

ND MEDICAID MANAGED CARE SURVEY

PURPOSE

In 2013, North Dakota's legislature approved Medicaid Expansion. This brought much needed health care coverage through the Medicaid program to about 20,000 North Dakotans. The Medicaid Expansion group consists of individuals between ages 19 to 64 with incomes up to 138 percent of the federal poverty level. Since implementation, the State, through its managed care vendor, other states, and national experts, has learned a lot about this population, their health care needs, and Medicaid managed care in general. In 2021, the State's contract with the managed care vendor will expire. There are no additional extension options and so, by law, North Dakota Medicaid must reprocurse this contract. As such, North Dakota Medicaid is preparing to issue a Request for Proposals (RFP) for managed care organizations (MCOs) to administer health care coverage for the Medicaid Expansion group.

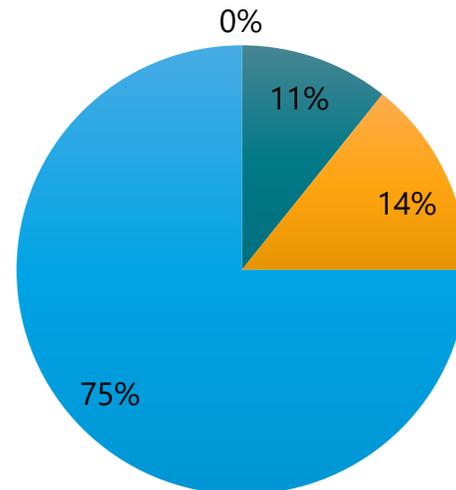
DHS was interested in receiving feedback from stakeholders, especially health care providers, to inform the design of the RFP and subsequent MCO(s) contract to best serve Medicaid Expansion members.

| Respondents | Count |
|----------------------|--------------|
| Health Plan | 6 |
| Facility | 18 |
| Physician Office | 3 |
| Quality Organization | 1 |
| Total | 28 |

QUESTIONS RELATING TO EFFECTIVELY AND EFFICIENTLY PROVIDING HEALTH CARE COVERAGE TO MEDICAID EXPANSION MEMBERS

How important is it to know about the MCO's performance in:

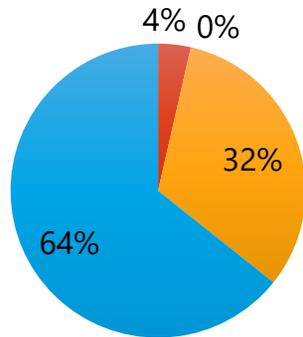
Cost such as rate increases and trends and how much of the premium goes towards direct care



■ Not at all important ■ Somewhat unimportant ■ Somewhat important ■ Very Important

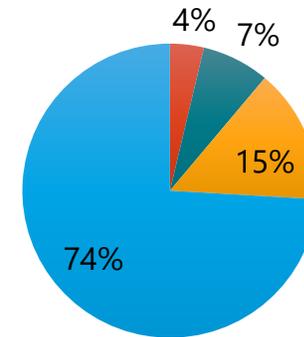
How important is it to know about the MCO's performance in:

Access such as the time and distance for members to receive care and network adequacy



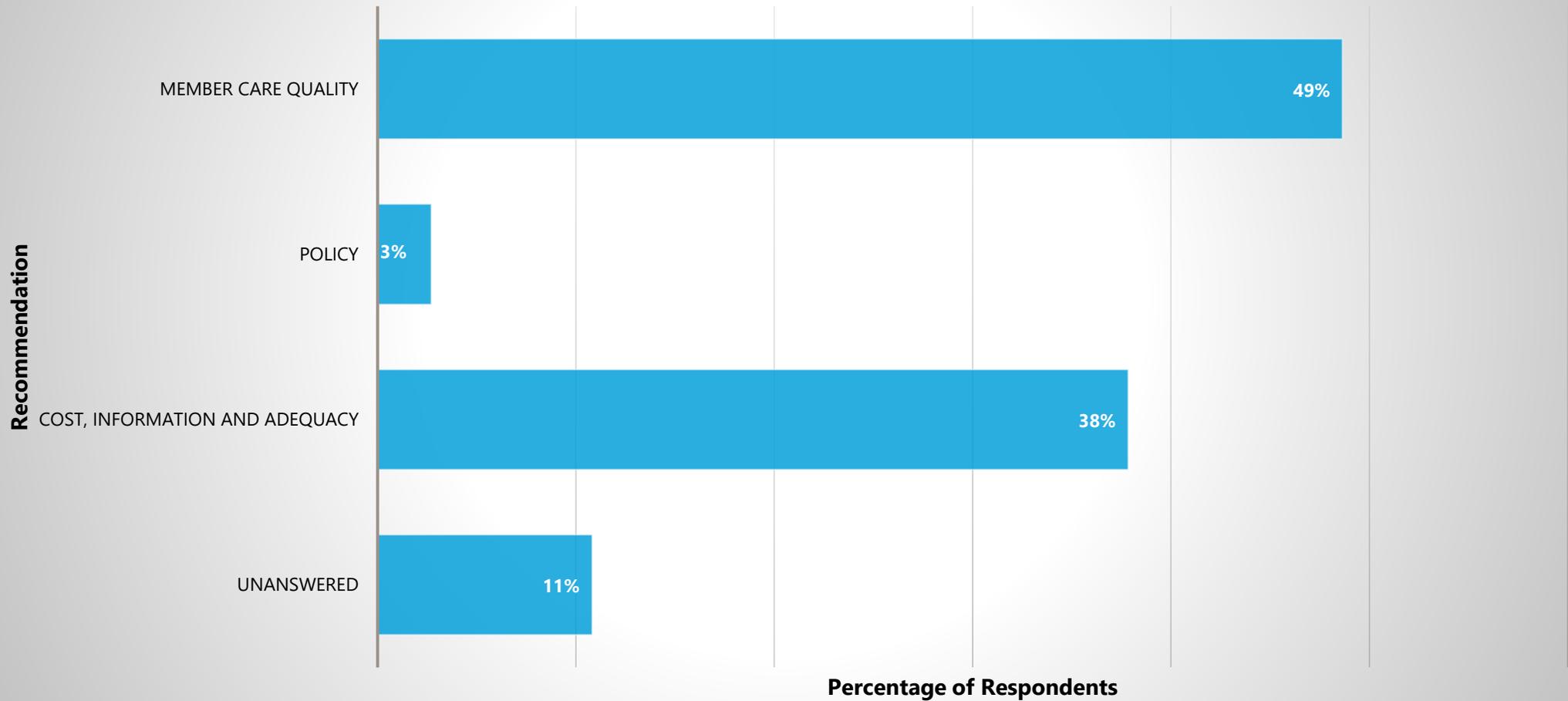
■ Not at all important ■ Somewhat unimportant
■ Somewhat important ■ Very Important

Quality such as measures like blood pressure control and diabetes care

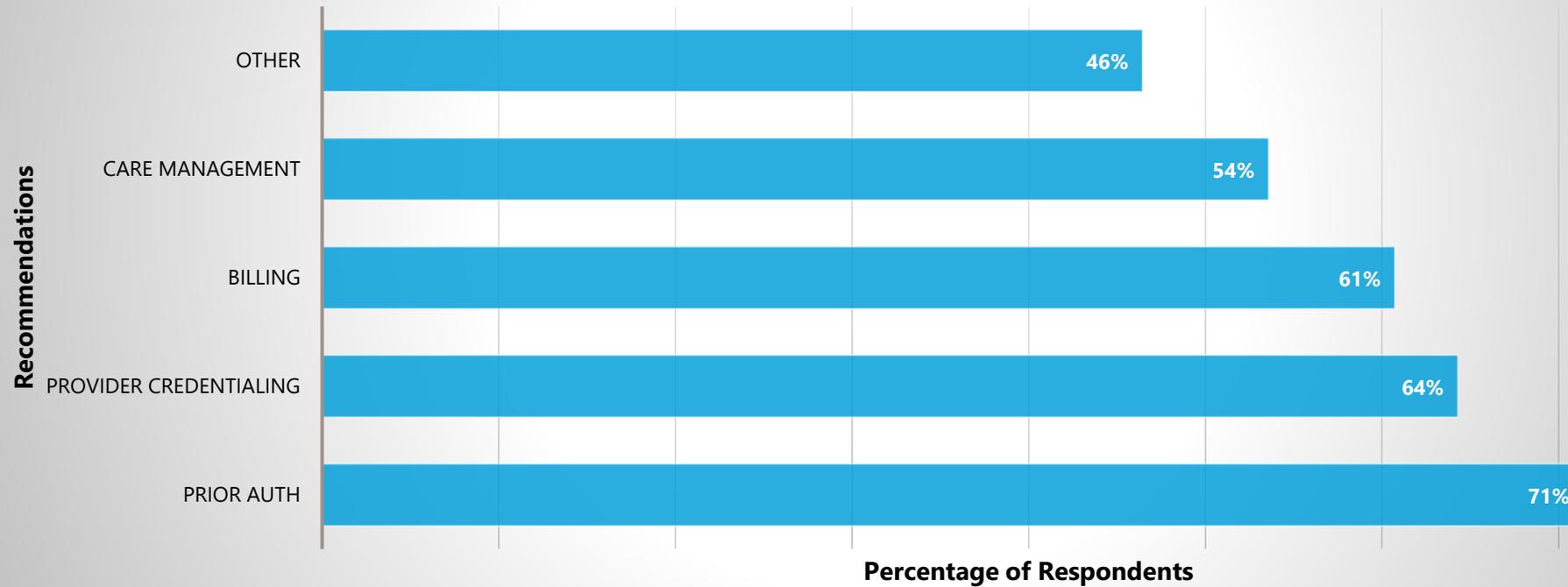


■ Not at all important ■ Somewhat unimportant
■ Somewhat important ■ Very Important

If you selected somewhat important or very important, what specific information is important to know?



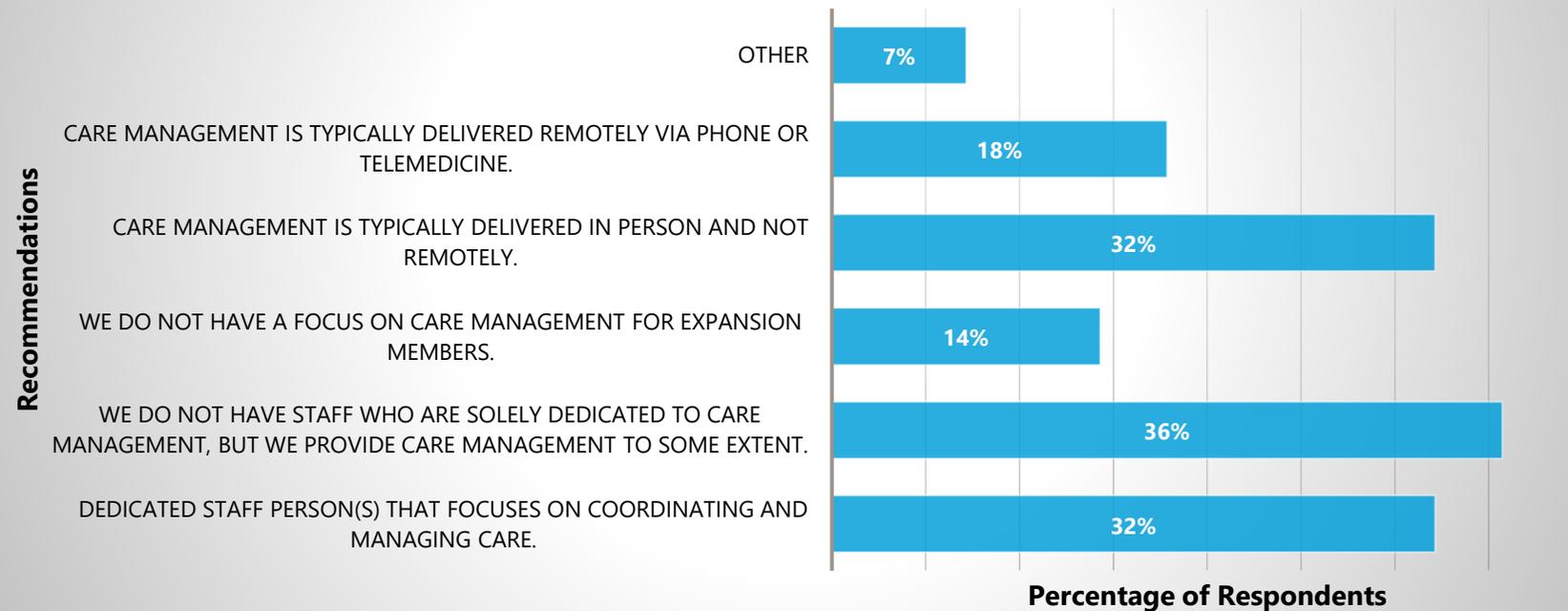
If the State had multiple MCOs for the Medicaid Expansion population, what functions or processes should be standardized across the MCOs to the extent possible?



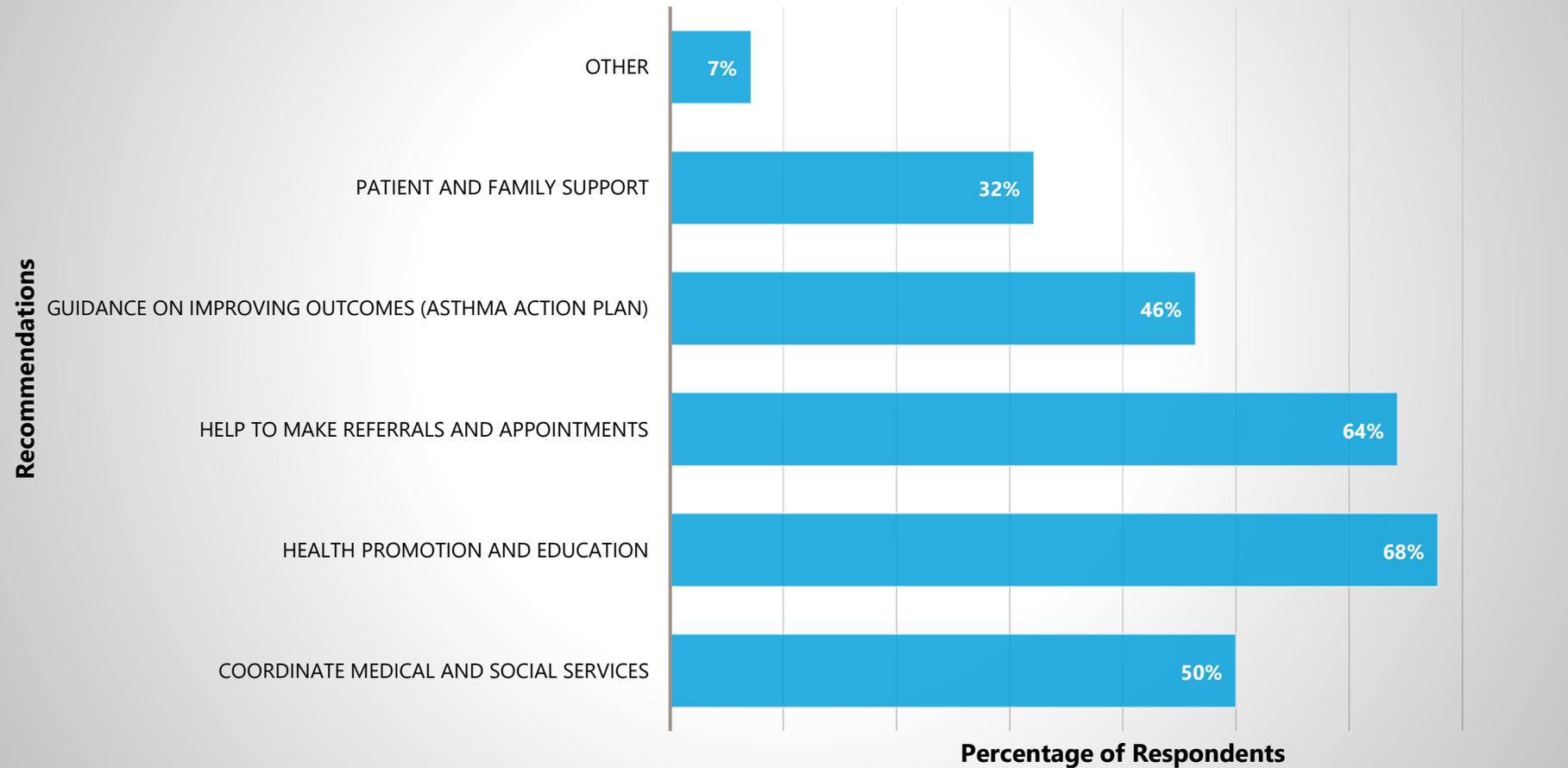
Other responses included standardization of benefits; portals for Q&A; policies for billing, medical and rates; and alignment to private carriers.

QUESTIONS RELATING TO IMPROVING HEALTH OUTCOMES FOR THE ENROLLED MEDICAID EXPANSION MEMBERS

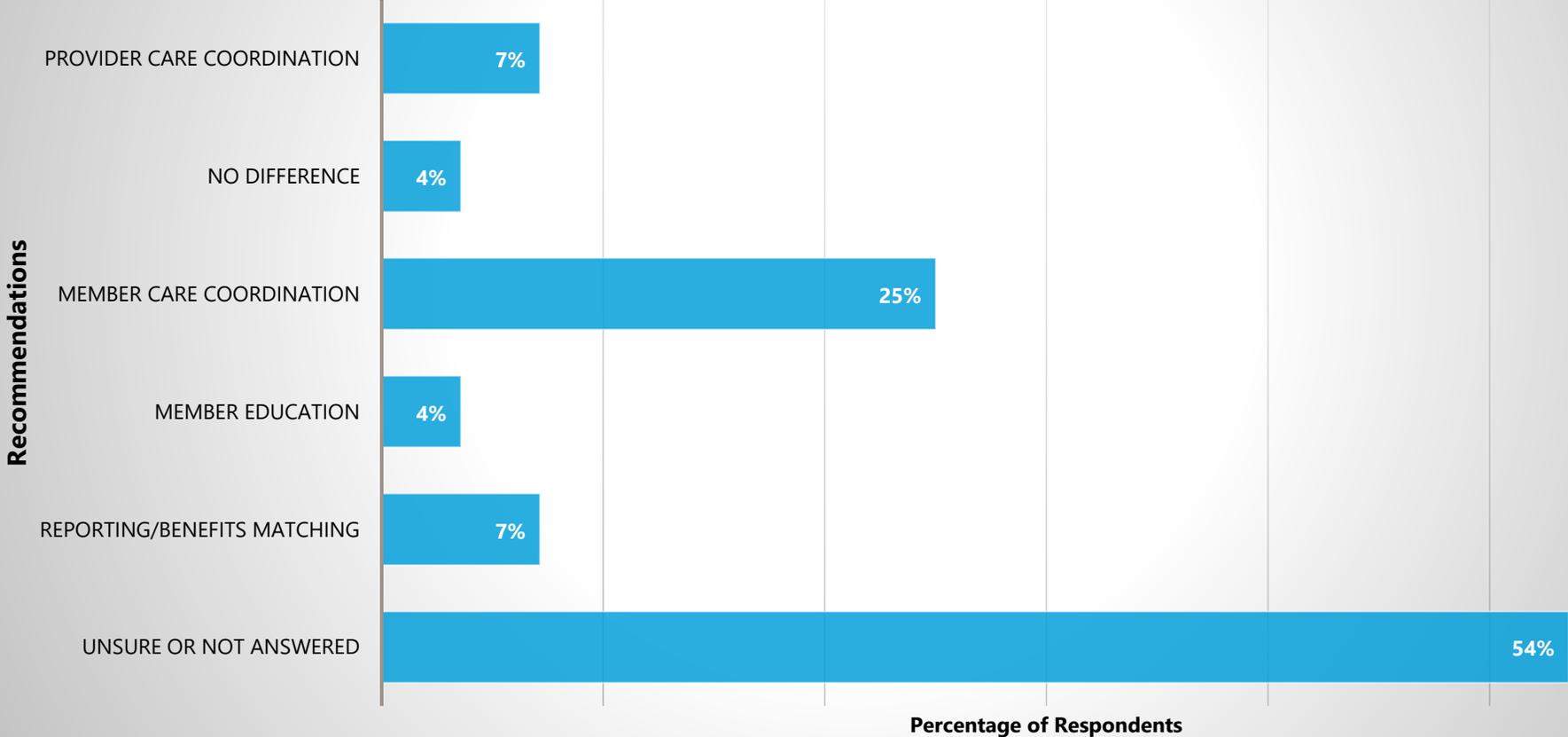
How does your organization provide care management for the Medicaid Expansion members you serve? Check all that apply.



What care management activities does your organization provide for Medicaid Expansion members? Check all that apply.



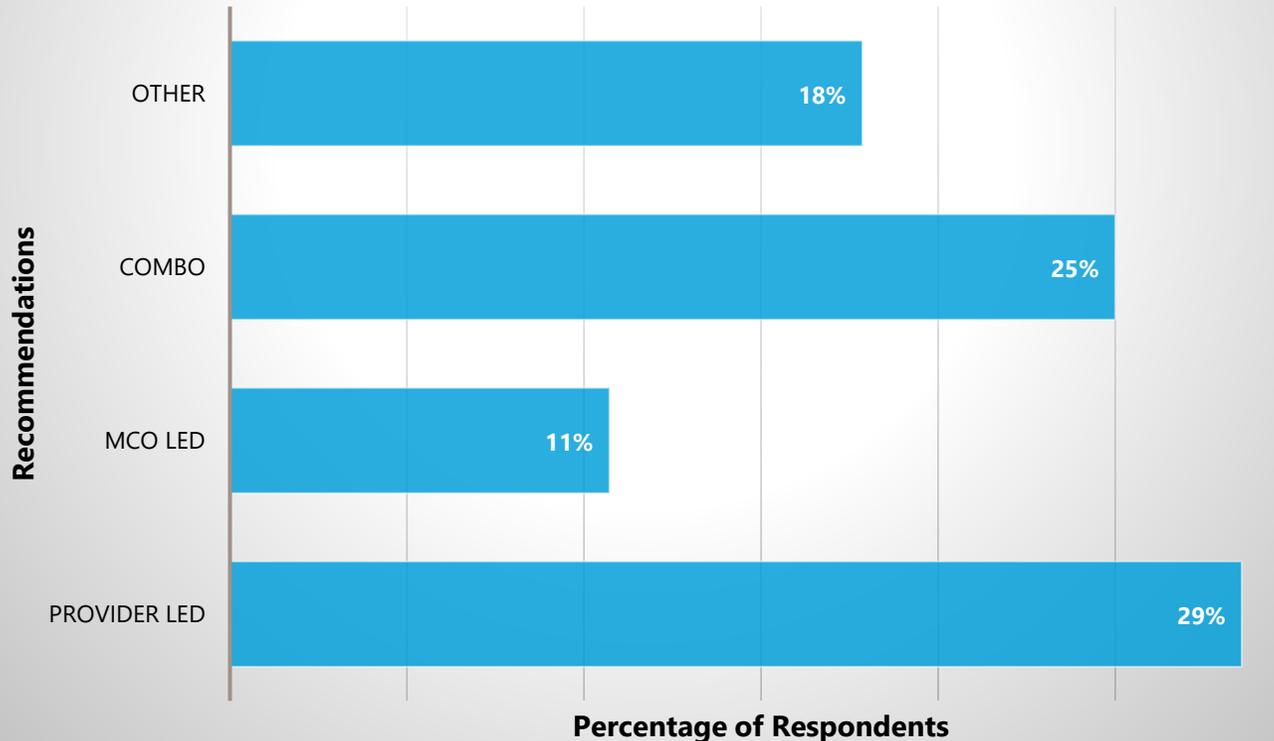
How is the care management that you provide different or the same than the care management that Medicaid Expansion members may receive from the MCO?



There are different approaches to care management by a MCO: 1) provider-led (with an enhanced payment to providers for outcomes) 2)

MCO-led (MCO has its own care managers).

What do you think is the ideal care management approach and why?



Combo:

- MCO and Provider bring different strengths and expertise.
- MCO provides utilization care and provider has qualitative care.
- Providers see patient more frequently and MCO is more equipped to manage complex care plans.

MCO Led:

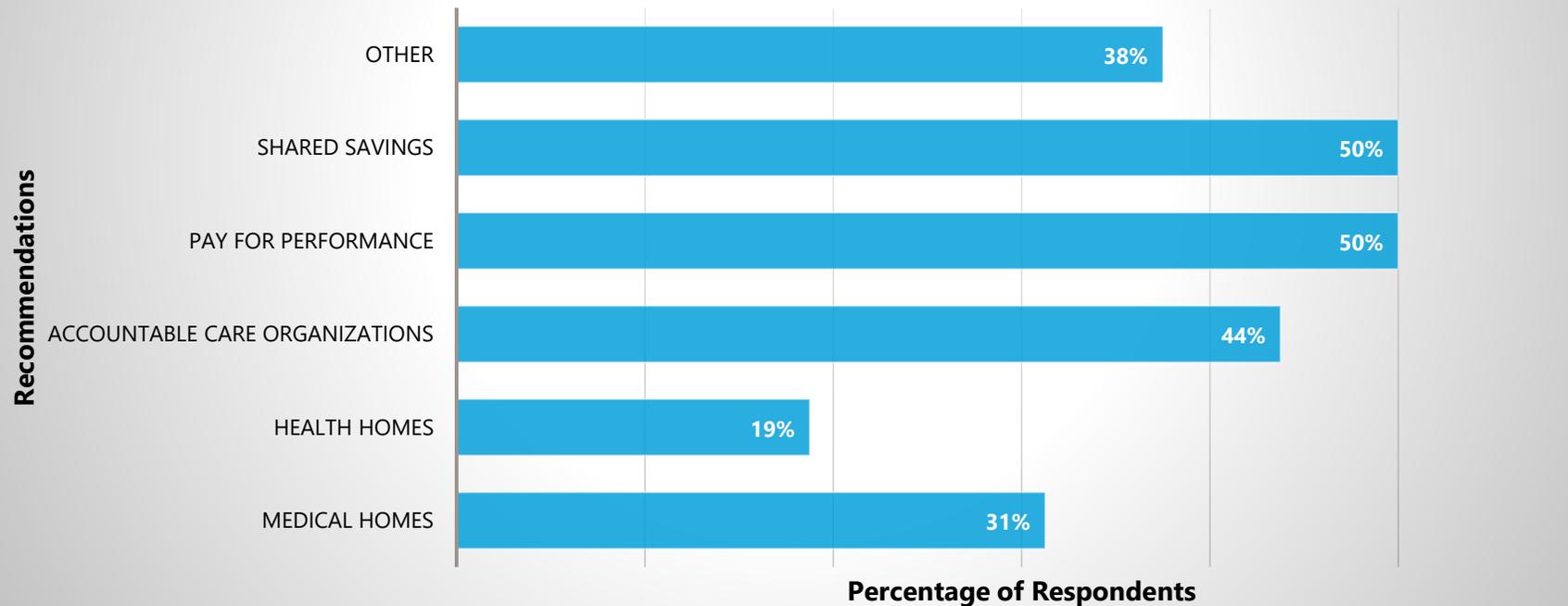
- Case managers spend more time with member.
- Whole person approach
- Offer high-touch care for chronic and complex conditions.

Provider Led:

- They are direct care team with the patient
- Understanding of the patient needs
- With incentive payment system

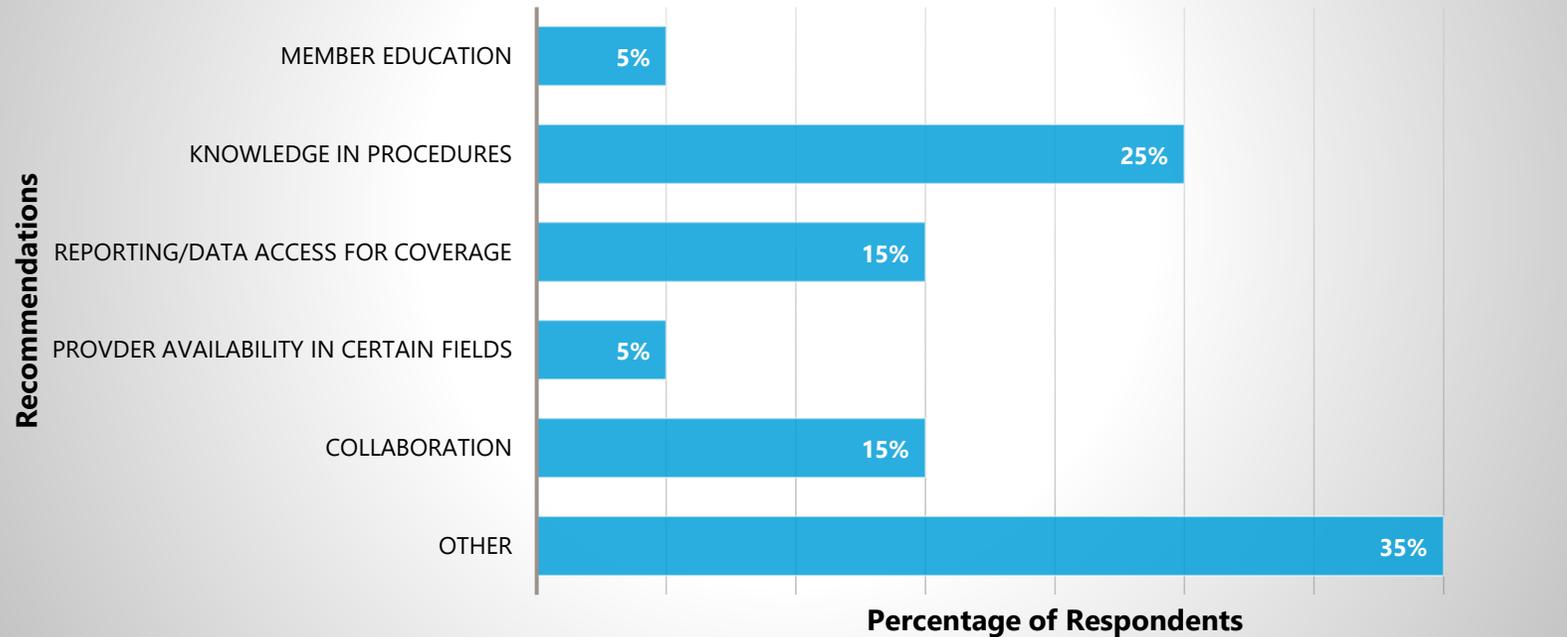
*23 out of 28 provided a response to this question

Many MCOs use value-based purchasing to drive better outcomes in health care. What types of value-based purchasing arrangements has your organization participated in for commercial payers or Medicare? Check all that apply.



*16 out of 28 provided a response

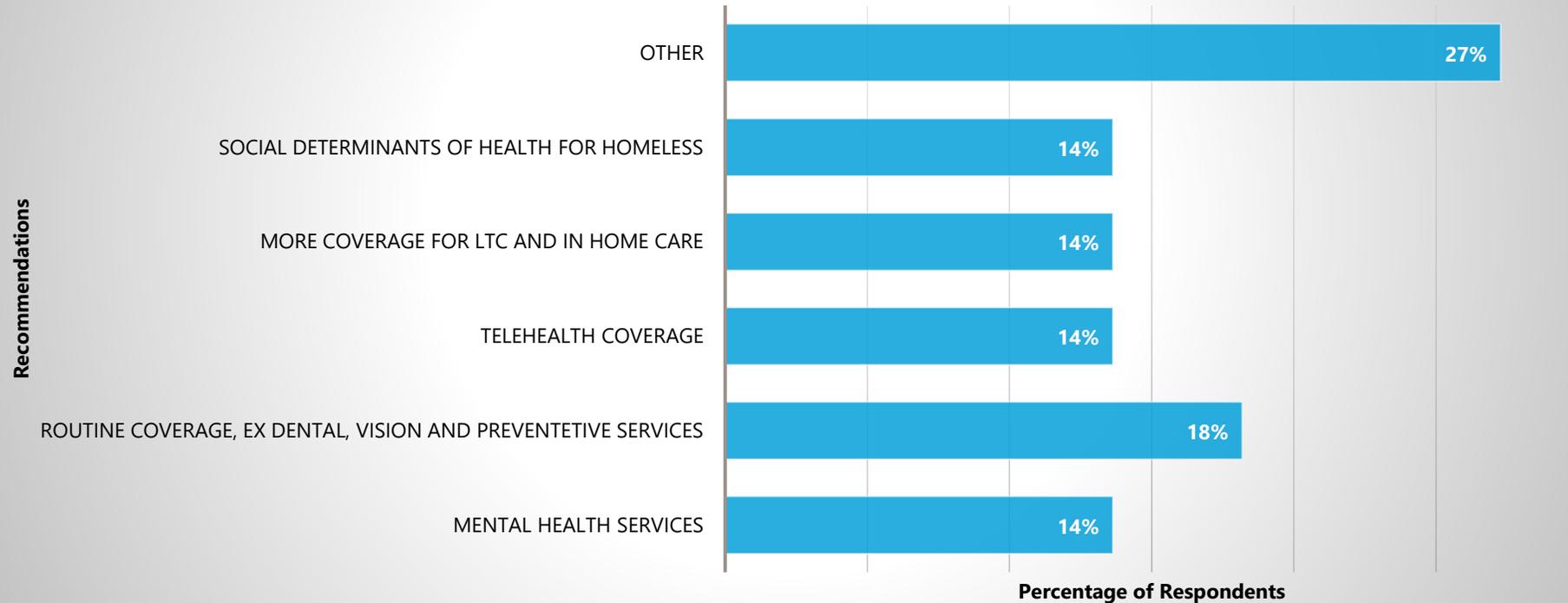
If value-based purchasing is included in the MCO contract, what training or resources would be needed for your organization to participate?



Other Responses: Utilize a buying group currently, no physician in house, would need to discuss further, significant training for all systems would be needed

*20 out of 28 provided a response

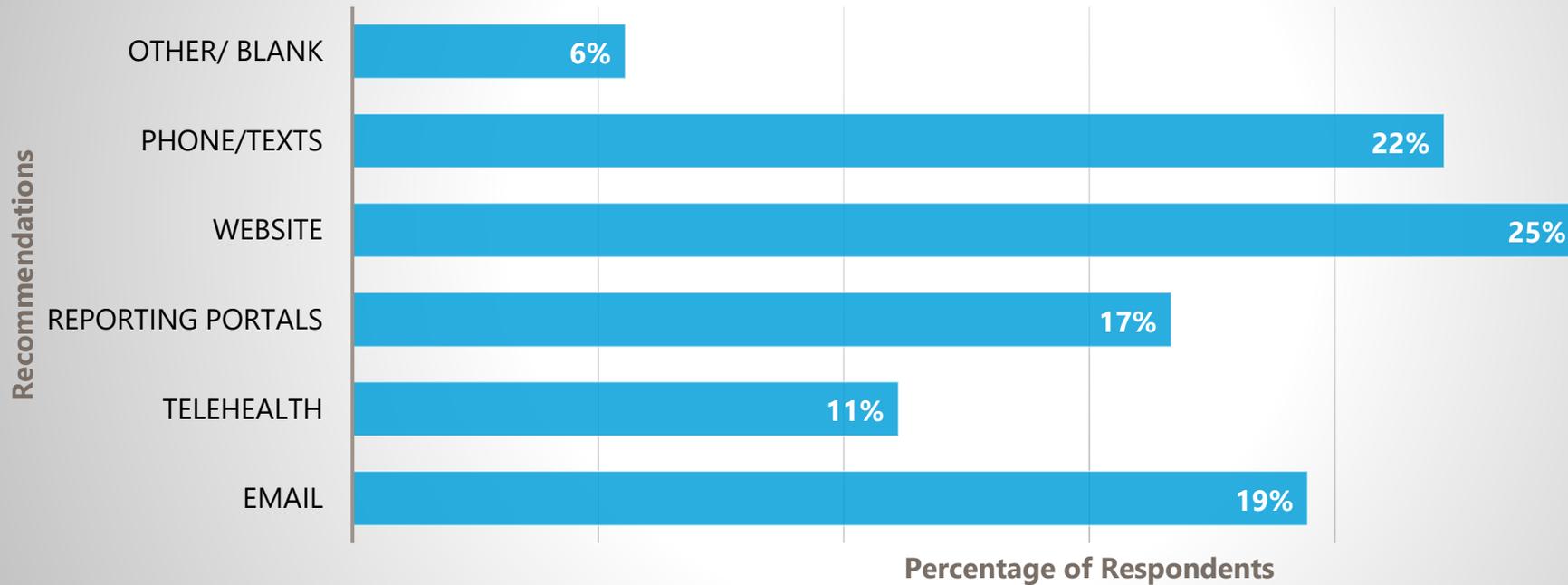
MCOs can provide benefits not included in the traditional Medicaid program. What additional services should the MCO(s) provide?



Other Responses: Dual communication between plan and providers; Chronic Care Management; Healthcare Education for Members

*20 out of 28 provided a response

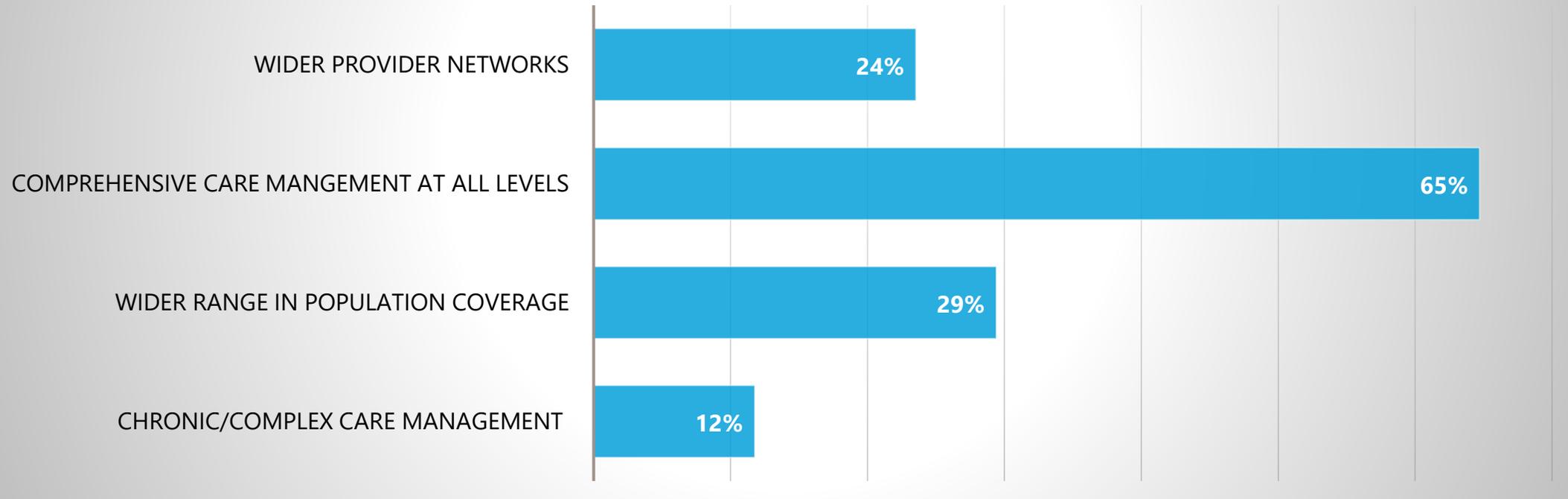
How should the MCO(s) use information technology to communicate with providers and members?



Other Responses: Use of common terminology, Electronic platform that integrates Epic and other EHR platforms.

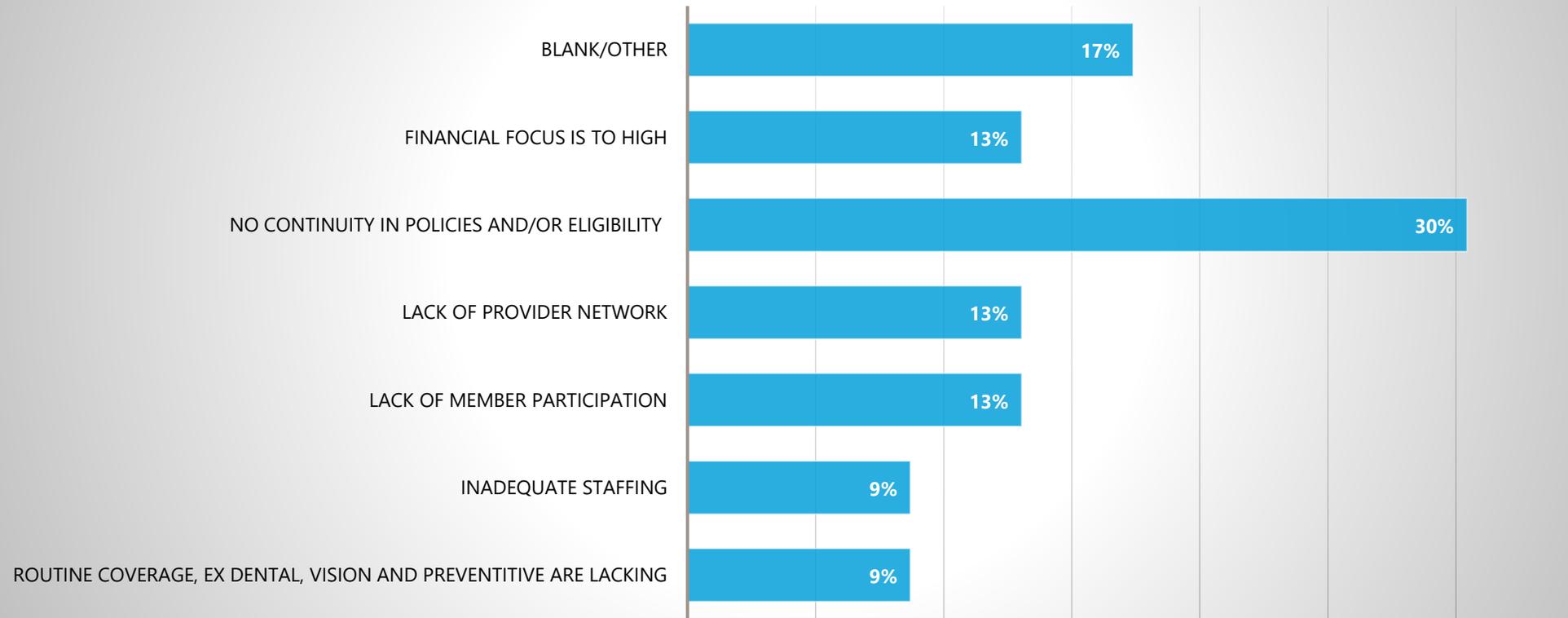
*22 out of 28 provided a response

What are the successes of having the Medicaid Expansion population being managed and administered through an MCO?



*17 out of 28 provided a response

What challenges exist having the Medicaid Expansion population being managed and administered through an MCO?



Other Responses: Training for case managers; Communication to assure clients understanding; billing complications

*23 out of 28 provided a response