Value-Based Payment Reform Academy: Advancing Value-Based Payment Methodologies for FQHCs and RHCs

FOR AUDIO, PLEASE DIAL:
(866) 740-1260
ACCESS CODE: 2383339

MARCH 10, 2016
2:00-3:00PM ET

This work is supported through NASHP’s Cooperative Agreement with the Health Resources and Services Administration (HRSA), grant #UD3OA22891
Housekeeping

- Please mute your line for today’s call and do not put the line on hold

- Use the chat box on your screen to ask a question or share a comment
  - Note: the chat box will not be visible if you are in “full screen” mode

- Please complete the exit survey directly after this webinar
Who is NASHP?

- 28-year old non-profit, non-partisan organization with offices in Washington, DC and Portland, ME

- Dedicated to working with states across branches and agencies to advance, accelerate, and implement workable policy solutions that address major healthcare issues
Goal: Work with states to develop and/or implement value-based approaches to Medicaid reimbursement for federally qualified health centers (FQHCs) and/or rural health clinics (RHCs) that align with states’ goals for transforming how care is delivered.
The VBPR Academy: An Overview

- Up to 6 states will be selected to participate by NASHP and an advisory group, which includes HRSA
- State teams will consist of 4-6 members, including representation from:
  - Medicaid
  - Primary Care Association
  - FQHC or RHC
- States will receive 12 months of targeted technical assistance
- Seeking a wide range of state applicants

Key Value-Based Payment Reform Academy Dates in 2016:

- **March 10**: RFA Informational Webinar
- **April 1**: Application due to NASHP
- **April 21**: Notification of selection to states
- **Early May**: Technical assistance period begins
- **June 14-15 or June 23-24**: Kick-Off Meeting, location TBD
Defined: Value-Based Payment Reform

- NASHP defines value-based alternative payment methodologies (APMs) as:
  - Incentivize value over volume;
  - Promote delivery of comprehensive, coordinated, and patient centered care;
  - Linked to quality and efficiency; and
  - Meet requirements of Medicaid reimbursement for FQHCs and RHCs under current federal law (the Medicare, Medicaid, and SCHIP Benefits Improvement Act of 2000)
Why Payment Reform?
23 states actively making Medicaid payments to medical homes

20 states actively making Medicaid payments to health homes

State Example: Oregon

- In 2013, Oregon implemented a value-based APM for a small pilot of FQHCs
- Practices received per member per month (PMPM) payments
- Each year practices total PMPM payments are reconciled against what they would have received through PPS
  - If total PMPM payments are lower, Medicaid pays each practice the difference
- Since total payments equivalent to PPS, pilot is cost neutral for Medicaid

Additional Resources about Oregon:
http://www.nashpcloud.org/APM_FQHC_Slides_080615.pdf
Benefits of State Participation in the Academy
Technical Assistance and Resources

- Over the **12 months** of the Academy, states will have access to a wide range of targeted individual technical assistance and peer-to-peer learning opportunities

- **Individual Technical Assistance**
  - Support with developing a project plan
  - Access to expert consultation from national, federal, and state leaders
  - Ongoing access to NASHP staff, including a dedicated NASHP staff member to support each state team
  - In-person site visit to your states from NASHP staff
  - Monthly calls with each state
Group Technical Assistance

- State-to-state virtual learning opportunities
- In-person Kick-Off Meeting
  - Either June 14-15 or June 23-24, 2016; location TBD
  - Funding available for meeting and travel expenses for up to 4 members of each state team
On-Call Faculty

National Academy for State Health Policy
Value-Based Payment Reform Academy

Advancing Value-Based Payment Methodologies for Federally Qualified Health Centers and Rural Health Clinics
2016 – 2017

Appendix A – On-Call Faculty

The following lists on-call faculty that have committed to participate*:

State Medicaid
1. Lindy Harrington, Deputy Director, Health Care Financing, California Department of Health Care Services
2. Judy Mohr Peterson, Med-QUEST Division Administrator, Hawaii Department of Human Services
3. Donald Ross, Manager Policy and Planning, Office of Medical Assistance Programs, Oregon Health Authority
4. Ryan Wirt, Assistant Deputy Director, Health Care Financing, California Department of Health Care Services

State Primary Care Association
1. Craig Hostetler, Executive Director, Oregon Primary Care Association
2. Andrea Patterson, Director of Government Affairs, California Primary Care Association

Federal
1. Mary Cieslicki, Technical Director, Division of Reimbursement and State Financing, Financial Management Group, Centers for Medicare and Medicaid Services
2. John Giles, Policy Specialist, Division of Managed Care Plans, Centers for Medicare and Medicaid Services
3. Jennifer Joseph, Director, Office of Policy and Program Development, Bureau of Primary Health Care, Health Resources and Services Administration
4. Sama Nair, Director, Office of Quality Improvement, Bureau of Primary Health Care, Health Resources and Services Administration
5. CMS Regional Offices

National
1. Jana Eubank, Associate Vice President, Public Policy and Research Division, National Association of Community Health Centers
2. Deirdre Gifford, Director of State Policy and Programs, National Association of Medicaid Directors
3. Dawn McKinney, Director, State Affairs, Federal and State Affairs Department, National Association of Community Health Centers

- Medicaid leaders
- Primary Care Association leaders
- Federal experts
- National organization experts (such as NACHC and NAMD)
- Health Systems and Provider Groups
How does my state apply?
Application Components

• **Required:**
  - Identify and collaborate with core team members to complete the RFA Application Questions. Team members should include:
    - Senior Medicaid Leadership
    - Senior Primary Care Association Leadership
    - FQHC or RHC provider representative
    - Other, as relevant to your work
  - Completed RFA Application Questions

• **Optional, but encouraged:**
  - Letters of support
All applications will be evaluated based on the extent to which they exhibit the following criteria. All criteria are weighted equally.

- Collaborative
- Transformative
- Quality- and efficiency-oriented
- Achievable
Application Process

- Assemble core team and complete the RFA Application Questions (available [here](#))

- Send completed applications to Hannah Dorr ([hdorr@nashp.org](mailto:hdorr@nashp.org)) by 5pm Eastern on **Friday, April 1, 2016**

- States will be notified of their application status no later than April 21, 2016
To ask a question, please type it into the ‘chat’ box in the lower left hand corner of your screen.
Thank You!


For questions or more information, please contact Rachel Yalowich (ryalowich@nashp.org)