# Establishing an Alternative Payment Methodology for FQHCs/RHCs

SAFETY NET MEDICAL HOME INITIATIVE NATIONAL MEETING MARCH 8, 2011

# **Key Needs for CHCs Re: Payment Reform**

- Risk-adjust data
  - Social adjustments are key
- Focus on entire population
- Minimize burden on clinics
  - Administration
  - Cost



Reward movement on indicators

### Key Needs for CHCs Re: Payment Reform (cont'd)

- Allow time for care
  - Stop the 10- to 15-minute treadmill
- Pay for work that improves care
  - Huddles
  - Panel management
  - QI efforts
  - Sharing best practices
- Finance mechanisms to spread learning and speed change
  - Learning collaboratives

### Payment Focused on Visits Doesn't Work with PCMH

- Providers still focused on "cranking the visit"
  - PCMH work was additional

- Payment shifting from volume to value in Oregon
  - Created a burning platform



# Creating an Alternative Payment Methodology

- States have Alternative Payment
  Methodology (APM) option
- APM must pay at least as much as PPS
- FQHCs/RHCs can keep PPS or transition to APM

### Alternative Payment Methodology (APM) Process

- Health Centers meeting since last summer
- State agreed to workgroup process in August
- Five workgroup meetings held since October to develop details

#### **APM**

- Budget neutral
- Developing a per member per month (PMPM) equivalent of health center payment
- Includes physical and mental health services, potentially dental services
- Inpatient care carved out
- All patients (managed care and open card), all sites



### APM (Cont'd)

- Three-year commitment from both parties
- Negotiating a Change in Scope process Similar to PPS
- Clinics will provide:
  - Process and outcome data to the state
  - "Touches" with the patient"
  - Demographic data
  - State/MCO will provide total patient costs info
- Aligning with other state medical home efforts
- Entry bar for participation TBD

### Next Steps...

- Attribution
- MCO alignment
- Data provision
- Value-based payment

#### **Areas of Concern**



Risk to participating clinics

- Patient complexity adjustment/stratification
  - Developed a video to help address this
- Demands on state time

MCO alignment