



North Dakota Health & Human Services System State Profile: 2025

An *OPEN MINDS* State Profile



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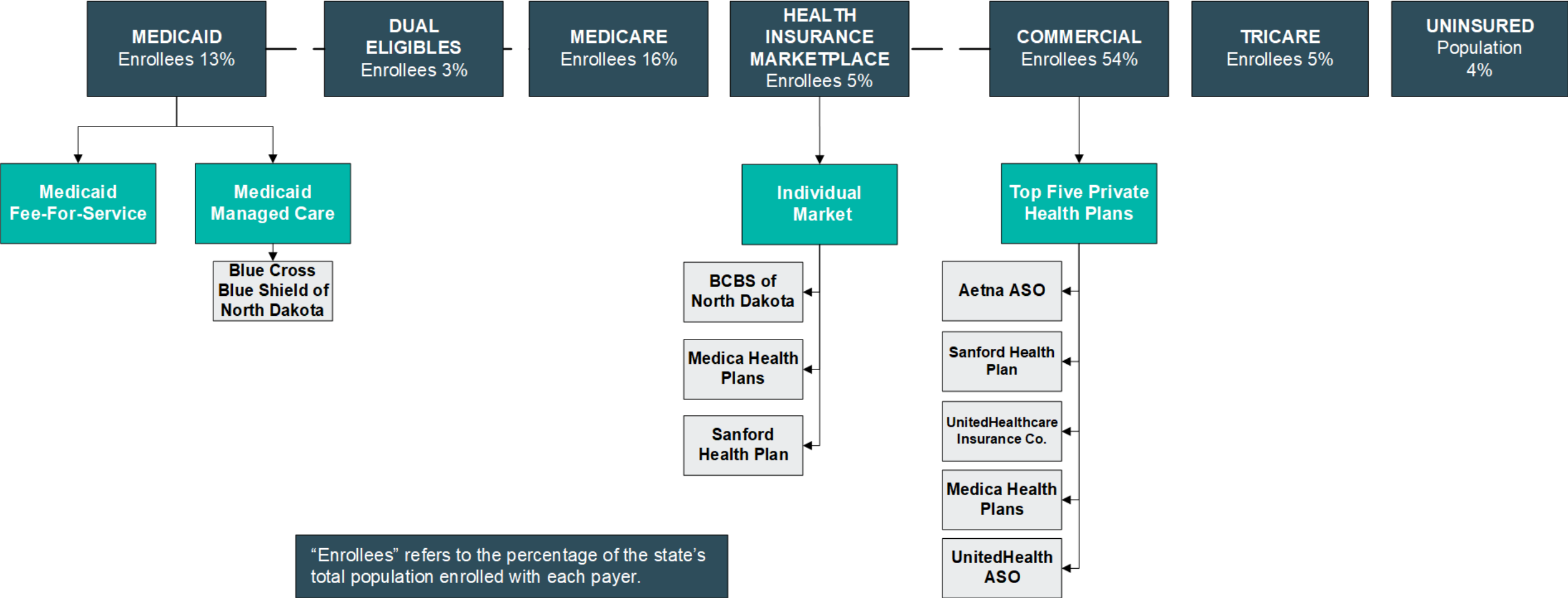
* Based on most recent data available at publication.



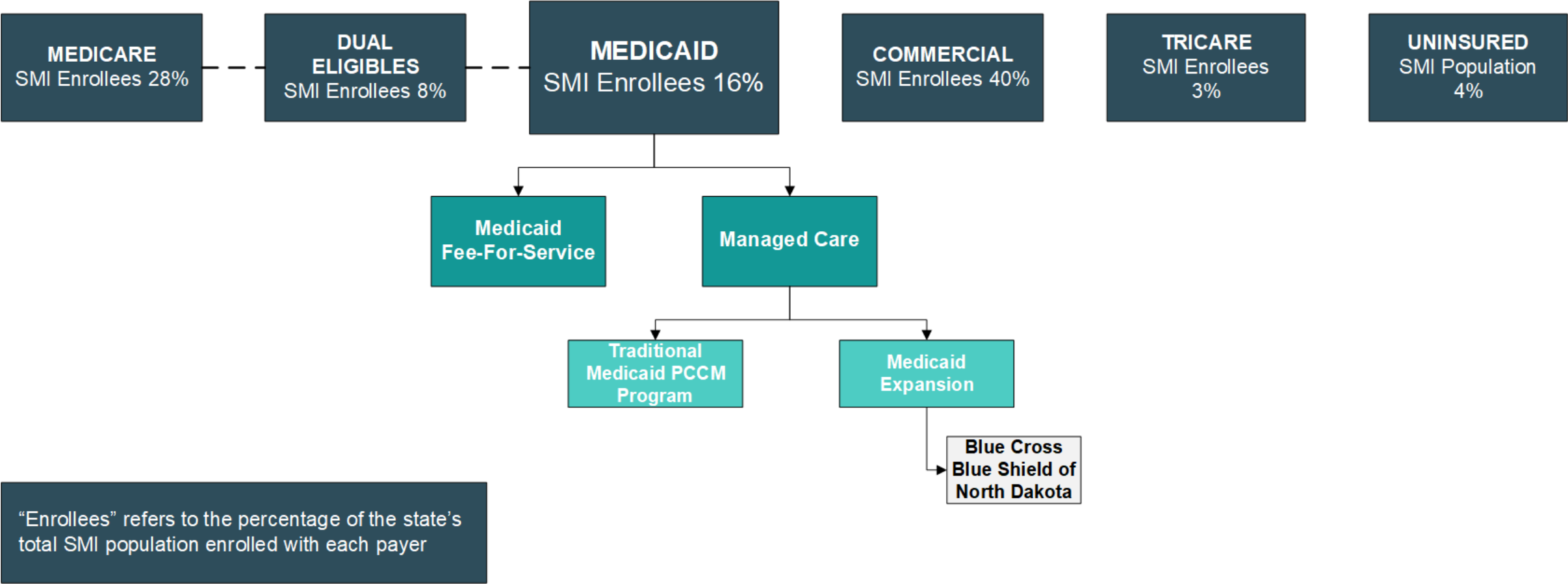
A. Executive Summary

A.1. North Dakota Physical Health Care Coverage By Payer

Total North Dakota Population: 783,926
Estimated Serious Mental Illness (SMI) Population: 47,036



A.1. North Dakota Behavioral Health Care Coverage By Payer



Note: Totals may not equal 100% due to rounding

A.2. Health & Human Services Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The state contracts with one health plan to serve the Medicaid expansion population.
Primary Care Case Management (PCCM)	✓	The state operates a small PCCM program for children and parents/caretaker relatives.
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant	✓	The state has received its first CCBHC Planning grant from SAMHSA.

A.3. Health Care Safety-Net Delivery System

State Agencies Responsible For Uninsured Citizens & Delivery System Model

Physical Health Services

Twenty-eight single and multi-county local public health units work in partnership with the North Dakota Department of Health to provide physical health services to the uninsured population.

Mental Health Services

The Behavioral Health Division within the Department of Human Services provides mental health and addiction treatment services to the safety-net population through eight Regional Human Service Centers.

Addiction Treatment Services

The Behavioral Health Division within the Department of Human Services provides mental health and addiction treatment services to the safety-net population through eight Regional Human Service Centers.

A.4. North Dakota Budget: At A Glance

North Dakota Medicaid Budget

Budget Item	SFY 23 Spending	Percent Of Budget
Institutional LTSS	\$438,000,000	29%
Managed care and premium assistance	\$380,000,000	25%
Home- and community-based LTSS	\$297,000,000	19%
Hospital	\$171,000,000	11%
Other acute services	\$63,000,000	4%
Drugs	\$54,000,000	4%
Physician	\$41,000,000	3%
Other practitioner	\$24,000,000	2%
Medicare premiums and coinsurance	\$22,000,000	1%
Clinic and health center	\$19,000,000	1%
Dental	\$16,000,000	1%
Budget Total: \$1,525,000,000		

North Dakota Behavioral Health Budget

Budget Item	SFY 2025-2025 Budget Appropriations	Percent Of Budget
Department of Health and Human Services	\$5,818,036,970	100%
Budget Total: \$5,818,036,970		

A.5. North Dakota Health Care Licensure

- In North Dakota, health care licensure categories generally fall under the purview of the [North Dakota Department of Health & Human Services](#).
- The [North Dakota Board of Medicine](#) is responsible for physicians, podiatrists, and certain other allied healthcare professionals.
- The [North Dakota Board of Nursing](#) licenses and regulates registered and practical nurses, and also certifies advanced practice nurses and certified homemaker-home health aides.
- The North Dakota Department of Health and Human Services offers a complete licensed professional and categories listing on its [website](#).

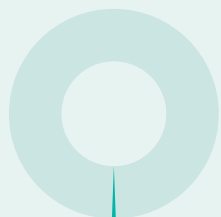




B. Health Financing System Overview

B.1. Population Demographics

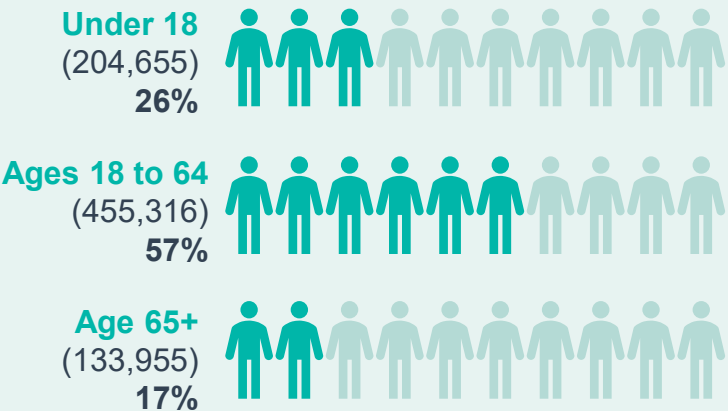
Total ND Population: 783,926
Estimated SMI Population: 47,036



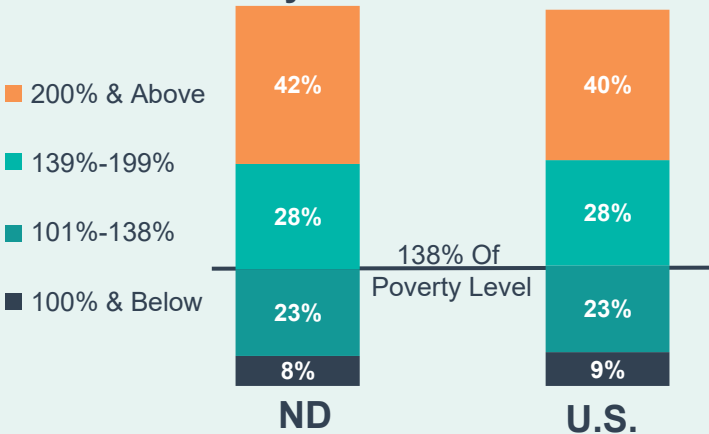
47th most populous state in the nation

Median Household Income	
ND	U.S.
\$76,525	\$77,719

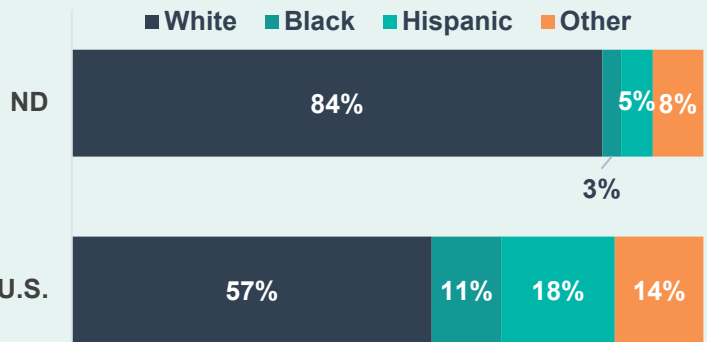
Population Distribution By Age



Population Distribution By Income To Poverty Threshold Ratio



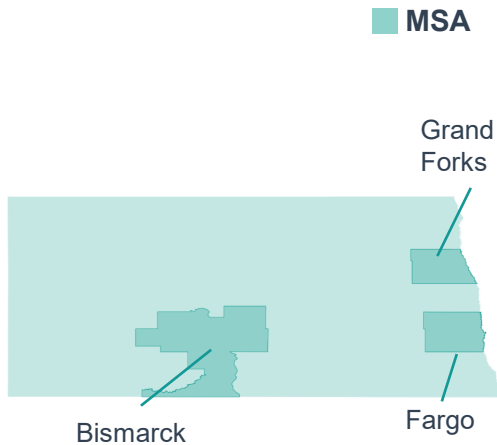
ND & U.S. Racial Composition



Note: Totals may not equal 100% due to rounding

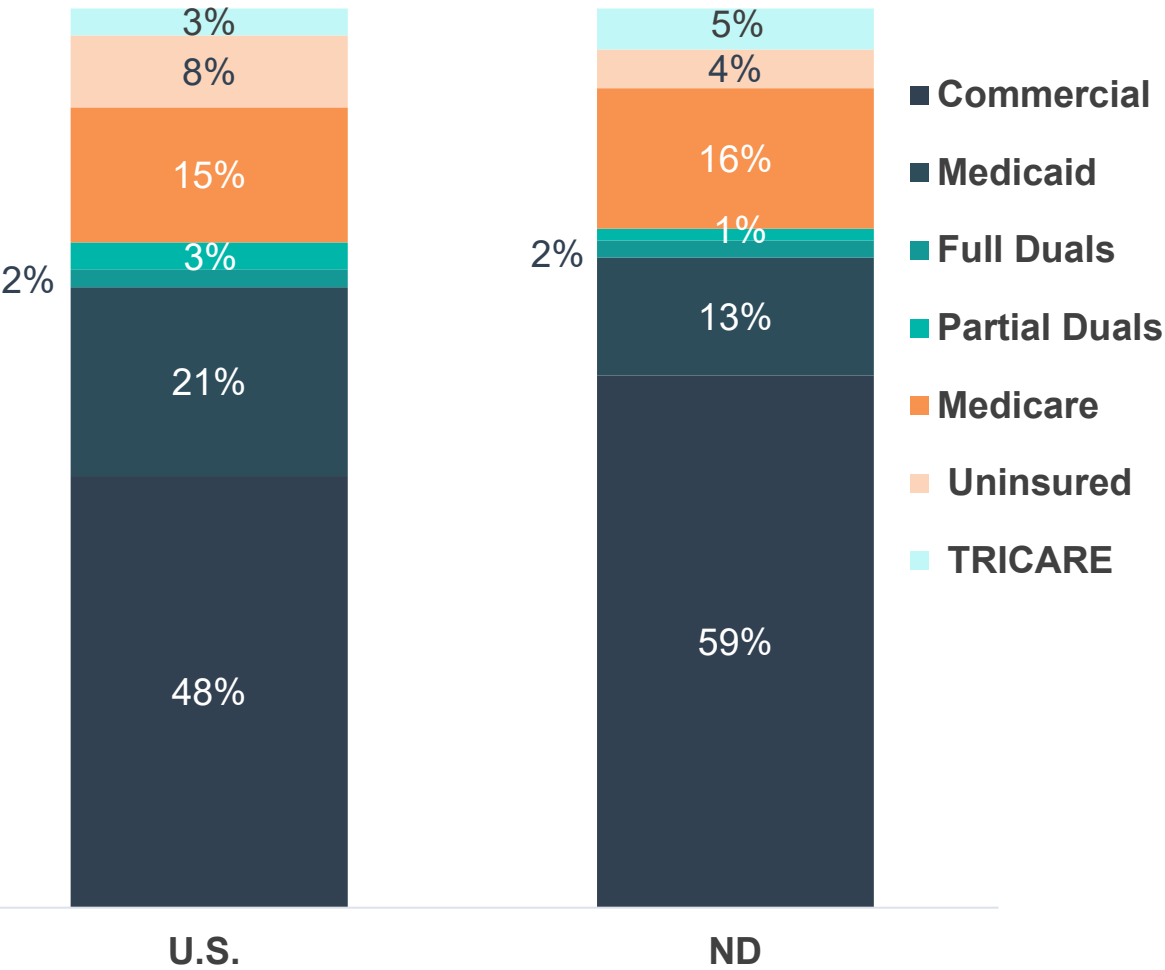
Population Centers By Metropolitan Statistical Areas (MSAs)

MSA	MSA Residents	% Of State Population
Total MSA Population	511,160	65%
Fargo, ND-MN	267,793	34%
Bismark, ND	139,183	18%
Grand Forks, ND-MN	104,184	13%



B.2 Enrollment Distribution By Payer & Largest Health Plans

Population Distribution By Payer National vs. State

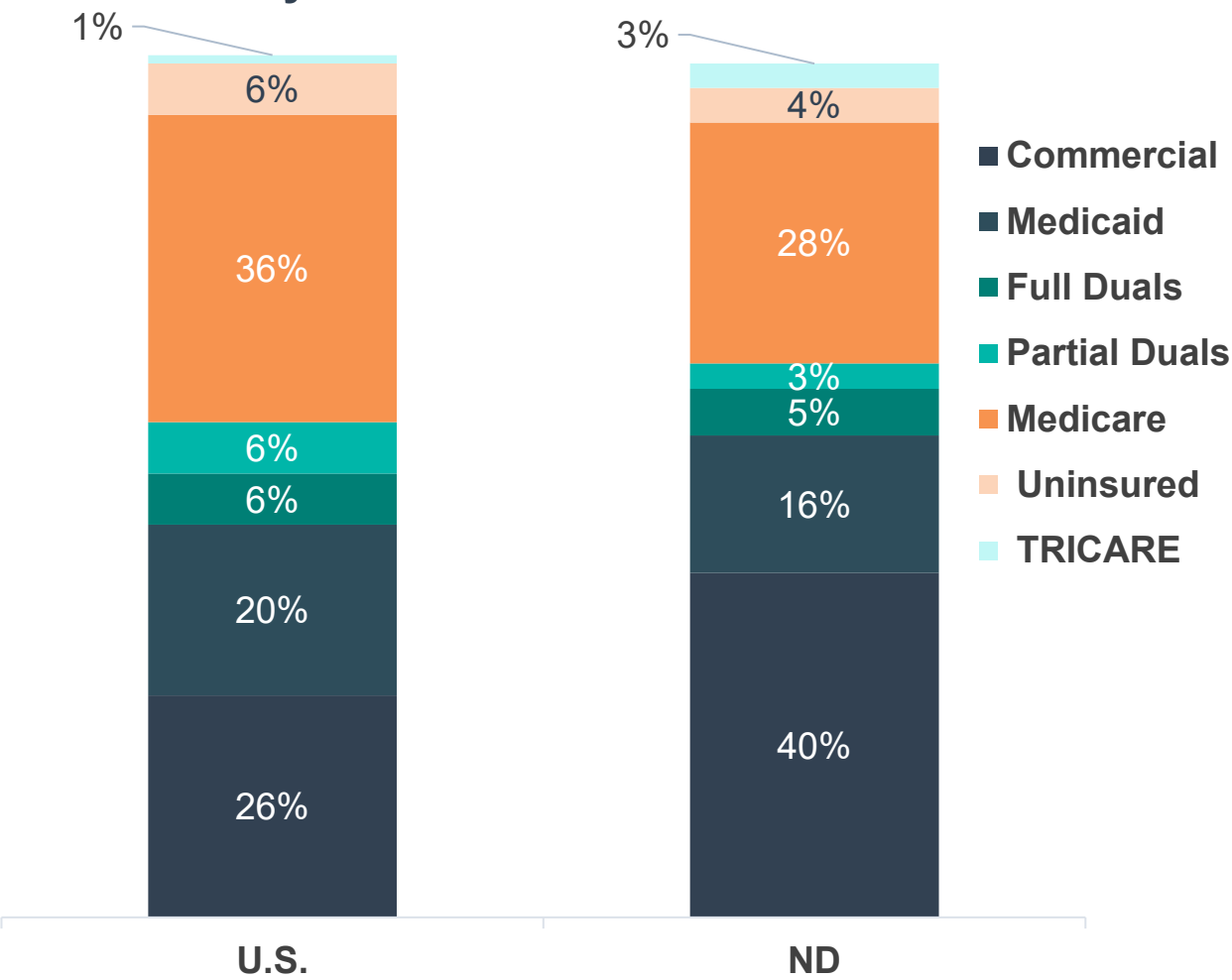


Largest North Dakota Health Plans By Enrollment

Plan Name	Plan Type	Enrollment*
Blue Cross Blue Shield of North Dakota	Commercial	288,031
Sanford Health Plan	Commercial	98,064
Medicare fee-for-service	Medicare	96,702
Medicaid FFS	Medicaid	81,787
TRICARE	Other public	34,098
Blue Cross Blue Shield of North Dakota	Medicaid managed care	24,537
NextBlue of North Dakota	Medicare Advantage	13,409
Medica Insurance Company	Medicare Advantage	12,434
Medica Insurance Company	Commercial	9,022
Care Improvement Plus South Central Insurance Co	Medicare Advantage	5,548

B.3. SMI Enrollment By Payer & Largest Health Plans

SMI Population Distribution By Payer National vs. State



Largest North Dakota Health Plans By Estimated SMI Enrollment

Plan Name	Plan Type	Enrollment	Estimated SMI Enrollment
Blue Cross Blue Shield of North Dakota	Commercial	288,031	14,114
Medicare FFS	Medicare	96,702	12,571
Medicaid FFS	Medicaid	81,787	7,197
Sanford Health Plan	Commercial	98,064	4,805
Blue Cross Blue Shield of North Dakota	Medicaid managed care	24,537	2,159
NextBlue of North Dakota	Medicare Advantage	13,409	1,743
Medica Insurance Co	Medicare Advantage	12,434	1,616
TRICARE	Other public	34,098	1,534
Care Improvement Plus South Central Insurance Co	Medicare Advantage	5,548	721
HumanaChoice	Medicare Advantage	4,341	564

B.4. Health Insurance Marketplace

Health Insurance Marketplace	
Percentage of Health Plan Marketplace	4%
Type of Marketplace	Federal
Individual Enrollment Contact	https://www.healthcare.gov/
	1-800-318-2596
Small Business Enrollment Contact	No small group plans are available through the marketplace. Employers must purchase coverage directly from an insurance carrier or through an insurance broker.

2025 Individual Market Health Plans
1. Blue Cross Blue Shield of North Dakota 2. Medica Health Plans 3. Sanford Health Plan

2025 Small Group Market Health Plans
None

B.5. Accountable Care Organizations

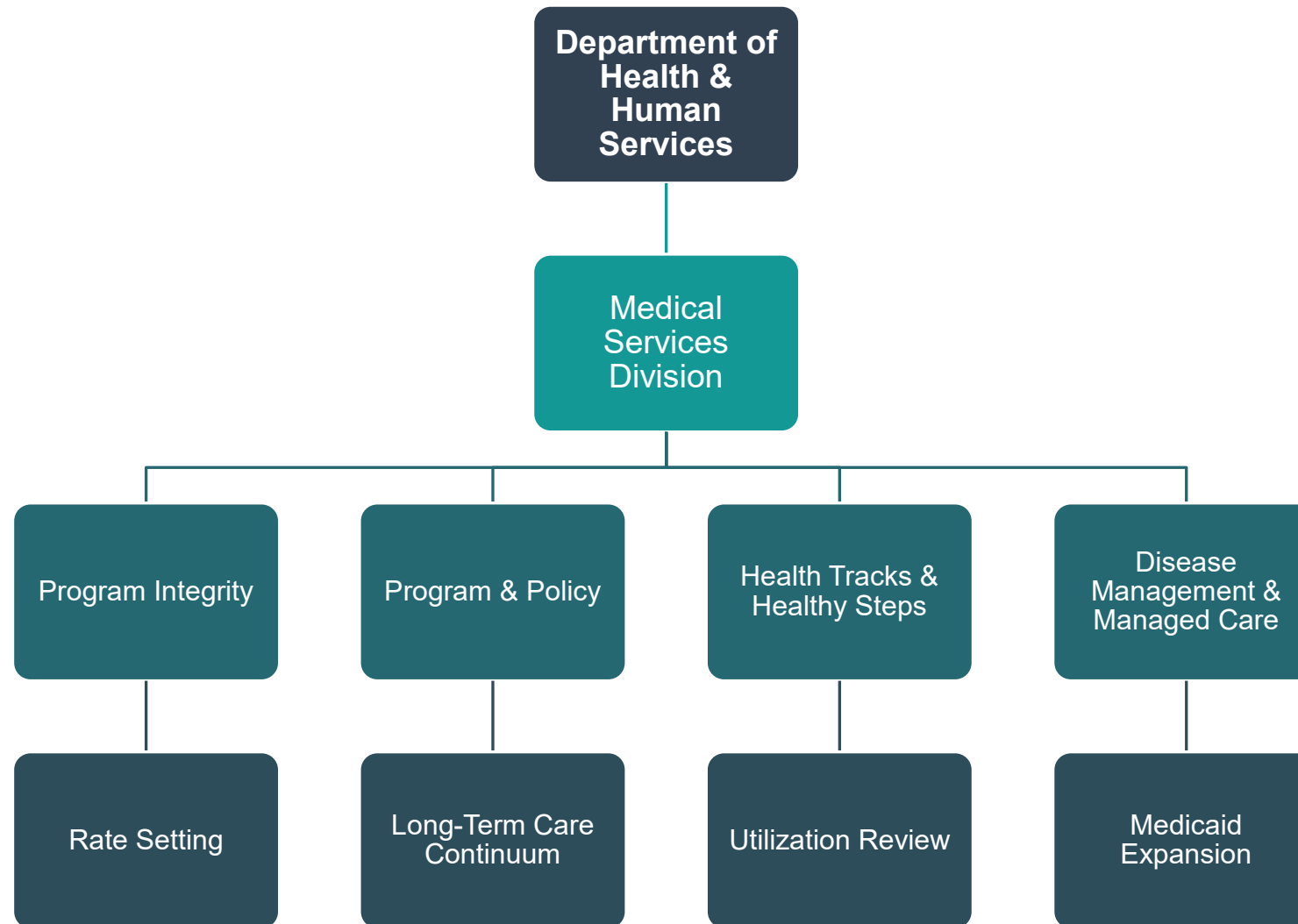
Medicare Shared Savings Model ACOs
1. Collaborative ACO 30, LLC 2. The Rural Advantage LLC 3. Caravan Health ACO 43, LLC 4. Essentia Health

Commercial ACOs	
ACO	Commercial Insurer
Essentia Health	Medica Health Plans



C. Medicaid Administration, Governance & Operations

C.1. Medicaid Governance: Organization Chart



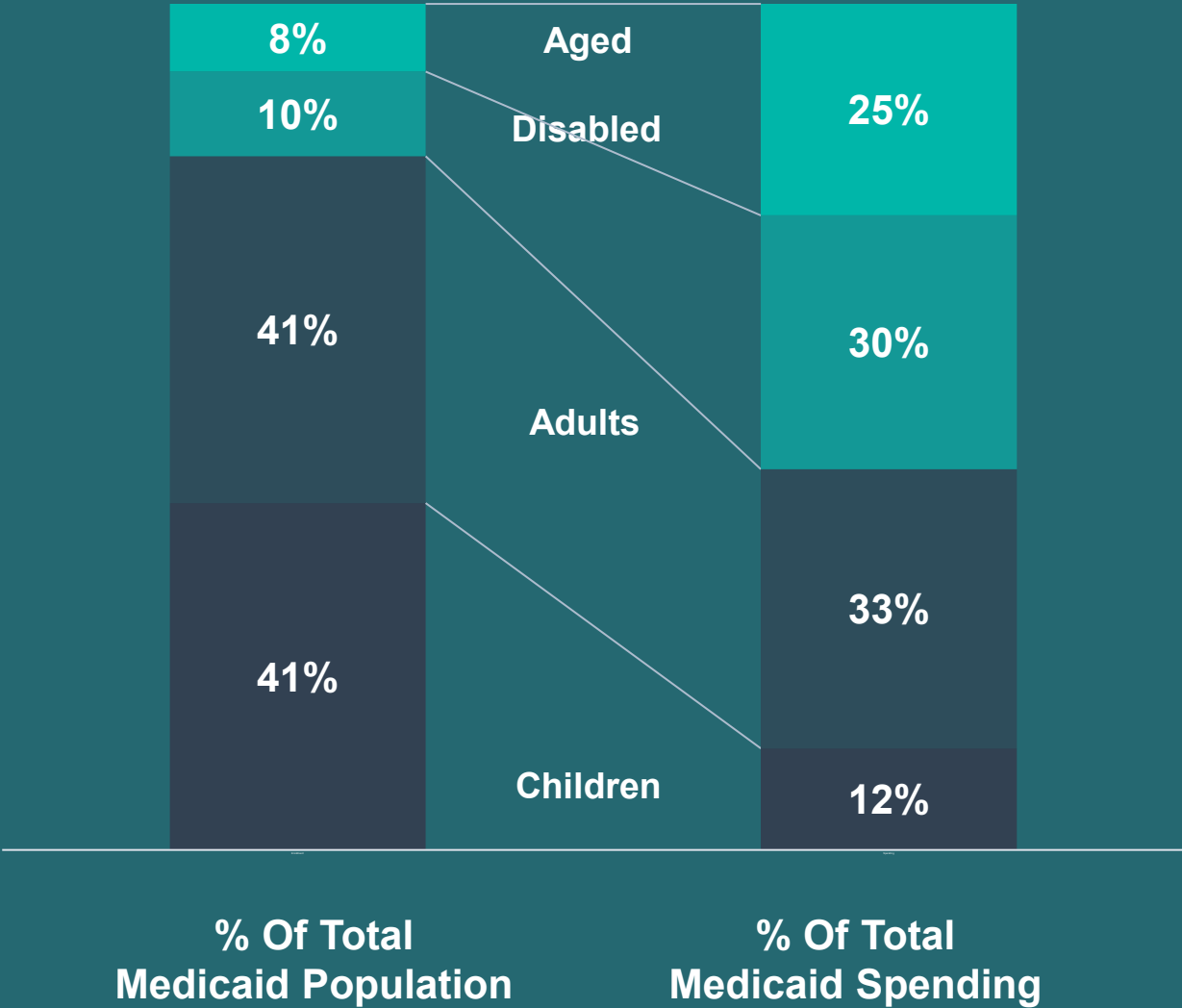
C.1. Medicaid Governance: Key Leadership

Name 	Position 	Department 	Email 
J. Patrick Traynor	Interim Commissioner	Department of Health & Human Services (DHHS)	ptraynor@nd.gov
Sarah Aker	Executive Director	DHHS, Medical Services Division	saker@nd.gov
Krista Fremming	Deputy Director	DHHS, Medical Services Division	kfremming@nd.gov
Erik Elkins	Assistant Director	DHHS, Medical Services Division	eelkins@nd.gov
LeeAnn Thiel	Rate Setting Administrator	DHHS, Medical Services Division	lthiel@nd.gov
Brendan Joyce	Administrator of Pharmacy Services	DHHS, Medical Services Division	bjoyce@nd.gov

C.2. Medicaid Program Spending By Eligibility Group

Medicaid Spending Per Enrollee, FY 2022		
	U.S.	ND
All populations	\$8,813	\$13,001
Children	\$3,786	\$3,987
Adults	\$5,443	\$5,570
Expansion adults	\$7,569	\$12,453
Blind and disabled	\$25,483	\$37,070
Aged	\$19,191	\$39,134

Note: Totals may not equal 100% due to rounding | Based on FY 2022 data

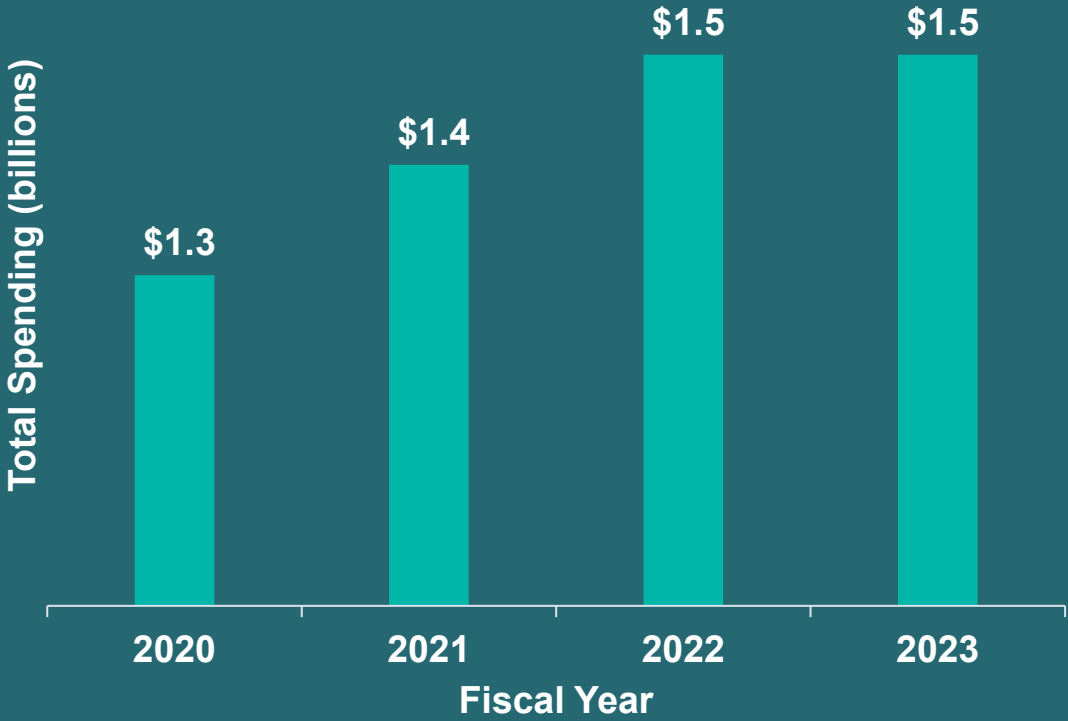


C.2. Medicaid Program Spending

Budget Item	SFY 23 Spending	Percent Of Budget
Institutional LTSS	\$438,000,000	29%
Managed care and premium assistance	\$380,000,000	25%
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Physician	\$41,000,000	3%
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Medicare premiums and coinsurance	\$22,000,000	1%
Clinic and health center	\$19,000,000	1%
Dental	\$16,000,000	1%
Budget Total: \$1,525,000,000		

Federal & County Financial Participation	
FY 2025 Federal Medical Assistance Percentage (FMAP)	50%
CY 2025 Newly Eligible FMAP (expansion population)	88%
Counties contribute to state Medicaid share	No

Medicaid Program Spending: Change Over Time



C.3. Medicaid Expansion Status

Medicaid Expansion	
Participating In Expansion	Yes
Date Of Expansion	January 2014
Medicaid Eligibility Income Limit For Able-Bodied Adults	133% of the Federal Poverty Level (FPL) Note: The Patient Protection and Affordable Care Act (PPACA) requires that 5% of income be disregarded when determining eligibility.
Legislation Used To Expand Medicaid	House Bill 1362, 63rd Legislative Assembly
Number Of Individuals Enrolled In The Expansion Group (June 2024)	24,356
Number Of Enrollees Newly Eligible Due To Expansion	23,132
Benefits Plan For Expansion Population	The alternative benefit plan is identical to the state plan.

C.4. Medicaid Program Benefits

Federally Mandated Benefits

1. Inpatient hospital services other than services in an institution for mental disease (IMD)
2. Outpatient hospital services
3. Rural Health Clinic services
4. Federally Qualified Health Center (FQHC) services
5. Laboratory and x-ray services
6. Nursing facilities for individuals aged 21 and over
7. Early and Periodic Screening and Diagnosis and Treatment (EPSDT)
8. Family planning services and supplies
9. Free standing birth centers
10. Pregnancy-related and postpartum services
11. Nurse midwife services
12. Tobacco cessation programs for pregnant women
13. Physician services
14. Medical and surgical services of a dentist
15. Home health services
16. Nurse practitioner services
17. Non-emergency transportation to medical care

North Dakota's Optional Benefits

1. Intermediate care facility services for individuals with I/DD
2. Hospice care
3. Private duty nursing services
4. Dental services
5. Physical therapy
6. Occupational therapy
7. Services for individuals with speech, hearing, and language disorders
8. Prescribed drugs
9. Durable medical equipment and supplies
10. Diagnostic, preventive, and screening services
11. Rehabilitative services
12. Inpatient psychiatric services for individuals under age 21
13. IMD services for individuals ages 65 and older
14. Personal care services

C.5. Medicaid Block Grants

- North Dakota does not currently operate its Medicaid Program under a Medicaid block grant system.
- North Dakota Medicaid is a joint federal-state program where federal government partially funds the program based on a formula, and North Dakota benefits from a statutory 50% floor on federal matching funds.





D. Medicaid Financing & Service Delivery System

D.1. Medicaid Financing & Service Delivery System

Medicaid System Characteristics		
Characteristics	Medicaid Fee-For-Service (FFS)	Medicaid Managed Care
Enrollment (August 2024)	81,787	24,537
SMI Enrollment	- The majority of the SMI population is served by the FFS program, as individuals with SMI are part of the aged, blind, and disabled population which is excluded from managed care. - Estimated 77% of SMI population in FFS, 23% in managed care.	
Management	Department of Human Services	One health plan
Payment Model	FFS	Capitated rate
Geographic Service Area	Statewide	Statewide

Total Medicaid: 106,324

Total Medicaid With SMI: 9,356

D.1. Medicaid System Overview

Medicaid Financial Delivery System Enrollment	
Total Medicaid population distribution	As of August 2024: 77% in fee-for-service (FFS), 23% in managed care.
SMI population inclusion in managed care	• The majority of the SMI population is served by the FFS program, as individuals with SMI are part of the aged, blind, and disabled population which is excluded from managed care. • Estimated 77% of population in FFS, 23% in managed care.
Dual eligible population inclusion in managed care	• Dual eligibles are excluded from managed care. • Estimated 100% of population in FFS, 0% in managed care.

Medicaid Financing & Risk Arrangements: Behavioral Health		
Service Type	FFS Population	Managed Care Population
Traditional behavioral health	Covered FFS by the state.	Included in the health plan's capitation rate.
Specialty behavioral health	Covered FFS by the state.	Included in the health plan's capitation rate.
Pharmaceuticals	Covered FFS by the state.	Included in the health plan's capitation rate.
Long-term services and supports (LTSS)	Covered FFS by the state.	Covered FFS by the state.

D.1. Medicaid Care Coordination Initiatives

Medicaid Care Coordination Entities For Chronic Care Populations (Including SMI)		
Care Coordination Entity	Active Program	Description
Managed Care Health Plan	✓	The state contracts with one health plan to serve the Medicaid expansion population.
Primary Care Case Management (PCCM)	✓	The state operates a small PCCM program for children and parents/caretaker relatives.
Accountable Care Organization (ACO) Program		None
Affordable Care Act (ACA) Model Health Home		None
Patient-Centered Medical Home		None
Dual Eligible Demonstration		None
Managed Long-Term Services and Supports (MLTSS)		None
Certified Community Behavioral Health Clinics (CCBHC) Grant		In 2023, ND DHHS began the process of transforming clinics to become Certified Community Behavioral Health Clinics (CCBHC).

D.1. Medicaid Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Parents and caretakers	✓		
Children	✓		
Blind and disabled individuals	✓		
Aged individuals	✓		
Dual eligibles	✓		
Medicaid expansion			✓
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Individuals in foster care	✓		
Other populations	• Individuals receiving home- and community-based waiver services • Individuals eligible under Refugee Medical Assistance • Individuals eligible under foster care or subsidized adoption assistance		

D.2. Medicaid FFS Program: Overview

FFS enrollment as of August 2024 was **81,787**.



North Dakota has a limited primary care case management (PCCM) program for children and parent/caretaker relatives.

- The PCCM program requires enrollees to choose a primary care physician who provides referrals to certain specialty services.
- The PCPs no longer receive a care coordination payment for PCCM services.
- North Dakota does not provide enrollment data for the PCCM program.



As of August 2024, *OPEN MINDS* estimates that **77%** of the SMI population is enrolled in FFS.

- The majority of the SMI population is served by the FFS program, as individuals with SMI are part of the aged, blind, and disabled population which is excluded from managed care.



D.2. Medicaid FFS Program: Behavioral Health Benefits

FFS Mental Health Benefits

1. Inpatient services
2. Partial hospitalization
3. Screening, triage, and referral leading to assessment
4. Behavioral assessment
5. Nursing assessment and evaluation
6. Crisis intervention
7. Individual counseling
8. Skills restoration
9. Behavioral health intervention
10. Crisis residential unit
11. Skills integration
12. Transitional living

FFS Addiction Treatment Benefits

1. Outpatient services
2. Intensive outpatient services
3. Partial hospitalization services
4. Clinically managed low intensity residential services
5. Clinically managed high intensity residential services

D.2. Medicaid FFS Program: Pharmacy Benefit

North Dakota FFS Program Pharmacy Benefit & Utilization Restrictions	
State Uses Pharmacy Benefit Manager	No; however, the state does have a prior authorization vendor, Health Information Designs.
Responsible For Financing General Pharmacy Benefit	State Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	State Medicaid FFS
State Uses A Preferred Drug List (PDL) For General Pharmacy	Yes
State Uses A PDL For Mental Health Drugs	Antipsychotics are included on the PDL, other mental health drug classes are not included on PDL.
State Uses A PDL For Addiction Treatment Drugs	Yes, drugs for opioid dependence are included on the PDL.
Coverage Of Antipsychotic Injectable Medications	Yes, antipsychotic injectable medications are available as a pharmacy benefit.
Utilization Restrictions For Mental Health Or Addiction Treatment Drugs	- For non-preferred atypical antipsychotics, must have evidence of a 30-day trial of pharmaceutically equivalent preferred drug. - For drugs for opioid dependence, must have evidence of a 30-day trial for all preferred drugs before approval of a non-preferred drug. Other clinical, safety edits, and restrictions may apply.
State Has A Pharmacy Lock-In Program Or Other Restriction Program	Yes, the state's lock-in program is called the Coordinated Services Program (CSP). Parameters for enrollment include use of emergency room for non-emergent care, using multiple provider organizations, excessive unsafe prescription use, and early prescription refills. CSP enrollees are restricted to one primary care provider, one pharmacy, and/or one dentist.

D.3. Medicaid Managed Care Program: Overview

Managed care enrollment as of **August 2024** was **24,537**.

North Dakota operates a managed care program that serves the Medicaid expansion population only.

The state contracts with only one health plan, Blue Cross Blue Shield (BCBS) of North Dakota.

The majority of the SMI population is served by the FFS program, as individuals with SMI are part of the aged, blind, and disabled population which is excluded from managed care.

As of August 2024, **OPEN MINDS** estimates that **23%** of the SMI population is enrolled in managed care.

Individuals must enroll in BCBS unless they qualify as medically frail. The medically frail criteria includes individuals with SMI or an addiction disorder. These individuals may enroll in FFS.

D.3. Medicaid Managed Care Program: Health Plan Characteristics

Health Plan	Profit Status	Parent Company	Behavioral health subcontractor	Pharmacy benefits manager	Enrollment share
Blue Cross Blue Shield of North Dakota	Non-profit	None	None	Prime Therapeutics LLC	100%

D.3. Medicaid Managed Care Program: Behavioral Health Benefits

Managed Care Mental Health Benefits

1. Inpatient services
2. Partial hospitalization
3. Screening, triage, and referral leading to assessment
4. Behavioral assessment
5. Nursing assessment and evaluation
6. Crisis intervention
7. Individual counseling
8. Skills restoration
9. Behavioral health intervention
10. Crisis residential unit
11. Skills integration
12. Transitional living

Managed Care Addiction Treatment Benefits

1. Outpatient services
2. Intensive outpatient services
3. Partial hospitalization services
4. Clinically managed low intensity residential services
5. Clinically managed high intensity residential services

D.3. Medicaid Managed Care Program: Pharmacy Benefit

North Dakota Managed Care Program Pharmacy Benefit	
Responsible For Financing General Pharmacy Benefit	State Medicaid FFS
Responsible For Financing Mental Health Pharmacy Benefit	State Medicaid FFS
Health Plan Uses A Preferred Drug List (PDL) For General Pharmacy	Health plans are required to adhere to the state’s formulary.
Health Plan Uses A PDL For Mental Health Drugs	
Health Plan Uses A PDL For Addiction Treatment Drugs	
Health Plan Use Of Utilization Restrictions For Mental Health & Addiction Treatment Drugs	- For non-preferred atypical antipsychotics, must have evidence of a 30-day trial of pharmaceutically equivalent preferred drug. - For drugs for opioid dependence, must have evidence of a 30-day trial for all preferred drugs before approval of a non-preferred drug. - Other clinical, safety edits, and restrictions may apply.
Health Plan Allowed To Implement Pharmacy Lock-In Program	Yes, the state’s lock-in program is called the Coordinated Services Program (CSP). Parameters for enrollment include use of emergency room for non-emergent care, using multiple provider organizations, excessive unsafe prescription use, and early prescription refills. CSP enrollees are restricted to one primary care provider, one pharmacy, and/or one dentist.

D.5. Medicaid Program: Demonstration & Care Management Waivers

Waiver Title	Waiver Description	Waiver Type	Enrollment Cap	Effective Date	Expiration Date
Waiver for Managed Care Enrollment of Medicaid Expansion of New Adult Group (ND-04)	Authorizes the state to enroll the Medicaid expansion population in a single managed care plan.	1915 (b)	None	11/01/2023	11/31/2028

D.5. Medicaid Program: Section 1915 (c) HCBS Waivers

Waiver Title	Target Population	2025 Enrollment Cap	Operating Unit	Concurrent Management Authority
ND Traditional ID/DD HCBS (0037.R09.00)	Individuals with I/DD of any age	7,130	Developmental Disabilities Division	No
ND Autism Spectrum Disorder Birth through Thirteen (0842.R03.00)	Individuals with autism aged 13 and under.	345	Medical Services Division	No
ND Children's Hospice (0834.R03.00)	Individuals who are medically fragile under the age of 21	30	Home and Community-Based Services	No
ND Medicaid Waiver for Medically Fragile Children (0568.R03.00)	Individuals who are medically fragile ages 3 to 17	50	Disability Services Division, Developmental Disabilities Unit	No
ND Medicaid Waiver for HCBS (0273.R06.00)	Individuals ages 65 or older, and individuals with physical or other disabilities ages 18-64 years who meet a nursing facility level of care	854	Adult and Aging Services Division	No

D.6. Medicaid Program: New Initiatives

- There are no new or pending initiatives currently.





E. Medicare Financing & Service Delivery System

E.1. Medicare Financing & Service Delivery System

Medicare System Characteristics		
Characteristics	Traditional Medicare (FFS)	Medicare Advantage
Enrollment (February 2025)	96,461	53,058
SMI Enrollment	OPEN MINDS estimates 35% of the population in Medicare Advantage, 65% in Traditional Medicare.	
Management	- Part A: Inpatient hospital, skilled nursing facility care, nursing home care, hospice and home health care. - Part B: Clinical research, ambulance services, durable medical equipment, mental health and limited outpatient prescription drugs.	Medicare Advantage Plans provide Part A and Part B benefits, plus additional benefits based on plan chosen.
Payment Model	Part A & B cover up to 80%, remaining costs can be paid out of pocket.	Fixed amounts paid based on health plan chosen.
Geographic Service Area	Statewide	Statewide

Total Medicare: 149,519

Total Medicare With SMI: 19,437

E.2. Medicare System Overview

Medicare Financial Delivery System Enrollment	
Total Medicare population distribution	As of February 2025: 35% Medicare Advantage, 65% in traditional Medicare.
SMI population inclusion in managed care	Estimated 35% of population in Medicare Advantage, 65% in traditional Medicare.
Medicare population inclusion in Chronic Special Needs Plan or (C-SNP)	There are no C-SNP plans in North Dakota.
Medicare population inclusion in Institutional Special Needs Plan (I-SNP)	There are no I-SNP plans in North Dakota.

E.2. Medicare System: Overview

Medicare enrollment as of February 2025 was **149,519**.

OPEN MINDS estimates that about **13%** of the state population is enrolled in a Medicare plan.

- Of the SMI population **28%** are enrolled in a Medicare plan in North Dakota.

Many Medicare beneficiaries receive financial assistance through Medicaid with the cost of Medicare premiums, prescription drug expenses, and services not covered by Medicare – such as long-term care.

Medigap plans are sold by private insurers, but they're standardized under federal rules and regulated by state laws and insurance commissioners. **Twenty-eight** insurers offer Medigap plans in North Dakota in 2025.

There are **16** stand-alone Medicare Part D plans for sale in North Dakota in 2025, with premiums that start at \$0/month.

- As of September 2024, 78,884 Medicare beneficiaries in North Dakota had stand-alone Medicare Part D plans, and another 36,790 had Medicare Advantage that included integrated Medicare Part D coverage.

Nationwide around **88%** of Medicare enrollees use Medicare benefits due to age, while **12%** are eligible due to disability.

E.3. Medicare ACOs

Medicare Shared Savings Model ACOs

1. Collaborative ACO 30, LLC
2. The Rural Advantage LLC
3. Caravan Health ACO 43, LLC
4. Essentia Health

E.4. Medicare System: New Initiatives

- There are no new or pending initiatives currently.





F. Dual Eligible Financing & Service Delivery System

F.1. Dual Eligible Medicaid Financing & Service Delivery System

Dual Eligible* Medicaid System Characteristics		
Characteristics	Medicaid Managed Care	Program of All-Inclusive Care for the Elderly (PACE)
Enrollment (March 2024)	7,344	199
Estimated SMI Enrollment	1,542	42
Management	Department of Human Services	One organization
Payment Model	FFS	Blended capitated rate
Geographic Service Area	Statewide	Dickinson, Minot, Bismarck, Fargo

Total Dual Eligible Enrollment: 7,543

Total Dual Eligible Enrollment With SMI: 1,584

Note: Unless otherwise noted, the term *dual eligibles* in this section refers to Medicare enrollees with full Medicaid benefits.

F.2. Largest Dual Eligible Health Plans By Estimated SMI Enrollment

Health Plans	Parent Company	Plan Type	June 2023 Enrollment	Estimated SMI Enrollment
Northland PACE Senior Care Services	Northland Healthcare Alliance	PACE	199	42

F.3. Dual Eligible Medicaid Financing & Delivery System: Overview

Dual eligible enrollment as of March 2024 was **7,543**.

North Dakota began implementing D-SNP plans on Jan. 1, 2025. The North Dakota Legislature authorized D-SNPs in Senate Bill 2265 in 2023.



Medicare covers most acute services (which may include psychiatric care), while Medicaid, the payer of last resort, covers LTSS and non-physician behavioral health services.



Full benefit dual eligibles must enroll in one of the five health plans to receive physical and behavioral health services. Partial benefit dual eligibles must enroll in FFS.



F.4. Dual Eligible Medicaid Financing & Delivery System: New Initiatives

- There are no new or pending dual eligible initiatives currently.





G. Long-Term Services & Supports Financing & Service Delivery System

G.1. LTSS Financing & Service Delivery System

- North Dakota does not operate a MLTSS program

LTSS Medicaid System Characteristics	
Characteristics	Medicaid Managed Care
Enrollment (December 2024)	N/A
Estimated SMI Enrollment	N/A
Management	N/A
Payment Model	N/A
Geographic Service Area	N/A

Total LTSS Enrollment: N/A

Total LTSS Enrollment With SMI: N/A

G.1. Medicaid LTSS Service Delivery System Enrollment By Eligibility Group

Population	Mandatory FFS Enrollment	Option To Enroll In FFS Or Managed Care	Mandatory Managed Care Enrollment
Disabled adults	✓		
Disabled children	✓		
Blind individuals	✓		
Aged individuals	✓		
Dual eligibles	✓		
Individuals with I/DD	✓		
Individuals residing in nursing homes	✓		
Individuals residing in ICF/IDD	✓		
Other HCBS Recipients	✓		
Other populations	✓		

G.2. LTSS Medicaid Financing & Delivery System: Overview

- North Dakota does not offer MLTSS services and instead all individuals receive care through the FFS system.



G.3. LTSS Health Plan Characteristics

- North Dakota does not offer MLTSS services and instead all individuals receive care through the FFS system.



G.4. Medicaid LTSS Program: Health Benefits

- North Dakota does not offer MLTSS services and instead all services are the same as the FFS program.



G.5. LTSS Medicaid Financing & Delivery System: New Initiatives

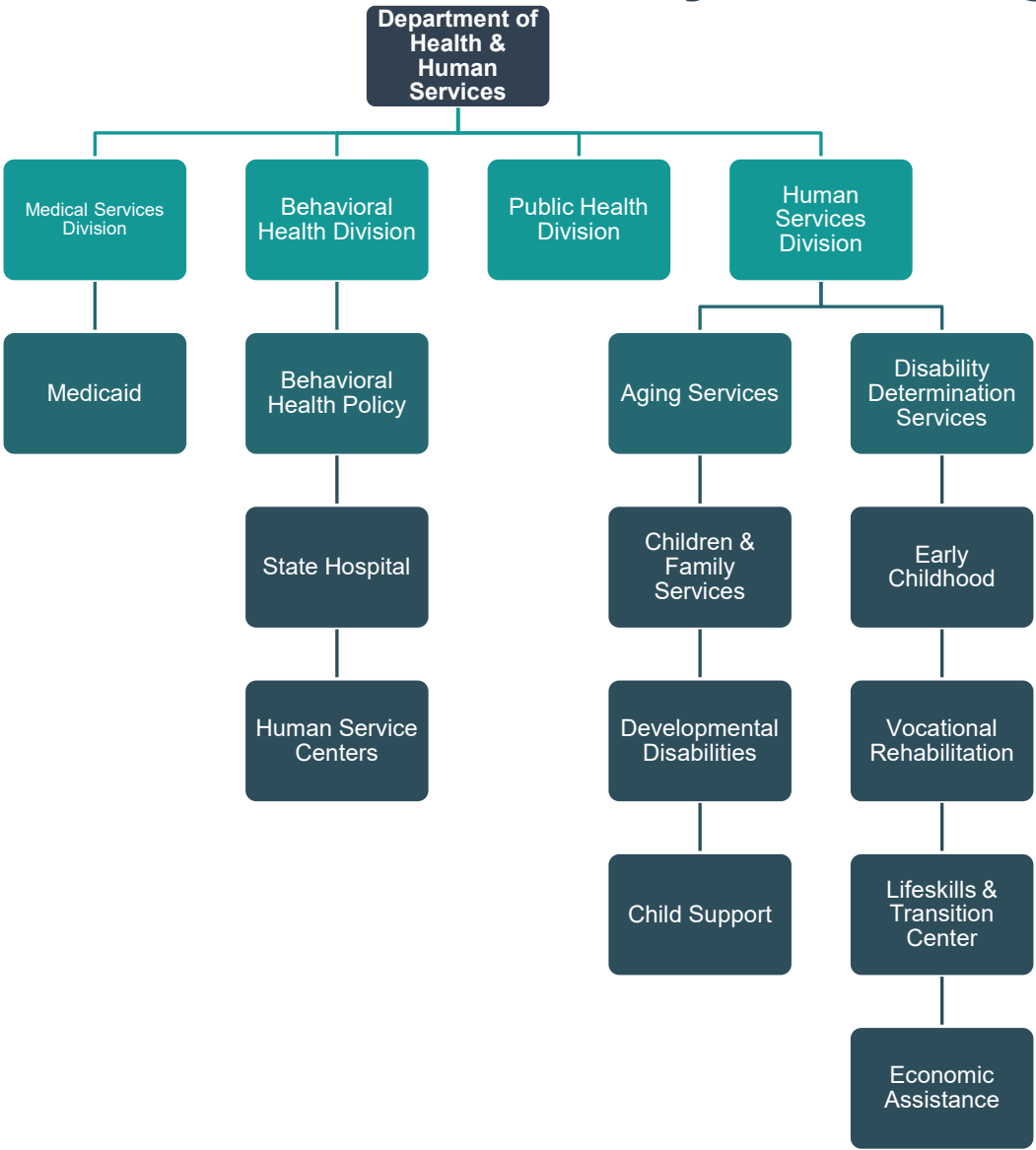
- North Dakota has no pending initiatives that will influence the finance or delivery systems of the LTSS population.





H. State Behavioral Health Administration & Finance System

H.1. North Dakota Behavioral Health System: Organization Chart



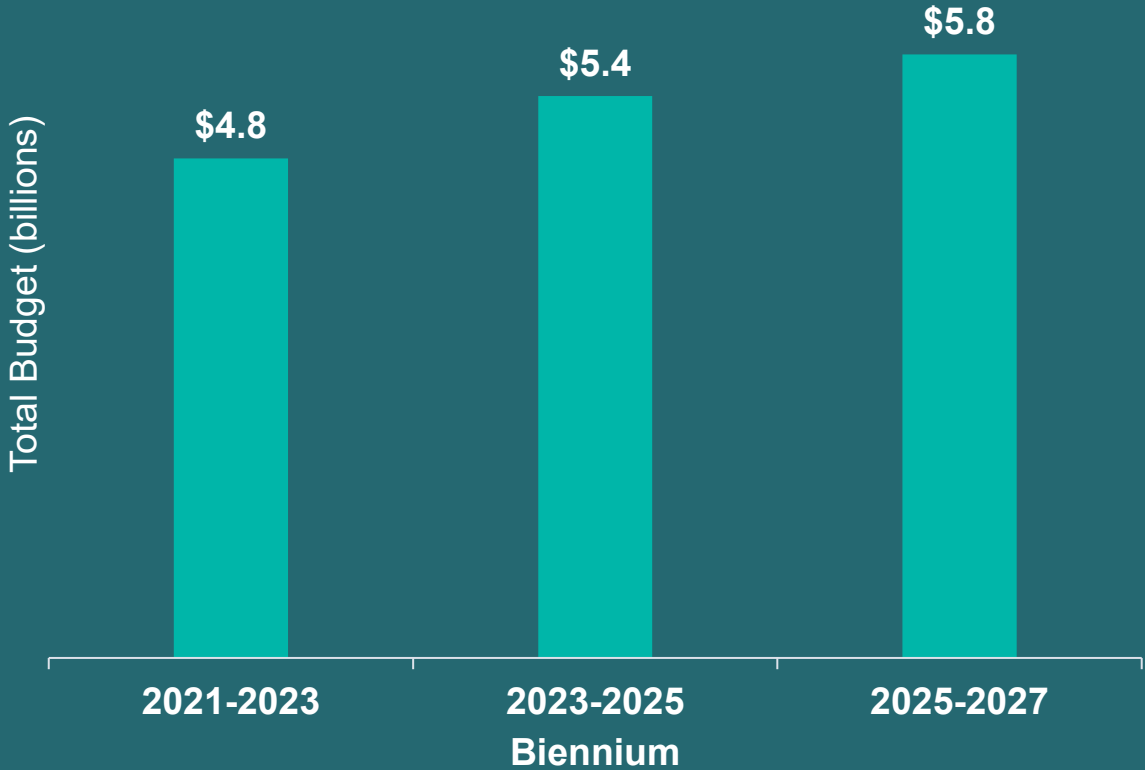
H.1. North Dakota Behavioral Health System: Key Leadership

Name	Position	Department	Email
Wayne Salter	Commissioner	DHHS	wsalter@nd.gov
Pamela Sagness	Executive Director	DHHS, Behavioral Health Division	psagness@nd.gov
Jessica Thomasson	Executive Director	DHHS, Human Services Division	jthomasson@nd.gov
Ed Yabut, M.D.	Medical Director	DHHS, North Dakota State Hospital	eyabut@nd.gov
Aaron Olson	Superintendent	DHHS, North Dakota State Hospital	olsonaaron@nd.gov

H.2. North Dakota Behavioral Health System: Budget

Budget Item	SFY 2025-2025 Budget Appropriations	Percent Of Budget
Department of Health and Human Services	\$5,818,036,970	100%
Budget Total: \$5,818,036,970		

Behavioral Health Budget: Change Over Time



H.3. State Psychiatric Institutions

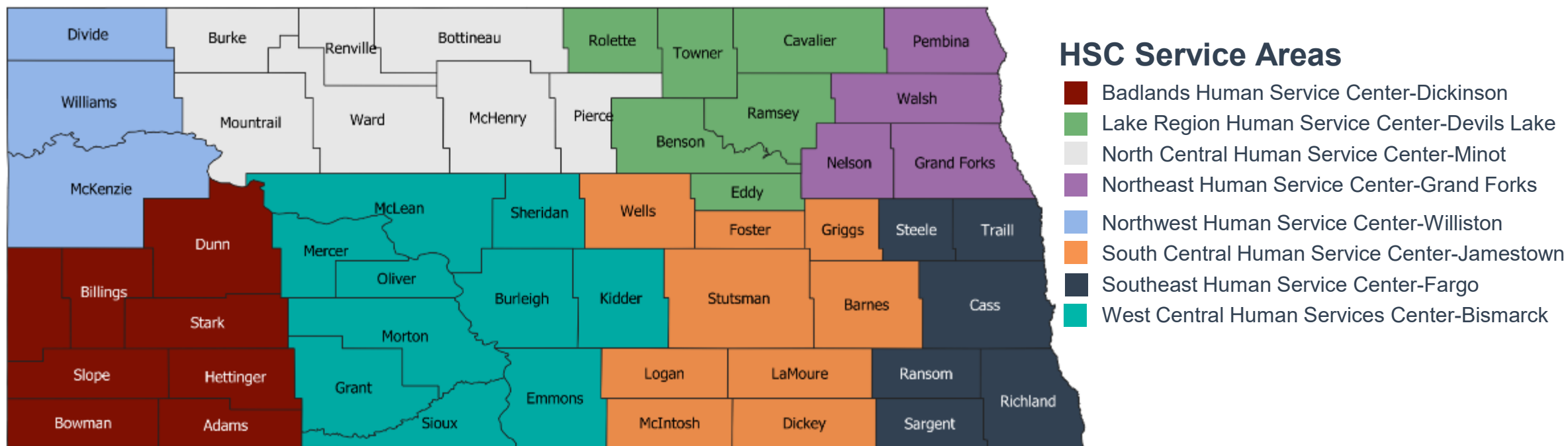
State Psychiatric Institutions		
Institution	Location	Beds
North Dakota State Hospital	Jamestown	81

H.4. Behavioral Health Safety-Net Delivery System

- The Behavioral Health Division within the Department of Human Services provides mental health and addiction treatment services to the safety-net population through eight regional Human Service Centers (HSCs).
 - The HSCs are also responsible for child welfare, developmental disability, vocational rehabilitation, and adult protection services.
- The HSCs both directly provide services and contract with provider organizations to provide services.
 - The HSCs serve approximately 14,800 adults with behavioral health needs annually.
- Services are financed through a combination of state and federal funds, public and commercial insurance, and private pay.
- The HSCs are currently working on a number of initiatives, including creating open access to care, standardizing and re-working crisis services, receiving Commission on Accreditation of Rehabilitation Facilities accreditation, and creating psychosocial rehabilitation teams and recovery management.



H.4. Behavioral Health Safety-Net Delivery System HSC Service Areas



H.4. Behavioral Health Safety-Net Delivery System HSC Service Areas

RHSC	Counties Served
Badlands Human Service Center-Dickinson	Adams, Billings, Bowman, Dunn, Golden Valley, Hettinger, Slope, Stark
Lake Region Human Service Center-Devils Lake	Benson, Cavalier, Eddy, Ramsey, Rolette, Towner
North Central Human Service Center-Minot	Bottineau, Burke, McHenry, Mountrail, Pierce, Renville, Ward
Northeast Human Service Center-Grand Forks	Grand Forks, Nelson, Pembina, Walsh
Northwest Human Service Center-Williston	Divide, McKenzie, Williams
South Central Human Service Center-Jamestown	Barnes, Dickey, Foster, Griggs, LaMoure, Logan, McIntosh, Stutsman, Wells
Southeast Human Service Center-Fargo	Cass, Ransom, Richland, Sargent, Steele, Traill
West Central Human Services Center-Bismarck	Burleigh, Emmons, Grant, Kidder, McLean, Mercer, Morton, Oliver, Sheridan, Sioux

H.5. Behavioral Health: New Initiatives

- There are no new or pending initiatives currently.





I. Appendices

I.1. OPEN MINDS Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Commercial	4.9% of the commercially insured population over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicaid	8.8% of persons enrolled in traditional Medicaid	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2023 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved December 2024 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabsSect6pe2021.htm#tab6.8a
Medicare	13% of persons in the Medicare population, not dually eligible for Medicaid	Figueroa, J. F., Phelan, J., Orav, E. J., Patel, V., & Jha, A. K. (2020). Association of mental health disorders with health care spending in the Medicare population. Retrieved July 2023 from https://jamanetwork.com/journals/jamanetworkopen/fullarticle/2762948#:~:text=Results%20Of%204%20358%20975,had%20no%20known%20mental%20illness

I.1. *OPEN MINDS* Estimates For Share Of SMI Consumers Per Payer/Plan

Enrollment Category	Serious Mental Illness (SMI) Prevalence Estimate	Source
Medicare-Medicaid Dual Eligibility	21% of persons in the Medicare population dually eligible for full Medicaid benefits	ATI Advisory. (2022). A Profile of Medicare-Medicaid Dual Beneficiaries. Retrieved March 2023 from https://atiadvisory.com/wp-content/uploads/2022/06/A-Profile-of-Medicare-Medicaid-Dual-Beneficiaries.pdf
Other Public	4.5% of persons served by the Veterans Administration health care system or the TRICARE military health system	U.S. Census Bureau (2022). Table HHI-01. Health Insurance Coverage Status and Type of Coverage--All Persons by Sex, Race and Hispanic Origin: 2017 to 2021. Retrieved March 2023 from https://www2.census.gov/programssurveys/demo/tables/health-insurance/time-series/hic/hhi01.xlsx
No Health Care Insurance	6.7% of uninsured persons over age 18	Substance Abuse and Mental Health Services Administration. (2022). Results from the 2021 National Survey on Drug Use and Health: Mental Health detailed Tables. Retrieved March 2023 from https://www.samhsa.gov/data/sites/default/files/reports/rpt39441/NSDUHDetailedTabs2021/NSDUHDetailedTabs2021/NSDUHDetTabSect6pe2021.htm#tab6.8a

I.2. Glossary Of Terms

Word	Abbreviation	Definition
Alternative Benefit Plan	ABP	State designed benefit package for the Medicaid expansion population (childless adults with income below 138% of the FPL). The benefit package must include the ten essential benefits as laid out in the PPACA. The Medicaid expansion population deemed medically frail (including those with SMI) are exempt from receiving benefits through the ABP.
Accountable Care Organizations	ACO	ACOs are groups of provider organizations—such as physicians and hospital systems—that form an agreement to coordinate care for a set group of individuals. If the ACO delivers high quality care—measured through performance metrics—and lowers the cost of providing care against a baseline, then the organization receives a portion of the savings generated. ACOs can exist alongside all payment structures (fee-for-service and managed care delivery systems) and payers (Medicare, Medicaid, commercial).
Administrative Services Organization	ASO	An arrangement in which an organization hires a third party to deliver administrative services to the organization, such as claims processing and billing. The ASO is not at-risk.
Capitation		A set amount of money paid per enrollee per month to a health care entity to cover the cost of health care services. Capitation can cover the cost of all health care services or subset of services, such as care coordination or home- and community-based services.
Carve-out		A carve-out is a Medicaid managed care financing model where some portion of Medicaid benefits—dental services, pharmacy services, behavioral health services, etc.—are separately managed and/or financed. Carve-out services can be financed on an at-risk basis by another organization or retained by the state Medicaid agency on a fee-for-service basis.
Certified Community Behavioral Health Clinic	CCBHC	Behavioral health clinics specially certified in a demonstration established by section 223 of the Protecting Access to Medicare Act of 2014. The clinics are designed to provide community-based mental health and addiction treatment services, to advance the integration of behavioral health with physical health care, and to provide care coordination across the full spectrum of health services.

I.2. Glossary of Terms

Word	Abbreviation	Definition
Community Mental Health Center	CMHC	An organization that can demonstrate that it is actively providing all services in section 1913(c)(1) of the Public Health Services Act, including a.) Outpatient services, including specialized outpatient services for children, the elderly, individuals who are chronically mentally ill, and residents of the CMHC's mental health service area who have been discharged from inpatient treatment at a mental health facility; b.) 24 hour-a-day emergency care services; c.) Day treatment, or other partial hospitalization services, or psychosocial rehabilitation services; and d.) Screening for patients being considered for admission to state mental health facilities to determine the appropriateness of such admission. Additionally, the organization must meet the specifications for the state where it provides services.
Dual Eligible		An individual who is eligible for Medicare (Part A and B) and Medicaid. Medicare serves as the individual's primary insurance, and Medicaid acts as a supplement. Dual eligibles are sometimes referred to as Medicare-Medicaid enrollees (MMEs).
Federal Poverty Level	FPL	The U.S. Department of Health and Human Services sets a standard level of income that is used to determine eligibility for services and benefits, including Medicaid. In 2025, the FPL is \$15,060 for an individual and \$31,200 for a family of four.
Fee-For-Service	FFS	A system where the payer, in this case Medicaid, contracts directly with provider organizations and pays for providing care on a unit by unit basis. Health plans may also reimburse provider organizations on a FFS basis meaning they pay for each unit of care or test.
Health Home		A "whole person" care coordination model that specifically targets populations with chronic conditions including those with SMI. Health homes provide six essential functions: 1.) Comprehensive care management; 2.) Care coordination and health promotion; 3.) Comprehensive transitional care from inpatient to other settings, including appropriate follow-up; 4.) Individual and family support; 5.) Referral to community and social support services; 6.) Use of health information technology to link services. Health homes were originally developed as a Medicaid program, but have been adopted by other payers. For a state to have an official health home program they must have an approved state plan amendment.

I.2. Glossary of Terms

Word	Abbreviation	Definition
Health Insurance Marketplace	HIM	Created by the PPACA, the health insurance marketplace is an online platform where individuals and small businesses can purchase health insurance. The federal government subsidizes coverage purchased on the marketplace through premium tax credits for individuals with income up to 400% of the FPL.
Home- & Community-Based Services	HCBS	Long-term services and supports provided in the home or community in order to avoid institutionalization. Traditionally provided through 1915(c) waivers, HCBS services are usually limited to specific populations and a specific number of people. HCBS services include skilled nursing care, personnel care services, assistance with activities of daily living, and custodial care.
Institutions For Mental Disease	IMD	A hospital, nursing facility, or other institution of more than 16 beds that is primarily engaged in providing diagnosis, treatment, or care of persons with mental diseases, including addiction. Federal financial participation is available for Medicaid IMD services for individuals under the age of 21 and age 65 and over. In recent years, CMS has relaxed the rules prohibiting payments in IMDs for individuals ages 21-64. Medicaid health plans may provide up to 15 days of IMD services per month in lieu of state plan services if medically appropriate, cost effective, and consented to by the individual. Additionally, states may be granted a 1115 waiver authority to allow individuals to receive addiction and mental health treatment in IMDs.
Long-Term Services & Supports	LTSS	Services provided in the home, community, or institutional setting to those who experience difficulty living independently and completing activities of daily living as a result of cognitive disabilities, physical impairments, disabling chronic conditions, and/or age.
Managed Care		A health care delivery and financing system designed to manage cost, utilization, and quality. In Medicaid, states generally implement managed care through contracts with health plans, which provide a limited set of benefits to enrollees through a capitated or per person per month (PMPM) rate. The health plans generally assumes full-risk for the cost of treatment, and therefore contracts with a network of provider organizations to provide care at the most efficient rate possible while still maintaining member health.

I.2. Glossary of Terms

Word	Abbreviation	Definition
Medicaid		Medicaid is a joint federal-state program that provides health coverage to economically disadvantaged populations, such as low-income adults, children, and aged, blind, and disabled (ABD) individuals. States establish their own eligibility standards, benefit packages, provider payment policies, and administrative structures under broad federal guidelines. Financing is a shared responsibility of the federal government and the states.
Medicaid Waiver		Granted by CMS, waivers allow states to make temporary changes to their Medicaid program in order to test out new ways to deliver health coverage.
Medicaid Waiver Section 1115	1115 waiver	Known as research and demonstration waivers, states can apply for program flexibility to test new or existing approaches to financing and delivering Medicaid and CHIP.
Medicaid Waiver Section 1915(b)	1915(b) waiver	States can apply for waivers to provide services through managed care delivery systems, or otherwise limit an individual's choice of health plan or provider organization.
Medicaid Waiver Section 1915(c)	1915(c) waiver	States can apply for waivers to provide long-term care services in home- and community-based settings, rather than institutional settings.
Medical Home		A medical home is not a physical place, but a model for care coordination. Medical homes provide primary care services, care coordination, enhanced access to care, and care that is culturally and linguistically appropriate. Medical homes exist across multiple payers.
Medicare		Federal health insurance for individuals over the age of 65, individuals with certain disabilities, and individuals with end stage renal disease. Medicare covers most acute care services (which may include psychiatric care), but does not cover LTSS or non-physician behavioral health services.
Medicare Advantage	MA	Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.

I.2. Glossary of Terms

Word	Abbreviation	Definition
Medicare Advantage Special Needs Plan	SNP	A special type of Medicare Advantage plan that is designed to provide targeted coordinated care to individuals who are a) institutionalized; b) dual eligible; and/or c) meet the severe chronic disabled conditions set forth by CMS. Plans emphasize improved care primarily through continuity of care and care coordination.
Medicare Part A		Hospital Insurance: Covers hospital, skilled nursing care, hospice, and home health care for most eligible individuals at no cost. Financed through payroll tax and deductibles, copayments are only charged if a stay becomes long-term.
Medicare Part B		Supplementary Medical Insurance: Covers most outpatient services, and consumers pay a premium based on income level.
Medicare Part C		Medicare Part C - also known as Medicare Advantage - is a program which allows individuals who are eligible for Medicare Parts A and B to elect a private health plan to provide their Medicare coverage. The federal government pays the plan's premiums up to a set level, and individuals are responsible for the difference.
Medicare Part D		Outpatient Prescription Drug Benefit: Private plans contract with Medicare to provide coverage for prescription drugs. Most consumers pay premiums based on their income.
Metropolitan Statistical Area	MSA	An urbanized area with a population of at least 50,000 plus adjacent territory that has a high degree of social and economic integration as measured by commuting ties.
Patient-Centered Medical Home	PCMH	See Medical Home.
Patient Protection & Affordable Care Act	PPACA or ACA	U.S. health care reform signed into law in 2010. The legislation regulates certain aspects of private and public health insurance programs and authorizes an individual mandate to secure essential health coverage, premium tax credits for the purchase of private health insurance, and increased insurance coverage of preexisting conditions. In 2012 the Supreme Court ruled that state participation is optional for provisions of the law expanding Medicaid coverage to adults ages 18 to 64 with incomes under 138% of the FPL. In 2017, Congress repealed the tax penalties associated with the individual mandate essentially ending the mandate.

I.2. Glossary of Terms

Word	Abbreviation	Definition
Primary Care Case Management	PCCM	A health care delivery system model with limited utilization and cost control. Under the PCCM model, Medicaid enrollees choose a primary care physician who acts as a gatekeeper for more intensive services. The primary care physician generally receives a per person per month (PMPM) fee for care coordination, and is reimbursed fee-for-service for all medical services provided.
Program Of All Inclusive Care For The Elderly	PACE	PACE serves populations over the age of 55 who are eligible for skilled nursing home care by utilizing a comprehensive delivery system of social, medical, and long-term care services to keep enrollees in the community for as long as possible. PACE is an optional state Medicaid program, and may only be available in certain states, or regions within states.
Serious Mental Illness	SMI	A mental, behavioral, or emotional disorder that lasts for a sufficient duration of time and causes impairment of major life activities. Serious mental illnesses include major depression, schizophrenia, bipolar disorder, obsessive compulsive disorder (OCD), panic disorder, post traumatic stress disorder (PTSD), and borderline personality disorder.
Supported Employment		Provides services and supports to help individuals with disabilities become employed in an integrated or competitive work environment, and retain that employment.
Supported Housing		Housing provided for as long as needed at little or no cost to individuals with mental illness, or other vulnerable populations who are homeless or at-risk for homelessness. Mental health and social services are offered to participants, but are not a condition for participation in the program. The goal is to allow individuals to live as self-sufficient, independent lives as possible.
Value-Based Reimbursement	VBR	Reimbursement model in which payers financially reward or penalize health care provider organizations for performance on quality and cost of care. VBR payment mechanisms include P4P; capitation; shared savings models; shared risk models; and payments based on clinically-defined episodes, called episodes of care or bundled payments.

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C.2. Medicaid Program Spending By Eligibility Group

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