

North Dakota Health Care Task Force
Understanding Cost Subcommittee
Meeting Summary (7/31)

Subcommittee Attendees:

- Andrew Bergeron (BCBS ND)
- Sen. Kyle Davison
- Michael Delfs
- Sen. Dick Dever
- Jeff Zarling
- Tiffany Lawrence
- Rep. Mike Lefor
- Rep. Emily O'Brien
- Reed Reyman
- Commissioner Wayne Salter
- Rep. Greg Stemen
- Dr. Richard Vetter
- Dylan Wheeler
- Brendan Joyce
- Commissioner Jon Godfread
- Chrystal Bartuska (NDID)

Meeting Summary

January Angeles from Bailit Health opened the meeting with a recap of the Subcommittee's meeting from 7/15 and asked the group to confirm that they did not want to make any data collection recommendations to the larger Task Force. The group had an engaging discussion and reversed direction to wanting to explore ongoing data collection. Commissioner Salter expressed the importance of having data to track and monitor health care spending in the state. Several subcommittee members supported this, and the group's comments focused on the importance of having ongoing data collection, particularly given the upcoming term limits for the Legislature. While there was agreement on data collection, there was not consensus on utilizing an All Payer Claims Database (APCD) as the approach. Some subcommittee members also raised the importance of linking spending on health care with measurement of quality, clinical outcomes and access to care. Payer representatives said they have measures that they track internally that could be helpful for ongoing monitoring at the state level. As a takeaway, Bailit Health agreed to develop a straw model for data collection to review at a third meeting of the subcommittee.

Next the group discussed the Revised Medicaid Fact sheet, and asked for three additional pieces of information to be included:

- Information on uncompensated care for PPS hospitals
- Description of who is covered by other types of insurance (e.g., Medicare, Commercial and Medicaid Traditional) in addition to the Medicaid Expansion information.
- Information on the collaboration between providers and BCBSND to implement VBP for the Medicaid Expansion program.

Finally, the group revisited the suggestion of a legislative funding template. The group determined that a template was not necessary.