Senate Bill 2012

House Appropriations, Human Resource Subcommittee
Representative Nelson, Chairman

Medicaid | Krista Fremming, Interim Director, Medical Services | March 21, 2023

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HHS Goal: Help ND become the healthiest state in the nation

We'll focus on three actions to accomplish this:

Invest in the **FOUNDATIONS** of well-being

- Economic Health
- Behavioral Health
- Physical Health

Ensure everyone has the opportunity to realize their **POTENTIAL**

- Strong, Stable Families
- Services Closer to Home
- Early Childhood Experiences
- Efficiency Through Redesign
- High-Performing Team

Give everyone the **OPPORTUNITY** to decide to:

- Be Healthy
- Be Active
- Find & Prevent Disease Early

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Presentation roadmap

- Who we serve
- Differences between fee-for-service Medicaid and Medicaid Expansion
- Improving the lives of North Dakotans:
  - 2021-2023 Accomplishments
  - Current and future challenges
- 2023-2025 budget requirements

ND Century Code Chapters

The primary NDCC chapters associated with Medicaid are listed here:

Chapter	Chapter Name
50-24.1	Medical Assistance for Needy Persons
50-24.6	Medical Assistance Drug Use Review and Authorization
50-29	Children's Health Insurance Program

Who we serve

Medicaid members are our friends, family and neighbors. Medicaid provides health care coverage for low-income families, children, pregnant women, people with disabilities, older adults and other low-income adults.

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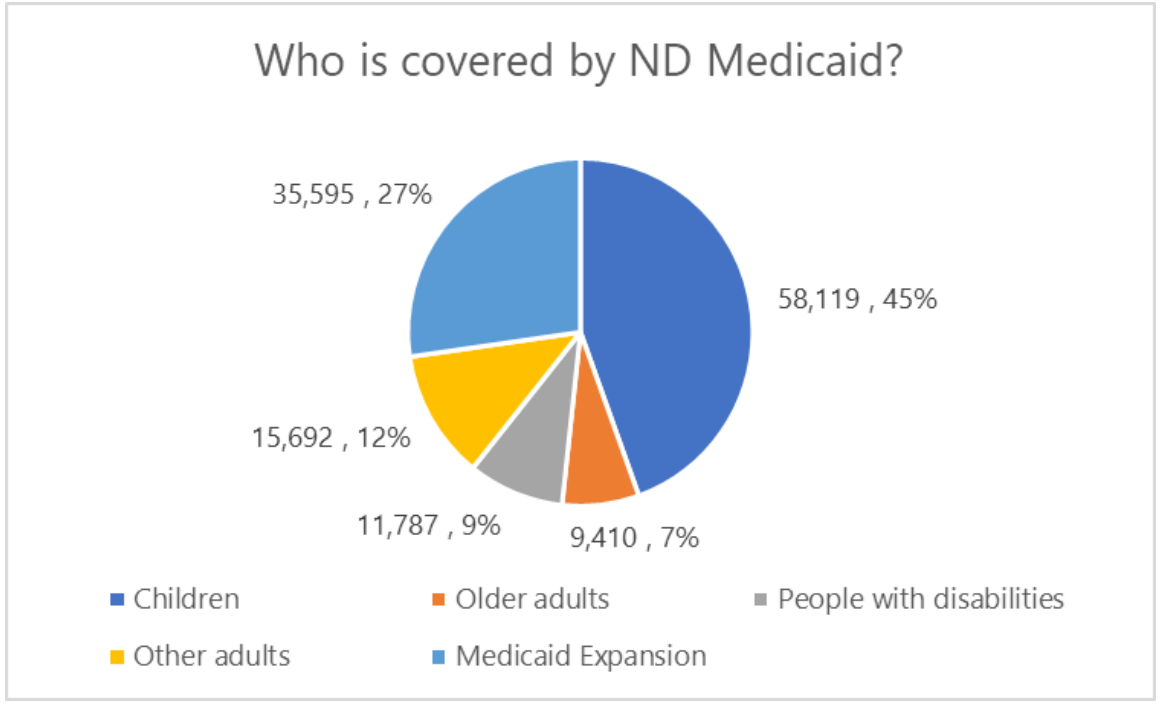
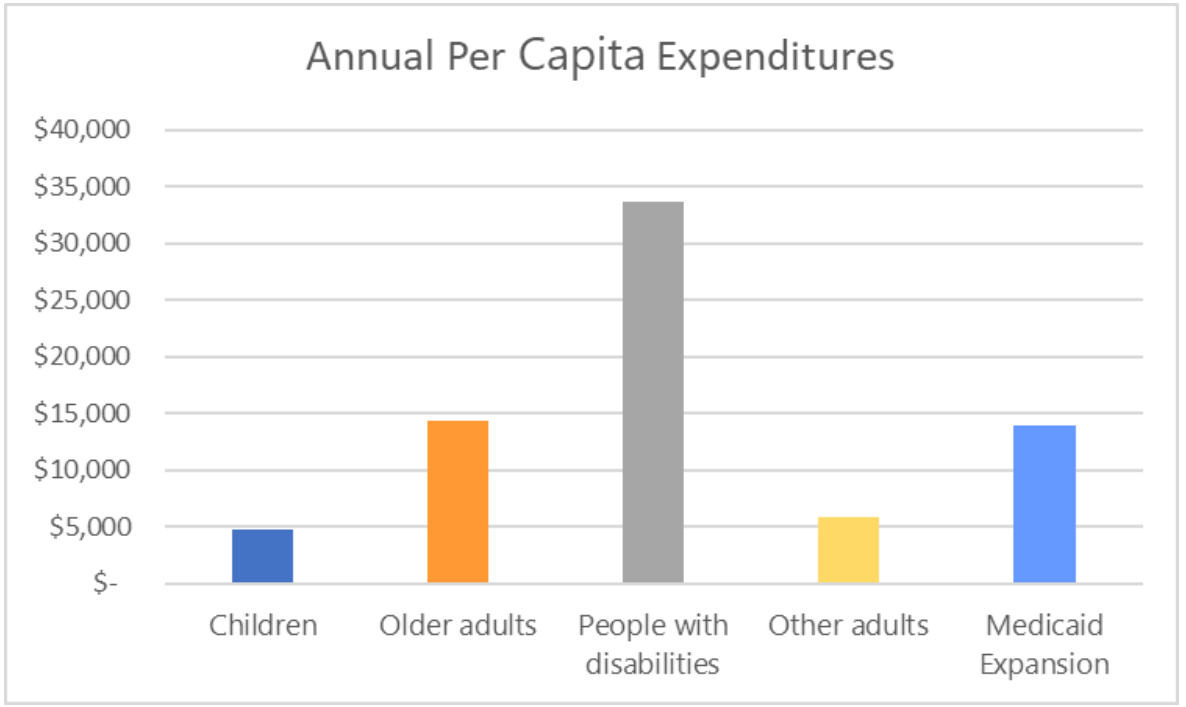
Who is covered by ND Medicaid?





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Faces of Medicaid

Faces of Medicaid was born out of a need to help North Dakotans understand who the ND Medicaid program serves and its life-changing impact.

- Cuwe's Story
- Raya's Story
- Colin's Story
- Sandy's Story

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What services are covered?


Hospital


Nursing Facility


Clinic


Hospice and home health care


Professional services (physician/NP/PA)


Durable medical equipment and supplies


Mental health and substance use disorder services


Prescription drugs


Ambulance and transportation


Vision


Dental

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Mandatory and Optional Services

Mandatory

- Inpatient hospital
- Outpatient hospital
- EPSDT: Early and Periodic Screening, Diagnostic and Treatment Services
- Nursing facility
- Home health
- Physician services
- Rural health clinic services
- Federally qualified health center services
- Laboratory and x-ray services
- Family planning services
- Nurse midwife services
- Certified Pediatric and Family Nurse Practitioner services
- Transportation to medical care
- Tobacco cessation counseling for pregnant women

Optional

- Prescription Drugs
- Clinic services
- Critical access hospital services
- Physical therapy, occupational therapy and speech, hearing and language disorder services
- Respiratory care services
- Other diagnostic, screening, preventive and rehabilitative services
- Podiatry services
- Optometry services and eyeglasses
- Dental services and dentures
- Prosthetics
- Chiropractic services
- Other practitioner services
- Personal Care and Private duty nursing services
- Hospice
- Case management
- Services for Individuals Age 65 or Older in an IMD
- Services in an ICF for individuals with an intellectual disability
- 1915(i) and 1915(c) Home and Community Based Services
- Inpatient psychiatric services for individuals under age 21

Medicaid Eligibles (previous 24 months)

● Traditional Medicaid ● Medicaid Expansion

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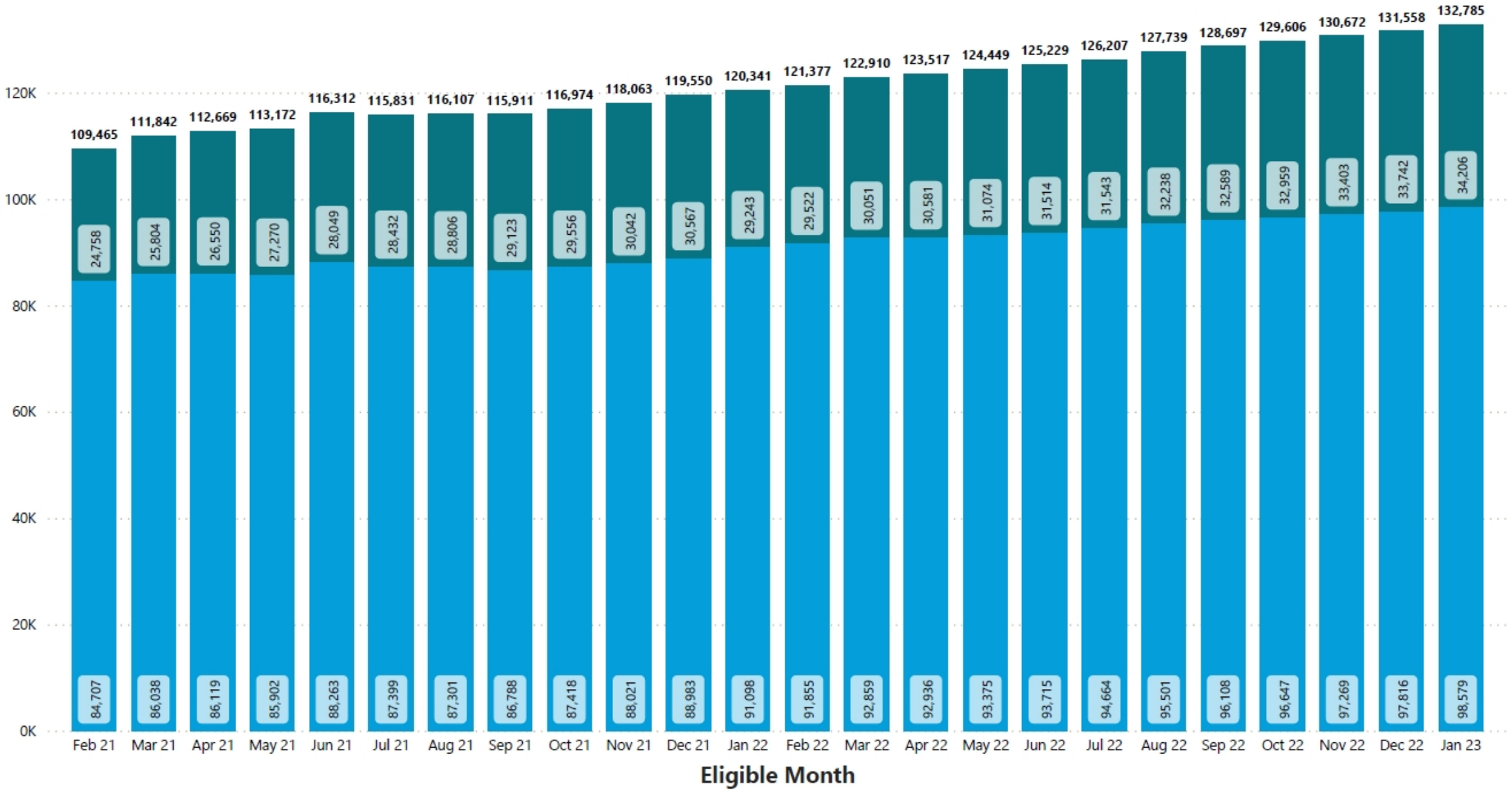
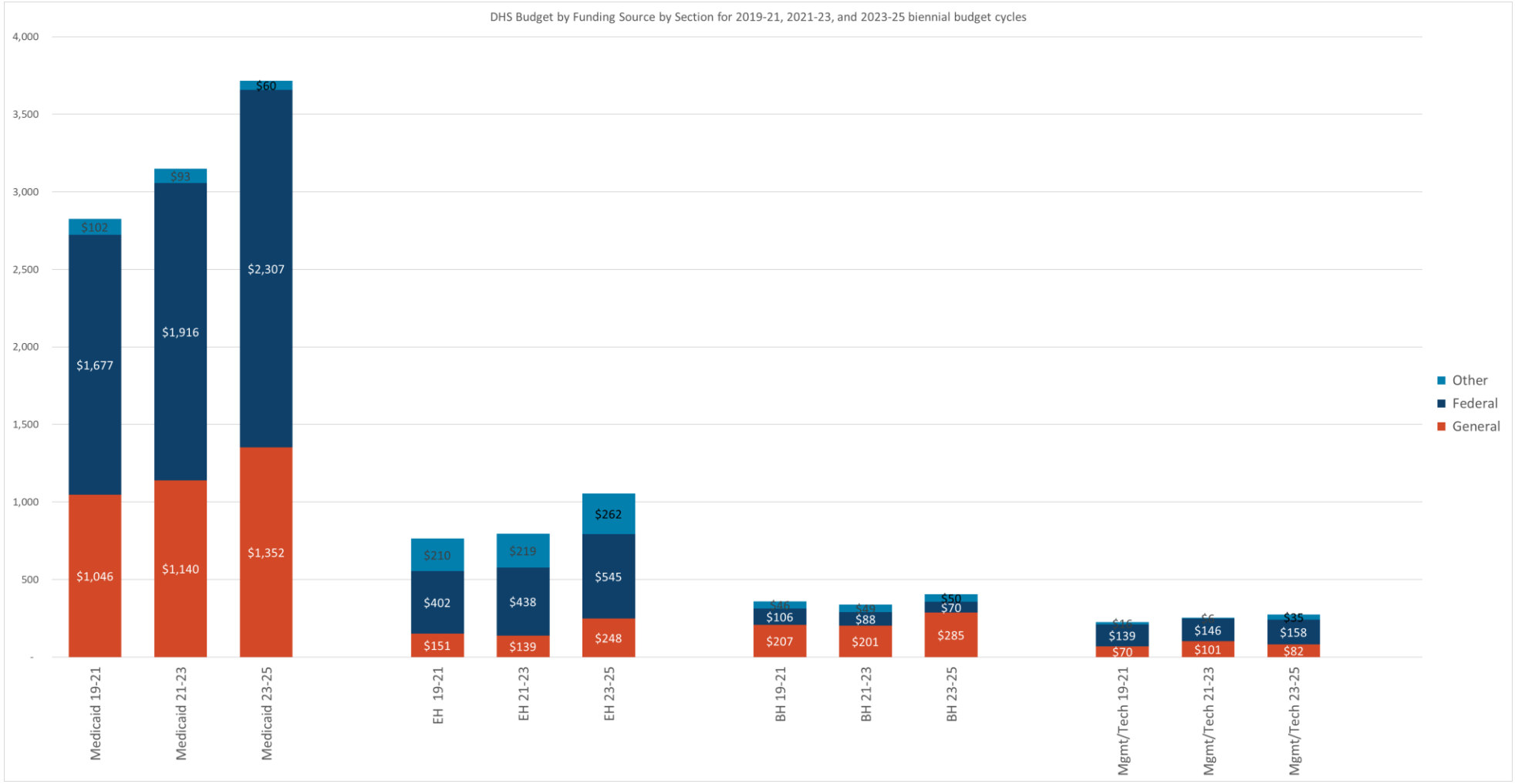


Budget Overview by Division



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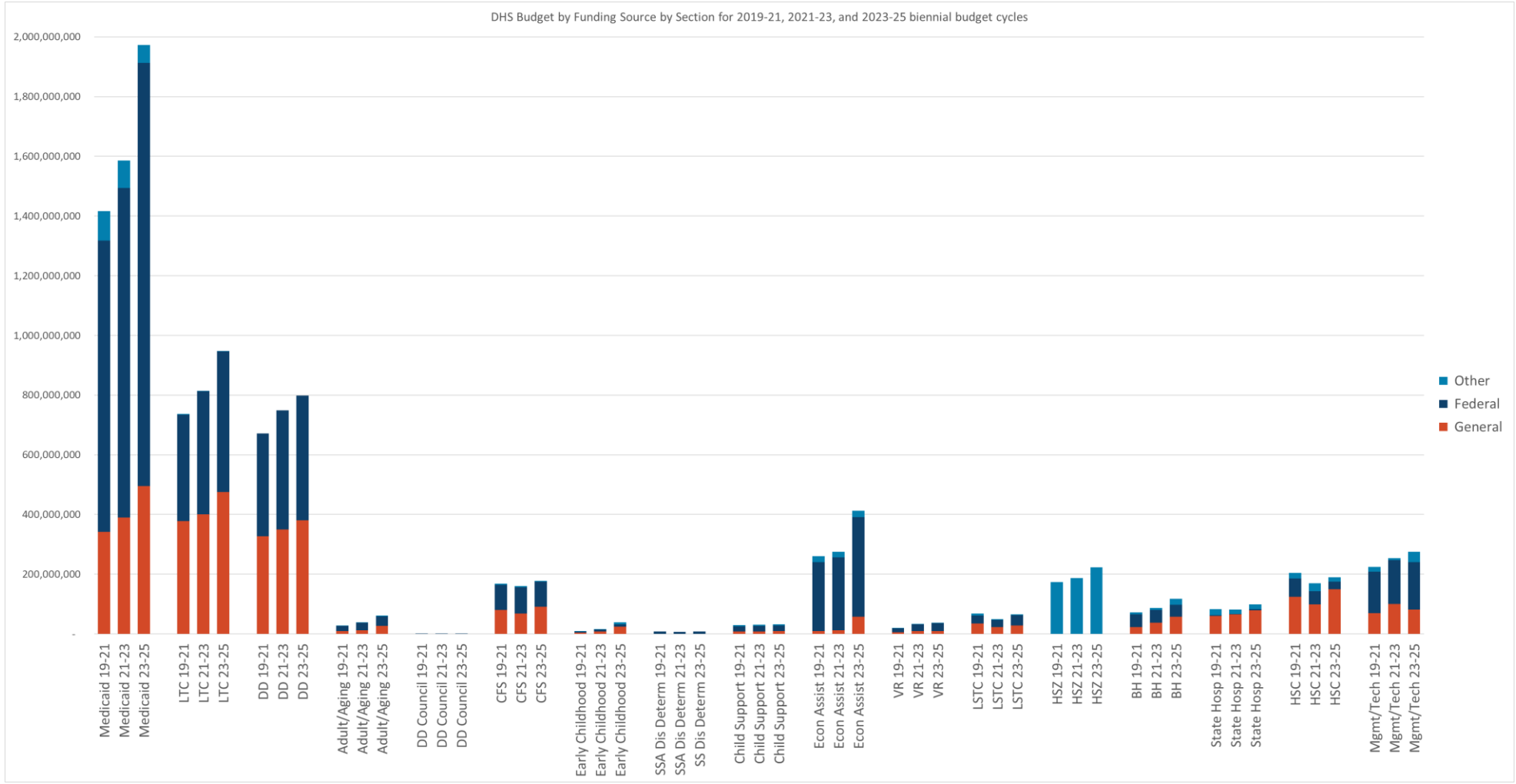
Budget Overview by Section



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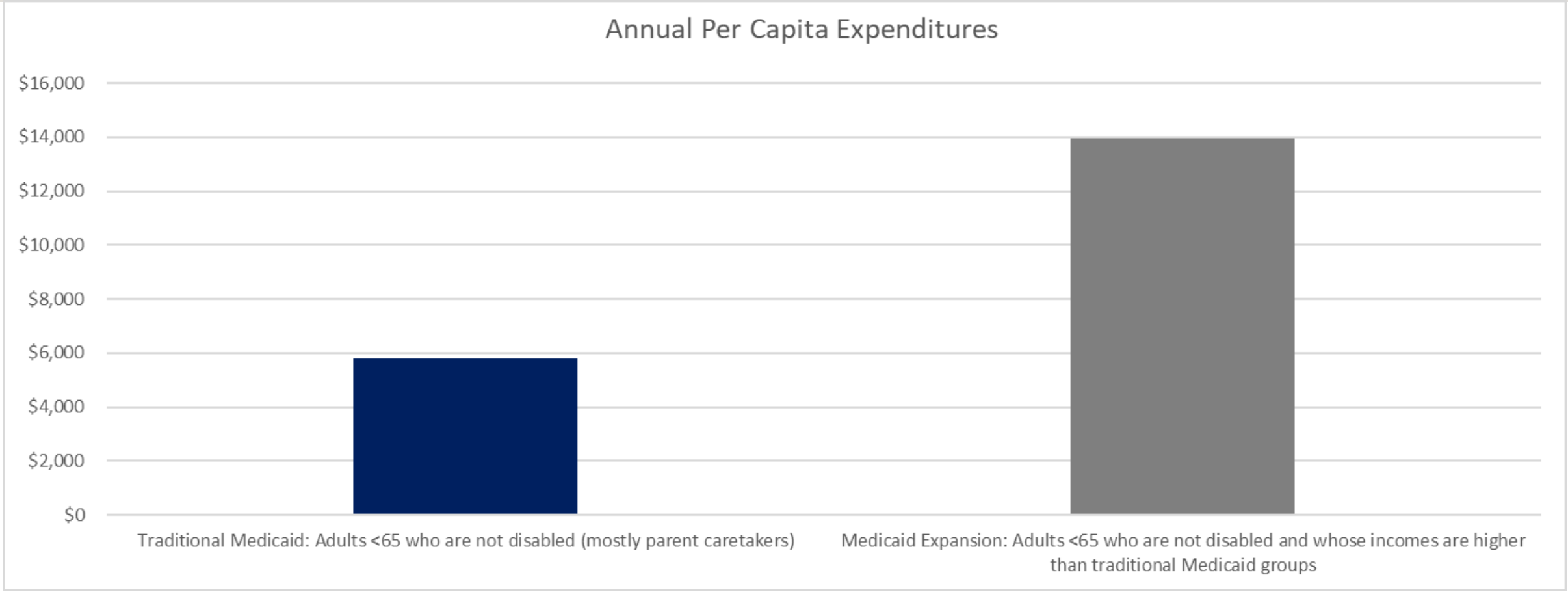
How we pay – differences between Traditional Medicaid and Medicaid Expansion

Traditional Medicaid (fee for service)	Medicaid Expansion
State pays providers directly for each covered service received by a Medicaid member.	State pays a monthly fee (called a premium or capitation payment) to the managed care organization (MCO).
Only pay for services received by members.	Monthly fee is paid to MCO regardless of member use of services.

Per Capita Expenditures – Comparison Between Traditional Medicaid and Medicaid Expansion



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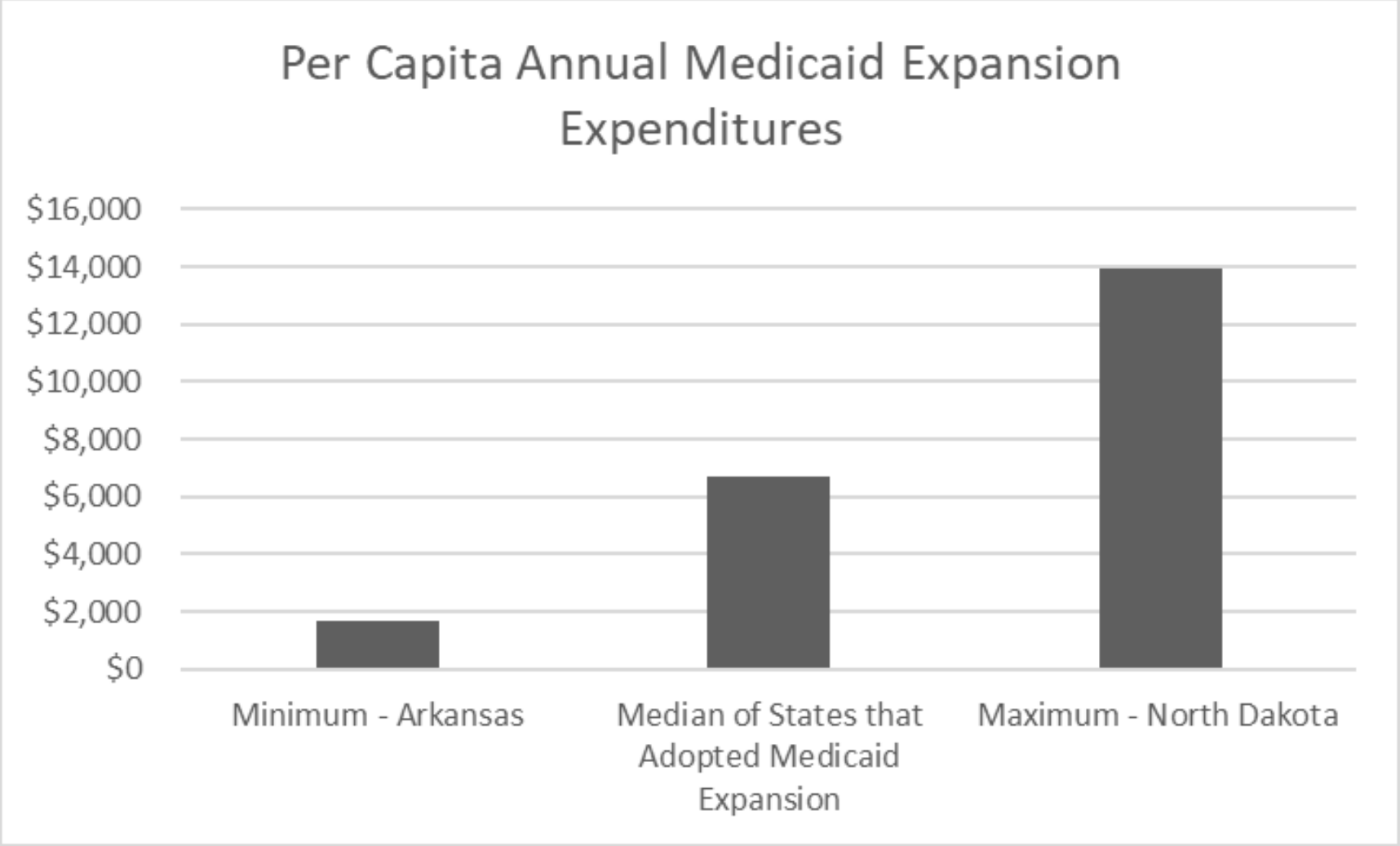
Based on 2019 expenditures. Source: www.medicaid.gov/state-overviews/scorecard/how-much-states-spend-per-medicaid-enrollee/index.html

Per Capita Expenditures for Medicaid Expansion – Across States



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Based on 2019 expenditures. Source: www.medicaid.gov/state-overviews/scorecard/how-much-states-spend-per-medicaid-enrollee/index.html.

21-23 Accomplishments

Design of value-based purchasing programs for Prospective Payment System (PPS) hospital systems and nursing facilities

Medicaid Expansion – new managed care organization (Blue Cross Blue Shield of ND); includes value-based payment program

Big steps towards modernization of the Medicaid Management Information System (MMIS)

Extension of postpartum Medicaid coverage for new mothers

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Current and Future Challenges

- Medicaid continuous coverage requirement since March 2020; ends March 31, 2023.
- No state has ever had to redetermine eligibility for this many members in a single year.
- Federal government rulemaking will impact Medicaid – eligibility and managed care rule updates expected in 2023.
- Finding ways to effectively control cost growth.
- Vendor contract price increases.

Current and Future Challenges - Drugs

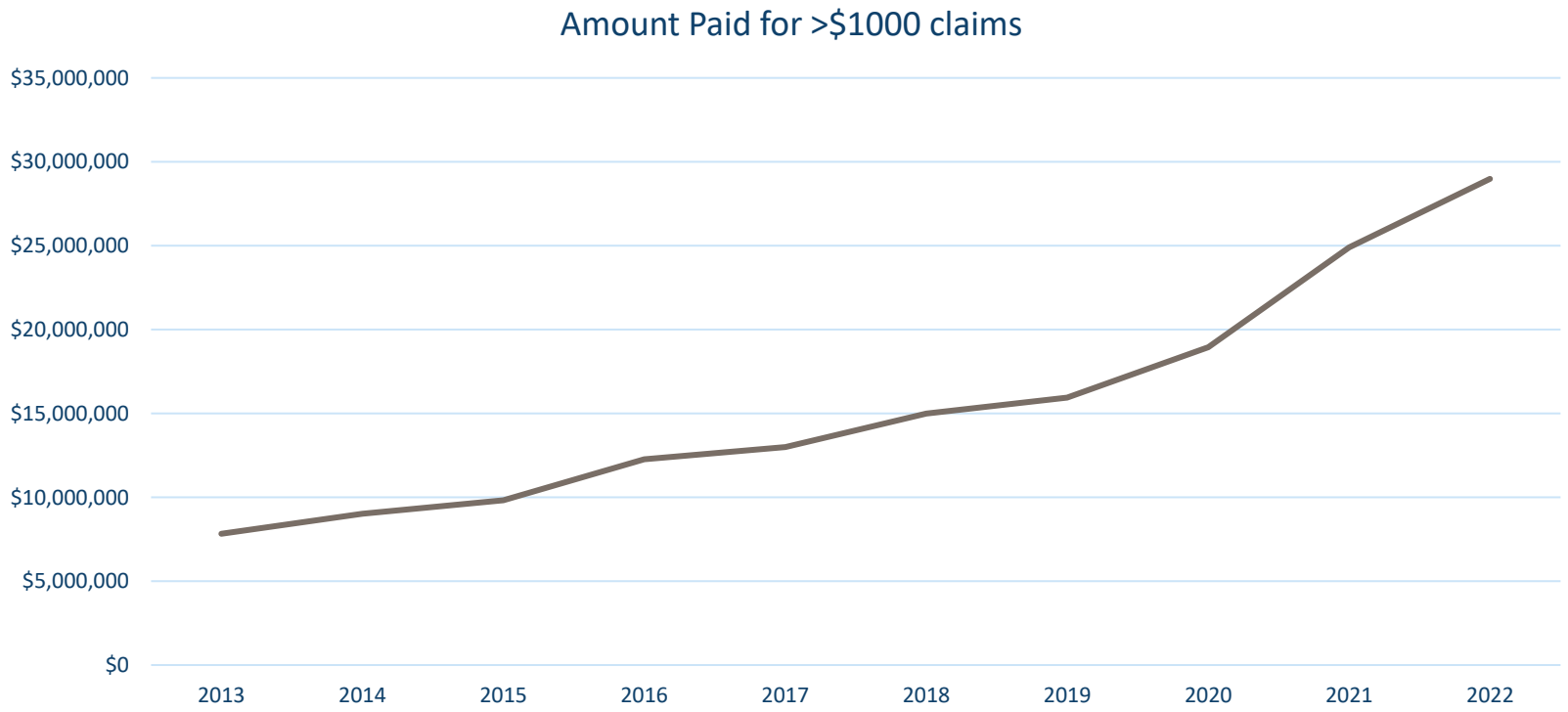
- According to a recent JAMA Research Letter (JAMA. 2022;327(21):2145-2147. doi:10.1001/jama.2022.5542)
  - Median launch prices for drugs in 2008
    - $2,115 / year
    - Range $928 - $17,866
  - Median launch prices for drugs in 2021
    - $180,007 / year
    - Range $20,236 - $409,732

Current and Future Challenges - Drugs

- Two new drugs added to our drug file this week
- SKYCLARYS™ (OMAVELOXOLONE) for the treatment of Friedreich's ataxia (prevalence one in every 50,000 people).
  - $375,000 per year
- DAYBUE (TROFINETIDE) for the treatment of Rett syndrome (prevalence one in 10,000 girls by age 12)
  - $924,000 per year

Current and Future Challenges - Drugs

- The spend from hyper-cost drugs continues to climb



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Current and Future Challenges - Drugs

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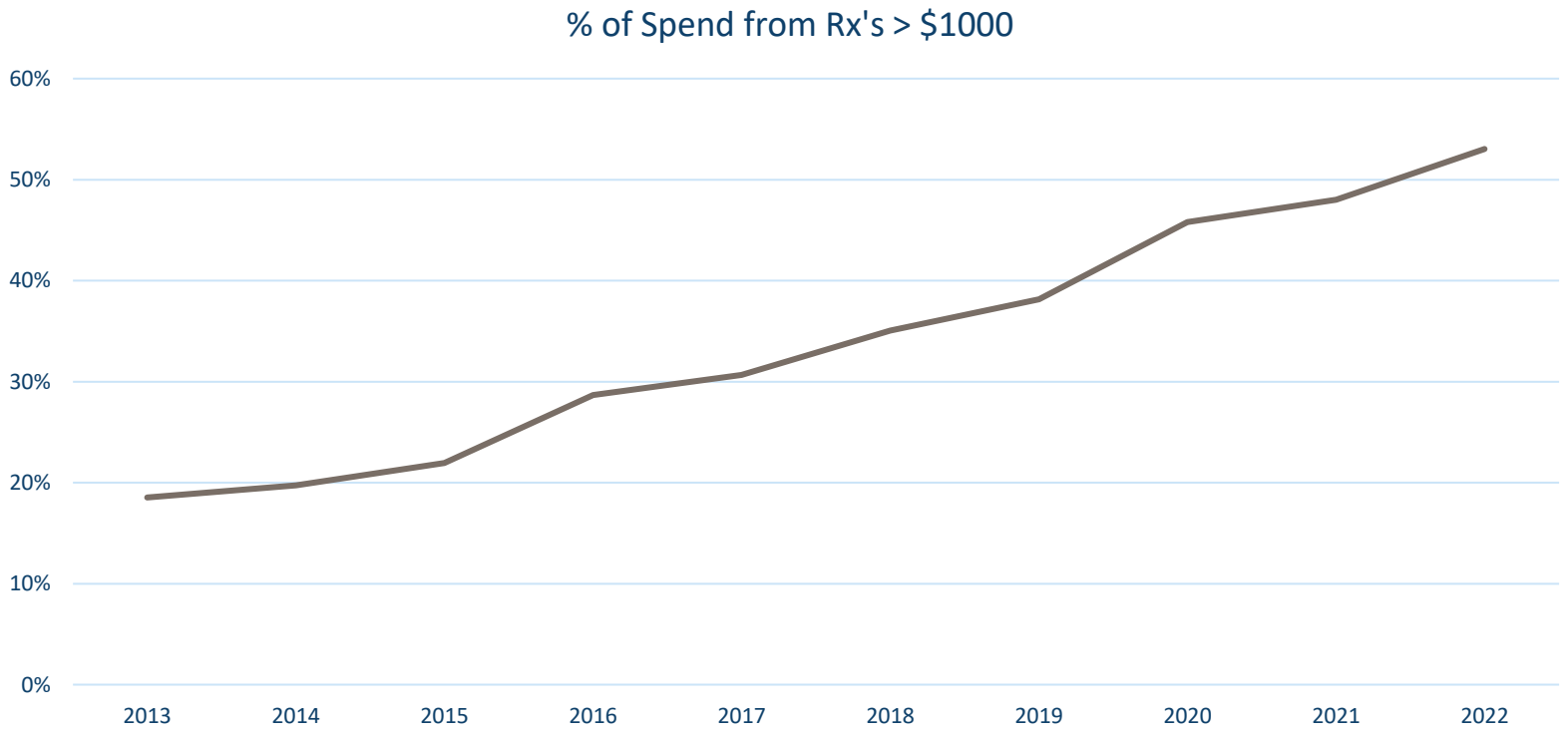

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Current and Future Challenges - Drugs

- 30 drugs make up 47% of the Medicaid drug budget
  - Stelara, Trikafta, Dupixent, Orkambi, Humira, Vraylar, Invega, Uptravi, Lynparza, Taltz, Mavyret, Abilify, Skyrizi, Kalydeco, Haegarda, Koselugo, Suboxone, Sapropterin, Ingrezza, Sofosbuvir-Velpatasvir, Enspryng, Biktarvy, fluoxetine, guanfacine, albuterol, sertraline, methylphenidate, gabapentin, levothyroxine, trazodone

Current and Future Challenges - Drugs

- 6 drug classes account for 95.3% of increase in spend since 2019
  - Immunomodulators (e.g. Stelara and Taltz)
  - Oncology
  - Cystic Fibrosis (Trikafta)
  - Antipsychotics (Vraylar and injectable Invega and Abilify)
  - Eczema (Dupixent)
  - HIV
- Our increasing drug spend isn't due to increased number of members – it is from increased use of hyper-cost drugs

Current and Future Challenges - Drugs

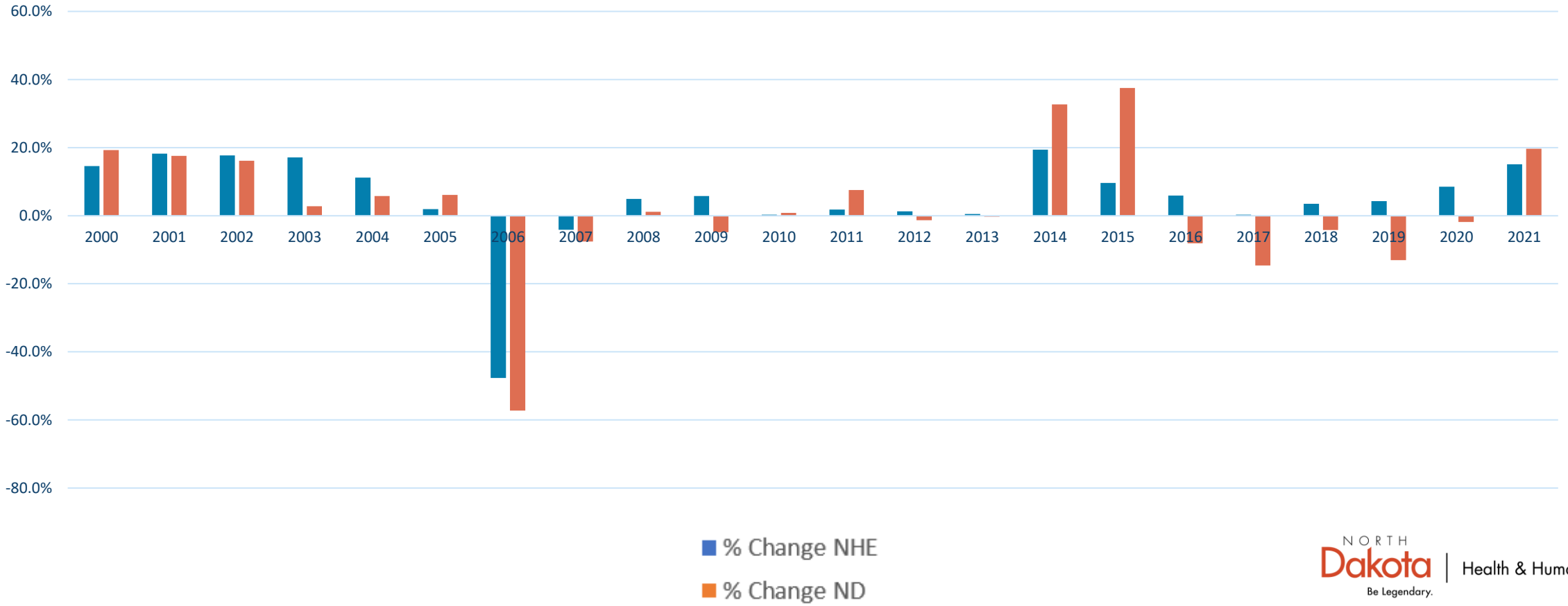
- Pre-rebate spend comparison
- Immunomodulator (e.g. Taltz, Cosentyx, Stelara), Cystic Fibrosis (Trikafta), and Eczema (Dupixent) classes (2020 vs. 2022)
  - 66.2% increase in paid claims (2046 to 3401)
  - 83.6% increase in spend ($13.06 to $23.98 million)
- For contrast, antidepressants and statins
  - 6.2% increase in paid claims (129,411 to 137,460)
  - 14.2% increase in spend ($2.6 to $2.97 million)

Current and Future Challenges - Drugs

Year	Pre-Rebate Spend	Post-Rebate Spend
2015	$ 70,507,106	$35,062,129
2016	$ 74,296,444	$32,220,654
2017	$ 70,487,829	$27,535,758
2018	$ 74,007,012	$26,373,737
2019	$ 72,734,267	$23,246,652
2020	$ 79,808,200	$22,499,237
2021	$ 100,172,140	$27,393,737
2022	$ 114,013,584	$33,397,710

Current and Future Challenges - Drugs

- Comparison to National Health Expenditure Medicaid Rx Growth



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Why Value-Based Purchasing?

Accountability

Providers focus on keeping members healthy and eliminating unnecessary procedures

Maximize benefits to members

Rewards based on health outcomes and healthier members

Stable, predictable revenue for providers

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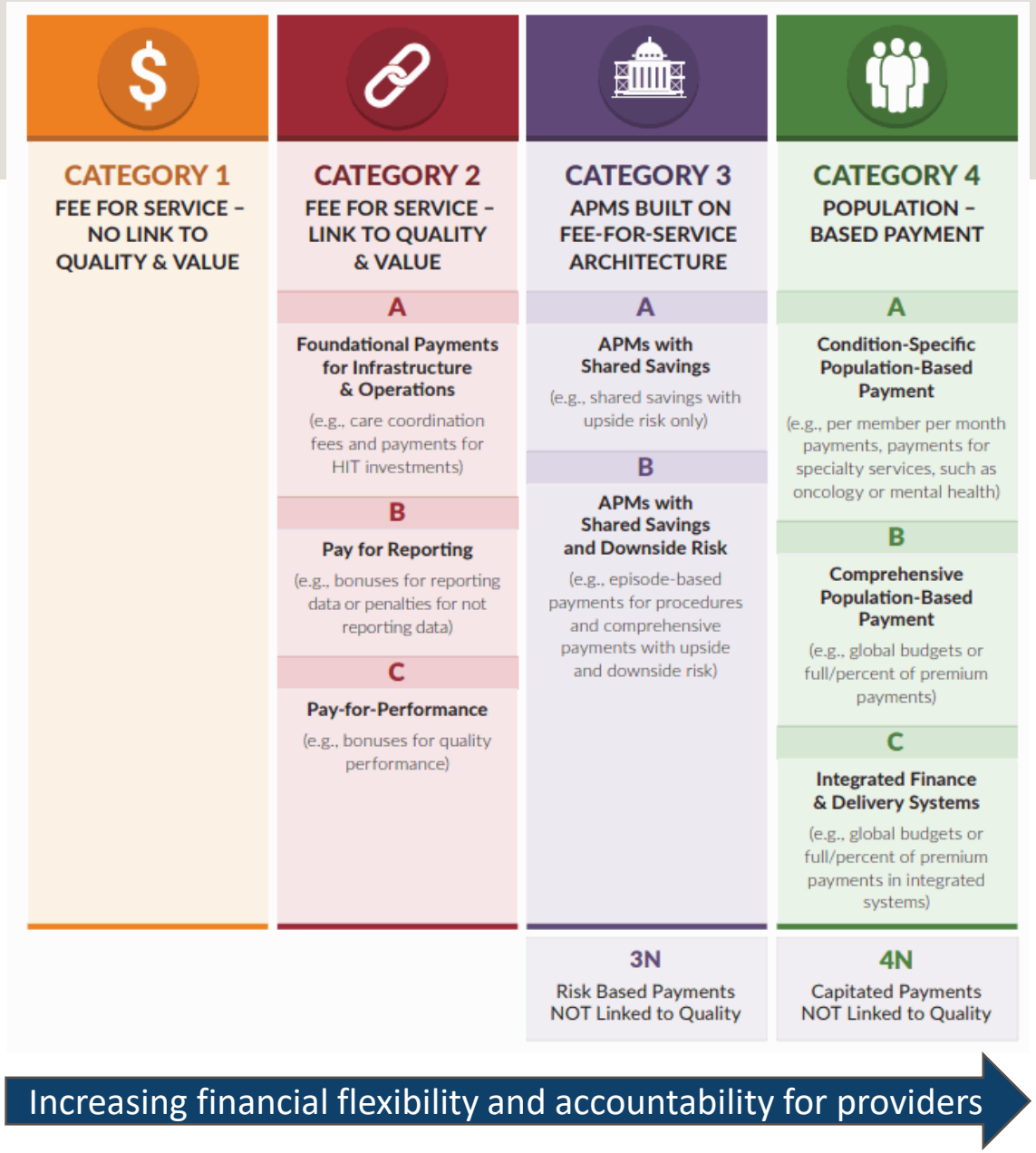
Value-Based Purchasing Concepts

- Improve the quality and value of health care services provided
- Provide comprehensive care coordination across the entire delivery system
- Improve health outcomes by rewarding high-quality, evidence-based health care
- Create a combination of incentives to encourage better health care decision making by tying compensation to certain performance measures

Alternative Payment Model (APM) Framework

The Health Care Payment Learning and Action Network, a public-private network which was created to drive aligned payment reform, is taking steps to move payment models towards shared accountability and downside risk for providers.



Source: www.hcp-lan.org

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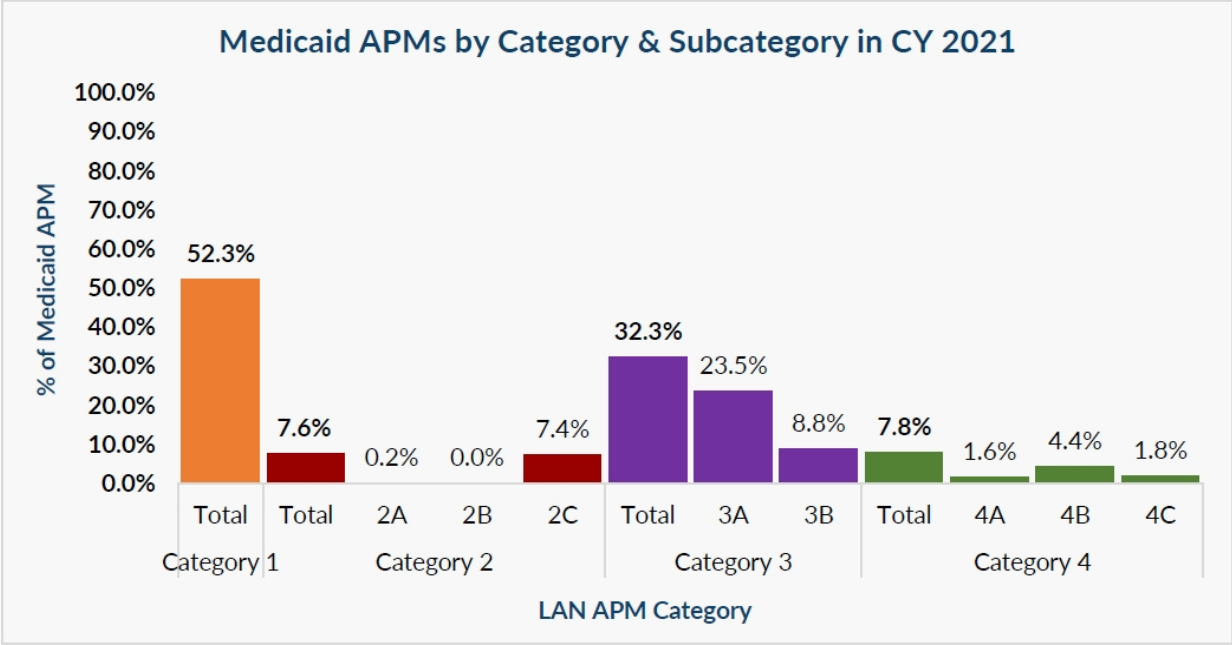
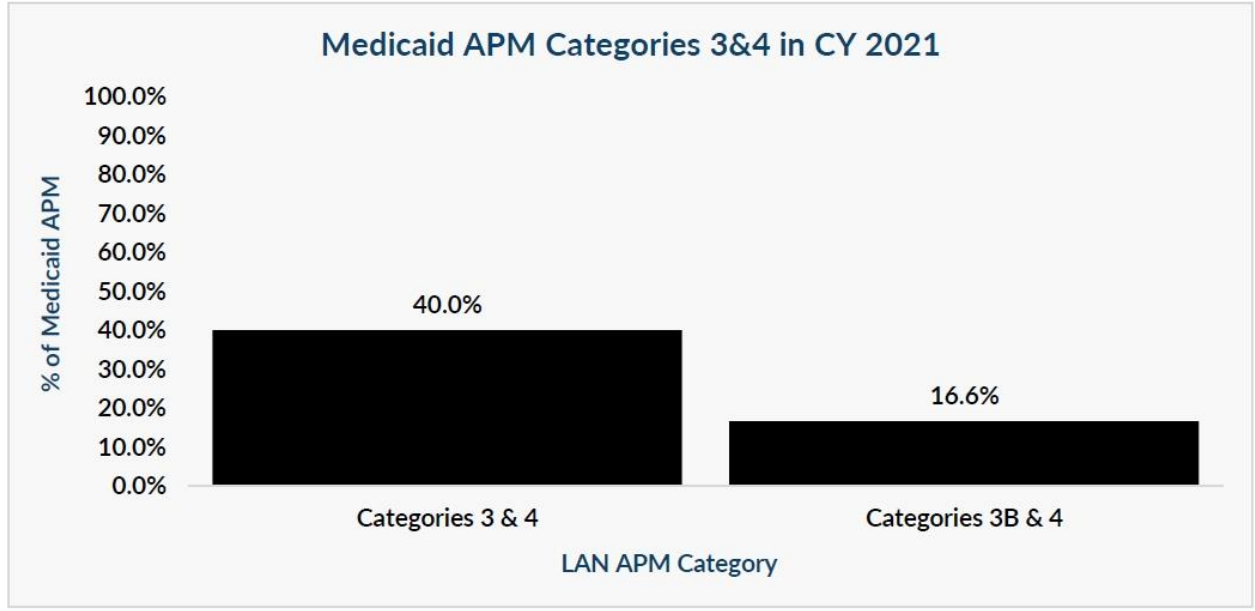
How do Medicaid payments at the national level fall into the APM Framework?





[8] CMS/Office of Enterprise Data & Analytics/Office of the Actuary, "CMS Fast Facts: CMS Program Data – Populations," August 2022. Available at CMSFastFactsAug2022.pdf. Accessed October 27, 2022.

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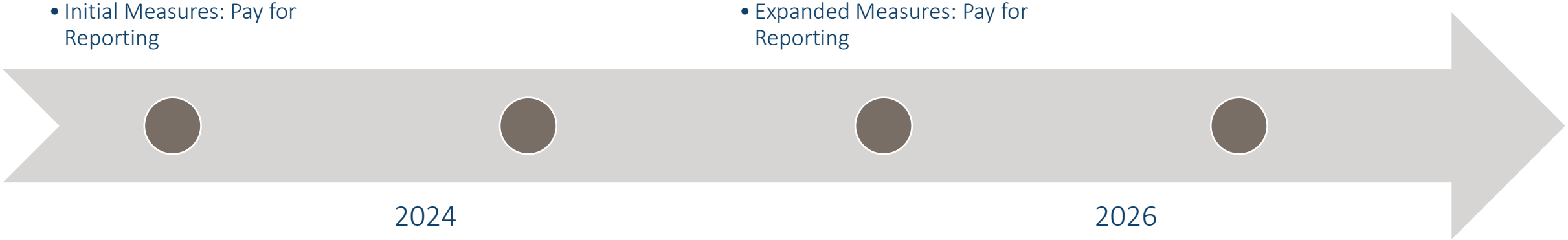
Source: http://hcp-lan.org/workproducts/apm-methodology-2022.pdf

Value-Based Purchasing in Traditional Medicaid – Progress and Next Steps

- Progress on model development for Prospective Payment System (PPS) health systems:
  - Puts a portion of hospital payments at risk for performance on a set of quality measures.
  - If PPS systems fail to hit the targets, up to 4% of Medicaid revenue for a subset of services and population would be returned to the state. Systems are given an opportunity to earn back funds through performance on measures in comparison to their peers.
  - To support systems in being successful, the Department is working to provide regular access to data analytics that highlight gaps in care and performance on measures.

Value-Based Purchasing – Progress and Next Steps



2023

- Measurement Year 1
- Initial Measures: Pay for Reporting

2024

- Measurement Year 2
- Pay for Reporting Baseline

2025

- Measurement Year 3
- Initial Measures: Pay for Performance
- Expanded Measures: Pay for Reporting

2026

- Initial Measures: Pay for Performance
- Expanded Measures: Pay for Performance

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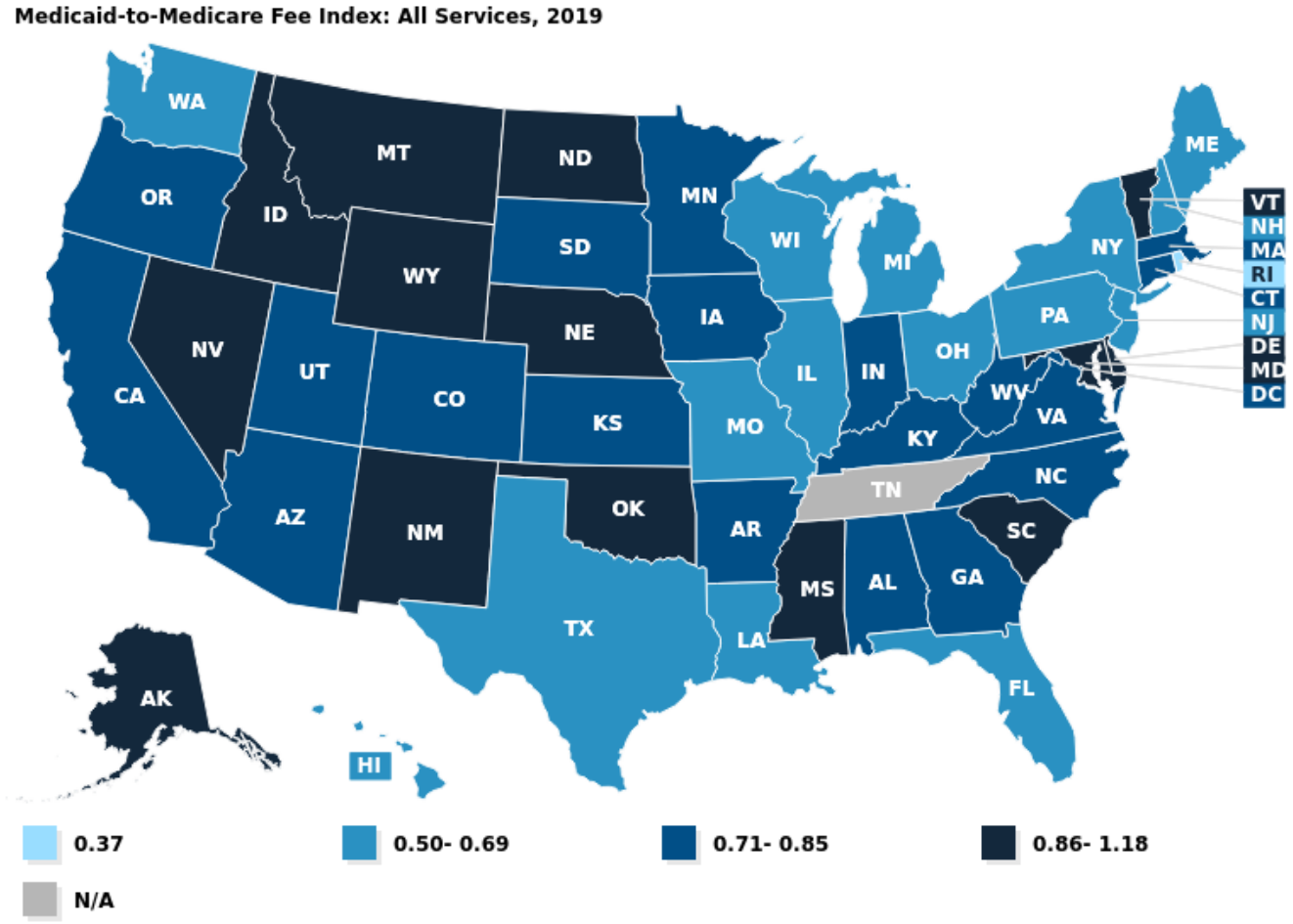
Traditional Medicaid Physician Rates in Comparison to Other States and Medicare



SOURCE: Kaiser Family Foundation's State Health Facts.

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Medicaid's Role in Maternal and Child Health

Medicaid Lever	ND Status
Eligibility and Enrollment	• Pregnant women: 162% FPL; CHIP: 175% FPL • Continuous eligibility for at least 12 months for both pregnant women and children
Education/outreach to members or providers	• Health Tracks Member and Provider Outreach Teams (Health Tracks = EPSDT = Early and Periodic Screening Diagnostic and Treatment benefit) • Well-child visit reminders by mail
Covered benefits	Most optional benefits covered; 1915(c) and 1915(i) benefit plans for qualifying individuals
Models of care delivery	Targeted Case Management for High-Risk Pregnant Women
Performance measurement, performance improvement projects and quality improvement projects	• External quality review organization maternal/child focus study • Other issue-specific projects such as fluoride varnish application in medical settings

Medicaid's Role in Behavioral Health Care

Outpatient Services

- Initial level of care / diagnostic interview
- Individual and group counseling and psychotherapy
- Medication Assisted Therapy (MAT) including buprenorphine and methadone treatment.
- Includes Home and Community Based Services through the 1915(i) State Plan Amendment

Intensive Outpatient Services or Partial Hospitalization

- Typically delivered by SUD/MH specialty providers
- Support system including availability of emergency services around the clock

Residential or Inpatient Services

- Different levels of care ranging from low to high-intensity clinically managed residential care to medically monitored high-intensity inpatient services
- Goal is to prepare individual for outpatient treatment
- Provided in structured residential setting staffed 24 hrs per day and are clinically managed

Medically Managed Intensive Inpatient Services

- Primary medical and nursing care.
- Patients receive daily direct care from licensed physician in a hospital-based setting.
- Biomedical, emotional, behavioral, and/or cognitive conditions present

Least restrictive → Most restrictive

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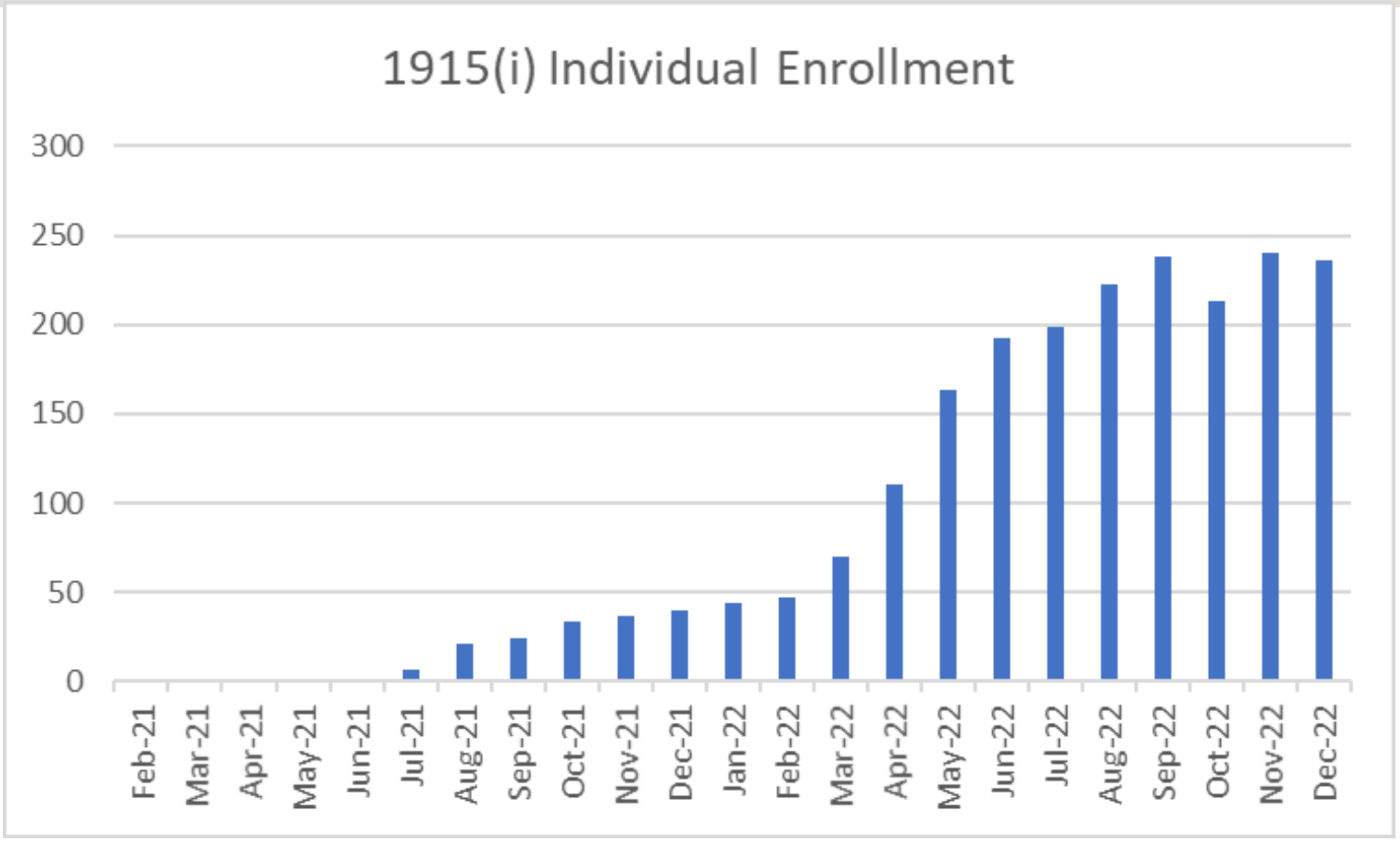
Medicaid's Role in Behavioral Health Care – 1915(i)



Medicaid's Role in Behavioral Health Care – 1915(i)

Challenge	Response
Federal conflict of interest rules prevented 1915i providers from doing more than one type of 1915i service for members.	Presented data to CMS to show the impacts that the rule is having on access to care. CMS waived rules for all ND counties except Burleigh and Cass.
Non-medical transportation provider payment structure did not incentivize service provision in rural areas.	Submitted a state plan amendment to change the rate from a per trip rate to per unit rate.
Providers need an upfront infusion of resources to get started.	Using ARPA 9817 funds, 12 grants have been provided to new or expanding providers.

Medicaid's Role in Behavioral Health Care – 1915(i)

American Rescue Plan Act (ARPA) Section 9817 Grant Awardees (Jan. 2023)

Name of Agency	Location
Minot Area Recovery Community Organization	Minot
Vocational Training Center	Fargo
Sunny Side Day Center	Moorhead
Project Bee	Minot
Agape Community Support Services	Jamestown
L&M Coordination Services	Jamestown
Better Together ND	Fargo
Lotus Center	Moorhead
NIAM Brain Injury	Fargo
Recovery Works	Fargo
Lake Region Community Shelter	Devils Lake

Medicaid's Role in Behavioral Health Care – 1915(i)

- 1915(i) regulations require "an individualized evaluation of need", which is why eligibility for 1915(i) cannot be determined solely based on diagnosis or referral (42 CFR § 441.715(a)).
- The World Health Organization Disability Assessment Schedule (WHODAS) was chosen for the following reasons:
  - Short, simple and easy to administer.
  - Availability of the tool.
  - Application across populations and cultures.
- The WHODAS can be administered via telehealth platforms.

Out of State Expenditures

- ND Medicaid limits out of state care to services that cannot be received in state (ND Administrative Code 75-02-02-13).
- In most situations, prior approval is required.
- In SFY22, ND Medicaid paid for:
  - 588 unique members to receive services out of state.
  - $19,358,407 in payments to out of state providers.
    - These numbers do not include services received in border towns (within 50 miles of the ND border), emergency services under $5,000 or items shipped from an out of state provider such as a prescription or durable medical equipment.

Medical Services Full-Time Equivalents (FTE)

Medical Services			
21-23 Authorized FTE Base	**23-25 Executive Budget FTE**	**23-25 Engrossed SB 2012 FTE**	**# Vacancies 3-3-23**
90.50	93.50	92.50	9

North Dakota Medicaid ranks among the states with the lowest state Medicaid program administration costs. South Dakota is lowest, followed by Wyoming, Delaware, Montana and North Dakota.*

*Medicaid and CHIP Payment and Access Commission – December 2022 – Medicaid Spending by State, Category and Source of Funds: https://www.macpac.gov/publication/medicaid-spending-by-state-category-and-source-of-funds

Comparison of 2023-25 budgets and related funding

By major expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
Salaries and Benefits	$ 17,007,365	$ 4,412,642	$ 21,420,007	$ (1,157,888)	$ 20,262,119
Operating	57,421,939	16,998,496	74,420,435	1,394,018	75,814,453
IT Services	14,331	-	14,331	-	14,331
Capital Asset Expense	-	-	-	-	-
Capital Assets	-	-	-	-	-
Grants	1,511,767,760	362,528,325	1,874,296,085	6,385,560	1,880,681,645
Total	$ 1,586,211,395	$ 383,939,463	$ 1,970,150,858	$ 6,621,690	$ 1,976,772,548
General Fund	**$ 390,333,440**	**$ 104,825,433**	**$ 495,158,873**	**$ 1,662,582**	**$ 496,821,455**
Federal Funds	**1,104,070,486**	**311,547,367**	**1,415,617,853**	**4,959,108**	**1,420,576,961**
Other Funds	**91,807,469**	**(32,433,337)**	**59,374,132**	**-**	**59,374,132**
Total Funds	**$ 1,586,211,395**	**$ 383,939,463**	**$ 1,970,150,858**	**$ 6,621,690**	**$ 1,976,772,548**
Full Time Equivalent (FTE)	90.50	3.00	93.50	(1.00)	92.50

Comparison of 2023-25 budgets and related funding

By detailed expense

Description	2023 - 2025 Budget Base	Increase / (Decrease)	2023 - 2025 Executive Budget	Increase / (Decrease)	Engrossed SB 2012
511x Salaries - Regular	$ 11,287,660	$ 2,200,626	$ 13,488,286	$ (590,675)	$ 12,897,611
512x Salaries - Other	-	-	-	-	-
513x Salaries Temp	482,639	861,944	1,344,583	-	1,344,583
514x Salaries Overtime	-	-	-	-	-
516x Salaries Benefits	5,237,066	1,350,072	6,587,138	(567,213)	6,019,925
Total Salaries & Benefits	$ 17,007,365	$ 4,412,642	$ 21,420,007	$ (1,157,888)	$ 20,262,119
52x Travel	47,413	47,411	94,824	-	94,824
53x Supply	20,628	-	20,628	-	20,628
54x Postage & Printing	102,218	60,671	162,889	-	162,889
55x Equipment under $5,000	2,100	-	2,100	-	2,100
56x Utilities	-	-	-	-	-
57x Insurance	-	-	-	-	-
58x Rent/Leases - Bldg/Equip	12,036	-	12,036	-	12,036
59x Repairs	-	-	-	-	-
61x Professional Development	77,192	-	77,192	-	77,192
62x Fees - Operating & Professional	57,160,352	16,890,414	74,050,766	1,394,018	75,444,784
67x Expenses	-	-	-	-	-
53x Supplies	10,334	-	10,334	-	10,334
60x IT Expenses	3,997	-	3,997	-	3,997
68x Land, Building, Other Capital	-	-	-	-	-
69x Over	-	-	-	-	-
69x Equipment Over $5,000	-	-	-	-	-
71x Grants, Benefits, & Claims	1,511,767,760	362,528,325	1,874,296,085	6,385,560	1,880,681,645
72x Transfers	-	-	-	-	-
Total Operating	$ 1,569,204,030	$ 379,526,821	$ 1,948,730,851	$ 7,779,578	$ 1,956,510,429
Total	$ 1,586,211,395	$ 383,939,463	$ 1,970,150,858	$ 6,621,690	$ 1,976,772,548

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Federal Funds	1,104,070,486	311,547,367	1,415,617,853	4,959,108	1,420,576,961
Other Funds	91,807,469	(32,433,337)	59,374,132	-	59,374,132
Total Funds	$ 1,586,211,395	$ 383,939,463	$ 1,970,150,858	$ 6,621,690	$ 1,976,772,548

Walkthrough

	2021-2023 Legislatively Approved Budget	Funding Shift One-Time Funding	Cost Changes	Caseload Changes	Cost to Continue	Underfunding	FMAP	Total Changes	To Governor	Inflation (4/3)	Increase CHIP eligibilty to 210%	Increase FPL for Medically Needy (includes Clawback)	Executive Changes	To Chamber 1	Inflation (4/4)	Increase Medicaid Reimbursement for Behavioral Health for 75% to 100%	Adjustment to tie to SB 2012	Chamber 1 Changes	To Chamber 2
Traditional Medicaid	852,588,712	-	588,353,753	(535,451,203)	52,902,550	(24,130,288)	-	28,772,262	881,360,974	-	4,267,312	10,500,000	14,767,312	896,128,286	-	2,867,516	-	2,867,516	898,995,802
Inpatient Hospital	179,766,425		60,925,522	(15,039,876)	45,885,646			45,885,646	225,652,071				-	225,652,071				-	225,652,071
Outpatient Hospital	109,157,626		3,369,262	11,981,913	15,351,174			15,351,174	124,508,800				-	124,508,800				-	124,508,800
Professional Services	111,446,608		30,731,289	(11,384,394)	19,346,895			19,346,895	130,793,503				-	130,793,503		2,867,516		2,867,516	133,661,019
Drugs	80,257,098		152,513,686	(147,872,479)	4,641,207			4,641,207	84,898,305				-	84,898,305				-	84,898,305
Indian Health Services	51,413,696		410,414,299	(403,244,631)	7,169,668			7,169,668	58,583,364				-	58,583,364				-	58,583,364
1915i State Plan Services	27,004,195		(26,715,957)	14,872,150	(11,843,807)			(11,843,807)	15,160,388				-	15,160,388				-	15,160,388
PRTF Services	34,657,042		207,795	(11,213,132)	(11,005,338)			(11,005,338)	23,651,704				-	23,651,704				-	23,651,704
Dental Services	28,653,048		513,676	5,860,704	6,374,380			6,374,380	35,027,428				-	35,027,428				-	35,027,428
Premiums	37,729,555		(32,618,403)	49,623,701	17,005,298			17,005,298	54,734,853				-	54,734,853				-	54,734,853
Other Services	192,503,419		(10,987,415)	(29,035,159)	(40,022,573)	(24,130,288)		(64,152,861)	128,350,558		4,267,312	10,500,000	14,767,312	143,117,870				-	143,117,870
Expansion Medicaid	650,966,710		65,414,844	226,168,725	291,583,569			291,583,569	942,550,279				-	942,550,279				-	942,550,279
Provider Inflation	-							-	-	34,483,317			34,483,317	34,483,317	3,121,236			3,121,236	37,604,553
Adjustment to tie to SB 2012	-							-	-				-	-			396,808	396,808	396,808
Total	1,503,555,422	-	653,768,597	(309,282,478)	344,486,119	(24,130,288)	-	320,355,830	1,823,911,253	34,483,317	4,267,312	10,500,000	49,250,629	1,873,161,881	3,121,236	2,867,516	396,808	6,385,560	1,879,547,442
General Fund	338,028,690	31,500,000	68,618,032	(28,980,250)	39,637,782	(10,052,678)	6,097,851	67,182,955	405,211,645	15,654,634	1,389,270	6,300,000	23,343,904	428,555,549	1,412,393	1,362,070	(331,180)	2,443,283	430,998,832

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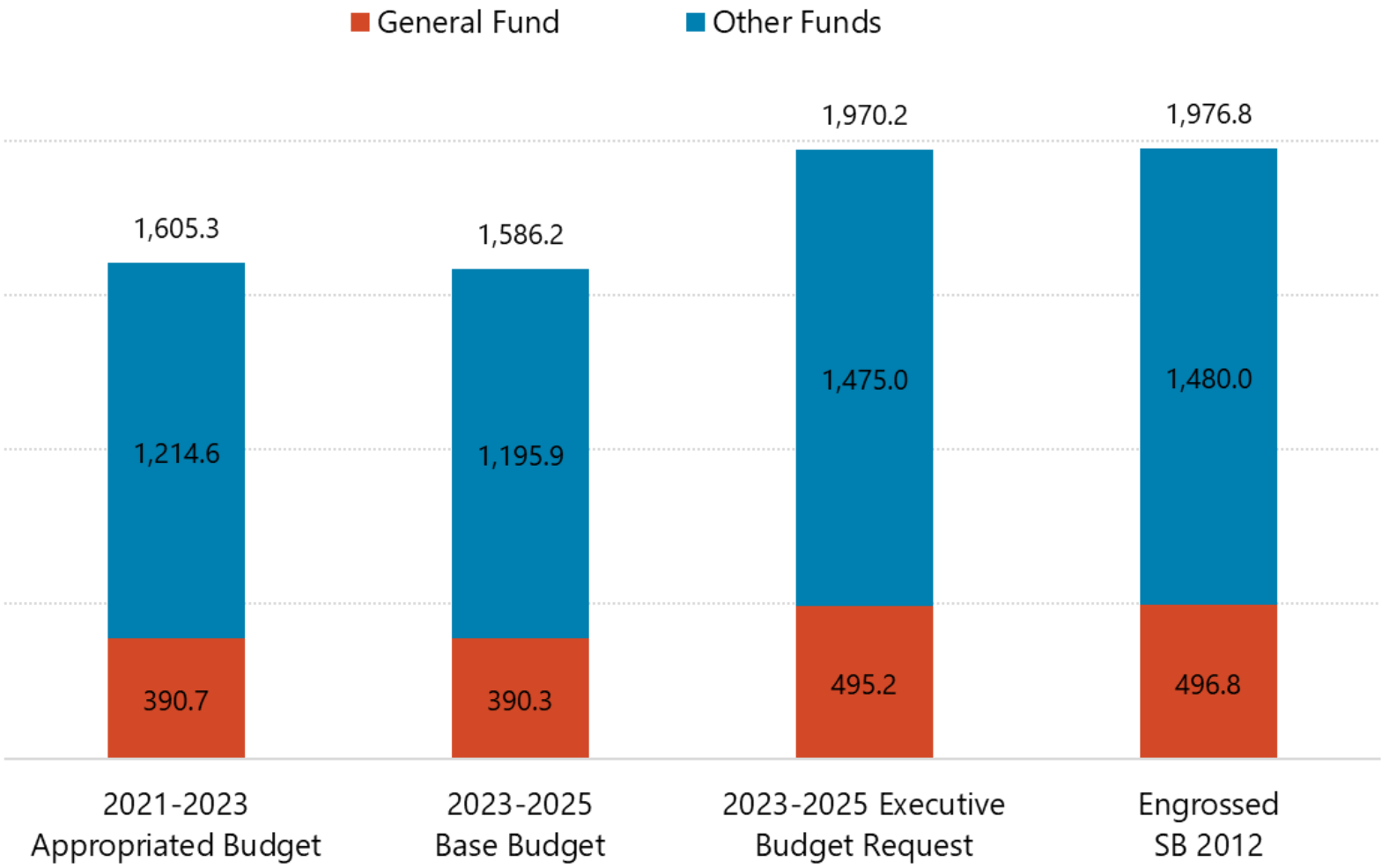
Medical Top Services

North Dakota Department of Health and Human Services
Medical Services
Unit and Cost Comparison
12 Month Average to Executive Budget Request (EBR) 2023 - 2025 Biennium

Division/Program	12 Month Average in Units (April 2021 - March 2022)	Monthly average units for EBR 2023-2025	Change from EBR to 12 mo Avg units	12 Month Average in Cost per Unit (April 2021 - March 2022)	Monthly average cost per unit for EBR 2023-2025	Change from EBR to 12 mo Avg cost per unit	Monthly average units for first 14 months of 19 - 21	Monthly average unit cost for first 14 months of 21 - 23
Inpatient Hospital	5,209	5,684	475	$1,647.81	$1,654.15	$6.34	5,209	$1,627.67
Outpatient Hospital	205,699	194,283	(11,416)	$22.88	$26.70	$3.82	211,223	$22.58
Professional Services	321,300	298,548	(22,752)	$17.30	$18.25	$0.95	325,004	$16.67
Drugs	90,782	201,162	110,380	$49.20	$17.58	($31.62)	94,563	$32.46
Indian Health Services	28,177	28,177	0	$83.35	$86.63	$3.28	29,934	$90.21
1915i State Plan Services	231	39,584	39,353	$14.44	$15.96	$1.52	612	$15.52
PRTF Services	1,499	1,568	69	$572.80	$628.50	$55.70	1,492	$570.44
Dental Services	18,352	18,353	1	$79.31	$79.52	$0.21	18,124	$79.02
Premiums	10,988	11,331	343	$159.20	$201.27	$42.07	11,242	$165.47
Expansion Medicaid	29,147	29,752	605	$1,122.97	$1,320.01	$197.04	30,756	$1,132.36

Comparison of total budget with funding (in millions)

Appropriated budget is larger than base



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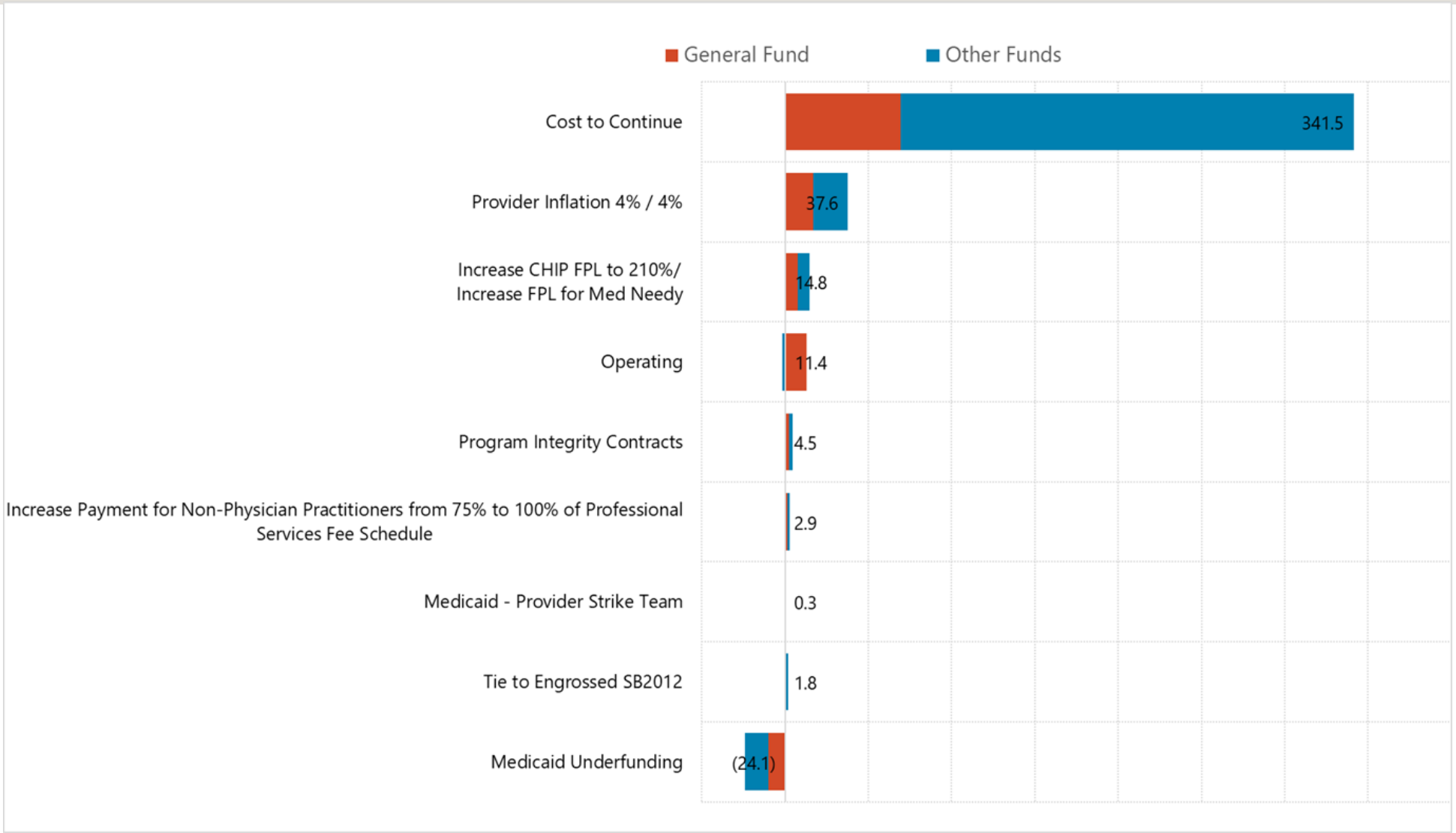
Comparison of base budget to Engrossed SB 2012 (in millions)



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Request for Addition to Engrossed SB 2012

Funding for vendor contracts.

- Since HHS built this budget, several vendor contracts have increased in price, mainly due to inflation. In addition, Medical Services has contracts that are out of extensions and when those are procured, the total cost of the contract will increase.
- Budget Impact:

Total	General	Federal
$3,550,352	$1,523,656	$2,026,696

One-Time Funding - Medical

21-23 Biennium

- None

23-25 Biennium

- $4.5 million - Vendor contracts for audits related to nursing facilities and hospitals.

Included in Engrossed SB 2012

Increase eligibility for the Children's Health Insurance Program (CHIP) to 210% of the federal poverty level (FPL).

- Currently CHIP eligibility in ND is 175% FPL.
- Increasing eligibility to 210% FPL would enable about 670 more children to qualify.
- Budget Impact:

Total	General	Federal
$4,267,312	$1,389,270	$2,878,042

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Included in Engrossed SB 2012

Increase FPL for traditional medically needy group (aged, blind, disabled) to 90% FPL.

- Currently this group is eligible at 83% FPL.
- Individuals in the 'medically needy' group must spend down their income in order to qualify for Medicaid coverage.
- This change would enable individuals to retain more of their income for personal use.
- Budget Impact:

Total	General	Federal
$10,500,000	$6,300,000	$4,200,000

Included in Engrossed SB 2012

Create a provider strike team to offer targeted support and technical assistance to Medicaid providers who employ direct care workers.

- These professionals will provide time-limited customized advice and guidance on billing systems, staffing practices, and service delivery models with the intention of helping them develop more sustainable business models and help address persistent and critical workforce shortages by ultimately growing their businesses.
- Budget Impact:

Total	General	Federal
$344,964	$59,614	$285,350

Included in Engrossed SB 2012

Vendor contracts for audits related to nursing facilities and hospitals.

- HHS does not have internal capacity or expertise to adequately audit nursing facilities and hospitals. This is a best practice of state Medicaid programs that ND should implement.
- Budget Impact:

Total	General	Federal
$4,500,000	$2,250,000	$2,250,000

Included in Executive Budget Request

Additional team member to provide outreach to newly enrolled pregnant women and children.

- Provide Welcome to Medicaid calls to newly enrolled members, to help them understand services that are covered and how to access them.
- Assist with connection to enrolled Medicaid providers.
- Budget Impact:

Total	General	Federal
$184,420	$92,210	$92,210

Summary of Medicaid Items Included in Engrossed SB 2012

	General	Federal	Total
Increase CHIP FPL to 210%*	$1,389,270	$2,878,042	$4,267,312
Increase FPL for traditional medically needy group (aged, blind, disabled) to 90% FPL*	$6,300,000	$4,200,000	$10,500,000
Provider strike team to offer targeted support and technical assistance to Medicaid providers*	$59,614	$285,350	$344,964
Vendor contracts for audits related to nursing facilities and hospitals*	$2,250,000	$2,250,000	$4,500,000
TOTAL	**$9,998,884**	**$9,613,392**	**$19,612,276**

Summary of Medicaid Items Included in Executive Budget Request

	General	Federal	Total
Early intervention team member	$92,210	$92,210	$184,420
TOTAL	**$92,210**	**$92,210**	**$184,420**

Summary of Additional Medicaid Budget Items Being Requested (not in Exec. Budget Request or Engrossed SB 2012)

	General	Federal	Total
Vendor contract enhancements	$1,523,656	$2,026,696	**$3,550,352**

Legislative Bills and their potential budget impact

- HB 1530 – requires Medicaid coverage of family adaptive behavioral treatment and guidance; dental screening and assessment; dental case management; and asynchronous teledentistry.
- SB 2071 – increases the federal poverty limit for pregnant women who qualify for Medicaid to 185%.
- SB 2181 - requires Medicaid coverage for lawfully present, otherwise eligible pregnant women.
- SB 2265 - requires the Department to establish at least one dual special needs plan for dually eligible Medicaid/Medicare members.