

## ND Medicaid Program

Most North Dakota Medicaid providers will receive a 2 percent provider inflationary increase which are estimated to increase Medicaid expenditures effective for dates of services July 1, 2021. The increase was authorized and the funds for the increase were appropriated by the 2021 Legislative Assembly.

The following services are paid from the North Dakota Medicaid Fee Schedules. Fee schedules for services are on the Department of Human Services website at [www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html](http://www.nd.gov/dhs/services/medicalserv/medicaid/provider-fee-schedules.html).

- Laboratory and X-ray Services. Medicaid expenditures for these services are estimated to increase \$80,000 for a 12-month period.
- Physician and Other Practitioner Services. Medicaid expenditures for these services are estimated to increase \$2 million for a 12-month period.
- Ambulance Services. Medicaid expenditures for these services are estimated to increase \$150,000 for a 12-month period.
- Autism Spectrum Disorder Services provided under EPSDT. Medicaid expenditures for these services are estimated to increase \$50,000 for a 12-month period.
- Chiropractic Services. Medicaid expenditures for these services are estimated to increase \$24,000 for a 12-month period.
- Diagnostic, Screening and Preventive services. Medicaid expenditures for these services are estimated to increase \$1,000 for a 12-month period.
- Family Planning Services. Medicaid expenditures for these services are estimated to increase \$60,000 for a 12-month period.
- Non-emergency Medical Transportation Services (except for private vehicle mileage and lodging). Medicaid expenditures for these services are estimated to increase \$25,000 for a 12-month period.
- Nurse Midwife Services. Medicaid expenditures for these services are estimated to increase \$8,000 for a 12-month period.
- Nurse Practitioner Services. Medicaid expenditures for these services are estimated to increase \$90,000 for a 12-month period.
- Nursing Services provided by Registered Nurses who are either employed by or under contract through a school. Medicaid expenditures for these services are estimated to increase \$1,000 for a 12-month period.

-CONTINUED-

- Optometric Services. Medicaid expenditures for these services are estimated to increase \$55,000 for a 12-month period.
- Physical therapy, occupational therapy, speech therapy services, Medicaid expenditures for these services are estimated to increase \$200,000 for a 12-month period.
- Private Duty Nursing Services. Medicaid expenditures for these services are estimated to increase \$20,000 for a 12-month period.
- Rehabilitative Services. Medicaid expenditures for these services are estimated to increase \$140,000 for a 12-month period.
- Substance Use Disorder Treatment Services. Medicaid expenditures for these services are estimated to increase \$40,000 for a 12-month period.
- Payment for Teleconnectivity Code. Medicaid expenditures for these services are estimated to increase \$4,000 for a 12-month period.
- Vaccine Administration. Medicaid expenditures for these services are estimated to increase \$36,000 for a 12-month period.

In addition to the 2 percent inflationary increase and consistent with Medicaid State Plan Authority, for services paid from the North Dakota Professional Services Fee Schedule, the posted fee schedule, effective for dates of service on or after July 1, 2021, will account for annual cost neutral adjustments to the North Dakota Medicaid conversion factor made to reflect updates to the Medicare RVUs and utilization changes. The Medical Services Division continues annual review of Medicaid fee schedules; and this review results in codes previously maintained on separate fee schedules to be moved to have fees established using the Medicare Resource Based Relative Value Scale pricing methodology.

Medicaid expenditures for Inpatient and Outpatient Hospital Services are estimated to increase \$4 million for the 12-month period.

Medicaid expenditures for Intermediate Care Facility Services are estimated to increase \$4 million for the 12-month period.

Medicaid expenditures for Dental Services are estimated to increase \$350,000 for the 12-month period.

Medicaid expenditures for Anesthesia Services are estimated to increase \$45,000 for a 12-month period.

Medicaid expenditures for Ambulatory Surgical Center Services are estimated to increase \$3,000 for a 12-month period.

-CONTINUED-

Medicaid expenditures for Personal Care Services (Community Services and Basic Care Facilities) are estimated to increase \$800,000 for the 12-month period.

Medicaid expenditures for Targeted Case Management Services are estimated to increase \$10,000 for the 12-month period.

Medicaid expenditures for Home Health Services are estimated to increase \$50,000 for the 12-month period.

Medicaid expenditures for Rural Health Clinics services paid using an Alternate Payment Methodology are estimated to increase \$75,000 for the 12-month period.

Medicaid expenditures for Durable Medical Equipment (except for those services impacted by Section 5002 of the 21st Century Cures Act) are estimated to increase \$150,000 for the 12-month period.

Medicaid expenditures for 1915i Services are estimated to increase \$60,000 for the 12-month period.

In accordance with state plan authority, payment for clinic services, targeted case management and rehabilitative services provided by state-government providers is based on the cost of delivery of the service. Effective for dates of service on or after July 1, 2021, the estimated cost of delivery of the services is estimated to increase by no more than 3.0%, in the aggregate. Medicaid expenditures for these services are estimated to increase approximately \$1.65 million for the 12-month period.

Effective on or after July 1, 2021, the Department will recalculate the number of licensed intermediate care facility beds and provide the information to the North Dakota Tax Department. Based on the number of beds, the amount of assessment paid by the intermediate care facilities may increase or decrease; and such increase or decrease will be reflected in the daily rate paid to the private intermediate care facilities. For State Fiscal Year 2022, the estimated impact for a 12-month period is \$1.4 million.

The supplemental payment for State Fiscal Year 2022 will be continued for critical access hospitals; the estimated fiscal impact is \$1.2 million for the 12-month period.

In accordance with state plan authority, effective for dates of service on or after August 1, 2021, the Medicaid Fee Schedule for vaccines will be updated will account for annual adjustments to the Average Sales Price or Wholesale Acquisition Cost. The update is estimated to have a minimal fiscal impact.

-CONTINUED-

In accordance with state plan authority, effective for dates of service on or after July 1, 2021, the rate paid for non-commercial, passenger vehicle non-emergency medical transportation mileage will be adjusted to reflect limits established by the North Dakota Legislature. The adjustment is estimated to have a minimal fiscal impact.

In accordance with state plan authority, effective for dates of service on or after July 1, 2021, the rate paid for meals will be increased to an amount that will not exceed the limits established by the North Dakota Legislature. The adjustment is estimated to have a minimal fiscal impact.

Effective on or after July 1, 2021, ND Medicaid will cover continuous glucose monitoring devices through pharmacy providers. The estimated fiscal impact is \$900,000 for the 12-month period.

Effective on or after July 1, 2021, ND Medicaid will establish coverage for sign and oral language interpreter services. The estimated fiscal impact is \$250,000 for the 12-month period.

Effective on or after October 1, 2021, in accordance with existing Medicaid state plan authority, annual cost information will be collected from dental clinic providers. Medicaid expenditures for these services are estimated to have a minimal fiscal impact for the 12-month period.

ND Medicaid follows the National Correct Coding Initiative (NCCI) Edits. These edits were developed by the Centers for Medicare and Medicaid Services (CMS) based on coding conventions defined in the American Medical Association's Correct Procedure Terminology Manual, national and local policies and edits, coding guidelines developed by national societies, analysis of standard medical and surgical practices, and a review of current coding practices. CMS annually updates the National Correct Coding Initiative Coding Policy Manual.

Comments can be sent to and viewed at: Medical Services Division Room 309, ND Department of Human Services, 600 E Boulevard Ave Dept 325, Bismarck, ND 58505-0250. Questions may be directed to human service zone offices, or individuals may contact the ND Medicaid Program at 1-800-755-2604.

Date Posted: June 23, 2021