North Dakota Medicaid VBP

Interim Health Care Committee

Representative Robin Weisz, Chairman

Medical Services Division, Medicaid Quality

Darrold Bertsch, Consultant

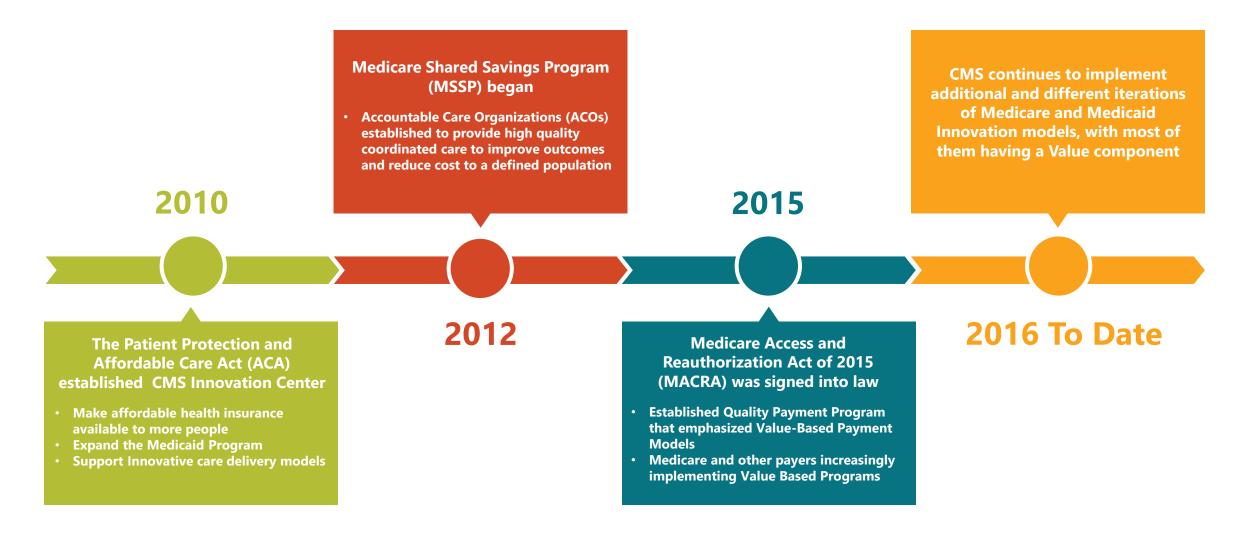




Medicaid VBP Presentation Agenda

- Evolution of Centers for Medicare and Medicaid Services (CMS) Value Based Care
- Traditional Fee For Service "Volume" to "Value" payment comparison
- What are the demographics of the traditional Medicaid population?
- North Dakota Medicaid Quality Strategy
- VBP Collaborative Considerations

Evolution of CMS Value Based Care Initiative



What are Volume and Value Based Provider Payments

Traditional "Volume" Based Payment:

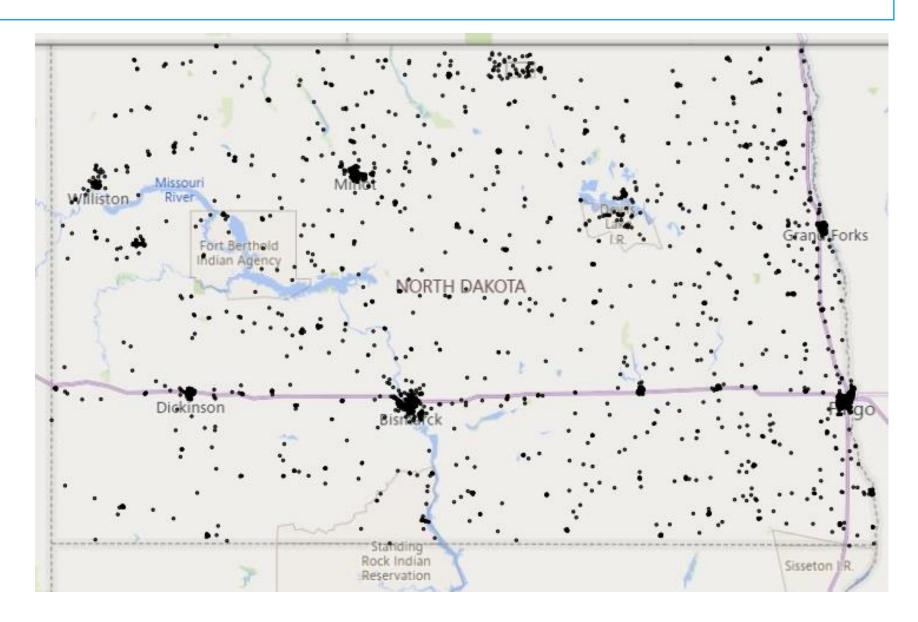
- Fee For Service payment (FFS)
 - Providers bill and are reimbursed for services provided
 - Payment typically based on an agreed Fee For Service Contract or Fee Schedule seldom tied to quality outcomes
 - Prospective Payment System (PPS) for hospitals, Federally Qualified Health Centers (FQHC)s, Home Health, SNF, etc.
 - Cost Based Reimbursement for providers such as Critical Access Hospitals (CAHs) Rural Health Clinics (RHCs). etc.

Value Based Payment:

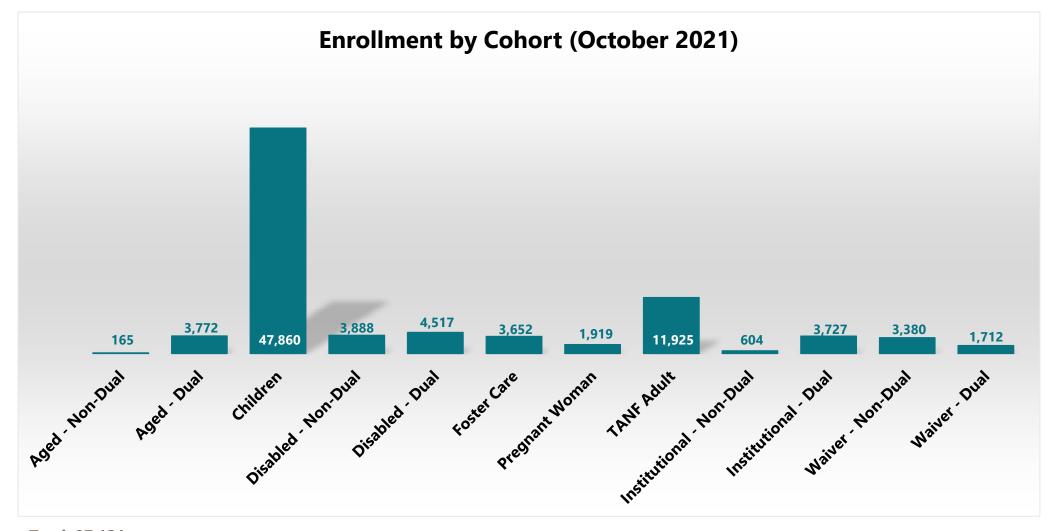
- Value-based programs reward health care providers with incentive payments for quality
 - Often includes traditional Fee for Service payments tied to quality outcomes
 - Pay for Performance, Shared Savings, Total Cost of Care, etc.
- Improve Patient Outcomes (Better health)
- Enhance healthcare delivery with a greater focus on Wellness, Prevention and Care Coordination
- Achieving results will lower cost growth/lower cost
- A great payer/provider partnership is imperative to success

Where Does The Medicaid Member Live

- Over 87,000 members
- Majority of members between the ages of 0-20 (64%)
- Male: 44%, Female: 56%

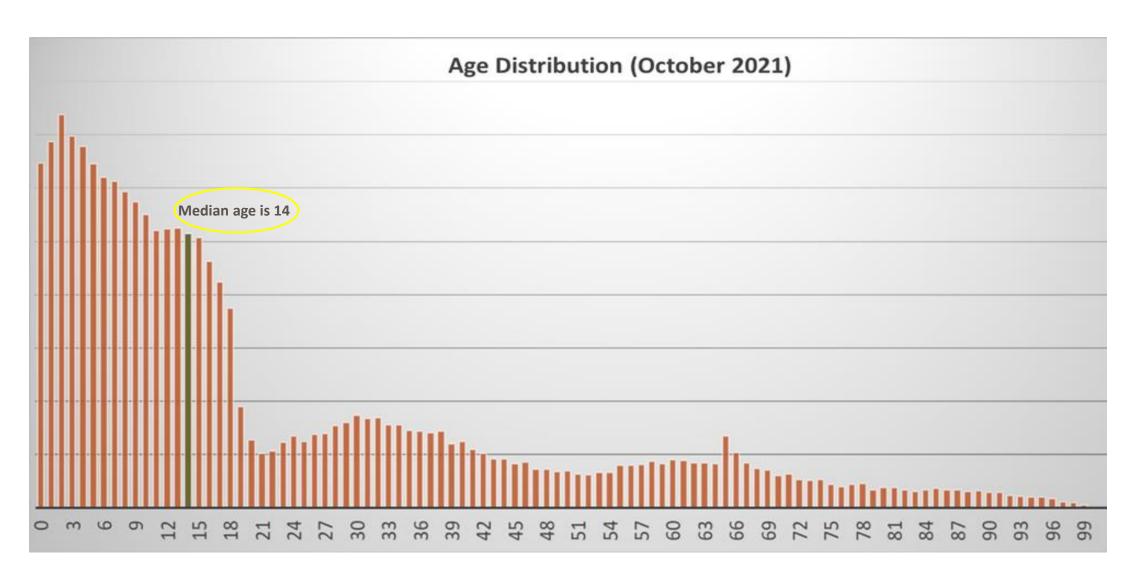


Total Members – Traditional Medicaid Population



Total: 87,121

Total Member Months – Traditional Medicaid Population by Age



North Dakota Medicaid's Quality Strategy **Focus Populations Design for Improved Outcomes Improve Outcomes Healthy Children Preventive Health Services** and Adults Women and **Prenatal Care to Well Infant Health Mothers and Babies** Social **High Value** Smart System Community Data and **Determinants** Services from Design with Analytics **Engagement** of Health Vendors Providers Comprehensive and **Behavioral Health Coordinated Behavioral Health Services** Well Managed Asthma, **Chronic Conditions** Diabetes, and Hypertension **Oral Health Preventive Dental Services Health Tracks** 1915i **DOH Initiatives Special Initiatives Human Services Health Homes** SUD Voucher

VBP Collaborative Considerations: Still in Discussion...

- Financial Component
 - Withhold, Payback, Quality Payment add on, other
- Quality Measures
 - Opportunities for improving member health status
- Quality Metrics Benchmarks, Data, Targets, etc.
 - How will benchmarks be established, data gathered and targets for quality incentives be determined
- Member Attribution Methodology
 - How will member and provider relationships be determined
- VBP Rollout
 - What is the timeline?
 - Providers Systems, independent providers, CAHs, FQHCs, RHCs, etc.

