

Policy Implications and Opportunities for the System and Our Health Centers

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NACHC Legislative Priority Areas in 2017

MEDICAID

CHC GRANTS

WORKFORCE

340B

HIGHEST PRIORITY

- Foundational to entire system – the **two pillars** that hold up every community health center
- Unique policy to CHCs
- NACHC is central player

HIGH PRIORITY

- Enormously important to CHCs' viability, sustainability
- Debate will happen *within* or *alongside* other debates
- NACHC leads coalition efforts

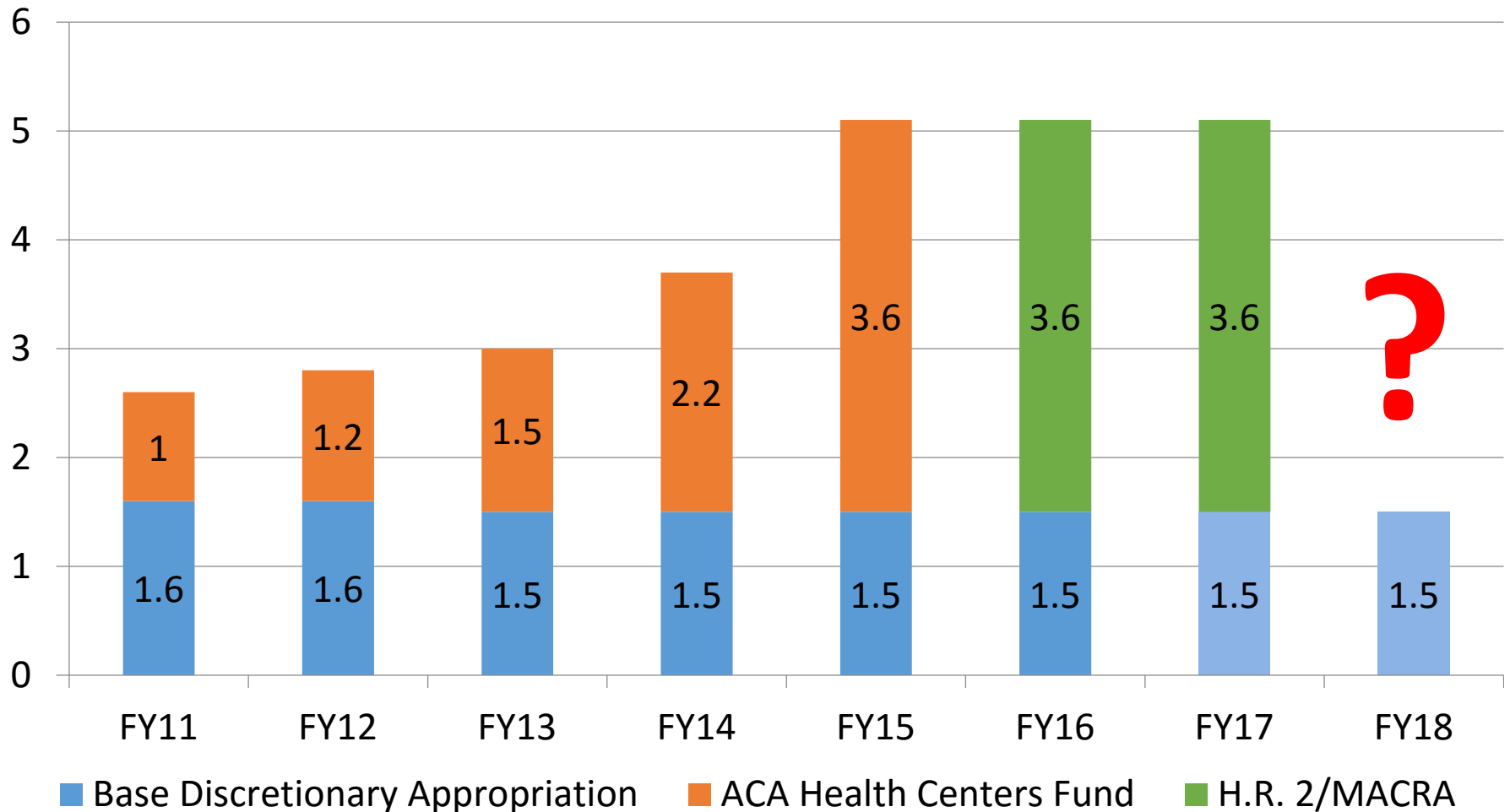
What President Trump's budget outline means for Health Centers?

- **Multiple mentions of support for CHCs**
 - “Supports direct health care services, such as those delivered by community health centers...”
 - “In 2018, HHS funds the highest priorities such as: health service through community health centers...”
- **Good news for the National Health Service Corps**
 - “The budget continues to fund health workforce activities that provide scholarships and loan repayments in exchange for service in areas of the United States where there is a shortage of health professionals.”

- **Harsh cuts for federal agencies supporting our work**
 - HHS: (-\$12.6 billion)...-16%
 - NIH: (-\$5.8 billion)...-18%



Health Center Funding Cliff



“Health Extenders” Package?

- Multiple health safety-net programs set to expire on 10/1/17
- CHC Fund, CHIP, NHSC, MIECHV, DSH, Medicare provisions, THCGME, rural ambulances, etc.
- Many considered “must-pass”
- NACHC coauthored a letter in 2016 urging action on expiring health extenders that were included in MACRA:
 - Community Health Center Fund
 - National Health Service Corps
 - Teaching Health Centers GME Program
 - Children’s Health Insurance Program (CHIP)
 - Maternal, Infant, and Early Childhood Home Visiting Program (MIECHV)
- Bipartisan Policy Center Report from March 2017 highlights: CHIP, CHCs, NHSC, MIECHV



The Health Care Conversation on the Hill



The American Health Care Act: Dead or Alive?

- AHCA was pulled from the floor in late March, due to a lack of votes.
- Since then there have been several attempts, including the most recent last week, to revive it
- Pressure from White House to deliver (100 day mark)

Problems remain:

- Bill is unpopular overall (polling found 17% support)
- Moderates (Tuesday Group) and Conservatives (Freedom Caucus) in opposition over key provisions
- Senate picture VERY unclear

Other Health Priorities looming:

- CHIP, CHC Funding, MIECHV, NHSC, User Fees, Medicare Extenders



Lessons from the AHCA

- **Facts and data matter.**

Local facts and data matter even more.

- **Nothing is set in stone.**

And thus, the importance of ongoing advocacy.

- **The ACA debate is not over, it's just changed.**

Congressional, State, and Administration action are all tied together. We must be engaged at all levels.

Are you a Health Center Advocate?

By Joining the Health Center Advocacy Network...

- You'll have more ways to **contact Congress**
- You can easily **share alerts & calls to action** with your social media networks
- You can opt in with your mobile phone to **receive updates and alerts via text message.**

How To Sign Up:

Para recibir comunicaciones en español

Text
HCADVOCATE
to **52886**

Text
DEFENSOR
to **52886**

OR

Visit www.hcadvocacy.org and click "Become An Advocate"



HEALTH CENTER
Advocacy Network

Health Center Key Contact Program

Are you a Key Contact?

Do you have a **direct relationship** with your Member(s) of Congress or their staff?

Do you **consistently respond to calls to action** with a phone call or personal email to these contacts?

Are you **committed to delivering the Health Center message** on behalf of your Health Center and the Program as a whole?



If you answered **'YES'** – **YOU could be a Health Center Key Contact.**

Contact us at
grassroots@nachc.org

Advocacy Center of Excellence (ACE) Program



Three achievement levels: **bronze**, **silver**, and **gold**—complete the ACE checklist to apply!

CHCs that have achieved certain **measures of advocacy success** and demonstrate **ongoing commitment** to advocacy

Is your Health Center an "ACE"?

NACHC partners with **PCAs** to support ACEs in each state

ACEs receive **national recognition** and **other benefits** for their advocacy efforts

Hispanic Advocacy Program (HAP)

Stay connected in Spanish



Send **DEFENSOR** to **52886** for text message updates in Spanish



Sign up for Spanish email updates on www.hcadvocacy.org

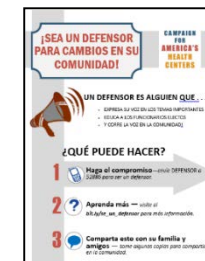
Learn more about advocacy



Attend quarterly Spanish-language webinars to learn more about advocacy topics including:

- Engaging with elected officials
- Storytelling
- National Health Center Week
- Using social media for advocacy
- And more!

Spread the word



Discover resources to help you engage more advocates in your community and spread the Word about Health centers including:

- A brief video “¿Que es un defensor?”
- Infographic about Health centers
- Fliers
- Signup forms
- Social media tools

For more information, visit www.hcadvocacy.org/hap

Attention turns to the Administration

While Congress continues to work on ACA repeal, the Administration looks to take steps that could impact Medicaid

- Repealing regulations
- Executive orders
- Medicaid waivers



New HHS Administration



Dr. Tom Price
HHS Secretary



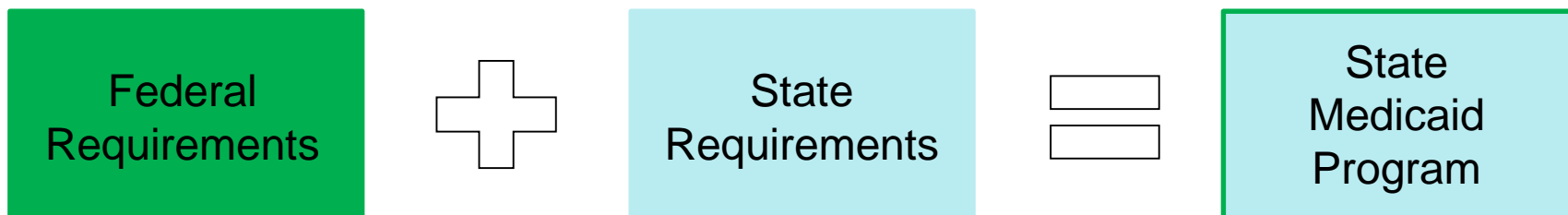
Seema Verma
CMS Administrator

Medicare Access and CHIP Reauthorization Act (MACRA) of 2015

- Created Quality Payment Program (QPP) as annual update for providers *paid on the Medicare Fee Schedule*
- Combines several quality focused initiatives (PQRS, Physician Value Modifier, MediCARE Meaningful Use)
- Medicare providers must choose one of two tracks:
 - Advanced Alternative Payment Models
 - Merit-Based Incentive Program (MIPS)
- Went live January 1, 2017
- FQHC participation
 - Limited to just those services billed to Part B, NOT your Medicare FQHC PPS
 - Option to voluntarily report

The Structure of the Medicaid Program

- Covers 70+ million people, federal and state governments share costs, entitlement
- Expanded under ACA to cover all below 138% FPL. Expansion made optional for states by Supreme Court – 32 states (inc. DC) have expanded
- Each state has a Medicaid plan and can receive exceptions with waivers as approved by CMS - levers that can be moved include eligibility, benefits, cost sharing, provider payments



Administration & Medicaid

Seema Verma
New CMS Administrator



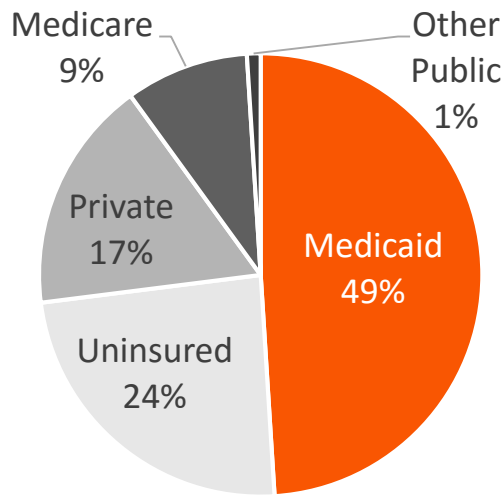
Flexibility, Flexibility, Flexibility!

“(a)ny state should have that flexibility to design a program that works better for the people that they are serving and they’re better positioned to make those decisions than we are in D.C”

Letters to Governors supporting increased flexibilities

Medicaid has not “kept pace with emerging evidence around the factors that drive improvements in health outcomes” and the ACA’s Medicaid expansion was a “clear departure from the core, historical mission of the program.”

Health Centers and Medicaid Work Together

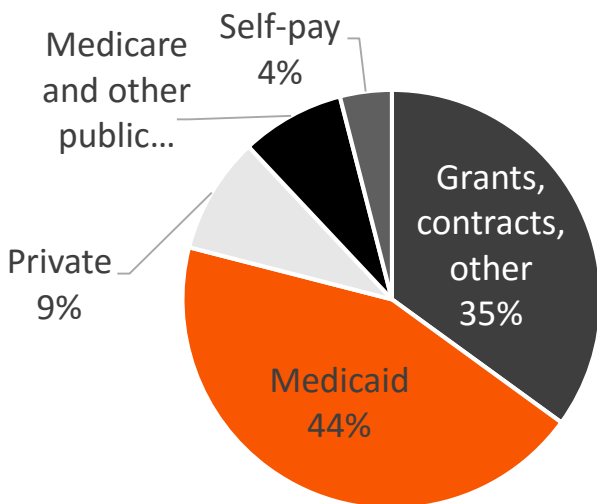


Health center patient coverage

- Roughly 12 million – or 1 in 6 - Medicaid patients get care at a health center.

- **Health centers bring value to Medicaid**, treating 16% of the Medicaid population for 1.7% of the Medicaid budget.

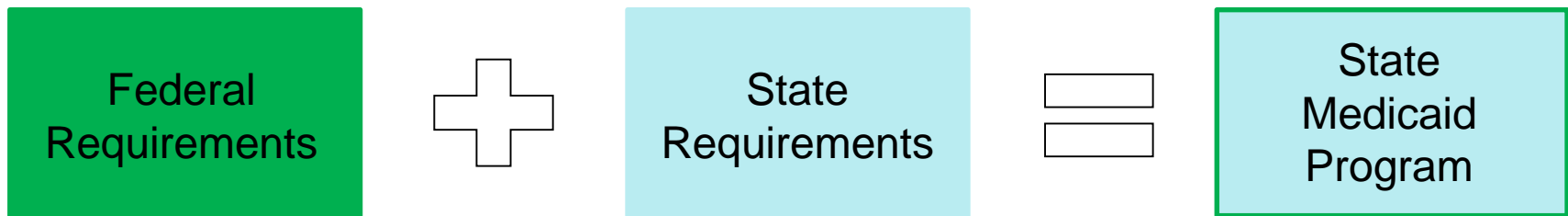
- Recent study showed **health centers save, on average, \$2,371 (or 24%) per Medicaid patient** when compared to other providers.



Health center revenue sources

What does Administrative Action Mean for Health Centers?

- FQHC services and Payment are **REQUIRED** by Federal law
- Both **Prospective Payment System (PPS)** and **Alternative Payment Methodology (APM)**



- Only 2 ways your Medicaid FQHC payment can change:
 - Change in federal law
 - If a state seeks a waiver of the federal requirement

What Does Administrative Action Mean for Health Centers?



Medicaid 1115 waivers are important and we expect to see more of them in the future.

Transparency Process Required by Law

- state hearings and comment period
- federal comment period

Make your voice heard!

What Issues are Addressed at the State Level?

MEDICAID

- Eligibility
- Services Covered
- Cost Sharing
- Provider Payments

STATE GRANTS

- Uncompensated Care
- Expanded Services
- Capital Projects

WORKFORCE

- Provider Licensing
- State Loan Repayment Programs
- Medicaid GME

340B

- Interaction with Medicaid

Advocacy Tip

- Work with your state primary care association to engage your state elected officials
- Collect letters from state legislators targeting Members of Congress and your Governor



Template letter from state legislators to
Members of Congress



Template letter from state legislators to
Governors

Examples of Policy Decisions at the State Level



1. Eligibility

- Populations eligible for coverage
- Enrollment process
- Limits on eligibility

MEDICAID

2. Services Covered

3. Cost Sharing

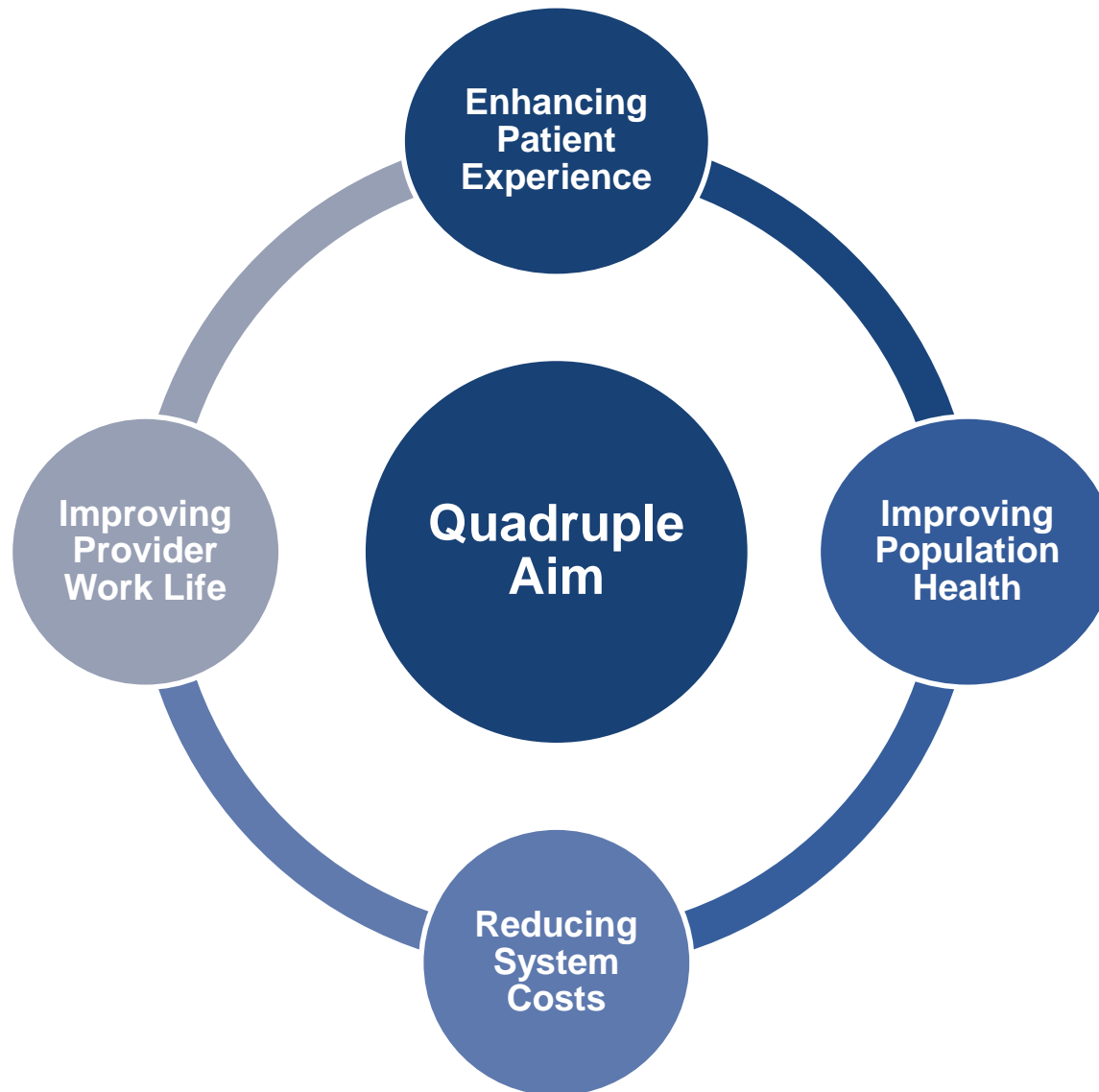
- Copayments
- Premium contributions

4. Provider Payments

- Providers eligible to bill under FQHC PPS/APM
- Same-day visits
- Telehealth
- Payment reform

5. Program Delivery Model

Payment Reform: What are we aiming for?



What Does Payment Reform Look Like for Health Centers?

Incentive

Payment for Performance

Investment

Payment for Delivery System Transformation (PCMH)

Flexibility

Base Payment (FQHC PPS/APM)

Emerging FQHC Alternative Payment Methodologies (FQHC APMs)

Medicaid FQHC Alternative Payment Methodology (FQHC APM)

- A state may implement a FQHC APM, as long as:
 1. Total reimbursement is **at least equal to the PPS rate**
 2. Each participating FQHC agrees
- Currently used in 23 states

New Wave of FQHC APMs

- Intended to allow for more transformative use of the medical home and address provider burnout
- PPS converted to a capitated per member per month (PMPM) rate

Oregon FQHC APM

Rate Calculation

Example:

$$\text{APM RATE} = \frac{\text{Applicable wraparound} + \text{Reconciliation revenue}}{\text{Health center member months}}$$

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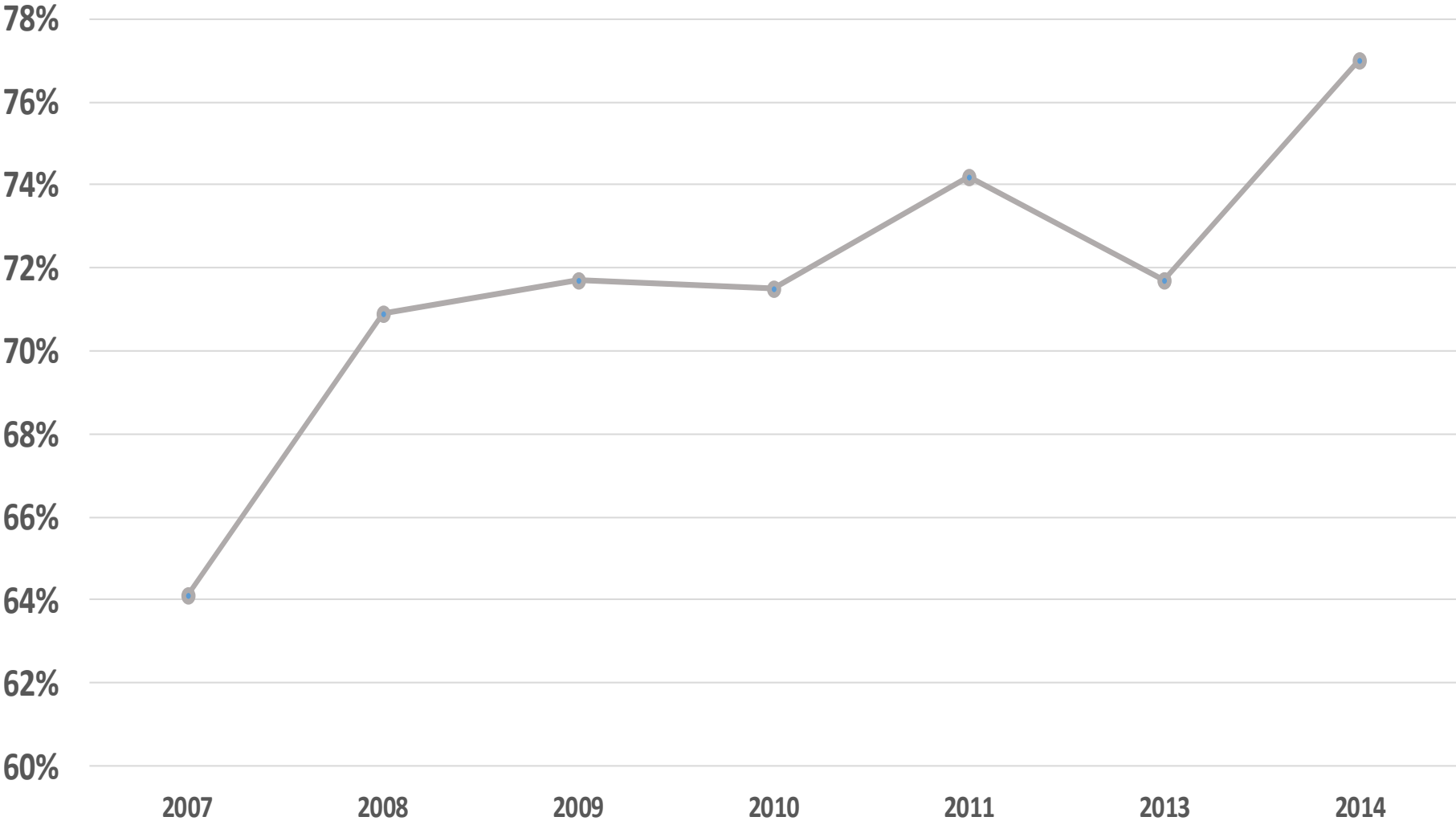
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Medicaid Managed Care Enrollment



SOURCE: [KFF](#)

—● % of State Medicaid Enrollment in Managed Care



Steps for Health Center Engagement

1. Develop and maintain a robust understanding of payment reform efforts in the federal, state, and local environments.
2. Ensure a clear, shared vision of the organization's role in achieving the Quadruple Aim that can be used to assess emerging payment reform opportunities.
3. Critically assess current operations and capabilities.
4. Work collaboratively with fellow health centers, stakeholders and partners to accelerate transformation of the health care delivery system.



Key Competencies for Successful Participation

1. Organizational Leadership and Partnership Development
2. Change Management and Practice Transformation
3. Robust Use of Data and Information
4. Financial and Operational Analysis

“Payment Reform Readiness Assessment Tool”

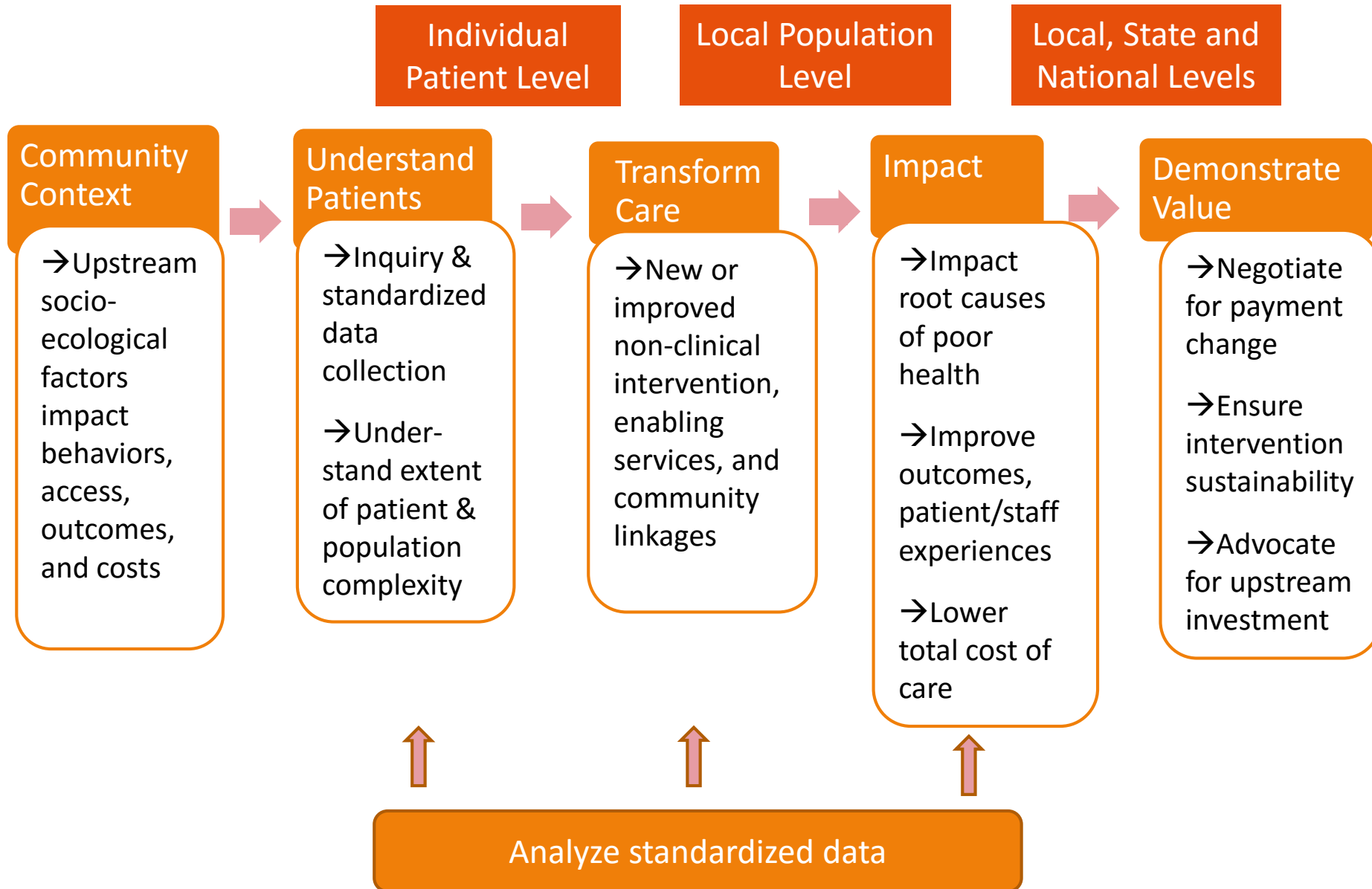
<http://www.nachc.org/policy-matters/states/payment-reform/>

Protocol for Responding to and Assessing Patients' Assets, Risks, and Experiences (PRAPARE)

- Patient engagement tool structured as a standardized SDH screening tool
- Paired with implementation and action process for affecting change at the patient, organization, and community levels
- 17 core questions
- Aligns with national initiatives
- Built in 4 different 4 EHR systems → free templates

www.nachc.org/prapare

The PRAPARE Pathway to Systemic Change



Save the Date!



- **Wednesday, May 10 at 3PM ET:** National Health Center Week kick-off webinar
- **Wednesday, May 17 at 3:30PM ET:** May Policy & Advocacy Update Webinar
 - **NEW:** Health Center Action Steps



Questions?

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State Affairs

NACHC

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