



Medicaid Medical Advisory Committee

February 20, 2024, Meeting Slides



Health & Human Services

Agenda at a Glance

Follow-up Items

- CMS MAC proposed rule
- MMAC member terms
- Onboarding and member survey report

Medical Services Division Updates

- Medicaid Renewals
- Value-Based Purchasing
- New Service Coverage
- Provider Policy and Website changes
- Operations Updates
- State Plan Amendments
- Waiver Updates

Did You Know?

- Medicaid Tribal Liaison

Follow-up Items

CMS MAC proposed rule

MMAC member terms

Onboarding and member survey report

CMS Ensuring Access to Medicaid Services proposed rule **UPDATE**

- Full rule [here](#). Public comments closed 7/3.

Still waiting to hear if rule will be amended or made final and for a compliance timeframe.



MMAC Term Length Volunteers – Survey results

* pre- and post- November meeting surveys combined

1-year terms

• 8

1. Judy Lee
2. Amy Hornbacher
3. ?
4. ?
5. ?
6. ?
7. ?
8. ?

2-year terms

• 8

1. Jacob Sutton
2. Janelle Moos
3. Nancy Froslic
4. Tim Mathern
5. Bobbie Will
6. ?
7. ?
8. ?

3-year terms

• 9

1. Courtney Koebele
2. Donene Feist
3. Emma Quinn
4. Melissa Bingham
5. Beth Larson-Steckler
6. Shawn Stuhauug/Nikki Wegner (NDLTCA seat)
7. Brad Peterson
8. Dr. Joan Connell
9. [Tim Blasl](#)
10. [Shannon Bacon](#)
11. [Brenda Bergsrud](#)
12. State Health Officer – Dr. Wehbi

MMAC Term Lengths (randomly assigned)

1-year terms

• 7

1. Brenda Bergsrud
2. Dr. Connell
3. Trina Gress
4. Brad Peterson
5. Emma Quinn
6. Bobbie Wil
7. Nancy Froslic

2-year terms

• 7

1. Amy Hornbacher
2. Shannon Bacon
3. Shawn Stuhaug
4. Melissa Bingham
5. Janelle Moos
6. Elizabeth Larson Steckler
7. Courtney Koebele

3-year terms

• 7

1. Donene Feist
2. Kim Hacker
3. Jacob Sutton
4. Tim Blasl
5. Matuor Alier
6. Lisa Murry
7. Open seat

1. State Health Officer – Dr. Wehbi
2. Legislator
3. Legislator
4. Legislator – 3 legislators are currently seated

New member onboarding and surveying

- report



Onboarding

Facilitator put together a Medicaid Medical Advisory Committee Orientation presentation

Presentation was sent to new members and a 15-min Q&A session was held

Feedback on process welcome

Annual member survey

Survey put together

Sent out with
February pre-
meeting materials

Survey results

**Survey
results time!**

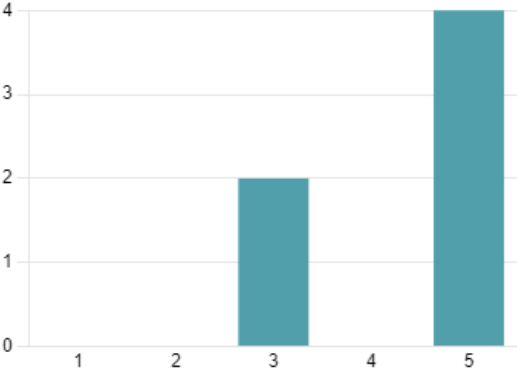


Annual member survey results - Meetings

1. How would you rate the overall effectiveness of MMAC meetings? (Scale with 1 being very ineffective and 5 being very effective).

[More Details](#)

4.33
Average Rating

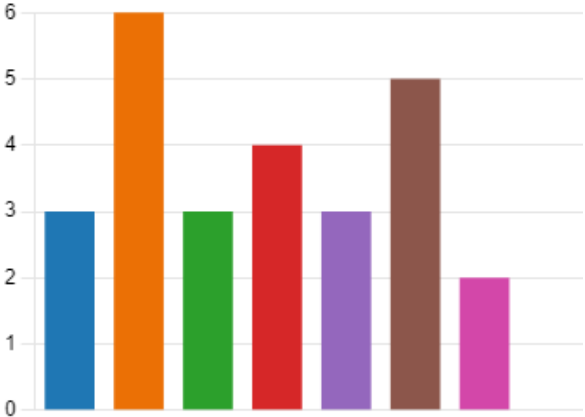


1 person responded with a meeting aspect that could be improved and suggested having more people with lived experience on the committee and that members share both good and bad experiences.

2. What aspects of our meetings are effective? (Choose all that apply)

[More Details](#)

- Online format 3
- Clear agenda 6
- Detailed minutes 3
- Active participation 4
- Education topics 3
- Meeting facilitation 5
- Subcommittees/working commi... 2
- Other 0



Annual member survey results – Participation in subcommittees or workgroups

6. Do you participate in MMAC subcommittees or workgroups?

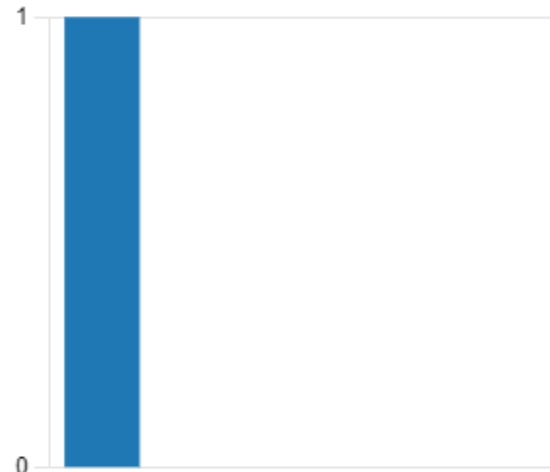
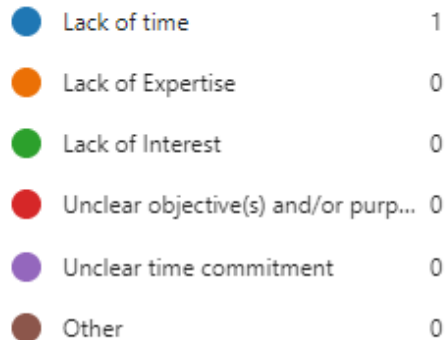
[More Details](#)



A member shared a past experience of participating in a workgroup and then somehow no longer receiving workgroup emails.

7. If not, what barriers prevent you from participating? (Select all that apply)

[More Details](#)



Medical Services Division Updates

Medicaid Renewals

Value-Based Purchasing

New Service Coverage

Provider Policy and Website Changes

Operations Updates

State Plan Amendments

Waiver Updates



North Dakota's Unwinding of Medicaid Continuous Enrollment

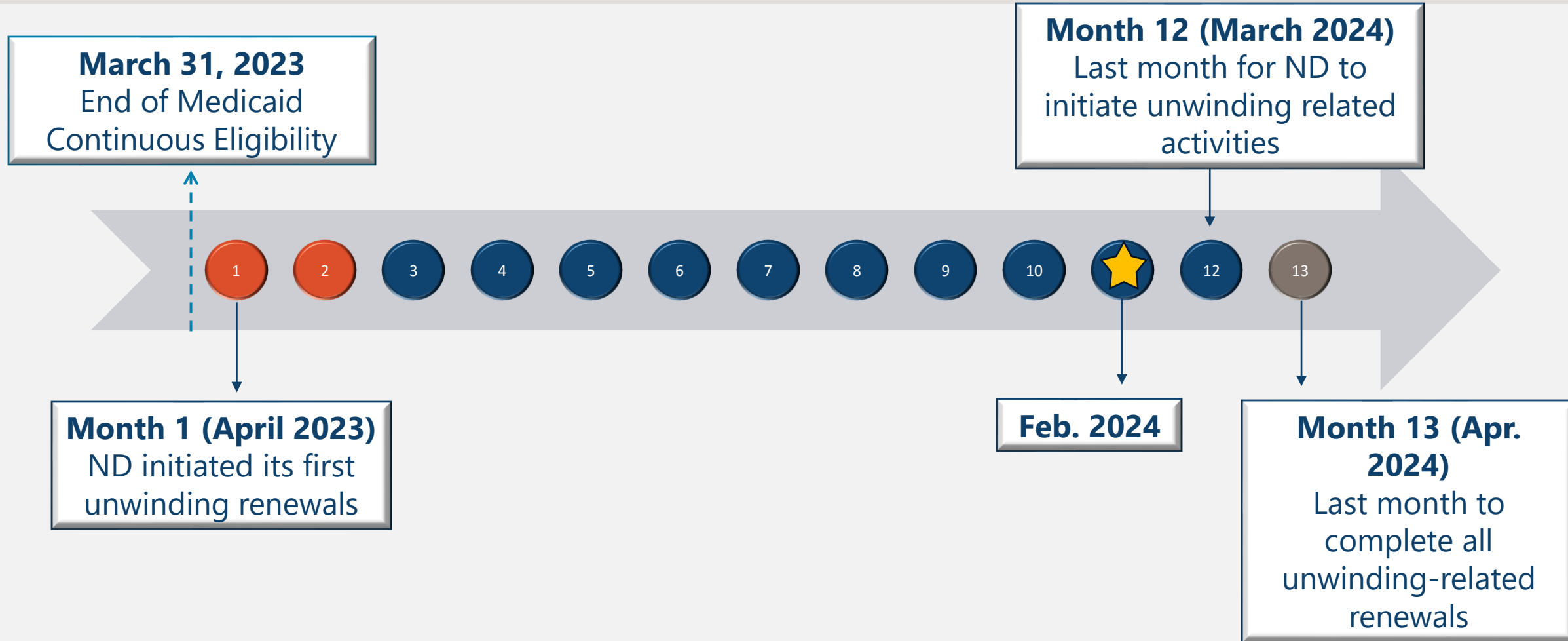
Feb. 20, 2024

Medicaid Medical Advisory Committee



Health & Human Services

North Dakota Timeline for Unwinding



Medicaid Renewals Dashboard

Total Medicaid Individuals Due For Review

134,563
Individuals

Medicaid Individuals By Review Status

101,898
Completed

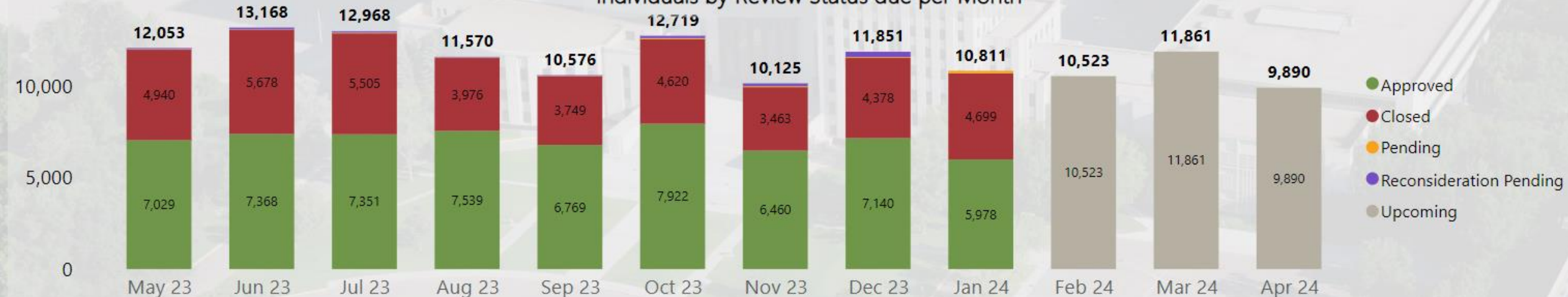
391
Pending

32,274
Upcoming

● Completed ● Not Completed



Individuals by Review Status due per Month



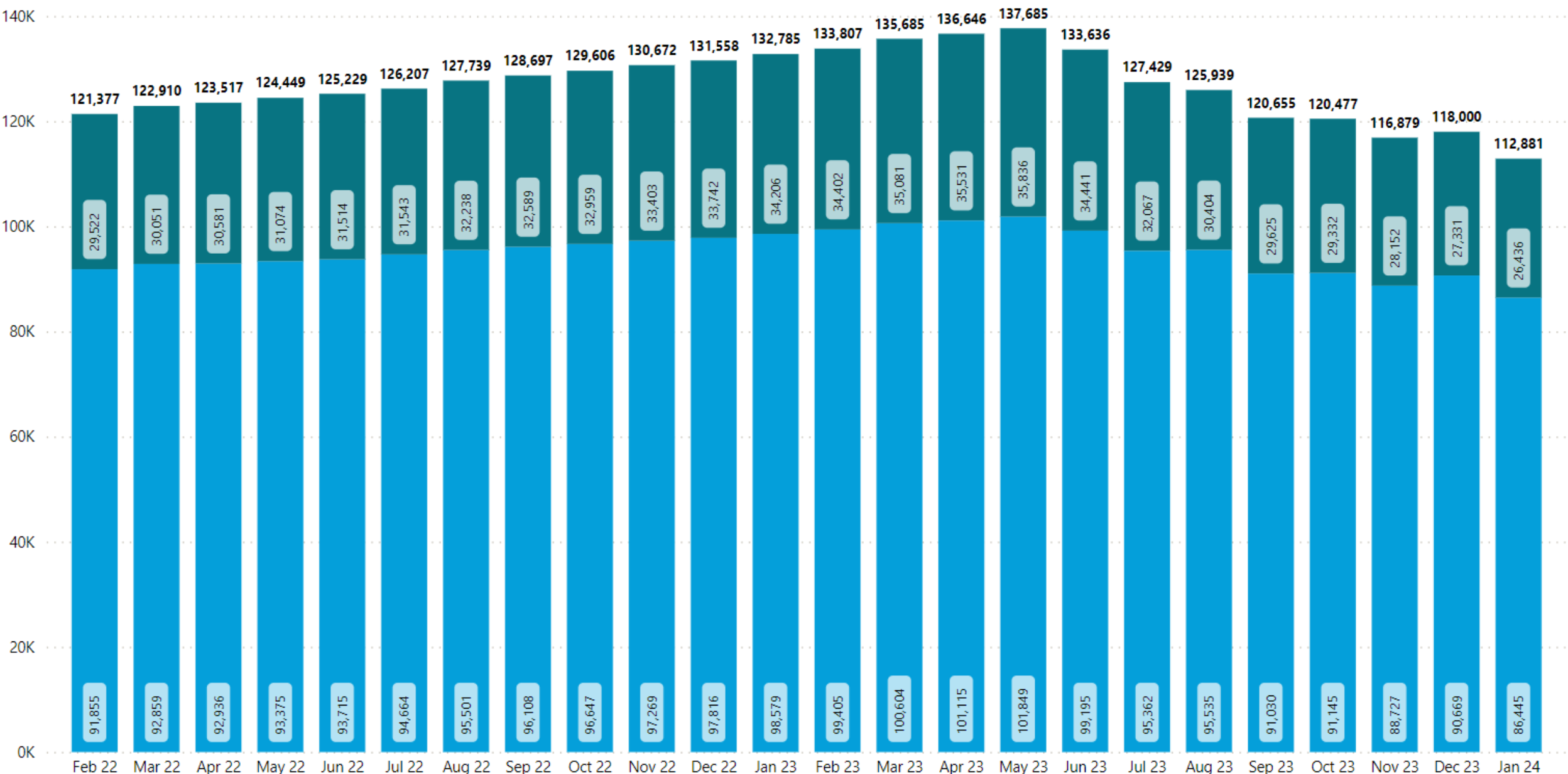
The top summary level counts match with the CMS PHE report, the distribution by month metric number has the variance of less than 0.01%. Medicaid Eligibility Reviews started on 1st April 2023 and will take 14 months to complete.

Individuals: The number of individuals who were enrolled as of March 31st when the continuous coverage ended, whose benefits were to be reviewed during the 14-month PHE unwinding period.
Approved: The number of Individuals whose renewal was processed and approved.
Pending: The number of Individual whose benefits review has started but is not completed.
Closed: The number of Individuals whose renewal was processed and denied.

Upcoming: The number of Individuals whose benefits will be reviewed but the renewal process has not yet started.
Completed: The number of Individuals whose review is completed. Includes both approved and closed individuals.
Reconsideration Pending: People whose eligibility is being reconsidered in "90-day reconsideration period" (individual submitted their forms after their initial due date).
 *Web users can right click the graph and select 'Show as a table' to view the details of the Reconsideration Pending Reviews counts.

Medicaid Eligibles (previous 24 months)

● Traditional Medicaid ● Medicaid Expansion



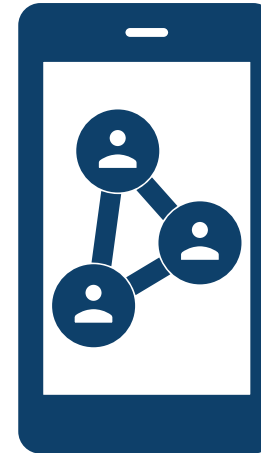
Eligible Month

Self-Service Portal

North Dakota uses a **Self-Service Portal** for **Medicaid, SNAP, CCAP, TANF and LIHEAP**.

In the portal you can:

- apply online
- complete a review
- update your contact information
- view details about your case
- report changes
- upload documents
- view notices



View instructions and tutorials at [SSP Help | Health and Human Services North Dakota](#).

Here's How You Can Prepare



Update Information

If you recently moved or your contact information has changed, let us know!



Check Your Mail

ND Medicaid may mail you a letter about your coverage and steps to keep it, if you still qualify.



Complete Renewal

If your letter includes a renewal form, complete and return it to the Customer Support Center right away. Completing your renewal form will help us determine if you still qualify for coverage.



Home

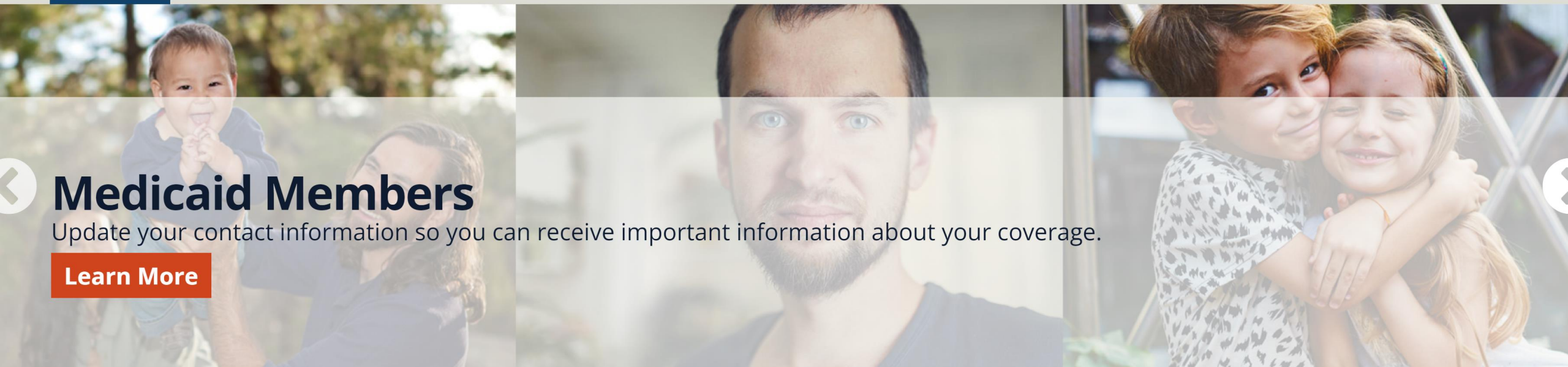
Service Areas ▾

For Providers ▾

Administration and Careers ▾

News and Events ▾

Contact Us ▾



Medicaid Members

Update your contact information so you can receive important information about your coverage.

[Learn More](#)

Questions?





Value-Based Purchasing Update

February 20th, 2024

NORTH
Dakota
Be Legendary.

Health & Human Services

2024 Pay for Reporting Components

**July
2023**
Program
Start



February 2024
VBP Reporting Tool Due

On track for all 6 PPS Hospital Systems to submit by the last day in February.



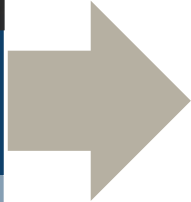
Oct - Nov 2024
VBP Outcomes Meeting

Calls to be scheduled in the fall.



January 2025
Supplemental Data Due

5 out of 6 PPS Hospital Systems have already submitted their data.



VBP Roadmap

		2024	2025	2026	2027	
Pay for Reporting	Submit Quality Improvement Plans through VBP Reporting Tool	✓	✓	✓		
	VBP Quality Improvement Outcomes Meeting	✓	✓	✓	✓	
	Supplemental Data Submission	✓	✓	✓	✓	
Pay for Performance	Initial Measure Set	Well-Child Visits First 30 Months of Life		✓	✓	✓
		Child & Adolescent Well-Care Visit		✓	✓	✓
		Breast Cancer Screening		✓	✓	✓
		Postpartum Care: Prenatal & Postpartum Care		✓	✓	✓
		Screening for Depression & Documented Follow-up Plan		✓	✓	✓
		Emergency Department Utilization per 1,000		✓	✓	✓
		Topical Fluoride for Children		✓	✓	✓
	Expanded Measure Set	Colorectal Cancer Screening			✓	✓
		Maternal Health Services Optional Measures: <i>(systems must select 1)</i>				
		1. Prenatal Care: Prenatal Care & Postpartum Care			✓	✓
		2. Contraceptive Care: Postpartum Women				
		3. Structural Measure: Perinatal Collaborative Participation				
		Behavioral Health Services Option Measures <i>(systems must select 1)</i>				
1. Follow-up After Emergency Department Visit for Alcohol & Other Drugs Abuse or Dependence			✓	✓		
2. Initiation & Engagement of Alcohol & Other Drug Abuse or Dependence Treatment						
3. Continuity of Care After Medically Managed Withdrawal from Alcohol and/or Drugs						
Controlling High Blood Pressure			✓	✓		
Plan All-Cause Readmission			✓	✓		

Interventions

Primary Care Access

- Expanding clinic office hours
- Combining sports physicals with Well Child Checks
- Scheduling next appointment at the end of the visit
- Planning prior to the visit to ensure screenings and immunizations remain up to date
- Sending outreach letters & messages to remind patients of upcoming appointments or the need to schedule an appointment
- Encouraging patients to sign up for electronic health communications systems

Behavioral Health

- Implementation of smartphrases in Electronic Health Record (EHR) to streamline & standardize processes
- Ensuring documentation is standardized in the same location in the EHR
- Providing teams with tools to take care of suicidal patients in the moment & coordinating next steps
- Connecting patients to on demand behavioral health services due to lack of access

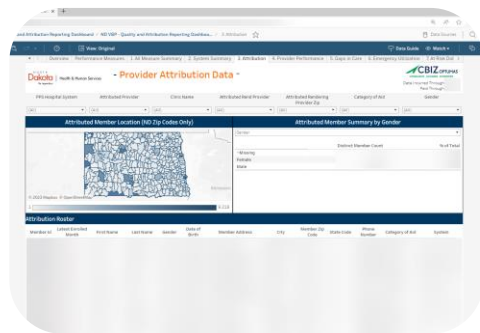
Process Enhancement

- Ongoing efficiencies being created for team communication
- Analyzing measure alignment to create effective interventions
- Digging into documentation identify process improvements to be made
- Utilizing Panel Specialists to provide screening reminder outreach

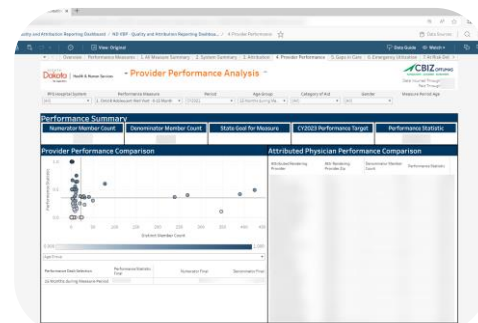
Tools Provided

❑ Dashboard Access

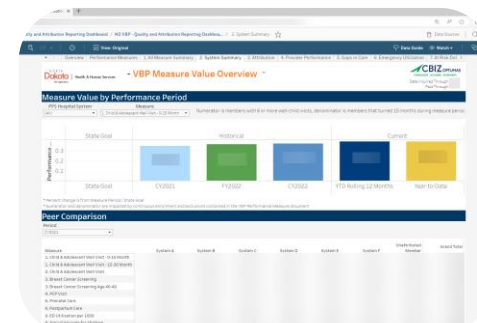
- Each health system has access to their own Dashboard to help drive proactive care management & support



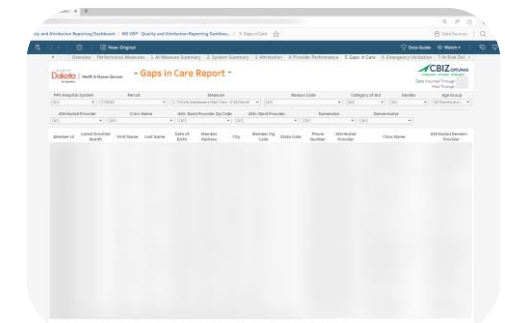
Attribution data



Quality Performance data



Peer Comparison



Gaps in Care

❑ SharePoint Access

- Document Library
- Program Resources available



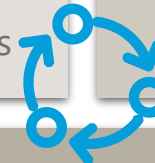
Ongoing Collaboration

Monthly Stakeholder Meetings

Brings together key stakeholders to make program policy decisions

Office Hours

Offers an opportunity to ask questions & collaborate with other participants



Monthly Quality Workgroup Meetings

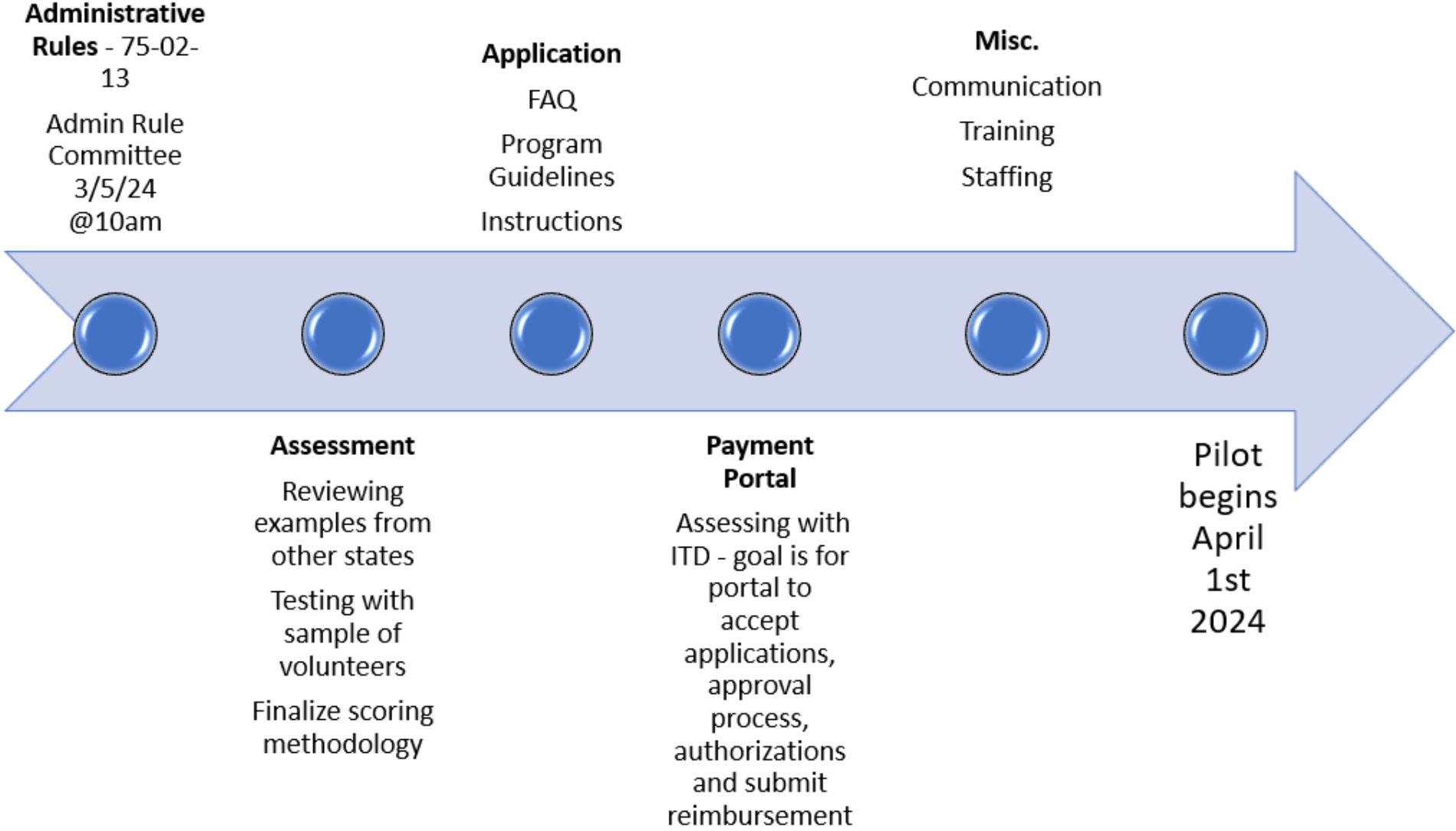
Sharing of Quality Improvement Activities & interventions for Primary Care Access, Care Coordination, Behavioral Health, Maternal Health, & Oral Health.



Next Steps

- State Plan Amendment Submitted and Centers for Medicare and Medicaid Services (CMS) reviewing
- Continued Stakeholder Workgroups to Implement Current Model and Continue to Grow Value Based Care

Implementation Timeline for SB 2276 Family Caregiver Pilot Program



New Service Coverage

Services suggested and evaluated through the SFN 905 process

Anticipated effective date: April 1, 2024

SBIRT – Screening, Brief Intervention, Referral, Treatment

- Meant to prevent or reduce substance use through early intervention


















Interprofessional Consultations

- Treating providers can consult with a specialist to assist the treating provider in diagnosis and/or management of a patient's health condition without requiring the patient to have face-to-face contact with the specialist.
- Specialists bill for their consultation time with these codes.

Preventive Medicine Counseling and/or Risk Factor Reduction Interventions

- Risk factor reduction services to promote health and prevent illness or injury.
- Service occur outside of a preventive medicine visit.

Policy news and website redesign

BEHAVIORAL HEALTH
• 1915(i) Medicaid State Plan Amendment 
• Behavioral Health Rehabilitative Services 
• Family Support Services Policy & Procedures (Updated March 2018) 
• IMD Policy (Updated June 2023) 
• Partial Hospitalization Psychiatric (PHP) Services 
• Psychiatric Residential Treatment Facilities (PRTF) 
• Qualified Residential Treatment Programs (QRTP) 
• Substance Use Disorder Treatment and Housing Providers (December 2023) 
• Substance Use Disorder Treatment Services 
• Under 21 Psychiatric Providers 
DENTAL
• Dental Provider Manual - Updated January 2024 
• CDT Codes Requiring Tooth Number / Quadrants 
• Dental Case Management 
• Health Tracks Orthodontia Screening Policy - Updated January 2024 
• North Dakota Dental Periodicity Schedule 
• Orthodontia and Third Party Liability Policy 
• Orthodontic Transfers 

- Provider policies are still located on the [Provider Guidance, Policy and Manuals website](#). Page has a new look.
- No longer has General Info for Providers and Behavioral Health Services Info for Providers manuals
- Policies appear in hyperlinked lists under general category headings
- Feedback welcome
- More Provider webpage changes to come

Operations Updates

Provider Enrollment Specialists are one call away

Noridian provider enrollment specialists are available to answer questions between the hours of 9 a.m. to 3 p.m. CT, Monday-Friday to better serve our providers.

Provider enrollment specialists can assist with questions about enrollment, revalidations, maintenance items and more.

Call 701-277-6999. Providers still have the option to leave a voicemail outside of those core hours.

Updated Provider Enrollment SFN Forms:

Several forms have been reviewed and updated. Please use the most recent version of the form.

[SFN 9](#) Rehab Services Provider Enrollment Attestation

[SFN 615](#) Provider Agreement

[SFN 661](#) Electronic Funds Transfer (EFT)

[SFN 620](#) Non-Emergent Medical Transportation

[SFN 1299](#) Group Address Update

[SFN 1330](#) Request to Add an Affiliation

[SFN 1331](#) Provider Termination

State Plan Amendments

Upcoming

- Behavioral Health Rehabilitative Services SPA to add Behavior Analysts
- Request coverage for school psychologists

1915(i) Medicaid State Plan

The 1915(i) State Plan Amendment allows North Dakota Medicaid to pay for Home and Community Based Services for eligible individuals with certain behavioral health conditions. The program targets individuals with mental illness, substance abuse disorders, and/or brain injury and is designed to keep individuals out of institutional settings by providing services in the community for successful independent living.

1915(i) Eligibility Requirements & Services

Eligibility Requirements:

- Age 0+
- Enrolled in Medicaid or Medicaid Expansion
- Behavioral Health Diagnosis
- WHODAS score 25+
- Income < 150% FPL



2023 Enrollment:

- 193 Individuals



Services

- Care Coordination
- Peer Support
- Family Peer Support
- Non-Medical Transportation
- Housing Support
- Benefits Planning
- Prevocational Training
- Supported Education
- Community Transition
- Respite
- Supported Employment
- Training and Support for Unpaid Caregivers

Amendment

Effective February 1, 2024, the 1915(i) State Plan Amendment was approved by CMS to allow an additional needs-based assessment option for eligibility: the Daily Living Assessment (DLA) requiring a score of 5 or lower.

- It's estimated 730 individuals will qualify for the 1915(i) with a DLA score of 5 or lower.

Other approved revisions include:

- changes to provider qualifications for care coordination, benefits planning, prevocational training, supported employment, and supported education;
- revisions to eligibility requirements in an effort to serve more Medicaid members;
- increased remote support service limits;
- removal of annual service limits;
- allowance of retroactive service authorizations; and
- modifications to the conflict of interest exceptions.

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 Waivers at a Glance

Eligibility	<u>Autism Spectrum Disorder</u>	<u>Hospice Waiver</u>	<u>Medically Fragile Children</u>	<u>Traditional HCBS Waiver</u>	<u>Traditional Intellectual Disabilities and Developmental Disabilities HCBS Waiver</u>
Age	0-17	0-21	3-17	65+ or 18-64 with a physical or other disability	0+
Diagnosis	Autism Spectrum Disorder	Medically fragile youth	Medically fragile youth	See above	Intellectual disability or developmental disability
Level of Care	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)	Nursing facility	Nursing facility	Nursing facility	Intermediate Care Facility for Individuals with Intellectual Disabilities (ICF/IID)
Services	Respite Service Management (RD within SM) Assistive Tech Community Connect Remote GPS Service	Case Management, Respite, Hospice, Skilled Nursing, Bereavement Counseling, Equipment and Supplies, Expressive Therapy, Palliative Services	Case Management, Institutional Respite, Dietary Supplements, Environmental Modifications, Equipment & Supplies, Individual and Family Counseling, Transportation Services	Adult Day Care, Adult Residential Care, Case Management, Homemaker, Residential Habilitation, Respite Care, Supported Employment, Adult Foster Care, Chore, Community Support Services, Community Transition Services, Companion Services, Emergency Response, Environmental Modification, Extended & Family Personal Care, Home Delivered Meals, Non-medical Transportation, Specialized Equipment and Supplies, Transitional Living Services	Day Habilitation, Homemaker, Independent Habilitation, Individual Employment Support, Prevocational Services, Residential Habilitation, Extended Home Health Care, Adult Foster Care, Behavioral Consultation, Community Transition Services, Environmental Modifications, Equipment and Supplies, Family Care Option, In-home Supports, Infant Development, Parenting Support, Small Group Employment Support Services *to access services the individual must also qualify for Developmental Disabilities Program Management (DDPM)

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 Disabilities and Developmental Disabilities HCBS Waiver</u>
Current Effective Date	November 1, 2023	July 1, 2023	October 1, 2023	April 1, 2023	January 1, 2021
DRAFT Amendment or Renewal	<u>Amendment</u> approved on 1/30/2024	None pending	None pending	<u>Waiver amended</u> effective January 1, 2024	<u>Renewal</u> currently under CMS review. Pending April 1, 2024, effective date
Public Comment Period	N/A	N/A	N/A	N/A	Closed October 19, 2023
Proposed changes to note	<p>Increased slots to 345 (195 new)</p> <p>Age limit increased through age 17</p> <p>Additional services added: Community Connector for helping to integrate and prevent isolation, rural differential to Service Management, Remote Monitoring -GPS locator for elopement risk</p>			<p>New service of Waiver Personal Care added.</p> <p>Allowing electronic signatures and virtual visits for case management and extended personal care services. These flexibilities are going to becoming permanent following the end of the Public Health Emergency (PHE).</p>	<p>Limit on environmental modifications increased from \$20,000 to \$40,000. Partner feedback resulted in adding additional settings for environmental modifications</p> <p>Participants can have both self-directed and provider-managed in-home supports authorized at the same time</p> <p>Respite will be a stand-alone service</p> <p>Feedback from interested partners resulted in asking for the increased equipment and supply annual amount to be increased from \$4,000-\$5,000.</p>

Did You Know?

Medicaid Tribal Liaison

Tribal Engagement

Monique Runnels

ND Tribal Medicaid Liaison

- Grew up in SD & ND
- Lived experience as a Medicaid member, parent & sibling
- Education in Nursing and Social Work
- Enrolled Member of Standing Rock



Monique Runnels

Why Tribal Engagement is Important

- Federal & Tribal Relations
 - Indian Health Care Improvement Act
- ND & Tribal Relations in Medicaid
 - State Administration of Medicaid
 - State Plan Amendment
- 5 Tribal Nations in ND
 - Each tribe is unique
 - Each tribe has different healthcare systems



Federal & Tribal Relations

The United States recognizes Indian tribes as sovereign nations. This relationship makes American Indians & Alaska Natives (AI/AN) distinct from all other ethnic group in the US. This unique government-to-government relationship between the tribes and the federal government is grounded in:

- U.S. Constitution
- Treaties
- Statutes
- Federal case law
- Regulations
- Executive orders

Important note: Tribes are considered a political group with a unique relationship with the federal government.

Indian Healthcare Improvement Act (IHClA)

A graphic with a dark teal background and a white border. The text "Indian Health Care Improvement Act Reauthorization" is centered in a light teal, serif font. The background features a faint, stylized map of North Dakota.

Indian Health Care Improvement Act Reauthorization

- Is the cornerstone legal authority for the provision of health care to American Indians and Alaska Natives.
- First passed in 1976, IHClA was made permanent in 2010, as part of the Affordable Care Act.
- Recognized Indian Health Service wasn't enough to address healthcare of tribal members.
- Permits reimbursement by Medicare and Medicaid for services provided to tribal members in Indian Health Service (IHS) and tribal health care facilities.
- Provides states with access to 100% federal funding for services provided by tribes or Indian Health Service.

ND & Tribal Relations on Medicaid



- Medicaid administered by the North Dakota Department of Health and Human Services
- Shared interests & goals
- We are also held to certain requirements in our relationships with tribes.
- ND Medicaid SPA [ND-12-002](#)
 - Consultation
 - Medicaid Medical Advisory Committee
 - Key Point of Contact for tribes.
 - Website

Facilitating ND/Tribal Medicaid Consultation

- What is Consultation?
 - Ensures Tribal governments are included in the decision-making processes when proposed changes in Medicaid or CHIP will directly impact the North Dakota Tribes and/or their Tribal members.
 - Should include what the proposed change means to tribes and or tribal members
 - Better if done early in policy development
 - Meaningful and rooted in respect
- How we do Consultation
 - Letters
 - Quarterly in conjunction with Tribal Health Director Meetings.
 - Quarterly individual option
 - Ongoing communications with tribal partners
- What we do with feedback from Consultation
 - Collaboratively & actively work on shared goals
 - Provide tribes with answers and resources
 - Use feedback to inform policy development



Other Ways ND Medicaid Engages Tribes

- The Medicaid Liaison serves as a point of contact between ND Medicaid and Tribal nations
 - Help address issues related to North Dakota Medicaid and health care of Tribal members
 - Help tribes and tribal members resolve issues with application or claim denials
 - Tribal Care Coordination
 - Engage key agency partners to provide answers to tribes
- Invite tribal partners to Committee & Policy Development meetings (MMEC, MMAC, CHW Taskforce, etc.)
- Help gather & access tribal specific data
- [Tribal webpage](#)
- GovDelivery E-News & Notices



ENGAGEMENT

Make sure you are signed up for **Medicaid Tribal News and Meeting notices**.
Signing up is easy.

Go to the [HHS Contact Us website](https://www.hhs.nd.gov/contact)

<https://www.hhs.nd.gov/contact>

Enter your email address

Subscribe to News and Alerts

Email Updates

To sign up for updates or to access your subscriber preferences, please enter your contact information below.

1. **Subscription Type**

Email

* Email Address

Submit

Click **Submit** and follow directions to set up and **choose** your subscription options.

- Medicaid
 - Medicaid - Provider Updates
 - News Releases - Medicaid
 - Medicaid - Member E-Newsletter
 - Medicaid - Tribal News and Meetings

Stay in the loop!



NORTH
Dakota
Be Legendary.

Health & Human Services

Did you know?

Indian Health Service is both a healthcare service and a funding agency.

Tribes can fully or partially run their own healthcare systems through compacts or contracts with Indian Health Service.

Spirit Lake Nation and MHA Nation run their own health care systems.

Standing Rock, Turtle Mountain, and Sisseton-Wahpeton nations all partially run their own healthcare systems. Majority of their healthcare systems are still run by Indian Health Service.

Tribal members have dual citizenship.

More tribal members are living in communities outside their reservations.



**THANK
YOU!**

Questions?


Comments?

Concerns?

Let's Connect!
Email: mrunnels@nd.gov
Phone: 701-328-5841
Teams: Monique Runnels

Stay Covered ND Resources!

<https://www.hhs.nd.gov/human-services/medicaid/StayCoveredND>




What you need to know about ND Medicaid renewals

And how you can encourage members to take action!

Starting April 1, 2023, ND Medicaid may need to contact members to see if they still qualify for coverage.

What do ND Medicaid members need to know?

ND Medicaid is working to inform members about steps they need to take to stay covered, if they qualify. These include:

-  Ensure contact information is correct.
-  Check the mail.
-  Complete their renewal form (if they get one).

#StayCoveredND

NORTH Dakota | Health & Human Services
Be Legendary.

Here's how you can help:

- 1. Share where and how to update their information.**
 - Contact the Customer Support Center toll-free 866-614-6005, 711 (TTY) or email applyforhelp@nd.gov.
- 2. Offer assistance.**
 - Help them update their contact information, read and understand the letter they may receive in the mail or submit the requested documentation online. (e.g. pay stubs, income tax returns, proof of disability, etc.).
- 3. Share resources.**
 - Encourage conversations about renewals and/or share resources in your community.

If they no longer qualify for ND Medicaid and need help finding a plan on the federal Health Insurance Marketplace, have them contact ND Navigators at ndcpd.org/NDNavigator or 1-800-233-1737.



Learn more or visit [hhs.nd.gov/StayCoveredND](https://www.hhs.nd.gov/StayCoveredND)



Downloadable Resources and Materials

Help us spread the word! More materials are still under development including several flyers, posters and other resources in Spanish and Somali languages. Check back often! To access the materials, click on the + sign.

Community Toolkit	+
Tribal Toolkit	+
Stakeholder Toolkit	+
School Toolkit	+

Frequently Asked Questions

Why are regular Medicaid renewals resuming?	+
What can members do now to prepare?	+
How should members update their contact information?	+
What is the renewal process?	+
What if I lose coverage?	+
What are the other health care coverage options?	+
What else is ND Medicaid doing to communicate with members?	+