

Primary Care Modernization FQHC Design Group Meeting Summary

11/14/18

Participants: Curt Degenfelder, Doug Olson, Robert Block, Ken Lalime, Suzanne Lagarde, Mary Blankson, Mark Schaefer, Mary Jo Condon, Alyssa Harrington, Art Jones, John Gettings

Art Jones began the meeting with an overview of a discussion guide that outlined several aspects of PCM model design that may need to be adjusted to reflect the needs, policies and regulatory obligations of FQHCs. He noted that the strawman recommendations were developed to solicit input and not intended to be prescriptive.

Members began with a conversation on the basic bundle and how the proposed services for inclusion overlapped with services currently included in the medical PPS rate.

Some members disagreed with the recommendation to include prenatal care noting that it is variable across FQHCs and some women leave the FQHC for prenatal care during their pregnancies. The group agreed to give this more thought and return to the discussion during its next meeting. Members also discussed whether to include preventive and wellness visits in the basic bundle or remove them and pay FFS. Members said it was likely best to include but wanted more time to consider all implications.

Members then requested more information on which providers would be paid via the basic and which via the supplemental and for which services. The FHC team said it would develop additional materials related to this issue for discussion at the next meeting.

Members then discussed the recommendations to calculate supplemental bundle payments differently for FQHCs and include the supplemental bundle payments in calculations of PPS equivalency. Members said many of the investments they have made in care delivery have not really been reflected in PPS payment methodologies, especially since the most recent methodology update was nearly 20 years ago before many investments were envisioned. Members also said it would be helpful to know in more detail what services will be included the supplemental bundle before making these determinations. FHC shared that the Practice Transformation Task Force and Payment Reform Council are continuing to develop capabilities recommendations and cost estimates. They said more information should be available before the next design group meeting.

Members agreed with the recommendation to adjust by the MEI for Medicaid but noted the FQHC market basket should be the adjustment for Medicare.

Members briefly discussed that FQHCs participating in PCM would have to include all sites in the program, including School-Based Health Centers and that those opting out of this would need to provide at least three-month notice.

Next Steps:

- Members determined two additional meetings should be scheduled.

- FHC to develop and circulate more information on how various care team members would be paid.