid enrollment
 - Must be cost/budget neutral
- Can vary from existing federal Medicaid requirements in certain areas
 - Access to services
 - Level of care requirements
 - Services Provided
 - Population Served
- Specific process to obtain Waivers
 - Requires a series of detailed steps, including an application and public notice
 - Requires a series of negotiations between the state and the federal government
- State Plan options may also be used to access home and community-based services.

North Dakota's HCBS Waiver Updates

Eligibility	<u>Autism Spectrum Disorder</u>	<u>Hospice Waiver</u>	<u>Medically Fragile Children</u>	<u>HCBS Waiver</u>	<u>Traditional Intellectual and Developmental Disabilities HCBS Waiver</u>
Current Effective Date	November 1, 2023	July 1, 2023	October 1, 2023	January 1, 2024	April 1, 2024
DRAFT Amendment or Renewal	None pending	None pending	None pending	Submit a waiver amendment with an effective date no later than January 1, 2025	None pending
Public Comment Period	N/A	N/A	N/A	TBD but no later than September 1, 2024	N/A
Proposed changes to note				<p>Update waiver to allow some case management duties to be administratively claimed to receive federal Medicaid match.</p> <p>Change allowable tasks for case management services in the waiver and broaden the provider qualifications to increase access and promote health equity.</p> <p>Update allowable tasks under extended personal-care to include providing a ride and an escort to medical appointments because of communication or other impairments.</p> <p>Change rate methodology for agency nurse education, adult day care, emergency response system (ERS) from rates based on cost to a set fee for service rate</p> <p>Administrative language clean up regarding the nursing facility level of care assessment duties.</p>	

Education Topic

Presentation on Annual Technical Report Findings –
Chuck Merlino, *IPRO*



Better healthcare,
realized.

2024 Annual Technical Report Overview



Health & Human Services

Agenda

- **Purpose of Annual Technical Report (ATR)**
- **Quality Strategy**
- **Performance Improvement Projects**
- **Performance Measure Validation**
- **Compliance Review**
- **Network Adequacy**
- **CAHPS Survey**
- **Conclusion and Recommendations**

Purpose of ATR

01



Provide annual external, independent review of the quality of, timeliness of, and access to the services.

02



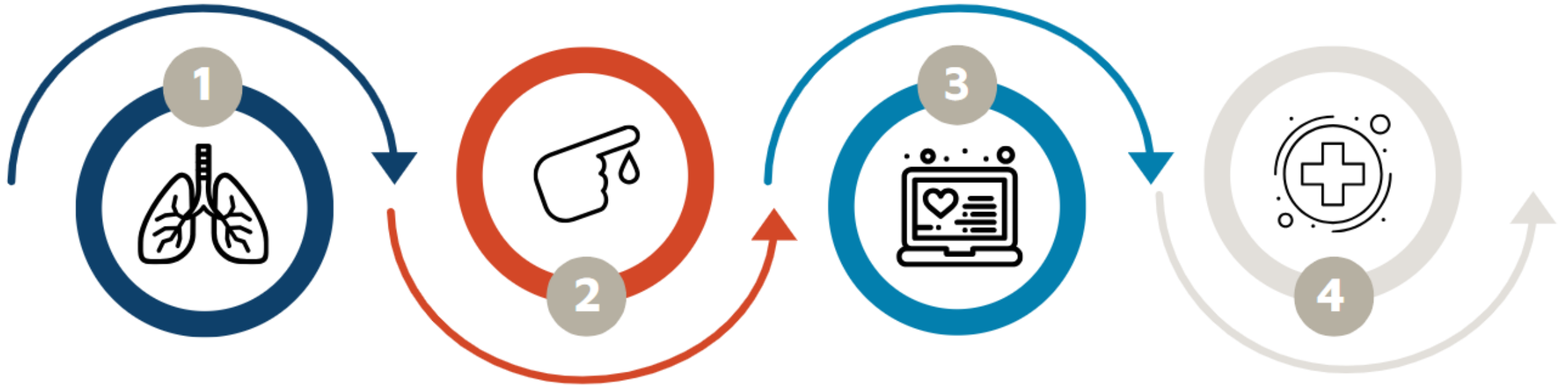
The report is submitted annually in April to CMS.

Quality Strategy



Performance Improvement Projects

Performance Improvement Projects



COPD or Asthma
Admission Rates in
Older Adults

Diabetes Care

Hypertension

Substance Use
Disorder

PURPOSE



- ✓ Enhancing care coordination and primary care in each of the four different PIPs.

METHODOLOGY



- ✓ BCBS monitored goal progress through study indicators and tracking.
- ✓ Indicators and progress measured on quarterly basis with continual IPRO feedback.
- ✓ IPRO provided technical assistance for PIP reporting.

CONCLUSION



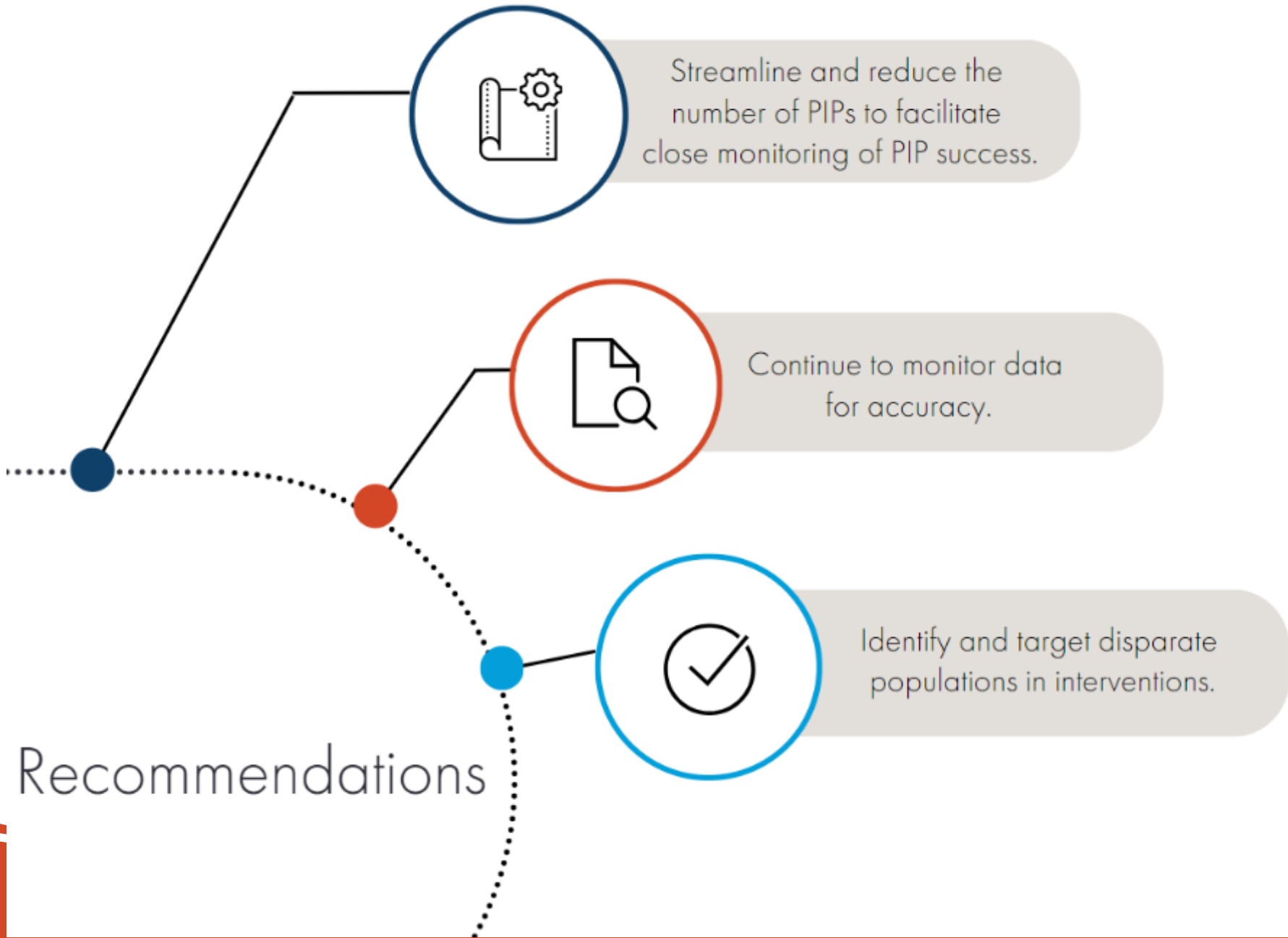
- ✓ COPD or Asthma in Older Adults PIP saw significant improvements in three indicators.
- ✓ 3 out of 4 PIPs are ongoing.
- ✓ The hypertension PIP will not be continued due to its success.

BCBSND	PIP 1	PIP 2	PIP 3	PIP 4
Validation Element ¹	COPD/Asthma	Diabetes Care	Hypertension	SUD
Topic/Rationale	★	★	★	★
Aim	★	★	★	★
Methodology	★	★	★	★
Population analysis and stratification	★	★	★	★
Barrier analysis	★	★	★	★
Robust interventions	★	★	★	★
Results table	★	★	★	★

PIP Validation Results for PIP Elements – November 2023

¹ There are three levels of validation results: Met; Partial (Partially Met); and NM (Not Met).

PIP: performance improvement project; BCBSND: Blue Cross Blue Shield of North Dakota; COPD: chronic obstructive pulmonary disease; SUD: substance use disorder.



Recommendations

Overall Findings

Various indicators were utilized to determine the quality, timeliness, and access to care.

Based on November 2023 results, there remained room for improvement across indicators.



The Hypertension PIP was successful in decreasing the number of admissions and discharges for the primary diagnosis of hypertension.



Final results will be produced after COPD, Diabetes Care, and SUD conclude on December 31.



Performance Measure Validation

Performance Measure Validation (PMV)



How well the
information systems
work



Ability to gather and
use data from various
sources



Handling data from
vendors

Organizing and
reporting data

Performance Measure Validation



Healthcare Effectiveness Data and Information Set (HEDIS) and non-HEDIS measures validated as reportable.



MCO found to be fully compliant; meeting all seven NCQA IS standards.



8 of 25 measures benchmarked against NCQA Quality Compass above 75th percentile.



7 measures benchmarked against National Committee for Quality Assurance (NCQA) Quality Compass below 10th percentile.

Performance Measure Validation



- Most Non-HEDIS Performance Measures in 2022 were less than the bottom quartile, such as contraceptive care for women and diabetes care.
- COPD 18-64 and concurrent use of opioids and benzodiazepines measures were in the top quartile.



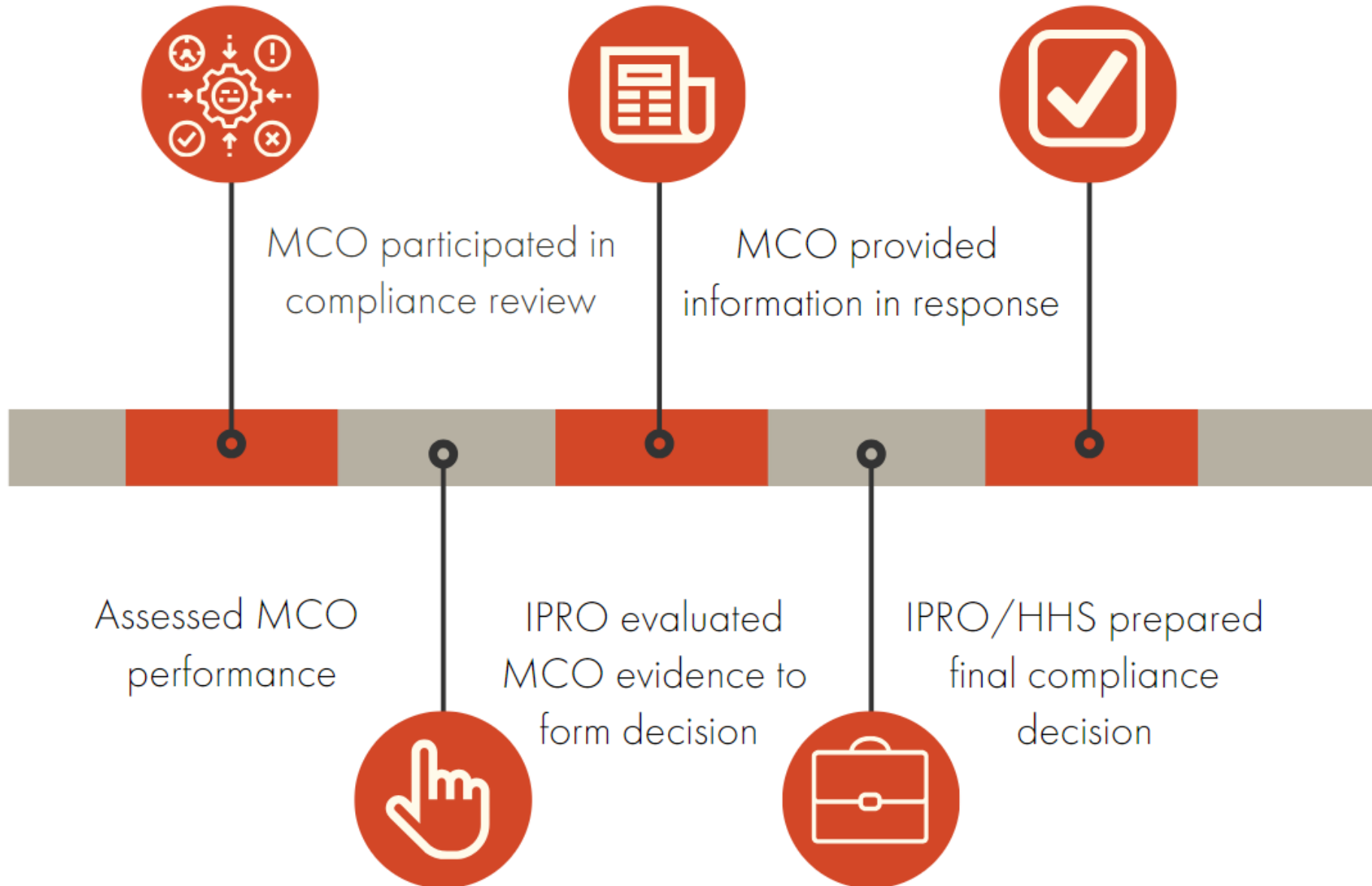
- Some HEDIS Performance Measures were below the national Medicaid 10th percentile, such as breast cancer screening and controlling high blood pressure.
- Antidepressant medication management and asthma medication ratio-total measures were in the top quartile.



- Timeliness of prenatal and postpartum care show room for improvement.
- Initiation and engagement of substance use disorder treatment—engagement of SUD treatment—total and pharmacotherapy for opioid use disorder—total were in the top quartile.

Compliance Review

Compliance Review



Compliance Review



Majority of CFR topics met compliance standards.



Three measures were less than 95% compliance rate: availability of services, assurances of adequate capacity and services, and provider selection.

Network Adequacy

Network Adequacy

- Provider survey sampled 381 PCPs
- Assessed ability to handle four appointment types: new and existing patient well-care and sick visits
- Out of the 381, 156 met all criteria and were used for the survey

Network Adequacy

Unreachable



Not Practicing
as PCP



BCBSND Not
Accepted



TOTAL



Network Adequacy

NEW PATIENTS

Available for Well-Care
Visit



Available for Sick Visit



EXISTING PATIENTS

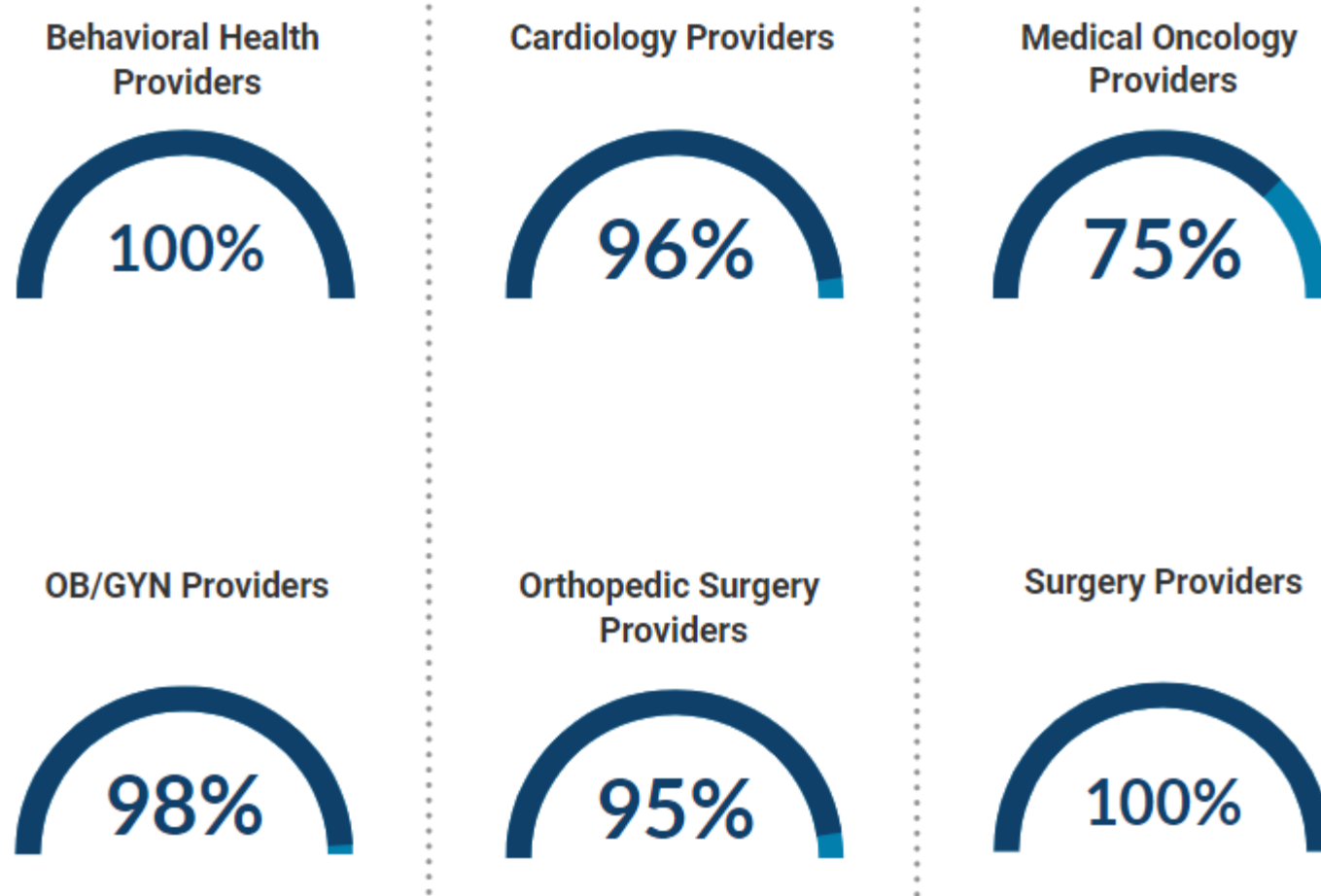
Available for Well-Care
Visit



Available for Sick
Visit



Network Adequacy



CAHPS Survey

- CAHPS (Consumer Assessment of Healthcare Providers & Systems) surveys gauge member experiences with healthcare providers and plans.
- HHS mandates MCOs to use CAHPS for annual member satisfaction assessments.
- Surveys were sent to a random sample of members continuously enrolled for at least 5 of the last 6 months of 2022.
- Eleven of 28 measures were at or above the NCQA Quality Compass 50th percentile.

CAHPS Survey



Eighteen questions were **below** average



Two questions were **average**

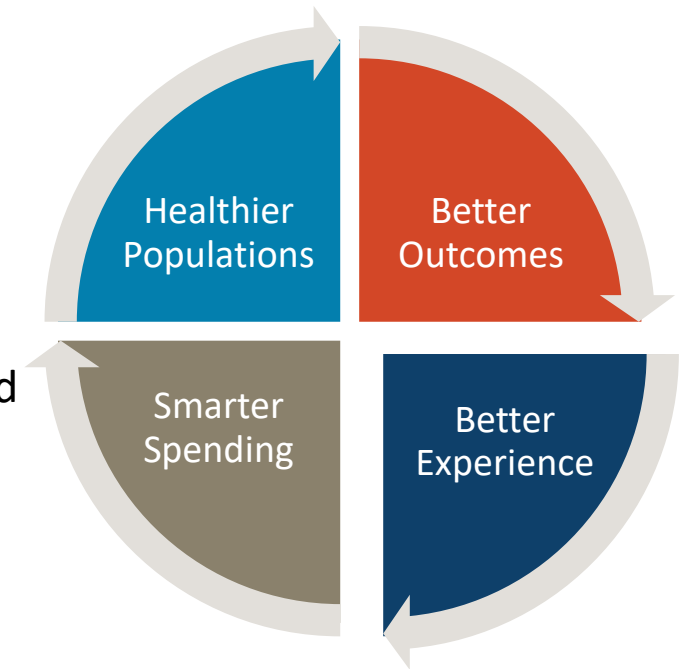


Eight questions were **above** average

Conclusions

Conclusions

- Findings highlight North Dakota’s commitment “to provide quality, efficient and effective human services, which improve the lives of people” by:
 - ❑ applying **best practices** to improve health outcomes,
 - ❑ **listening** to our members to ensure a better experience of care,
 - ❑ delivering **preventive care** to build resilience and elevate well-being, and
 - ❑ **meeting the needs** of members across the lifespan



Additional Information

- [Medicaid Expansion Annual Technical Report](#)



Questions?

Mandy Dendy
mrdendy@nd.gov