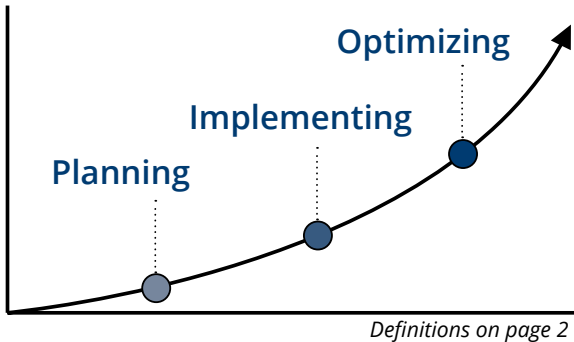


Value-Based Payment: A Choose Your Own Adventure Learning Series

NACHC is pleased to announce the launch of a FREE Value-Based Payment (VBP) learning series designed to meet health centers and health center partners along the VBP readiness continuum – from Planning, to Implementing, to Optimizing.

This series is designed for individuals who are directly supporting health center VBP activities such as those in leadership, finance, clinical, and quality improvement.



Speakers

- + FORVIS, LLP
- + Craig Hostetler, Hostetler Group, LLC
- + Art Jones, Medical Home Network
- + Heidi Robertson-Cooper, HRC Healthcare Advisors, LLC

Introductory Module*○

A health center's journey in VBP begins with gaining a solid understanding of the terms and definitions used within VBP as well as an awareness of the current landscape of alternative payment models (APMs). For health centers at the 'Planning' or early stages of VBP readiness, this optional introductory module provides a primer prior to beginning the VBP learning series. The module will introduce VBP concepts, such as the Health Care Payment Learning & Action Network's (HCPAN) alternative payment model framework. It will also review Medicare value-based payment opportunities available to health centers.

Recommended audience: Participants from health centers and partner organizations in the 'Planning' stage of VBP readiness, those interested in learning about the current VBP landscape.

Date: On your own (recorded module)

[Module link](#)

4-Part Webinar Series*○

Session 1: Planning for Volume-Based to Value-Based Payment

For health centers to initially progress from volume-based to value-based payment, it is essential to leverage quality improvement infrastructure and prospective payment system (PPS) to set the organization up for success in value-based payment. As health centers take on more risk in value-based payment models, they need to weigh the pros and cons of joining a health center-led clinically integrated network (CIN) or partnering with other enabling organizations. This webinar will explore value-based transformation fundamentals, considerations when deciding whether to participate in a health center-led CIN or other network options, and outline a roadmap for VBP, including free transformation resources available through NACHC's Elevate program that supports health centers on their value transformation journey.

Recommended audience: Participants from health centers & partner organizations in the 'Planning' stage of VBP readiness

Date: June 6, 2024 | 2-3 pm ET

[Registration link](#)

Session 2: Pathways for Progression Along the Value-Based Payment Continuum

This session will outline strategies for health centers to progress along the VBP continuum. The Health Care Payment Learning and Action Network (HCPAN) categorizes value-based payment arrangements along a continuum of clinical and financial risk from Category 1 (Fee-for-Service, no link to quality and value) to Category 4 (Population Based Payment). Learn what is needed for health centers to succeed in level 3A (shared savings with upside risk only) and how to prepare for 3B (shared savings that includes downside risk). Topics include building out your care team to support VBP goals, using care management as a pathway to VBP, and developing care transition protocols to reduce avoidable ER and hospital admissions. The webinar will cover other key functions that are essential for health center progression along the VBP continuum, including attribution, the process payers use to assign patients to a provider, and leveraging payment opportunities to support social drivers of health (SDOH) and health equity goals.

Recommended audience: Participants from health centers & partner organizations in the 'Planning' or 'Implementing' stages of VBP readiness

Date: June 13, 2024 | 2-3 pm ET

[Registration link](#)

Value-Based Payment: A Choose Your Own Adventure Learning Series

4-Part Webinar Series*

Session 3: Implementing High-Quality Primary Care within Value-Based Payment Models

The National Academies of Sciences, Engineering, and Medicine's (NASEM) landmark report entitled 'Implementing High-Quality Primary Care: Rebuilding the Foundation of Health Care' outlined an implementation plan for advancing high-quality primary care in the United States. The report outlined the shortcomings of fee-for-service payments and the need for an increased focus on supporting high quality primary care, including increased funding for primary care as a portion of overall healthcare spending. Health centers, as the nation's largest primary care safety net, play a key role in implementing the recommendations laid out in this report, including the need for interprofessional care teams, integrated delivery of care, primary care training, leveraging information technology, and implementing new models of care that will be required to advance high-quality care and that are crucial to health center success under value-based payment models. The Center for Medicare and Medicaid Innovation (CMMI), a component of the Centers for Medicare and Medicaid Services (CMS), recently developed several alternative payment models that include health centers and aim to support NASEM's recommendations to promote high quality primary care. This webinar will provide insights and key takeaways from the NASEM report and offer a framework for health center decision-making when considering whether to participate in CMS CMMI alternative payment models.

Recommended audience: Participants from health centers and partner organizations in the 'Implementing' stage of VBP readiness

Date: June 20, 2024 | 2-3 pm ET

[Registration link](#)

Session 4: Optimizing Value-Based Payment Strategies while Mitigating Financial Risk

Recommended Pre-reading

Many health plans and some state Medicaid agencies are encouraging and even beginning to require providers, including health centers, to progress from LAN category 3A to LAN category 3B alternative payment models. HRSA discourages health centers from assuming such risk on their own so many health centers are contracting through clinically integrated networks (CINs) or other network models. This webinar will discuss contracting strategies to mitigate financial risk and enhance the prospect of success in these risk arrangements. It will also explore strategies for developing a health center primary care capitated alternative payment model for Medicaid to provide flexibility for implementing high quality primary care.

Recommended audience: Participants from health centers & partner organizations in the 'Optimizing' stage of VBP readiness.

Date: June 27, 2024 | 2-3 pm ET

[Registration link](#)



Supplemental Sessions

Session 1: FQHC Value-Based Payment Financial Projection Tool*

This session will showcase a tool to assess current financial position relative to, or within, VBP contracts and assess a health center's risk tolerance.

Date: June 25, 2024 | 2-3 pm ET

[Registration link](#)

Session 2: Total Cost of Care+

This session will feature health center case examples to demonstrate the value proposition for health center participation in CMS' Medicare Shared Savings Program (MSSP), including a Total Per Capita Cost dashboard. Participants complete a value transformation assessment tool prior to session.

Date: July 25, 2024 | 2-3 pm ET

[Registration link](#)

PLANNING

Health centers in the **Planning** stage are aware of the importance of value-based care and working to increase knowledge in this area and prepare for value-based payment arrangements. Reliant on prospective payment system (PPS) with little to no participation in pay-for-performance models (LAN 2).

IMPLEMENTING

Health centers in the **Implementing** stage are primarily reliant on prospective payment system (PPS) payments though may participate in one or more alternative payment models, such as pay for performance (LAN 2) or an upside shared savings model (LAN 3a). Developing capability and legal structures to allow clinical and financial integration with external partners. Exploring or moving toward increased risk arrangements.

OPTIMIZING

Health centers in the **Optimizing** stage are in upside and downside risk arrangements (LAN 3a-4). Includes strategies to transform care and services and working to deliver on the Quintuple Aim and value-based care metrics important to payers.

* This training is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling \$6,625,000 with 0 percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, please visit [HRSA.gov](https://www.hrsa.gov).

+ This training is supported by the Centers for Disease Control and Prevention (CDC) cooperative agreement #NU38OT000310. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement by, the CDC or the U.S. Government.