Medical Services Temporary Positions

Current # of Temporary Employees (March 2023)	21-23 Temporary Positions budget	21-23 **Projected** Temporary Positions Expenditures	23-25 Engrossed SB 2012 Temporary Positions budget
14	$482,639	$715,000	$1,344,583

2023-25 Temporary Positions Budget

- We project that there may be a need to add temporary team members due to the unwinding of Medicaid continuous enrollment.

Medicaid Expansion Capitation Cohorts - CY23

Rate Cohorts	Age Band	Gender
Child/Childless Adults	21-44	M
Child/Childless Adults	21-44	F
Child/Childless Adults	45-64	M
Child/Childless Adults	45-64	F
Retroactive Only, Not Currently Eligible	N/A	N/A

IHS/Tribal Care Coordination - Current Status

- ND DHHS currently aware of 3 signed care coordination agreements:
  - Sanford and Great Plains IHS Area Office
  - CHI and Great Plains IHS Area Office
  - Sanford and Three Affiliated Tribes
- At this time, there is one signed ND DHHS-Tribal Entity Agreement for Tribal Health Fund agreement with Turtle Mountain Band of Chippewa. This is an agreement between the department and a tribal government to meet the requirements of subsection 3 of section 50-24.1-40 of the North Dakota Century Code. ND DHHS has also received a Resolution from Turtle Mountain Band of Chippewa authorizing IHS on behalf of the Tribe to enter into Tribal Health Care Coordination Agreements.
- In December 2022, ND DHHS and Sanford Health Bismarck have successfully tested claims submission with the care coordination referral number in relation to the Three Affiliated Tribes and Sanford Health care coordination agreement.
- ND DHHS is planning to have an educational overview Tribal Care Coordination meeting with the Tribes in May where we will provide information and the current status as well offer an opportunity for shared planning on meeting the reporting requirements from statute and payment distribution.

Tennessee Managed Care Capitation Rates

- Tennessee Medicaid (TennCare) capitation rates: https://www.tn.gov/content/dam/tn/tenncare/documents2/actuarial21.pdf

Strategies to Control Health Care Cost Growth

- Implement a health care cost growth target.
- Promote adoption of population-based provider payment. Encourage or require increased adoption of advanced alternative payment methodologies, particularly those that move provider payment toward meaningful risk sharing.
- Cap provider payment rates or rate increases. Contain growth in prescription drug prices.
- Improve oversight of provider consolidation.
- Strengthen health insurance rate review.
- Adopt advanced benefit designs. Promote strategies that encourage consumers to choose lower-cost providers, such as reference-based benefit design and “smart shopper” programs.
- Promote use of community paramedicine.
- Improve behavioral health crisis systems.
- Reduce administrative waste.

Source: www.commonwealthfund.org/publications/issue-briefs/2022/Feb/state-strategies-slowing-health-care-cost-growth-commercial-market

Hospital Supplemental Payments

- Most hospital supplemental payments are funded by state-based hospital taxes, which can be up to 6% of revenue. In these situations, the tax funds the state portion of the supplemental payment, and federal funds can be used for the federal portion.
- North Dakota does not have hospital supplemental payments, except for a small amount in Disproportionate Hospital Share (DSH) payments.
- Due to changes in Centers for Medicare and Medicaid rules, it is becoming more difficult to obtain federal matching funds for supplemental payments.
- HHS would need more data from hospitals to better understand which hospitals have greater needs and which have greater cost growth than the national average. There needs to be an incentive to control cost growth.
- There are also concerns about the upper payment limit (UPL) and that ND is close to the UPL for hospital payments already.