

Brian Sandoval
Governor



Marta Jensen
Administrator
Division of Health Care Financing and
Policy

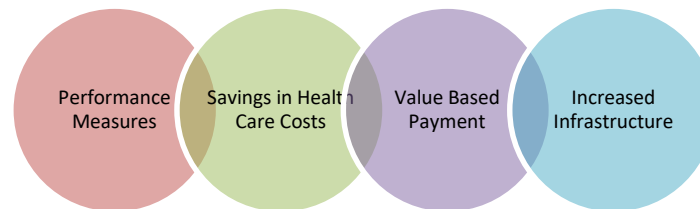
Federally Qualified Health Centers Value Based Payments

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





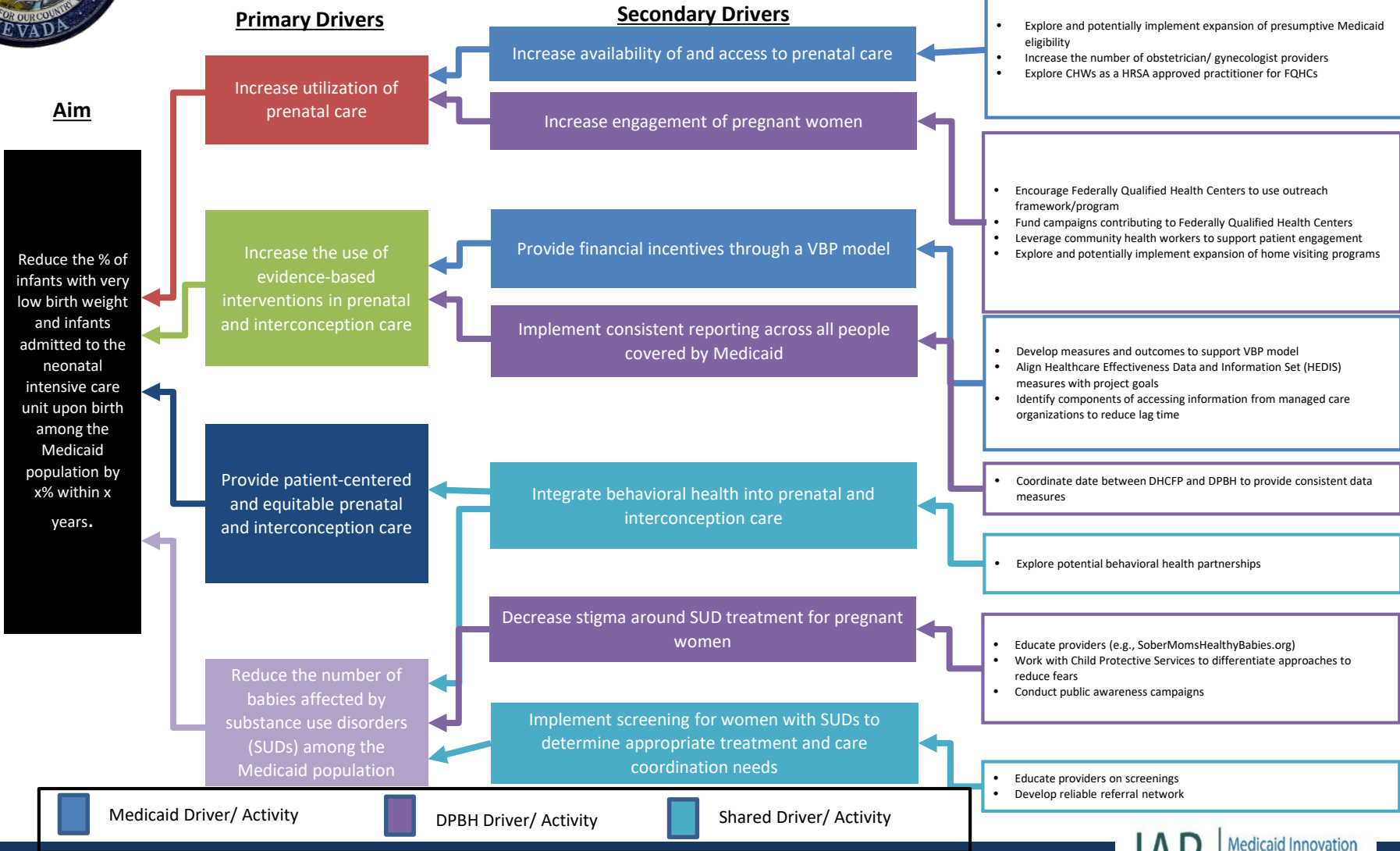
Technical Assistance/Resources

- » 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

Potential Activities





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

Benefits	Risks
1. Expedited Implementation	1. Value Based Payment received after work is completed
2. Not dependent upon budget authority	2. Upfront costs with potential of hiring additional staff



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

Benefits	Risks
1. Potential upfront funds	1. Implementation is dependent upon budget authority
2. Potentially reduces financial risk to FQHCs needing to build capacity and infrastructure	2. 2020/2021 implementation dependent on #1



Where to Start? Option A or B

Option A

- Effective Sooner

Current Budget

- Provider responsibility
- Hire additional staff

No upfront funding

Option B

- Create concept
- Legislative/Governor Approval

New Budget

- Start-up funds
- Hiring of additional staff

Potential Funding

