CONTRACT #415-12208
AMENDMENT D

AMENDMENT TO NORTH DAKOTA MEDICAID EXPANSION

MANAGED CARE ORGANIZATION CONTRACT

On or about June 25, 2021, the State of North Dakota, acting through its North Dakota Department of Health and Human Services, Medical Services Division (STATE) and Blue Cross Blue Shield of North Dakota (MCO) entered into a Contract for operation and administration of the Medicaid Managed Care Program for North Dakota.

The parties agree that certain parts of that Contract and Amendments A, B, and C should be changed:

1. Section 2.7.5, titled In Lieu of Services, is amended to delete the section in its entirety and replace it with the following language:

   2.7.5 In Lieu of Services

   (A) MCO may, at its option, cover approved services or settings for Enrollees that are in lieu of those covered under the Alternative Benefit Plan if the following conditions are met, as required in 42 C.F.R. §438.3(e)(2)(i)-(iii):
   - (a) STATE determines that the alternative service or setting is a medically appropriate substitute for the Covered Service or setting under the Alternative Benefit Plan;
   - (b) STATE determines that the alternative service or setting is a cost- effective substitute for the Covered Service or setting under the Alternative Benefit Plan;
   - (c) The network provider must document medical necessity of the service in the member's medical record. The MCO utilizes a consistent process to ensure that the providers are using their professional judgement to determine and document that the services are medically appropriate for the specific enrollee based on the clinically orientated target population of each service.
   - (d) The Enrollee is not required by MCO to use the alternative service or setting; and
   - (e) The STATE approved ILOS is authorized and identified in Appendix F: Value-Added Benefits and Approved In Lieu of Services of this this Contract.
   - (f) The MCO submit all applications to provide In Lieu of Services to the State using the appropriate submission form as supplied by the State. All In Lieu of Service submission forms are due to the State by either July 1st of each calendar year; or Other identified submission date as agreed upon by the State and MCO. These applications must be reviewed by the State for either approval or denial. Upon approval, the applications must be prospectively added to the MCO contract prior to services beginning.

   (B) Approved ILOS may include substitutions for inpatient care and other services as identified by MCO and approved by STATE.

   (C) The utilization and actual cost of In Lieu of Services is taken into account in developing the component of the Capitation Rates that represents the Covered Services.

(D) Projected In Lieu of Service cost percentage may not exceed 5% of the capitation rates. Projected In Lieu of Services at or exceeding 1.5% of capitation rates are required to submit a retrospective evaluation for each service to determines it overall impact on Medicaid program and demonstrate that each service is a medically appropriate and cost effective substitute for identified State plan-covered services and settings. If applicable, this retrospective review is due to the State no later than 30 May of each calendar year.

(E) In Lieu of Services approved by the State are subject to monitoring and oversight, including retrospective evaluation.

2. APPENDIX E: PAYMENT METHODOLOGY, MLR, AND CAPITATION RATES, as amended by Amendments A, B, and C, is further amended to delete sub-section (D) of Article 2: Capitation Rates in its entirety and replace it with the following language:

(D) For the period of January 1, 2024, to December 31, 2024, rates, not factoring in the performance withhold, are as follows. Updated rates will be calculated to incorporate more recent information, and will remain at the same position in the final actuarially sound capitation rate range relative to the initial actuarially sound capitation rate range:

Capitation Rates	Age Cohort	Gender	Urban	Rural
Child/Childless Adults	21-44	M	$919.55	$869.52
Child/Childless Adults	21-44	F	$926.04	$875.65
Child/Childless Adults	45-64	M	$1,504.89	$1,423.01
Child/Childless Adults	45-64	F	$1,403.77	$1,327.39
Retroactive Only, Not Currently Eligible	N/A	N/A	$2,070.46	$2,070.46

Furthermore, Article 3: Performance Withhold Arrangement is amended to delete sub-section (G) in its entirety and replace it with the following language:

(G) For the period of January 1, 2024, to December 31, 2024, rates net of the performance withhold are as follows:

Capitation Rates	Age Cohort	Gender	Urban	Rural
Child/Childless Adults	21-44	M	$901.16	$852.13
Child/Childless Adults	21-44	F	$907.51	$858.14
Child/Childless Adults	45-64	M	$1,474.79	$1,394.55
Child/Childless Adults	45-64	F	$1,375.69	$1,300.84
Retroactive Only, Not Currently Eligible	N/A	N/A	$2,029.06	$2,029.06

3. APPENDIX F: VALUE-ADDED BENEFITS AND APPROVED IN LIEU OF SERVICE, as amended by Amendments A, B, and C, is further amended to replace the acronym ASAM in sub-section (B) with the following language:

   American Society of Addiction Medicine (ASAM)

All other terms and conditions remain as previously written.

BLUE CROSS BLUE SHIELD OF NORTH DAKOTA

By Dan Conrad (Dec 9, 2024 14:56 PST) 12/09/2024
DATE

Its _____

STATE OF NORTH DAKOTA

NORTH DAKOTA DEPARTMENT OF HEALTH AND HUMAN SERVICES

By _____ 12/11/2024
SARA STOLT DATE
DEPUTY COMMISSIONER

By Kyle Nelson (Dec 11, 2024 08:14 CST) 12/11/2024
KYLE J. NELSON DATE
CONTRACT OFFICER
Approved for form and content