

N.D. Cent. Code § 50-24.1-37. Medicaid expansion – Legislative management report (Effective January 1, 2014, through July 31, 2019 - Contingent repeal - See note): Medical Assistance for Needy Persons

Authorizes Medicaid Expansion in ND. The department shall implement the expansion by bidding through private carriers or utilizing the health insurance exchange and must provide full transparency of all costs and all rebates in aggregate. The contract between the department and the private carrier must provide a reimbursement methodology for all medications and dispensing fees which identifies the minimum amount paid to pharmacy providers for each medication. The reimbursement methodology must be available on the department's website and encompass all types of pharmacy providers regardless of whether the pharmacy benefits are being paid through the private carrier or contractor or subcontractor of the private carrier under this section.

N.D. Cent. Code § 50-24.1-38. Health-related services – Licensed community paramedics: Medical Assistance for Needy Persons

The department of human services shall adopt rules governing payments to licensed community paramedics, advanced emergency medical technicians, and emergency medical technicians for health-related services provided to recipients of medical assistance, subject to necessary limitations and exclusions. A physician or an advanced practice registered nurse must supervise any care provided by a licensed community paramedic, an advanced emergency medical technician, or emergency medical technician.

N.D. Cent. Code § 50-24.1-39. Behavioral health services — Licensed marriage and family therapists: Medical Assistance for Needy Persons

Beginning January 1, 2016, the department of human services shall allow licensed marriage and family therapists to enroll and be eligible for payment for behavioral health services provided to recipients of medical assistance, subject to limitations and exclusions the department determines necessary.

N.D. Cent. Code § 26.1-03.2-01. Definitions: Risk-Based Capital for Health Organizations

Definitions related to Risk-Based Capital for Health Organizations

N.D. Cent. Code § 26.1-03.2-02. Risk-based capital reports: Risk-Based Capital for Health Organizations

A domestic health organization shall prepare and submit to the commissioner a report of its risk-based capital levels as of the end of the calendar year just ended, in a form and containing such information as is required by the risk-based capital instructions.

N.D. Cent. Code § 26.1-03.2-08. Confidentiality – Prohibition on announcements – Prohibition on use in ratemaking: Risk-Based Capital for Health Organizations

It is the judgment of the legislature that the comparison of a health organization's total adjusted capital to any of its risk-based capital levels is a regulatory tool that may indicate the need for corrective action with respect to the health organization and is not intended as a means to rank health organizations generally. Therefore, except as otherwise required under the provisions of this chapter, the making, publishing or disseminating of any risk-based capital levels information of any health organization would be misleading and is therefore prohibited. The commissioner must keep any of this information confidential so as to not alert competitors to an insurer's prices.

N.D. Cent. Code § 26.1-08-03.1. Operation of the association: Comprehensive Health Association

A comprehensive health association may design, utilize, contract, or otherwise arrange for the delivery of cost-effective health care services, including establishing or contracting with preferred provider organizations, health maintenance organizations, and other limited network provider arrangements.

N.D. Cent. Code § 26.1-08-08. Benefit plan premium: Comprehensive Health Association

The schedule of premiums to be charged eligible individuals for a benefit plan must be established by the lead carrier and approved by the board, but may not exceed 155% of the individual premium rates charged for similar coverage throughout the state. If similar coverage is not offered by other insurance carriers, premium rates for actuarial equivalent benefit plans offered by other insurers in the state must be provided by the commissioner and utilized by the lead carrier to determine association rates for the benefit plans.

N.D. Cent. Code § 26.1-08-10. Administration of the association: Comprehensive Health Association

The lead carrier must be reimbursed from the association plan premiums received for its direct and indirect expenses. The lead carrier shall:

Perform all administrative and claims payment functions required under this chapter; Determine eligibility of individuals requesting coverage through the association; Provide all eligible individuals involved in the association an individual certificate setting forth a statement as to the insurance protection to which the individual is entitled, the method and place of filing claims, and to whom benefits are payable; Pay all claims under this chapter and indicate that the association paid the claims. Each claim payment must include information specifying the procedure involved in the event a dispute over the amount of payment arises; Establish a premium billing procedure for collection of premium from individuals covered by the association; Obtain approval from the board for all benefit plan premiums and benefit plans issued; Submit regular reports to the board regarding the operation of the association; Submit to the participating companies and board, on a semiannual basis, a report of the operation of the association; Verify premium volumes of all health insurers in the state; Determine and collect assessments; and Perform such functions relating to the association as may be assigned to it.

N.D. Cent. Code §§ 26.1-36.3-01 through 26.1-36.3-12: Small Employer Employee Health Insurance

Provides requirements of small employer employee health insurance.