Federally Qualified Health Centers
Value Based Payments

Policy Development and Program Management
Rate Analysis & Development
TBD, 2018
What is the Value Based Payment Project?

- Also called Value Based Purchasing
  - Program to improve health care quality initiated by CMS
- DHCFP proposes an alternative payment model to incentivize improved health outcomes:
  - Identify services sought outside of FQHCs by their own patients
  - Seek ways for FQHCs to provide all services possible
  - Identify potential for cost avoidance and savings
  - Reward providers for performance and value resulting in greater health outcomes

<table>
<thead>
<tr>
<th>Performance Measures</th>
<th>Savings in Healthcare Costs</th>
<th>Value Based Payment</th>
<th>Increased Infrastructure</th>
</tr>
</thead>
</table>
Technical Assistance/Resources

» NASHP
  • National Academy for State Health Policy

» IAP MIHI
  • (Medicaid) Innovation Accelerator Program; Maternal and Child Health Initiative

» CMS
  • Centers for Medicare and Medicaid Services

» NACHC
  • National Association of Community Health Centers
Maternal and Child Health Initiative (MIHI) Value-Based Payment (VBP)
Nevada Driver Diagram

**Aim**

Reduce the % of infants with very low birth weight and infants admitted to the neonatal intensive care unit upon birth among the Medicaid population by x% within x years.

**Primary Drivers**

- Increase utilization of prenatal care
- Increase the use of evidence-based interventions in prenatal and interconception care
- Provide patient-centered and equitable prenatal and interconception care
- Reduce the number of babies affected by substance use disorders (SUDs) among the Medicaid population

**Secondary Drivers**

- Increase availability of and access to prenatal care
- Increase engagement of pregnant women
- Provide financial incentives through a VBP model
- Implement consistent reporting across all people covered by Medicaid
- Integrate behavioral health into prenatal and interconception care
- Decrease stigma around SUD treatment for pregnant women
- Implement screening for women with SUDs to determine appropriate treatment and care coordination needs

**Potential Activities**

- Explore and potentially implement expansion of presumptive Medicaid eligibility
- Increase the number of obstetrician/gynecologist providers
- Explore CHWs as a HRSA approved practitioner for FQHCs
- Encourage Federally Qualified Health Centers to use outreach framework/program
- Fund campaigns contributing to Federally Qualified Health Centers
- Leverage community health workers to support patient engagement
- Explore and potentially implement expansion of home visiting programs
- Develop measures and outcomes to support VBP model
- Align Healthcare Effectiveness Data and Information Set (HEDIS) measures with project goals
- Identify components of accessing information from managed care organizations to reduce lag time
- Coordinate date between DHCFP and DPBH to provide consistent data measures
- Explore potential behavioral health partnerships
- Educate providers (e.g., SoberMomsHealthyBabies.org)
- Work with Child Protective Services to differentiate approaches to reduce fears
- Conduct public awareness campaigns
- Educate providers on screenings
- Develop reliable referral network

**Medicaid Driver/ Activity**

- Medicaid Driver/ Activity
- DPBH Driver/ Activity
- Shared Driver/ Activity

Division of Health Care Financing and Policy
Option A- Use current budget: SFY 18/19 (7/1/17 - 6/30/19)

Strategy:

1. Budget
   - No upfront funding to build FQHC infrastructure
   - Use current budget

2. Implementation by end of SFY 18 = 6/30/2018

3. Identify services sought outside FQHC
   - Can these services be provided, are they current allowable services
   - Preventive, Maternity, etc.

4. Create cost avoidance
   - ER avoidance
   - Increased maternity care to decrease NICU stays

5. Create Performance Measures
   - CCBHC/HEDIS/HRSA/MCO measures?

6. Value Based Payment
   - Payment at the end of the performance measure period for measures met/exceeded
# Benefits & Risks
## Option A - Current Budget

<table>
<thead>
<tr>
<th>Benefits</th>
<th>Risks</th>
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<tbody>
<tr>
<td>1. Expedited Implementation</td>
<td>1. Value Based Payment received after work is completed</td>
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<tr>
<td>2. Not dependent upon budget authority</td>
<td>2. Upfront costs with potential of hiring additional staff</td>
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Option B- Funding acquired from SFY 20/21 budget (7/1/19 - 6/30/21)

Strategy:

1. **Budget**
   - Funding needed
   - Budget Concept Paper
2. Implementation during mid SFY 20 = 1/1/20
3. Funding provided upfront to build infrastructure and support services
4. Identify services sought outside FQHC
   - Can these services be provided, are they current allowable services
   - Preventive, Maternity, etc.
5. Create cost avoidance
   - ER avoidance
   - Increased maternity care to decrease NICU stays
6. Create Performance Measures
   - CCBHC? HEDIS/HRSA/MCO measures?
7. Value Based Payment
   - Payment at the end of the performance measure period for measures met/exceeded
## Benefits & Risks
### Option B - SFY 20/21 Budget

<table>
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<tr>
<th>Benefits</th>
<th>Risks</th>
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<tbody>
<tr>
<td>1. Potential upfront funds</td>
<td>1. Implementation is dependent upon budget authority</td>
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<tr>
<td>2. Potentially reduces financial risk to FQHCs needing to build capacity and infrastructure</td>
<td>2. 2020/2021 implementation dependent on #1</td>
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Where to Start?  
Option A or B

Option A
- Effective Sooner
- Provider responsibility
- Hire additional staff

Current Budget
- No upfront funding

Option B
- Create concept
- Legislative/Governor Approval

New Budget
- Start-up funds
- Hiring of additional staff

Potential Funding

Increased revenue

Performance Measures

Value Based Payment (based on performance measures)

Year 2

Increased Encounters

Cost avoidance

Opt A & Opt B

Increase allowable services and providers

Expansion of Provider Types

Expansion of Services

Improve Nevadans access to care
Next steps...

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<tr>
<th>Option A</th>
<th>Option B</th>
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