

Testimony
Senate Bill 2135 – Department of Human Services
Senate Human Services Committee
Senator Judy Lee, Chairwoman
January 20, 2021

Chairwoman Lee, members of the Senate Human Services Committee, I am Caprice Knapp, Director of the Medical Services Division, for the Department of Human Services (Department). I am here today in support of Senate Bill 2135.

This bill directs the Department to submit to the Legislature a quality report by July 1, 2022. The Department supports this bill for the following reasons.

First, it is important that North Dakota Medicaid have a quality strategy. This strategy should be known to stakeholders and should clearly describe the target populations, policies or tools that can be used to advance quality, and quality outcomes. The quality strategy should be comprehensive for the Medicaid program, but one that would not prevent individual Department divisions from creating their own quality strategy such as Aging, Behavioral Health, or Developmental Disabilities.

Second, until recently the reporting of quality measures to the Centers for Medicare and Medicaid Services has been voluntary. As such, North Dakota has historically reported on one measure and in 2019 reported on 13 Child Core Set measures. I have provided an accompanying handout to show you the results of the 13 reported measures from 2019. While this is still below 18, the average number of reported measures across all

states, the Department plans to report on 21 Child Core Set Measures and 14 Adult Core Set Measures for the 2020 reporting period.

As part of the federal SUPPORT ACT, all states are now required to report on all the Medicaid Child Core Measures and the Adult Behavioral Health Core Measure Sub-Set. This includes 23 Child Core Set Measures and 12 Adult Behavioral Health Measures for the year 2021. This bill will allow the legislature to have access to the measure outcomes and use that information for future policy making.

Third, the Department recognizes that quality is important to all state agencies and programs. The bill also requires the Department to share the report with the Department of Health and the North Dakota Health Information Network. This should help to coordinate statewide quality initiatives and inform our sister agencies about how our quality priorities might complement or supplement their own.

Finally, the Department estimates no fiscal impact for this bill.

This concludes my testimony. I would be happy to answer any questions you may have.