

# North Dakota Medicaid VBP

## Interim Health Care Committee

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## Medical Services Division, Medicaid Quality

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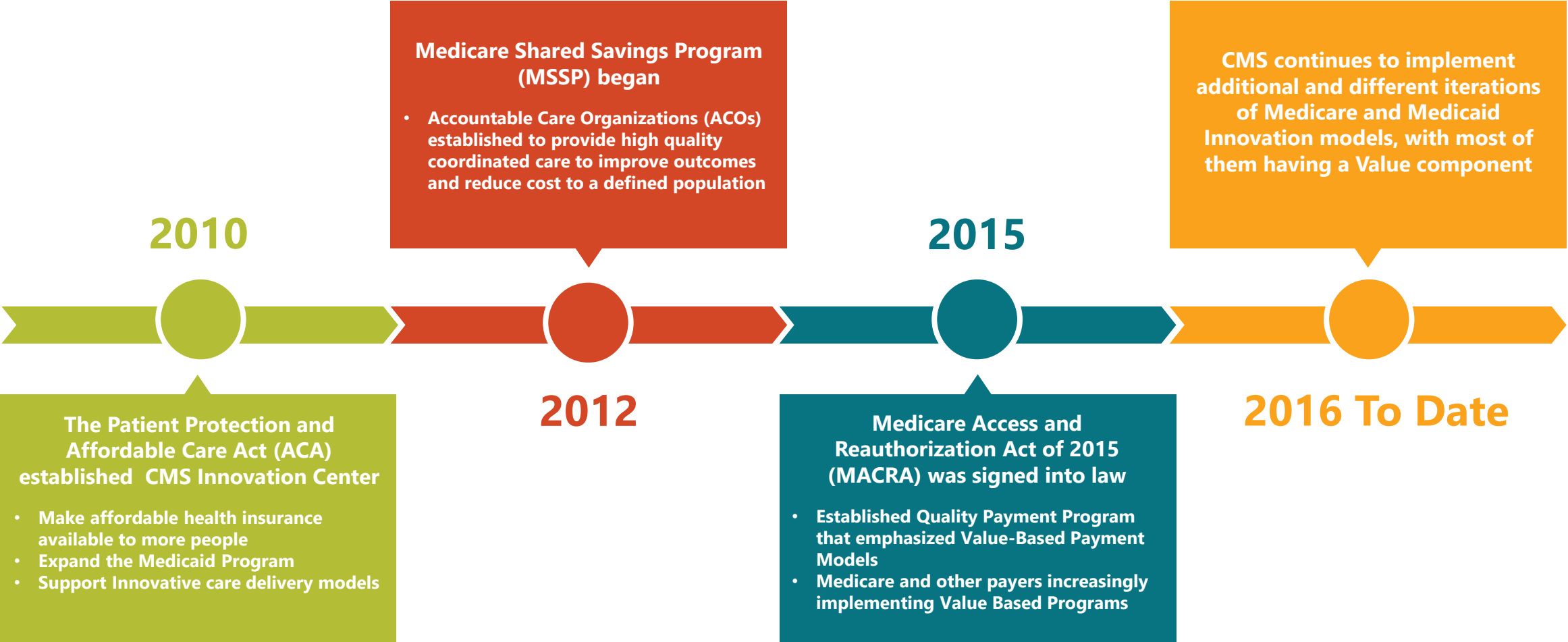


# Medicaid VBP

## 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:

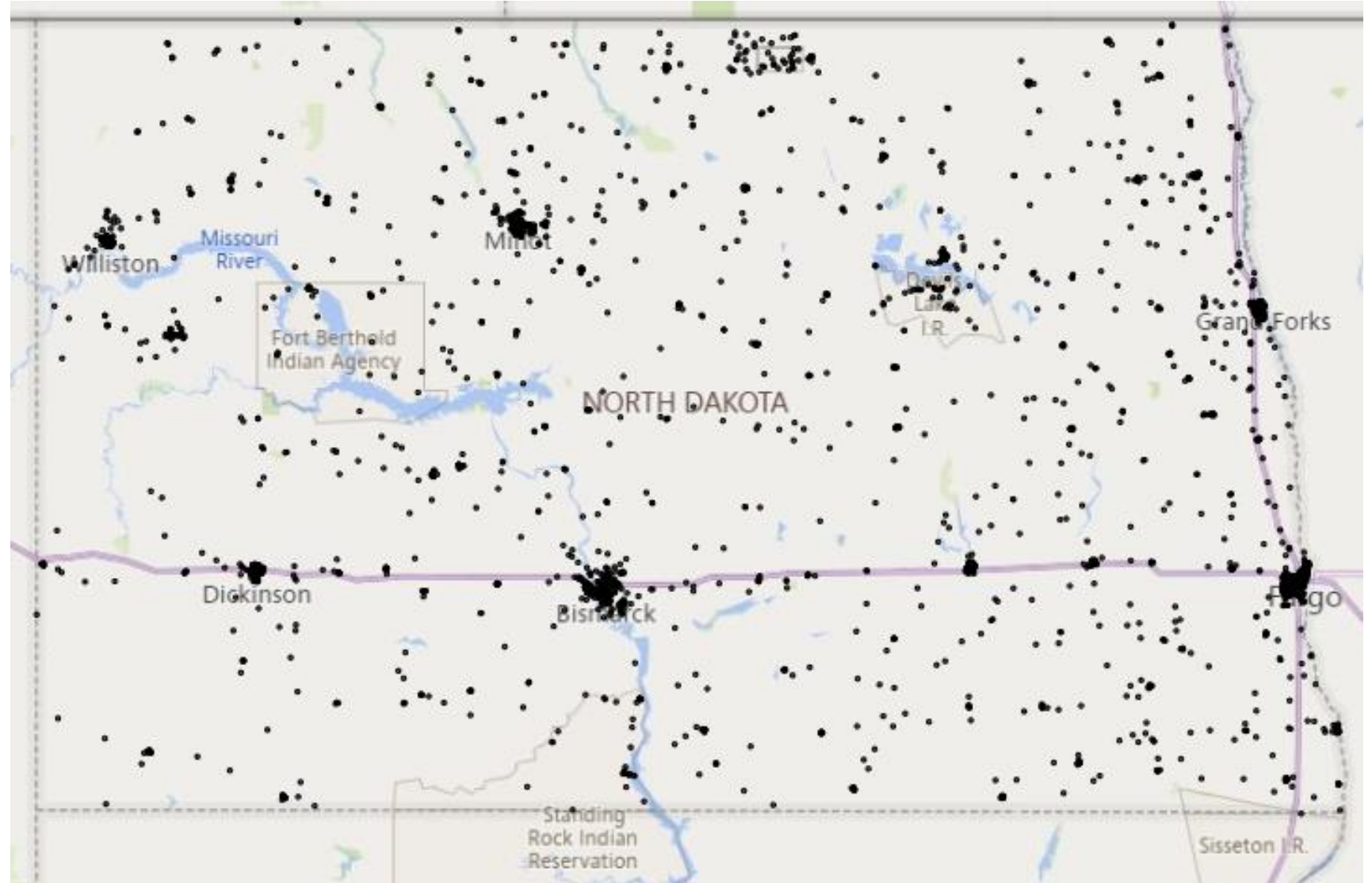
- Fee For Service payment (FFS)
  - Providers bill and are reimbursed for services provided
  - Payment typically based on an agreed Fee For Service Contract or Fee Schedule seldom tied to quality outcomes
  - Prospective Payment System (PPS) for hospitals, Federally Qualified Health Centers (FQHC)s,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

## Value Based Payment:

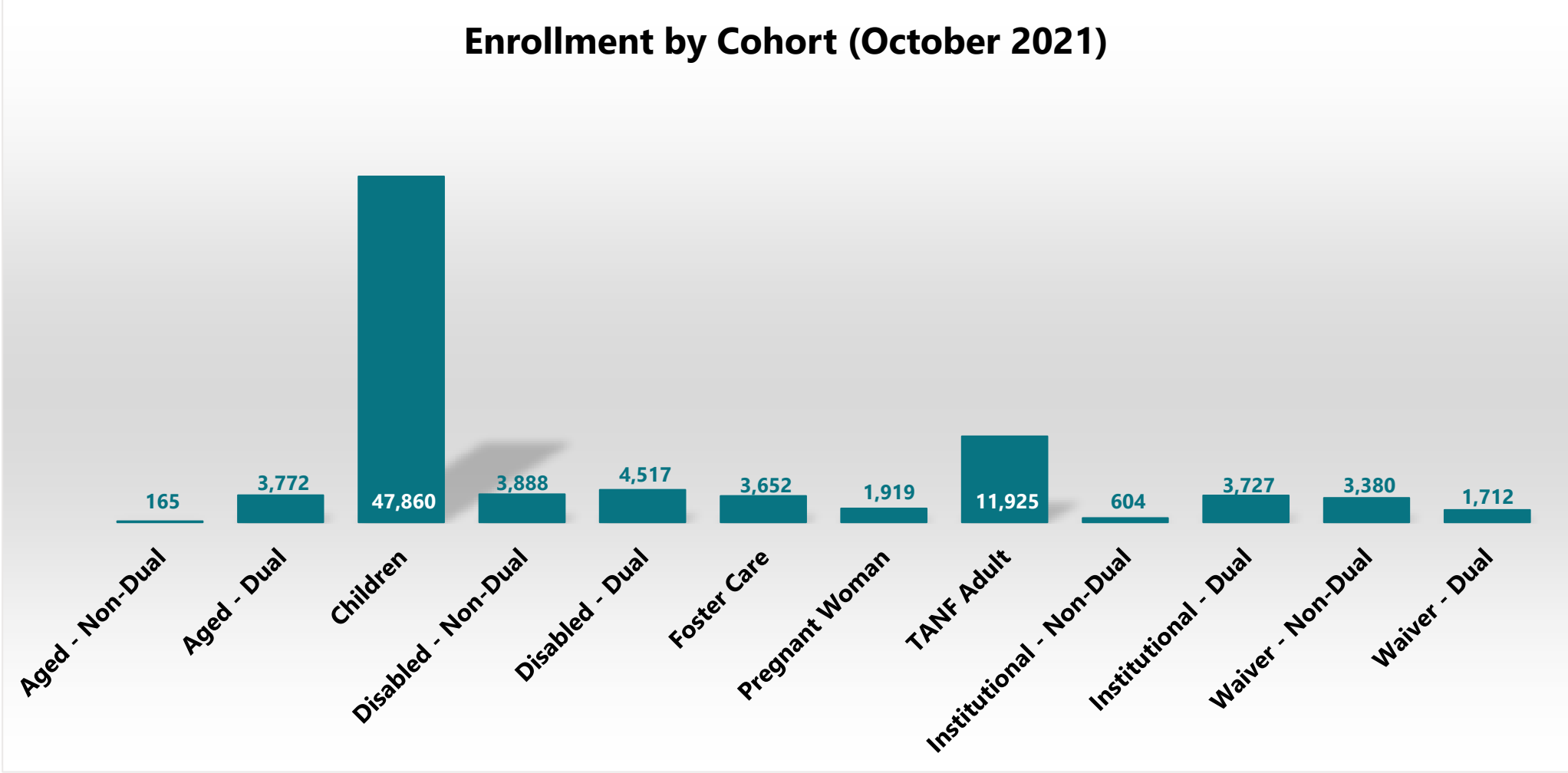
- Value-based programs reward health care providers with incentive payments for quality
  - Often includes traditional Fee for Service payments tied to quality outcomes
  - Pay for Performance, Shared Savings, Total Cost of Care, etc.
- Improve Patient Outcomes (Better health)
- Enhance healthcare delivery 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%

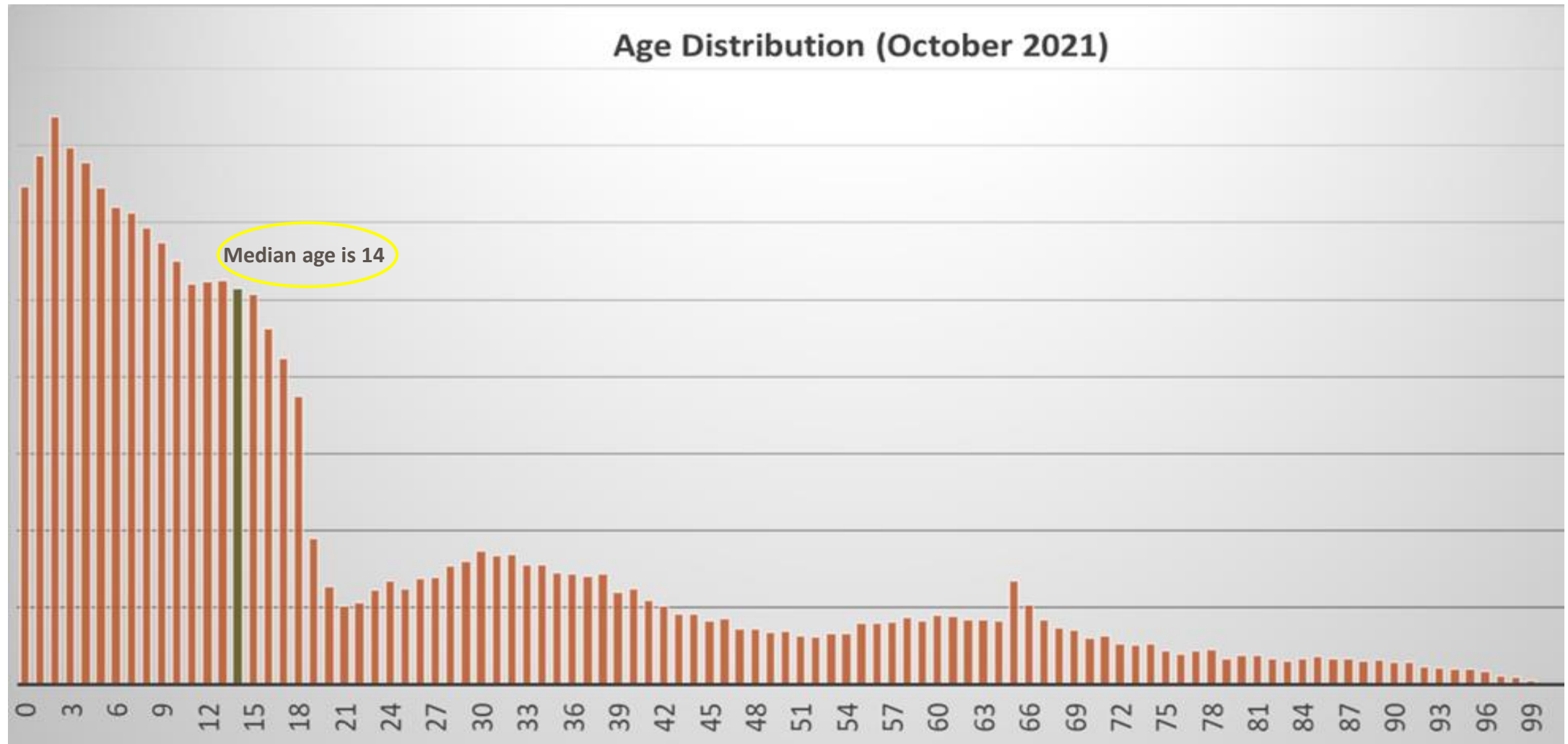


# Total Members – Traditional Medicaid Population



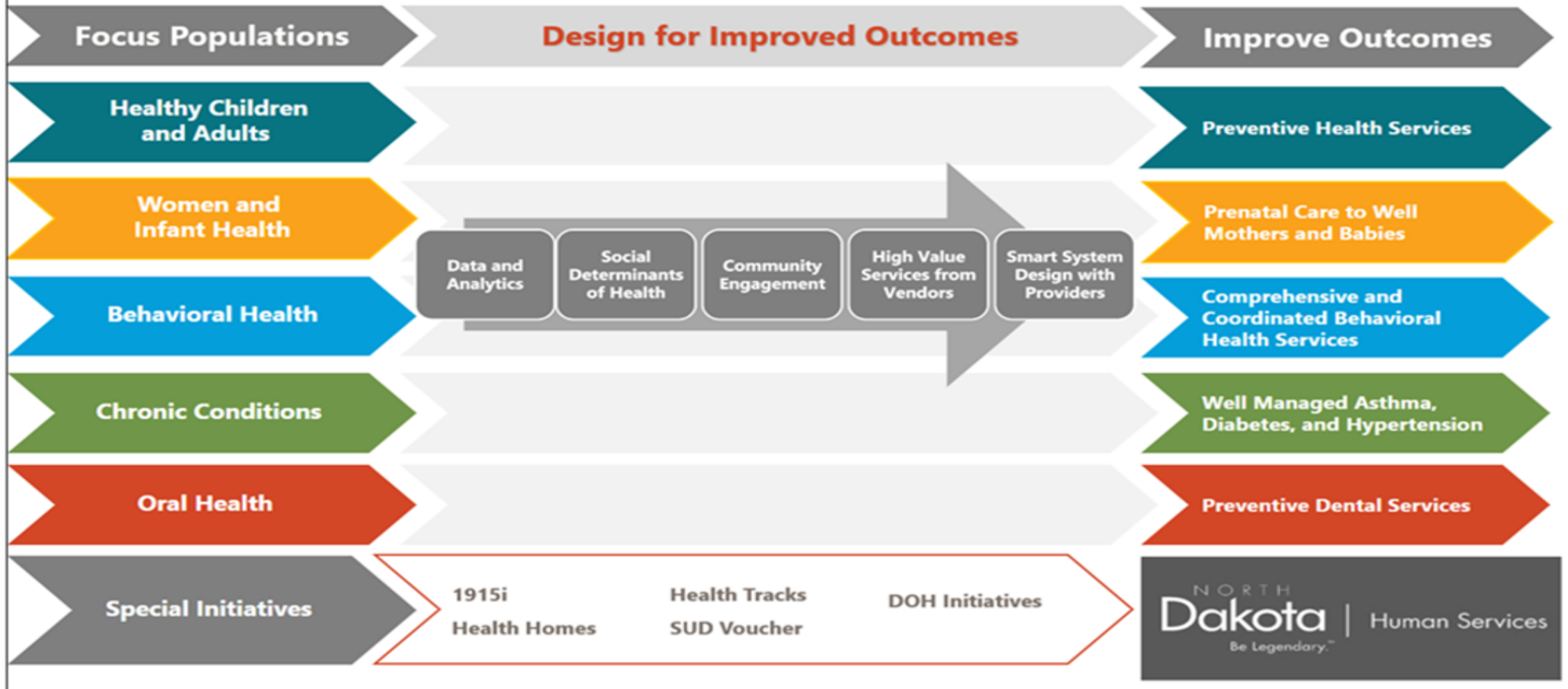
Total: 87,121

# Total Member Months – Traditional Medicaid Population by Age





# North Dakota Medicaid's Quality Strategy





# 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.

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