

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2012

Page 1, line 2, after “exemption” insert “; to create and enact subsection 8 of section 50-24.1-07 of the North Dakota Century Code, relating to Medicaid claims”

Page 1, line 3, replace the first comma with an “and”

Page 1, line 3, after “50-24.1-26” insert “, subsection 5 of section 50-24.1-37”

Page 1, line 3, after the “and” insert “section”

Page 1, line 6, remove the second “a”

Page 1, line 7, replace “study” with “studies”

Page 7, line 3, replace “\$942,550,279” with “\$594,583,452”

Page 7, line 4, replace “\$94,225,028” with “\$66,064,828”

Page 7, line 21, remove “Critical access hospitals may not be paid less than one”

Page 7, remove line 22

Page 7, line 26, after “reimbursement” insert “. Critical access hospitals may not be paid less than one hundred percent of Medicare allowable costs and human service centers may not be paid less than one hundred percent of the current traditional Medicaid rate”

Page 8, after line 2, insert:

“6. Except for the provisions in subsection 4, provider reimbursement rates under the medical assistance expansion program shall not exceed one hundred twenty-five percent of traditional Medicaid reimbursement. Payment rate adjustments shall include alternative payment arrangements aimed at cost-effective, quality improvement strategies. This subsection shall apply to any medical assistance expansion program provider fee schedule which becomes effective on or after January 1, 2024.

SECTION 16. Subsection 8 to section 50-24.1-07 of the North Dakota Century Code is created and enacted as follows:

8. In any probate proceedings in which the department has filed a claim under this section, no additional evidence of foundation

shall be required for the admission of the department's payment record supporting the department's claim if the payment record is certified as a true copy and bears the signature of a representative of the department. There is a rebuttable presumption that the amount of medical assistance on the claim was incurred and paid on behalf of the recipient of medical assistance and is an allowable claim.

SECTION 17. AMENDMENT. Subsection 5 of section 50-24.1-37 of the North Dakota Century Code is amended and reenacted as follows:

5. Provider and managed care organization reimbursement rate information received or held by the department under this section is an open record."

Page 8, line 3, replace "16" with "18"

Page 9, line 12, replace "17" with "19"

Page 9, line 20, replace "18" with "20"

Page 10, line 3, replace "19" with "21"

Page 10, line 4, replace "20" with "22"

Page 10, line 8, replace "21" with "23"

Page 10, line 12, replace "22" with "24"

Page 10, line 18, replace "23" with "25"

Page 10, line 28, replace "24" with "26"

Page 11, line 29, replace "25" with "27"

Page 12, line 3, replace "26" with "28"

Page 12, line 7, replace "27" with "29"

Page 12, line 10, after the first "of" insert "underfunding,"

Page 12, line 11, remove "and"

Page 12, line 12, after "percentage" insert ", and unexpected contract costs that exceed ten percent"

Page 12, line 14, replace "28" with "30"

Page 12, line 21, replace "29" with "31"

Page 12, line 27, replace "30" with "32"

Page 13, after line 2, insert:

"SECTION 33. LEGISLATIVE MANGEMENT STUDY – MEDICAID PROVIDER REIMBURSEMENT ARRANGEMENTS. During the 2023-24 interim, the legislative management shall study the benefits of basing provider reimbursement rates for the Medicaid program in accordance with a provider’s performance under established and accepted value-based care metrics. The legislative management shall report its findings and recommendations, together with any legislation required to implement the recommendations, to the sixty-ninth legislative assembly."

Page 13, line 3, replace "31" with "34"

Page 13, line 7, replace "32" with "35"

Page 13, line 7, replace "19" with "21"

Renumber accordingly