North Dakota Medicaid VBP

Interim Health Care Committee
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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

2010

The Patient Protection and Affordable Care Act (ACA) established CMS Innovation Center

- Make affordable health insurance available to more people
- Expand the Medicaid Program
- Support Innovative care delivery models

2012

Medicare Shared Savings Program (MSSP) began

- Accountable Care Organizations (ACOs) established to provide high quality coordinated care to improve outcomes and reduce cost to a defined population

2015

Medicare Access and Reauthorization Act of 2015 (MACRA) was signed into law

- Established Quality Payment Program that emphasized Value-Based Payment Models
- Medicare and other payers increasingly implementing Value Based Programs

2016 To Date

CMS continues to implement additional and different iterations of Medicare and Medicaid Innovation models, with most of them having a Value component

What are Volume and Value Based Provider Payments

Traditional "Volume" Based Payment:

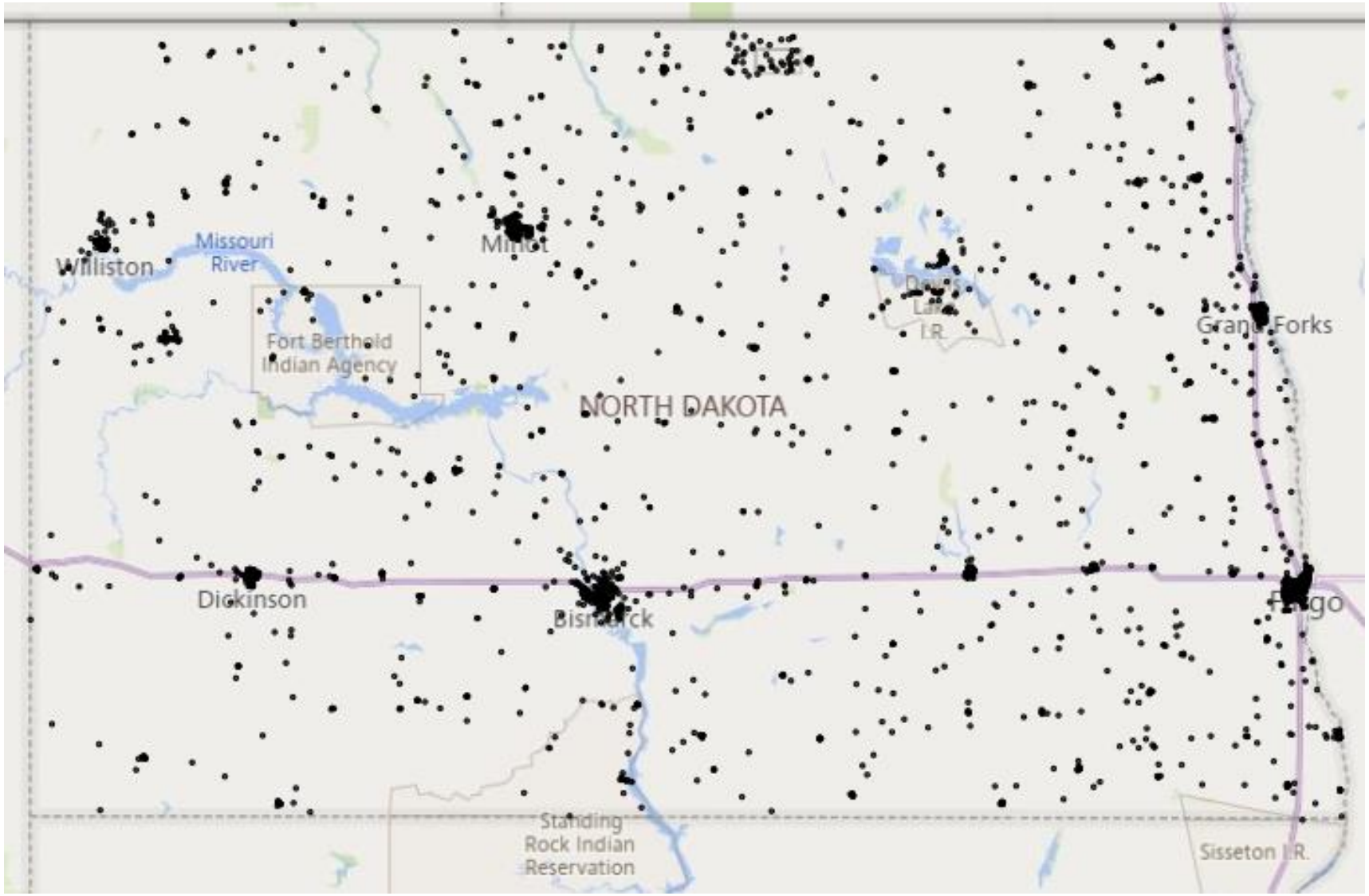
- Fee For Service payment (FFS)
  - Providers bill and are reimbursed for services provided
  - Payment typically based on an agreed Fee For Service Contract or Fee Schedule seldom tied to quality outcomes
  - Prospective Payment System (PPS) for hospitals, Federally Qualified Health Centers (FQHC)s,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

Value Based Payment:

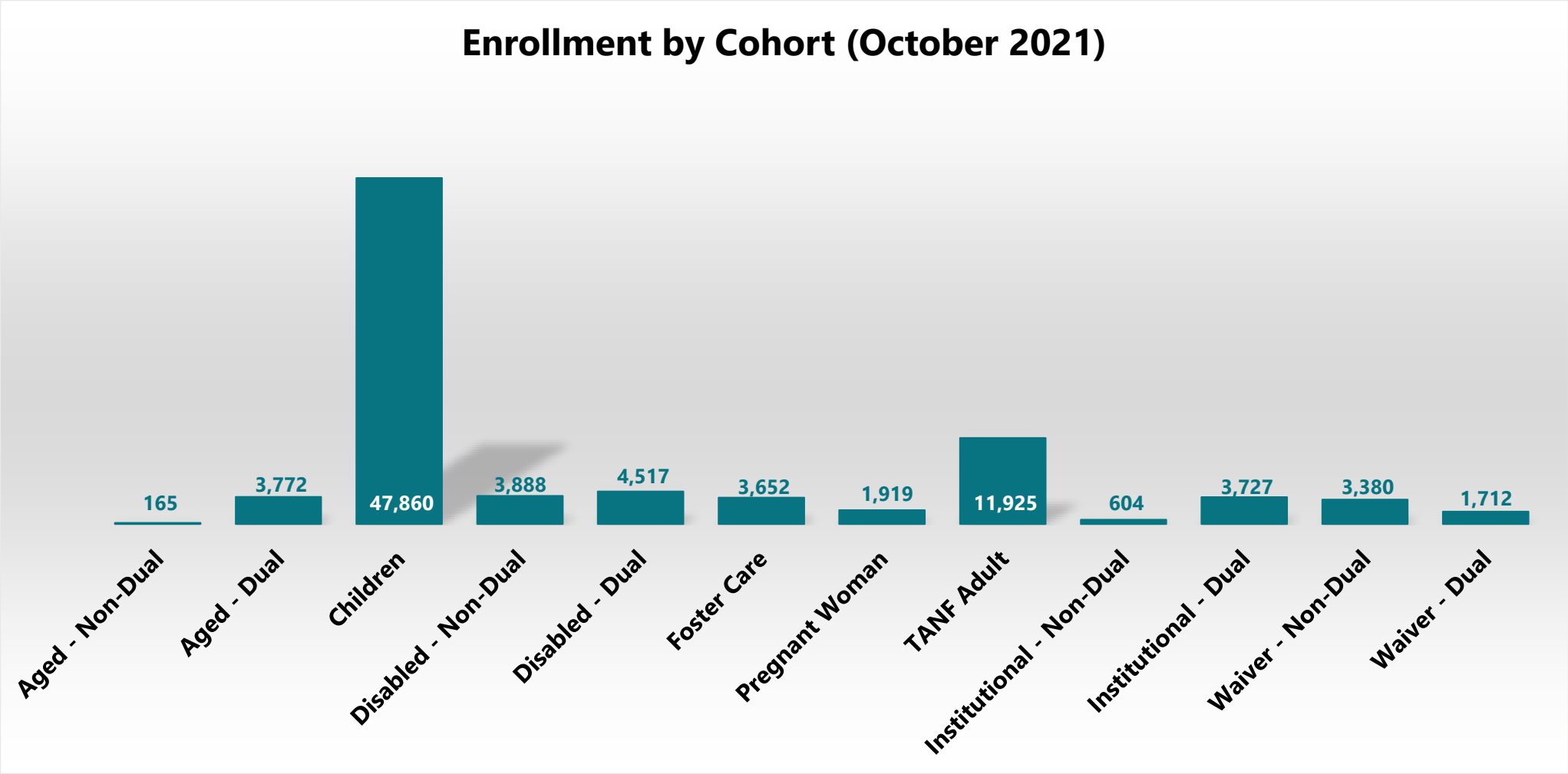
- Value-based programs reward health care providers with incentive payments for quality
  - Often includes traditional Fee for Service payments tied to quality outcomes
  - Pay for Performance, Shared Savings, Total Cost of Care, etc.
- Improve Patient Outcomes (Better health)
- Enhance healthcare delivery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

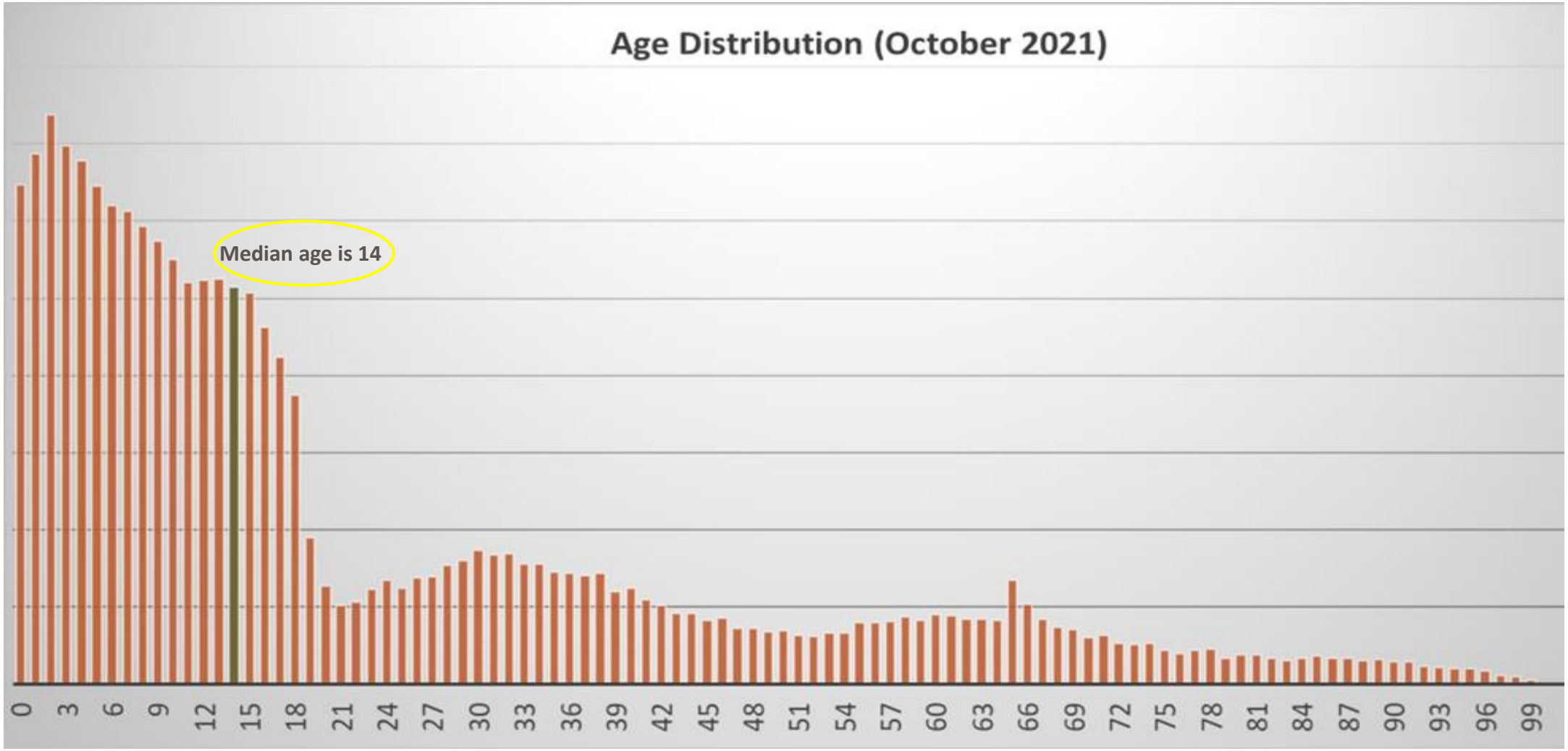


Total Members – Traditional Medicaid Population



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 and Adults		Preventive Health Services
Women and Infant Health		Prenatal Care to Well Mothers and Babies
Behavioral Health		Comprehensive and Coordinated Behavioral Health Services
Chronic Conditions		Well Managed Asthma, Diabetes, and Hypertension
Oral Health		Preventive Dental Services

Data and Analytics → Social Determinants of Health → Community Engagement → High Value Services from Vendors → Smart System Design with Providers

Special Initiatives

- 1915i
- Health Homes
- Health Tracks
- SUD Voucher
- DOH Initiatives

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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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